



VIRTUAL GROUPS

Presented by

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Hello & Welcome



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Since 1977, he's led provider and management organizations that deliver care to Medicare/Medicaid beneficiaries. The Centers for Medicare and Medicaid Services (CMS) selected Baird as one of only 73 individuals to serve with its

Innovation Advisors Program. Additionally, Rod has provided numerous educational seminars on the topics of Meaningful Use and MIPS. His educational background includes a Master's Degree in Physical Chemistry from the American University,

Washington, D.C.

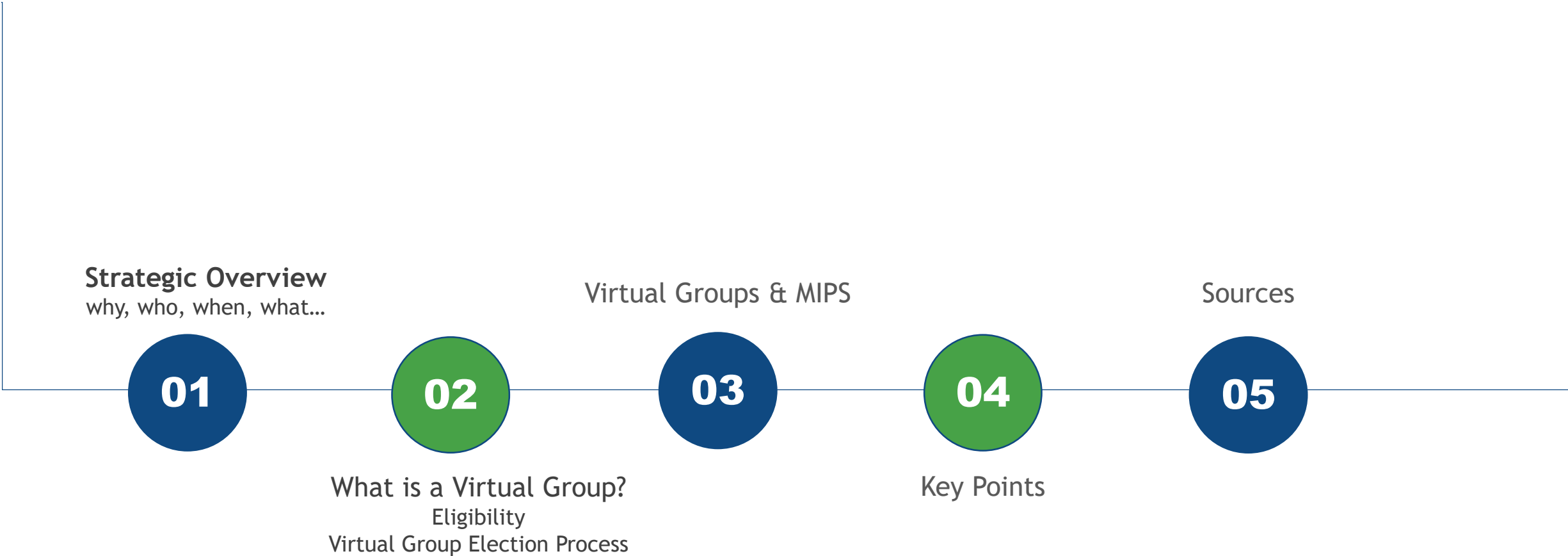


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Agenda



Why Are We Discussing Virtual Groups in LTPAC Medicine?

- ✔ CMS responded to physician demands - and created Virtual Group MIPS Reporting for CY 2018.
- ✔ MIPS participation is complex -
 - there are too many choices.
 - VGs are an attempt to 'simplify' MIPS for small/solo practices.
- ✔ Dr. Mahajan, at the Ohio MDA fall meeting discussed VGs.
- ✔ gEHRiMed users in Ohio asked about VG reporting.
- ✔ This Webinar is our assessment of VGs today (12/9/17).
 - CMS is constantly changing (usually liberalizing) MIPS Reporting during the year. The VG option may improve during 2018.



Virtual Groups (Pro and Con)

Pro

Rewards good partnerships

- Share the work across different groups
- One Administrator can support reporting for multiple practices

Gateway to possible merger

- Test collaborative spirit
- Basis for developing 'Network Model'

May lead to better MIPS score -

- That's the intent

If executed successfully - may improve group's market reputation???

Con

Risk of the unknowable

The VG election is irreversible

- No option to switch to individual reporting if that is a better EOY strategy

Small/Solo practices may become 'Large MIPS Group'

- Harder to earn points as Large Group

Risk of 'deadbeat' members harming diligent workers

Coordinating work is an added cost



Additional VG Considerations

Registry Reporting is only documented option.



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- CMS may develop additional reporting methods during CY 2018.



VG reporting under Registry is only practical if groups:

- Use same EHR, or
- Contract in advance with Registry Vendor that supports VG Reporting across the EHRs in use by the VG members



Quality Measures used/reported must align across Groups



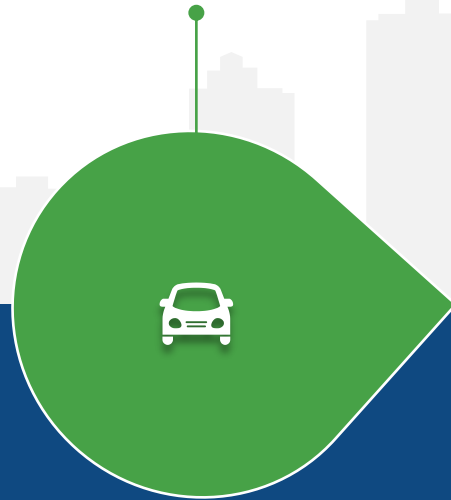
MIPS strategies should align - Walk, Jog, or Run

- Misalignment is Rx for bad outcomes!

Why having a VG with > 15 ECs is a bad idea

Small Groups have the following MIPS Benefits

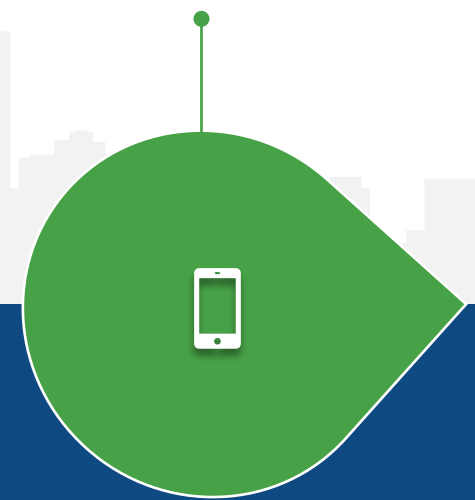
Receive a **5 Points** 'Hardship Bonus' for Small Group Status



Quality Reporting is Easier
Report on a Single Patient (once) and earn a minimum of 3 Points for each Measure reported (up to 6 measures).
That is a MIPS Score of **15 Points**.



Improvement Activity Threshold
One group member reports by attestation on a single IA for 90 days, and earns **15 Points** for the entire group.



A Solo/Small Groups exceeds the 15 Points MIPS Threshold with any completed Activity



Virtual Group Stated Purpose per CMS

Enables a solo practitioner or a group with 10 or fewer eligible clinicians to work together, share resources, and potentially increase performance under MIPS.

What is a Virtual Group?

A combination of two or more Taxpayer Identification Numbers (TINs) made up of

A MIPS eligible solo practitioner who bills under a TIN with no other National Provider Identifiers (NPI) billing under the TIN, or

A group with 10 or fewer eligible clinicians (at least 1 must be eligible for MIPS) that joins with at least one other solo practitioner or group for a performance period of a year



Eligibility



For solo practitioners or groups to be eligible to join a VG, the solo practitioners AND groups would need to exceed the low-volume threshold.

- Low-volume threshold: Less than or equal to \$90 000 in Medicare Part B allowed charges OR 200 or less Part B Medicare beneficiaries.
- A group may have clinicians that do not meet the LVT requirements at individual levels. There must be at least one MIPS eligible clinician in the group.

Forming a Virtual Group

To be eligible to form or join a Virtual Group, solo practitioners have to:

- Be a practice of one 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.

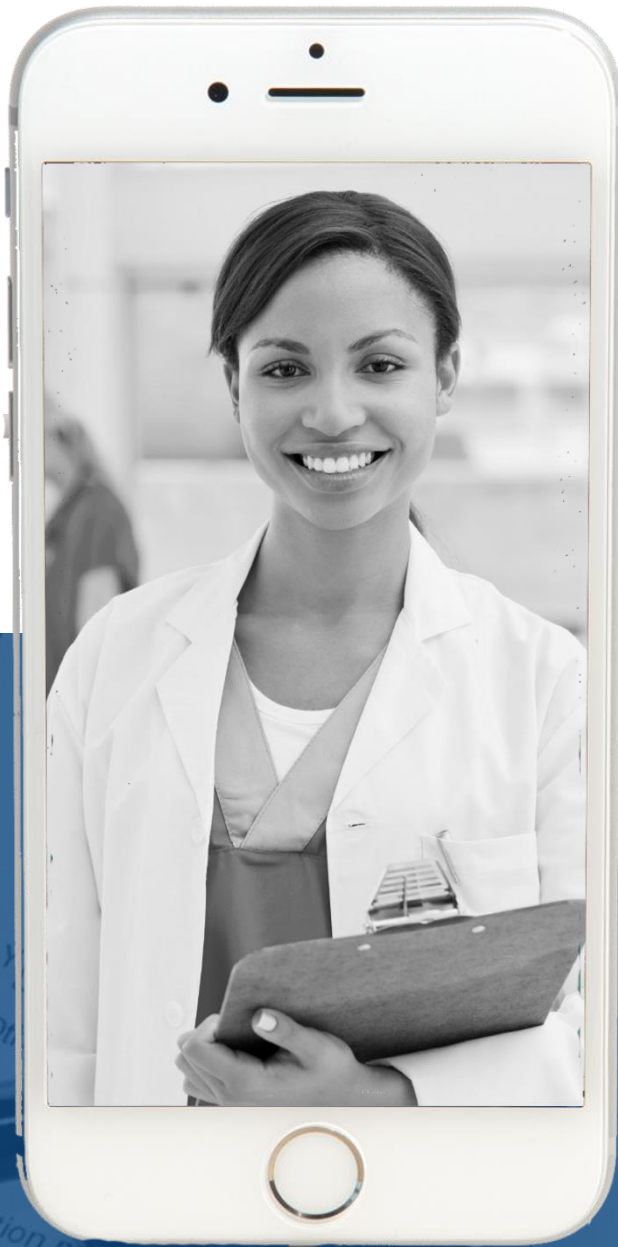




Virtual Group Election Process

A formal written agreement among individual clinicians and groups electing to form a Virtual Group is required.

Must identify all clinicians who bill under the Tax Payer Identification Number (TIN) of a group that is in the Virtual Group, and would apply for at least 1 performance period.



Virtual Group Representative Selection

A Virtual Group will select a VG Representative

This individual would make the election on behalf of the members of a Virtual Group regarding the formation of a Virtual Group for the applicable performance period, by the election deadline.



Virtual Group Election Process Agreement Checklist

VG Representative will submit the group's election to CMS via email to
MIPS_VirtualGroups@cms.hhs.gov by Dec 31, 2017



Virtual Groups and MIPS

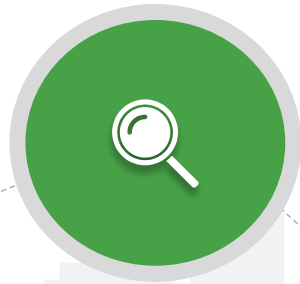
Virtual Groups participate in MIPS across all four performance categories, and are subject to the same measure and performance category requirements as other groups reporting under MIPS.

Virtual Groups and MIPS

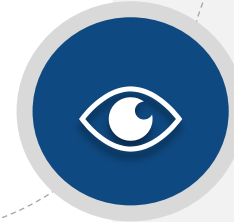
Virtual Groups can submit MIPS data the same way groups can.



Each Virtual Group would aggregate its data across its TINs for each performance category and be assessed and scored at the Virtual Group level.



This is done by adding together the numerators and denominators for each MIPS EC within the group for whom their group has data captured in CEHRT.



Sampling Requirements

Pertain to Medicare Part B patients with respect to all TINs in a VG, where the sampling methodology would be conducted for each TIN within the VG and then cumulatively aggregated across the VG.

Deadline

Members of a VG have until **December 31st 2017** for performance year 2018.



Reporting Requirements

VGs have been *provided with flexibility* as it pertains to the method for counting unique patients in the denominators to accommodate such scenarios where aggregation may be hindered by systems capabilities across multiple CEHRT platforms.

When aggregating performance on advancing care information measures for VG level reporting, CMS does **NOT** require that a VG determine that a patient seen by one MIPS EC (or at one location in the case of TINs working with multiple CEHRT systems) is not also seen by another MIPS EC in the TIN that is part of the VG or captured in a different CEHRT system.



Virtual Group MIPS Score

Calculated by combining the scores of all the performance categories using the score calculation rules applicable for MIPS groups.

Each EC in a VG will receive this same MIPS score that will be reflective of the combined performance of the VG.

Key Points

- ✓ A VG is created for at least 1 Performance Period (PP) & Participants are NOT allowed to change the selection during the PP
- ✓ An individual or a group may only participate in 1 VG during a PP (Determined at TIN level)
- ✓ No limit to the number of participants in a VG
- ✓ VG is recognized as an official collective entity for reporting purposes
- ✓ VG is not a distinct legal entity for billing purposes
- ✓ A VG does not need to establish a new TIN, nor reassign their billing rights to a new or a different TIN & VG will be identified by a VG Identifier

MIPS Special Considerations

- Certified or recognized patient-centered medical home or comparable specialty practice under the IA performance category
- Non-patient facing
- Small practice
- Rural area or HPSA practice
- MIPS scoring rules applicable for the special considerations mentioned in the previous slide would also apply to VGs
- VG would need to submit 4 medium-weighted or 2 high-weighted activities for a minimum of a continuous 90-day period in calendar year 2018 to achieve full credit under the IA performance category for 2018 PP
- VGs that fall under the special consideration categories to receive full credit must submit 1 high-weighted IA or 2 medium-weighted IA that were conducted for a minimum of a continuous 90-day period in CY 2018



How GPM is Ready to Help

01 We'll help interested groups alert their peers (if requested).

02 Help validate all VG members have aligned MIPS Quality Measures enabled.

03 Monitor CMS guidance on the VG program during 2018 and alert the VG's designated administrator.

04 Support a VG reporting option for 2018, IF subscribers form at least 1 Virtual Group.

- As of 12/2017, CMS has not published the final VG Data Reporting format.



QUESTIONS





GPM Support

Support Line: 855.829.2060

gpm.zendesk.com



Sources

<https://www.mymipsscore.com/mips-blog/2017/11/14/the-reality-of-virtual-groups-in-mips-2018>

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>

Final Rule