Quality Payment

PROGRAM

Virtual Group Participation Overview Fact Sheet

Starting on January 1, 2017, eligible clinicians began participation in the <u>Quality Payment Program</u> in one of two ways:

- <u>Merit-based Incentive Payment System (MIPS)</u> or
- Advanced Alternative Payment Models (Advanced APMs)

To encourage broader MIPS participation for solo practitioners and groups with 10 or fewer eligible clinicians, CMS created a virtual group option that starts with the CY 2018 performance period.

This document provides an overview of the virtual group option in the following areas:

- Definition and identification
- Participation requirements
- Composition and benefits
- Election process
- Agreements
- Scoring
- Technical Assistance

This overview summarizes policies that have been finalized in the CY 2018 Quality Payment Program <u>final rule</u>, which was displayed in the Federal Register on November 2, 2017.

What is a virtual group?

A virtual group is a combination of TINs. CMS defines a virtual group as a combination of two or more TINs assigned to one or more solo practitioners who are also MIPS eligible clinicians or to one or more groups consisting of 10 or fewer eligible clinicians (including at least 1 MIPS eligible clinician), or both, that elect to form a virtual group for a performance period for a year. A group is considered to be an entire single TIN that elects to participate in MIPS as part of a virtual group.

Who can participate in a virtual group?

You can participate in a virtual group if you're a:

- Clinician type eligible for MIPS:
 - o Physicians
 - Physician assistants

Groups are identified by their Taxpayer Identification Number (TIN) and individual eligible clinicians are identified by their TIN/National Provider Identifier (NPI) combination.





- Nurse practitioners
- o Clinical nurse specialists
- Certified registered nurse anesthetists
- Group that includes these clinicians
- Solo practitioner who exceeds the low-volume threshold; and who is not a newly Medicareenrolled eligible clinician, a Qualifying APM Participant (QP), or a Partial QP not choosing to participate in MIPS.
- Group that exceeds the low-volume threshold at the group level (i.e. the NPIs within the TIN collectively exceed the low-volume threshold).

A solo practitioner or group can only participate in **1 virtual group** in any performance period. But, there are **no limits** on how many solo practitioners and groups can join a virtual group.

If a group chooses to join a virtual group, all of the eligible clinicians in that group have to be included in the virtual group. Any group that wants to be part of a virtual group must have 10 or fewer eligible clinicians.

A whole TIN participates in a virtual group, including each clinician with an NPI under the TIN. The whole TIN will be assessed and scored together as part of the virtual group, but only the clinicians in the TIN who are eligible for MIPS can get a MIPS payment adjustment. TIN sizes are based on how many NPIs bill under a TIN, including the clinicians (NPIs) who don't meet the definition of a MIPS eligible clinician (described above) as individuals and can't participate in MIPS.





How Many TINs Can Participate in a Virtual Group?

Virtual groups have the flexibility to determine their own size. There is not a limit on the number of TINs that may form a virtual group. There can be any number of solo practitioners *eligible for MIPS* and any number of groups with 10 or fewer clinicians. Each group must have at least one clinician who is *eligible for MIPS*. In addition to *MIPS eligible clinicians* and *clinicians not eligible for MIPS*, groups that are part of a virtual group might have clinicians who are also participating in a *MIPS APM* or an *Advanced APM*.



How will virtual groups decide who they include?

Virtual groups are able to decide who they include no matter where the clinicians practice or what the clinicians' specialties are, which is to make it easier for more clinicians to participate and be a part of a virtual group.

Why should my group or I participate in a virtual group?

Solo practitioners or groups with 10 or fewer eligible clinicians (including at least 1 MIPS eligible clinician) may not have enough cases to be reliably measured on their own, but if a solo practitioner or such group forms a virtual group with another solo practitioner or group, together they could increase the performance volume in order to be reliably measured. Additionally, if you're a solo practitioner and/or have a group with 10 or fewer eligible clinicians and join a virtual group, you'd be able to work together, share resources, and potentially increase performance under MIPS.



What's the election process for a virtual group?

When eligible clinicians and groups want to form a virtual group, they have to go through the election process. The election to participate in MIPS as a virtual group has to happen before the performance period and can't change during the performance period.

For the 2018 MIPS performance period, the election period began on October 11, 2017 and ends on December 31, 2017 as described in the 2018 Quality Payment Program <u>final rule</u>.

There is a 2-stage election process for virtual groups:

- Stage 1 (optional): If you're a solo practitioner or part of a group with 10 or fewer eligible clinicians, you can choose to contact your <u>Quality Payment Program Technical Assistance</u> <u>representative</u>. Your representative can help you figure out if you're eligible to join or form a virtual group before you:
 - Make any formal written agreements.
 - Send in your formal election registration.
 - o Budget your resources for your virtual group.

CMS will check to see if your TIN is eligible to form or join a virtual group.

To be eligible to form or join a virtual group, solo practitioners have to:

- Be a practice of 1 eligible clinician who is also a MIPS eligible clinician.
- Not be a newly Medicare-enrolled MIPS eligible clinician.
- Not be a QP Participant.
- Not be a Partial QP not choosing to participate in MIPS.
- Not be excluded from MIPS based on the low-volume threshold exclusion at the individual level.
- Have at least one other solo practitioner or group of 10 or fewer eligible clinicians (including at least one MIPS eligible clinician) as part of the virtual group.

To be eligible to form or join a virtual group, groups have to:

- Have a TIN size that's not more than 10 eligible clinicians.
- Not be excluded from MIPS based on the low-volume threshold exclusion at the group level.
- Have at least one solo practitioner or other group of 10 or fewer eligible clinicians (including at least one MIPS eligible clinician) as part of the virtual group.

For groups that don't participate in stage 1 of the election process and don't ask for an eligibility determination, we'll see if they're eligible to be in a virtual group during stage 2 of the election process.



 Stage 2 (required): As part of the stage 2 election process, a virtual group must have a formal agreement between each solo practitioner and group that composes the virtual group prior to submitting an election to CMS. Each virtual group has to name an official representative who is responsible for submitting the virtual group's election via e-mail to <u>MIPS_VirtualGroups@cms.hhs.gov</u> by December 31, 2017.

Upon receipt of an election by a virtual group, CMS will confirm whether or not each TIN within a virtual group is eligible to participate in MIPS as part of a virtual group; identify the NPIs within each TIN participating in a virtual group that are excluded from MIPS in order to ensure that such NPIs would not receive a MIPS payment adjustment; calculate the low-volume threshold at the individual and group levels; and notify each virtual group's official representative as to whether or not their virtual group is considered an official virtual group for the applicable performance period.

If information in the virtual group election changes after the election is submitted and approved by CMS, the virtual group representative has to contact the Quality Payment Program Service Center before the applicable submission period starts to update virtual group information. While it is understood that TIN sizes might change after virtual groups are approved by CMS, TIN size determinations that are made for virtual group eligibility during the 2-stage election process will remain valid for the whole performance year. Virtual groups cannot include additional TINs to their virtual group after the close of the virtual group election period.

To learn more about the virtual group election process, see the Virtual Groups Election Process Fact Sheet.

What are virtual group agreements?

A virtual group must have a formal written agreement between each solo practitioner and group that composes the virtual group, which makes sure that everyone understands and agrees with what's required and expected regarding MIPS participation. To support this process, CMS has created a Virtual Groups Model Agreement to serve as a template that virtual groups could use, and to which they could add other elements that would meet the particular needs of the virtual group. The following are the required elements of a formal written agreement between each solo practitioner and group that composes a virtual group:

- Identifies the parties to the agreement by name of party, TIN, and NPI, and includes as parties to the agreement only the groups and solo practitioners that compose the virtual group.
- Is executed on behalf of each party by an individual who is authorized to bind the party.
- Expressly requires each member of the virtual group (and each NPI under each TIN in the virtual group) to participate in MIPS as a virtual group and comply with the requirements of the MIPS and all other applicable laws and regulations (including, but not limited to, federal criminal law, False Claims Act, anti-kickback statute, civil monetary penalties law, the Health Insurance Portability and Accountability Act of 1996, and physician self-referral law).



- Identifies each NPI under each TIN in the virtual group and requires each TIN within a virtual group to notify all NPIs associated with the TIN of their participation in the MIPS as a virtual group.
- Sets forth the NPI's rights and obligations in, and representation by, the virtual group, including without limitation, the reporting requirements and how participation in MIPS as a virtual group affects the ability of the NPI to participate in the MIPS outside of the virtual group.
- Describes how the opportunity to receive payment adjustments will encourage each member of the virtual group (and each NPI under each TIN in the virtual group) to adhere to quality assurance and improvement.
- Requires each party to the agreement to update its Medicare enrollment information, including the addition and deletion of NPIs billing through its TIN, on a timely basis in accordance with Medicare program requirements and to notify the virtual group of any such changes within 30 days after the change.
- Is for a term of at least one performance period as specified in the formal written agreement.
- Requires completion of a close-out process upon termination or expiration of the agreement that requires each party to the virtual group agreement to furnish, in accordance with applicable privacy and security laws, all data necessary in order for the virtual group to aggregate its data across the virtual group.

Are virtual groups treated like other MIPS groups?

The policies that apply to groups generally apply to virtual groups, but note that:

- The definition of a non-patient facing clinician includes eligible clinicians in a virtual group if more than 75% of NPIs billing under the virtual group's TINs meet the definition of a nonpatient facing individual MIPS eligible clinician during the non-patient facing determination period. Virtual groups determined to be non-patient facing will have their Advancing Care Information performance category automatically reweighted to 0.
- A virtual group will have a small practice status if the virtual group has 15 or fewer eligible clinicians.
- A virtual group will be designated as a rural area or Health Professional Shortage Area (HPSA) practice if more than 75% of NPIs billing under the virtual group's TINs are designated in a ZIP code as a rural area or HPSA.

Virtual groups participate in MIPS across all 4 performance categories, and are subject to the same measure and performance category requirements as other groups reporting under MIPS.

Virtual groups can submit data the same ways groups can. Each virtual group would aggregate its data across its TINs for each performance category and be assessed and scored at the virtual group level.



What is the virtual group participant identifier?

To identify virtual group participants, each virtual group will be identified by a **unique virtual** group identifier, made up of:

- The virtual group identifier we give the whole virtual group;
- TIN; and
- NPI.

For virtual groups that are determined to have met the virtual group formation criteria and approved to participate in MIPS as an identified official virtual group, CMS will notify official virtual group representatives of their official virtual group status and issue a virtual group identifier. Virtual groups will need to provide their virtual group identifiers to the third party intermediaries that will be submitting their performance data, such as qualified registries, QCDRs, and/or EHRs. Qualified registries, QCDRs, and EHRs will include the virtual group identifier alone (VG- XXXXXX) in the file submissions. For virtual groups that elect to participate in MIPS via the CMS Web Interface or administer the CAHPS for MIPS survey, they will register via the CMS Web Interface and include the virtual group identifier alone (VG- XXXXXX) during registration.

You'll submit all MIPS data at the virtual group level.

How are final scores determined for virtual groups?

Virtual groups will have their performance assessed and scored at the virtual group level across all 4 performance categories. While whole TINs participate in a virtual group, including each NPI under a TIN, and are assessed and scored together, only NPIs who meet the definition of a MIPS eligible clinician as an individual or as part of a group are subject to a MIPS payment adjustment. Each TIN/NPI in the virtual group will earn a final score based on the virtual group's performance. However, only MIPS eligible clinicians will receive a MIPS payment adjustment based on the virtual group final score. New Medicare-enrolled eligible clinicians and clinician types not included in the definition of a MIPS eligible clinician who are associated with a TIN that is part of a virtual group would receive a virtual group score, but would not receive a MIPS payment adjustment.

Virtual Groups and MIPS APMs/APMs

During the performance year, clinicians (NPIs) in a group (TIN) that are part of a virtual group may also be APM participants. The TIN, as part of the virtual group, has to submit performance data for all eligible clinicians associated with the TIN, including those in APMs. This makes sure that all eligible clinicians associated with the TIN are being measured under MIPS. Any MIPS eligible clinician who's part of a TIN participating in a virtual group and is also participating in a MIPS APM or Advanced APM under the MIPS APM scoring standard will not earn a MIPS payment adjustment based on the virtual group's final score, but would earn a payment adjustment based on the MIPS APM scoring standard.

If a clinician is participating in both a virtual group and an <u>Advanced APM</u> and has achieved QP status, they will be assessed under MIPS as part of the virtual group, but will still be excluded from the MIPS payment adjustment as a result of his or her QP status. If a clinician is participating in both a virtual group and an Advanced APM and has achieved Partial QP status, they will be excluded from the MIPS payment adjustment adjustment unless such clinician elects to report under MIPS. It should be noted that affirmatively agreeing to participate in MIPS as part of a virtual group prior to the start of the applicable performance period would constitute an explicit election to report under MIPS. As a result, clinicians who participate in a virtual group and achieve Partial QP status would remain subject to the MIPS payment adjustment due to their election to report under MIPS.

MIPS eligible clinicians who are participants in both a virtual group and a <u>MIPS APM</u> will be assessed under MIPS as part of the virtual group and under the APM scoring standard as part of an APM Entity group, but will receive their payment adjustment based only on the APM Entity score.

What About Clinicians Participating in a MIPS APM or an Advanced APM?

In addition to *MIPS eligible clinicians* and *clinicians not eligible for MIPS*, groups that are part of a virtual group might have clinicians who are also participating in a *MIPS APM* or an *Advanced APM*.



Virtual groups are required to aggregate their data across the virtual group, which includes data of all clinicians within the virtual group: *MIPS eligible clinicians*, clinicians also participating in a *MIPS APM* or *Advanced APM*, and *clinicians not eligible for MIPS*.

Clinician Key MIPS Eligible Clinician

Clinician Participating in an Advanced APM

Clinician Participating in a MIPS APM

Clinician Not Eligible for MIPS Participation

Calculating Payment Adjustments for Clinicians within a Virtual Group

All clinicians within a virtual group will receive the same final score based on the virtual group's performance. Not all clinicians within a virtual group will receive a payment adjustment. Only MIPS eligible clinicians will receive a MIPS payment adjustment based on the virtual group final score.

• Clinicians Not Eligible for MIPS: New Medicare-enrolled MIPS eligible clinicians and clinician types not included in the definition of a MIPS eligible clinician will receive a virtual group score, but will not receive a MIPS payment adjustment.

MIPS APM or Advanced APM: Any MIPS eligible clinician who's part of a TIN participating in a virtual group and
is also participating in a MIPS APM or Advanced APM under the MIPS APM scoring standard will not earn a MIPS
payment adjustment based on the virtual group's final score, but would earn a payment adjustment based on
the MIPS APM scoring standard.

• Clinicians with QP Status: Clinicians participating in both a virtual group and an Advanced APM who have achieved QP status will be assessed under MIPS as part of the virtual group, but will still be excluded from the MIPS payment adjustment as a result of their QP status.

• Clinicians with Partial QP Status: Clinicians participating in both a virtual group and an Advanced APM who has achieved Partial QP status will be excluded from the MIPS payment adjustment unless such clinicians elect to report under MIPS. Agreeing to participate in MIPS as part of a virtual group prior to the start of the applicable performance period is considered an election to report under MIPS. As a result, clinicians who participate in a virtual group and achieve Partial QP status will be subject to the MIPS payment adjustment due to their election to report under MIPS.

• *MIPS eligible clinicians* who are participants in both a virtual group and a *MIPS APM* will be assessed under MIPS as part of the virtual group and under the APM scoring standard as part of an APM Entity group, but will receive their payment adjustment based only on the APM Entity score.

Where can I get help if I want to participate in MIPS as a virtual group?

For the 2018 and 2019 MIPS performance periods, you can get help from the Quality Payment Program Technical Assistance organizations and the Quality Payment Program Service Center. Technical Assistance organizations not only help determine virtual group eligibility, but can give you free help on all aspects of virtual groups. For an overview of technical assistance, see the <u>Technical Assistance Resource Guide</u> or the Small, Underserved, and Rural Practices <u>webpage</u>. The Quality Payment Program can also be reached at 1-866-288-8292 (TTY 1-877-715-6222), Monday through Friday, 8:00 AM-8:00 PM Eastern Time or via e-mail at <u>QPP@cms.hhs.gov</u>.