# Individual vs. Group Reporting for 2017 MIPS

**November 8, 2017**

Lisa Sagwitz, Joe Pinto and Julie Williams

**Quality Improvement Organizations**
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# Today's Speakers

Lisa Sagwitz

Joe Pinto

Julie Williams

# Today's Objectives

- Pros and Cons of Individual MIPS Reporting
- Pros and Cons of Group MIPS Reporting
- Tips
- Resources available
- Quality Insights contact information for help

# Pros and Cons of Individual vs. Group Reporting for 2017 MIPS



**vs.**

# Individual Reporting Pros

- Each provider can "shine" with their own score

- Individual accountability

- Physician Compare website will reflect each provider

- Providers in multi-specialty groups can select Quality Measures appropriate for them

- Claims via billing is a method available only for individual reporting

# Individual Reporting Cons

- May be more of an administrative burden to report individually

- Group scores appearing on the Physician Compare website can mask the high performers but cover the low performers

- Each provider must meet the minimum guidelines (ACI category and Quality measure minimum 20 cases and 50% data completeness)

# Group Reporting Pros

- Administrative simplicity
- Some measures can be accomplished by one provider; everyone gets credit for them
- Underperforming providers who cannot stand on their own – their scores are improved
- Some subspecialists do not have many Quality measures to choose from (i.e. urology-pathologist or a gastroenterology-pathologist)
- Possibly fewer Quality measures to manage
- Any group of two or more physicians billing under the same TIN can report as a group

# Group Reporting Cons

- Individuality cannot "shine"

- All providers in a TIN must report as a group – even if a provider is deemed not MIPS eligible on the NPI look-up site

- Quality Measures: This category is not available for group reporting via billing claims

# Noteworthy

- Compare MIPS scores for individual reporting vs group reporting and then decide

- No decision on how to report needs to be made until the attestation period January 2 – March 31, 2018

- Whatever you decide for 2017 data reporting does not follow you

- It is a practice decision

- With the knowledge you gain for 2017, position yourself now for 2018 reporting

# Noteworthy (cont.)

- Submission method matters

- Is your 2017 MIPS goal to simply avoid a penalty or to get the high performance bonus?

- While you can report different time frames for each MIPS category, you must be consistent with either group or individual reporting

- Providers working under multiple TINs need to report for each NPI/TIN combination

# Reading Resources

- Website – www.QPP.CMS.gov
  - Go to the "MIPS" tab, "The Track" and view the one-page "Individual vs. Group Participation"
  - Go to the "About" tab, "Resource" tab and view the 43 page "Group Participation in MIPS 2017"
- Two-page article Understanding Group and Individual Reporting by Matthew Fusan
- Three-page article ASCRS MIPS Program: Choosing Individual vs. Group Reporting

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# Today's Webinar

- Recording on the Quality Insights website
  [http://www.qualityinsights-qin.org](http://www.qualityinsights-qin.org)
  - "Events"
  - "Archived Events"
  - Sort by date and look for November 8, 2017 "Individual vs Group Reporting for 2017 MIPS"
- Recording and slides will be available

# Quality Insights Contacts

- Small practices with 15 or less providers in PA, DE, WV, NJ may contact 1-877-497-5065 or email [QPP-SURS@QualityInsights.org](mailto:QPP-SURS@QualityInsights.org)

- Practices with more than 15 providers may contact:
  - **PA:** 1.800.642.8686 – Lisa Sagwitz, Ext. 7714; Joe Pinto, Ext. 7817; Rabecca Dase, Ext. 7628
  - **DE:** 1.877.346.6180 – Cathy Browning, Ext. 4256
  - **WV:** 1.800.642.8686 – Debbie Hennen, Ext. 4222
  - **NJ:** 732.238.5570 – Maureen Kelsey, Ext. 2030
  - **LA:** 225.253.1186 – Lisa Sherman

# Questions

# Virtual Group Reporting for MIPS

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# Today's Objectives

- Overview of what a Virtual Group is
- Participation as a Virtual Group in MIPS
- Process for forming a Virtual Group
- MIPS scoring for Virtual Groups
- Securing and maintaining Formal Agreements for Virtual Groups
- Resources available for Virtual Groups

# What is a Virtual Group?

- Virtual groups are comprised of solo practitioners and small practices that elect to join together to report on the requirements for MIPS as a collective entity

- Are available beginning with the 2018 MIPS performance year

- Virtual groups are seen as a key mechanism for small practices to assist with the task of reporting Medicare performance metrics

- A virtual group is NOT a data submission mechanism

*"The virtual groups option allows solo physicians and small practices to participate in [the Quality Payment Program] while maintaining their independence, providing an opportunity to achieve meaningful cost savings and quality improvements, while also adding the potential for additional funding opportunities for these practices and physician."*

**Kelly Kenny, JD, Chief Executive Officer**

***Physicians Advocacy Institute***

# More on What is a Virtual Group

**Clinicians representing two (2) or more Taxpayer Identification Numbers (TINs) that are either:**

- Solo practitioners eligible to participate in MIPS and also billing under a TIN in which no other National Provider Identifiers (NPIs) are billing under that same TIN

OR

- A group of 10 or fewer Eligible Clinicians (in which at least one (1) EC must be eligible for MIPS) that joins with at least one (1) other solo practitioner or group for a performance period of at least a year

# Participation in Virtual Groups: Solo Practitioner

**Solo practitioners can form or join a virtual group if:**

- They meet the criteria for MIPS eligibility

- They bill claims under a TIN that has no other NPIs billing under that same TIN

# Participation in Virtual Groups: Small Groups

**Small groups may elect to report as a Virtual Group if:**

- They have a TIN and group size of no more than 10 eligible clinicians

- They include at least one (1) member that is a MIPS-eligible clinician

- They join with at least one other solo practitioner or group for a performance period of a year

- They include ALL members in the virtual group

# Additional Participation Requirements

- A solo practitioner or group may only participate in one virtual group

- A solo practitioner or small group must exceed the low-volume threshold in order to participate in a virtual group

- Eligible clinicians and groups must elect to participate prior to the performance year and may not be changed during the performance period

- There are no limits set on the number of solo practitioners and groups comprised in a virtual group

# Inclusion in a Virtual Group

- The CMS Final Rule for the Quality Payment Program – Year 2 gives Virtual Groups the flexibility to determine how they will be composed

- No specified classifications or restrictions for location, specialty or any other factors have been proposed

# How Do I Form a Virtual Group?

**To form a virtual group, CMS has proposed a two-stage virtual group election process:**

- **Stage 1 (optional):** Solo practitioners and groups with 10 or fewer eligible clinicians may contact their designated [Technical Assistance representative](#) or the Quality Payment Program Service Center to determine if they are eligible to join or form a virtual group.

- **Stage 2:** For groups that choose not to participate in Stage 1 of the election process, CMS will determine if they are eligible in Stage 2. During Stage 2, the virtual group must name an official representative who will submit their election to CMS via email to [MIPS_VirtualGroups@cms.hhs.gov](mailto:MIPS_VirtualGroups@cms.hhs.gov) by **December 31, 2017**.

# Forming a Virtual Group (continued)

**The election process includes:**



- A written formal agreement between each of the virtual group members

  **AND**

- Information about the TIN and NPI associated with the virtual group representative's contact information

# Benefits of Joining a Virtual Group

- Offsets insufficient case volume for reliable measurement reporting (20 cases with 50% completeness)

- Combining with another practice of similar size may yield sufficient number of cases for MIPS reporting

- An opportunity for solo practitioners and/or small groups with 10 or fewer eligible clinicians to work together and share their resources

# MIPS Scoring for Virtual Groups

- Virtual groups will be scored based on their combined performance for the MIPS Quality and Cost performance category measures - additional details are included in the CMS Final Rule for Quality Payment Program – Year 2

- Group size/low-volume threshold requirements will be determined by CMS in review of claims data during two  separate stages

# Formal Agreement for Virtual Groups

- Each virtual group must have a written formal agreement from each group member before the election request is submitted to CMS

- This formal agreement is **NOT** submitted to CMS; it is maintained by the virtual group

- The official representative of the virtual group must e-mail the group's election no later than **December 31, 2017** for the 2018 performance period to: MIPS_VirtualGroups@cms.hhs.gov

# Sample of Formal Agreement

## Virtual Group Agreement Template

*Sample Introductory Paragraph:*

This Virtual Group Agreement ("Agreement") is by and between Virtual Group Identifier provided by the Centers for Medicare & Medicaid Services, and XYZ Group Practice P.C. ("virtual group member") and is effective [Month, Day, Year] ("Effective Date").

&lt;Body of Agreement&gt;

*Sample Signature Page:*

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by the duly authorized representatives as of the dates below.

Virtual Group Member/National Provider Identifier

_____

Signature

Virtual Group Member/National Provider Identifier

_____

Signature

Virtual Group Member/National Provider Identifier

_____

Signature

Virtual Group Member/National Provider Identifier

_____

Signature

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# Election Confirmation of Virtual Group

- For virtual groups that meet the eligibility criteria, CMS will e-mail the group's official representative with an identifier for reporting their performance data

- CMS has proposed to identify each virtual group member using a unique identifier that is composed of the group's TIN and NPI

- CMS is finalizing a two-stage virtual group election process for the applicable 2018 and 2019 performance periods

# Resources

- The Virtual Group Toolkit is available to download from the Resource Library of the CMS.gov webpage under "What's new?"

  – www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html

- Use the CMS Physician Compare website to research a physician's past performance to determine whether to include them in a Virtual Group:

  – www.medicare.gov/physiciancompare/

# Questions

# Thank You

- The team at Quality Insights is here to help you navigate QPP/MIPS

- We offer CMS-funded assistance so there is no-cost to you to take advantage of our services

- Please complete the brief evaluation you will be directed to after this session concludes – we greatly appreciate your feedback

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