

## 2019 MIPS Performance Period Virtual Group Participation Fact Sheet

There are three ways clinicians are able to participate in the Merit-based Incentive Payment System (MIPS): as individuals, part of a group, or part of a virtual group. This document provides an overview of the following key elements regarding virtual group participation:

- [Definition](#)
- [Eligibility](#)
- [Composition](#)
- [Benefits of Forming or Joining a Virtual Group](#)
- [Application of Group-Related Policies to Virtual Groups](#)
- [Reporting Requirements](#)
- [Scoring](#)
- [Election Process](#)
- [Virtual Group Agreements](#)
- [Technical Assistance](#)

### What is a Virtual Group?

CMS defines a virtual group as a combination of **two or more TINs** assigned to one or more solo practitioners who are MIPS eligible clinicians or to one or more groups consisting of 10 or fewer clinicians (including at least 1 MIPS eligible clinician), or both, that elect to form a virtual group for a performance period for a year.

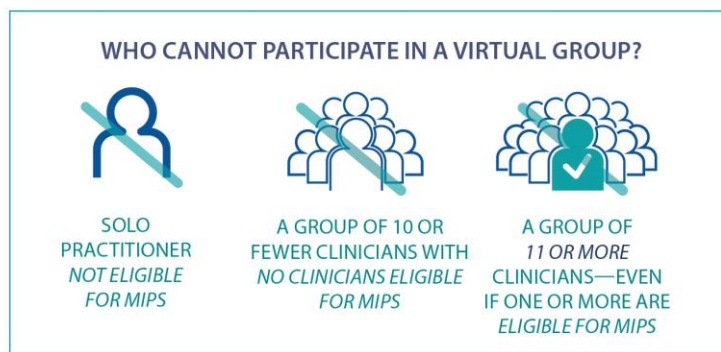
### Who Can Participate in a Virtual Group?

You can participate in a virtual group if you are either:

- A solo practitioner eligible for MIPS who:
  - Exceeds the low-volume threshold;
  - Is not a newly Medicare-enrolled eligible clinician;
  - Is not a Qualifying APM Participant (QP); and
  - Is not a Partial QP choosing not to participate in MIPS.



- A group that:
  - Exceeds the low-volume threshold at the group level (i.e. the NPIs within the TIN collectively exceed the low-volume threshold); and
  - Has 10 or fewer clinicians (including at least one clinician who is MIPS eligible) that have reassigned their billing rights to the TIN.



- TIN size is based on the total number of NPIs billing under a TIN, which includes clinicians who are and are not MIPS eligible.

Virtual groups have the flexibility to determine their own composition; there are not any requirements that restrict composition to classifications or factors such as locality or specialty.

If a group chooses to join a virtual group, all of the clinicians in the group are part of the virtual group. A group that is part of a virtual group might have clinicians who are also participating in a MIPS Alternative Payment Model (MIPS APM) or Advanced APM.

- 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 will receive a MIPS payment adjustment.

A solo practitioner or group can only participate in **1 virtual group** in any performance period.

## 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 or join a virtual group; any number of solo practitioners eligible for MIPS and/or groups with 10 or fewer clinicians can be in a virtual group.





## Why Should a Solo Practitioner or Group Participate in a Virtual Group?

Solo practitioners or groups with 10 or fewer clinicians (including at least one MIPS eligible clinician) may not have enough cases to be reliably measured on their own, but if a solo practitioner or 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 a solo practitioner and/or a group with 10 or fewer clinicians participate in a virtual group, they could work together, share resources, and potentially increase performance under MIPS.

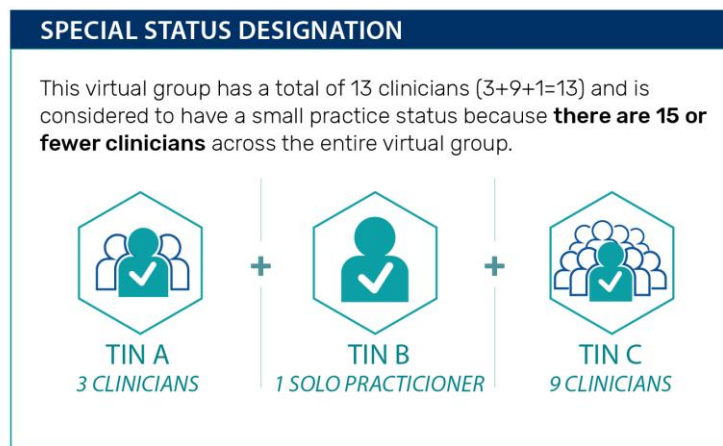
## Do Group-related Policies Apply to Virtual Groups?

In general, group-related policies apply to virtual groups. The requirements under the 4 performance categories that apply to groups also apply to virtual groups. The measures and activities applicable and available to groups are also applicable and available to virtual groups. Virtual groups must meet the reporting requirements for each measure and activity.

The following virtual group policies differ from policies pertaining to groups:

- A virtual group will be designated as non-patient facing if more than 75% of NPIs billing under the virtual group's TINs meet the definition of a non-patient facing individual MIPS eligible clinician during the non-patient facing determination period. Each TIN in the virtual group does NOT have to exceed the 75% threshold in order for the virtual group to be considered non-patient facing.
  - Virtual groups determined to be non-patient facing will have their Promoting Interoperability performance category automatically reweighted to 0, and their reported improvement activities will earn double points.
- A virtual group will be designated as hospital-based if 100% of NPIs billing under the virtual group's TINs meet the definition of a hospital-based individual MIPS eligible clinician.
  - Virtual groups that are determined to be hospital-based will have their Promoting Interoperability performance category automatically reweighted to 0.

- A virtual group will have small practice status if the virtual group has 15 or fewer eligible clinicians across all the TINs participating in the virtual group.
  - Virtual groups with small practice status can submit a hardship exception to have their Promoting Interoperability performance category reweighted to 0
  - Virtual groups with small practice status will earn double points on their reported improvement activities.



- 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 with a HPSA or rural designation will earn double points on their reported improvement activities.

## How do Virtual Groups Collect and Submit Their Data?

Approved virtual groups will collect and report their data at the virtual group level, and their performance will be assessed and scored at the virtual group level across the 4 performance categories. Virtual groups can use the same submission mechanisms as groups. Virtual groups would need to meet the requirements for a selected submission mechanism. For example, virtual groups interested in submitting data via the CMS Web Interface must have 25 or more clinicians within the virtual group and are required to register to submit data using the CMS Web Interface between April 1, 2019 and June 30, 2019.

Each virtual group will need to aggregate its data across the virtual group (all TINs within the virtual group) for each performance category. CMS will not aggregate virtual group data, so each virtual group is responsible for aggregating data across all solo practitioners and/or groups within the virtual group. MIPS data may be submitted by third party intermediaries on behalf of a virtual group.

Solo practitioners and groups interested in forming a virtual group are encouraged to consider the following items prior to submitting a virtual group election:

- How would the virtual group meet the requirements for each performance category?
- Are there operational elements that the virtual group would need to address in order to meet the reporting requirements for each performance category?
- Which measures and activities would the virtual group report?



- How would the virtual group collect and aggregate its data across the TINs within the virtual group?
- Which submission mechanism(s) would the virtual group use?
- What health IT is used by each TIN within the virtual group?
- What would be the resources and needs of the virtual group?
- How would the virtual group identify and share best practices used by TINs within the virtual group?
- What processes, workflows, and other tools would need to be established for the virtual group to prepare for reporting?
- How would each TIN within the virtual group have a shared responsibility in decision making?
- Has the virtual group considered the development of a strategic plan and timeline?
- Has the virtual group determined if, how, and when TINs within the virtual group would be able to view quality data and/or data pertaining to the other three performance categories, in which such permissibility could be established as a provision under the virtual group agreement?

### **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. A virtual group will receive a score for each performance category and a final score based on the sum of each performance category score. Each member of the virtual group (TIN/NPI) will earn a final score based on the virtual group's performance. (Virtual groups identify the TIN/NPIs participating in the virtual group during the election process. Virtual group representatives are expected to provide CMS with virtual group updates before the submission period starts, including: TIN change(s); a legal name change of a TIN; or a clinician(s) leaves or joins a TIN that is part of the virtual group during the performance period.)

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.

### **How are Clinicians Scored if They are Part of a Virtual Group and a MIPS APM/Advanced APM?**

During the performance year, clinicians (NPIs) in a group (TIN) that are part of a virtual group may also be part of a MIPS APM or Advanced APM. The TIN, as part of the virtual group, has to submit performance data for all clinicians associated with the TIN, including those in a MIPS APM or Advanced APM. This assures that all clinicians associated with a virtual group's TINs are being measured under MIPS. Each clinician within a virtual group, including clinicians who are also participating in a MIPS APM or Advanced APM, will receive a final score based on the performance of the virtual group.

- If a clinician participating in both a virtual group and an [Advanced APM](#) has achieved Qualifying APM Participant (QP) status, the eligible clinician 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.
- 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.

## Virtual Group Members and MIPS Payment Adjustments

Virtual Group Member	Included in Virtual Group Performance Data?	MIPS Final Score	MIPS Payment Adjustment
Clinician is not MIPS eligible	Yes	Yes, based on the virtual group score	No
Clinician is MIPS eligible	Yes	Yes, based on the virtual group score	Yes
Clinician is a MIPS APM participant	Yes	Yes, will receive 2 MIPS Final Scores – Virtual group score – MIPS APM Entity score	Yes, based on MIPS APM Entity score
Clinician has QP status	Yes	Yes, based on the virtual group score	No

## A Decision is Made to Form a Virtual Group, Now What?

There is a 2-stage election process for solo practitioners and groups with 10 or fewer clinicians (including at least one MIPS eligible clinician) that want to form a virtual group. In order to participate in MIPS as a virtual group for the 2019 performance period, a virtual group election must be made prior to the start of performance period and can't change during the performance period. For the 2019 MIPS performance period, the election period will begin on October 1, 2018 and end on December 31, 2018.

- ✓ Stage 1 is an optional stage for solo practitioners and groups with 10 or fewer clinicians to contact their [Quality Payment Program Technical Assistance](#) representative for information regarding Taxpayer Identification Number (TIN) size to help them determine if they meet the TIN size criteria to join or form a virtual group (review [eligibility requirements](#) for further information).

## VIRTUAL GROUP ELECTION PROCESS FOR 2019 PERFORMANCE YEAR – STAGE 1



### VIRTUAL GROUP ELECTION BEGINS

Virtual Group election period begins on 10/1/18



### STAGE 1 (OPTIONAL)

Contact Quality Payment Program to check eligibility regarding TIN size prior to election



### FORMAL AGREEMENT

Have a written formal agreement among each solo practitioner and group in the virtual group



### NAME VIRTUAL GROUP REP

Name an official representative for the Virtual Group

- ✓ Stage 2 is required in order submit a virtual group election.
  - The virtual group must name an official representative who is responsible for submitting the virtual groups election via e-mail to CMS at [MIPS\\_VirtualGroups@cms.hhs.gov](mailto:MIPS_VirtualGroups@cms.hhs.gov)
  - The virtual group must have a formal written agreement between each solo practitioner and groups who will comprise the virtual group before an election is submitted to CMS.

## VIRTUAL GROUP ELECTION PROCESS FOR 2019 PERFORMANCE YEAR – STAGE 2



### STAGE 2

Official virtual group representative emails the Virtual Group election to CMS at [MIPS\\_VirtualGroups@cms.hhs.gov](mailto:MIPS_VirtualGroups@cms.hhs.gov)



### CMS MAKES DETERMINATION

CMS will determine virtual group eligibility during the beginning of the performance period



### VIRTUAL GROUP ELECTION PERIOD ENDS

Virtual Group election period ends on 12/31/18



### NOTIFY CMS

Notify CMS during the performance period of changes to the Virtual Group information and composition

To learn more about the virtual group election process and required elements of the virtual group agreement, see the Virtual Groups Election Process Fact Sheet.



## How Does a Virtual Group Update Information Submitted for a Virtual Group Election?

If information in the virtual group election changes after the election is submitted and approved by CMS, the virtual group representative must contact the Quality Payment Program before the applicable submission period starts to update virtual group information such as updating a TIN's legal business name or virtual group membership (a clinician leaves or joins a TIN that is part of the virtual group).

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 election process will remain valid for the entire performance period. Virtual groups cannot add or remove TINs from their virtual group after the close of the virtual group election period.

## How is a Virtual Group Identified Once Approved?

After a virtual group is determined to have met the virtual group eligibility criteria and is approved to participate in MIPS as an official virtual group, CMS will notify the official virtual group representative of their official virtual group status and issue a virtual group 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 (CMS issued identifier);
- TIN; and
- NPI.


Virtual groups using a third-party intermediary, such as qualified registries, QCDRs, and/or EHRs, to submit their performance data will need to provide their virtual group identifier to the third-party intermediary. Qualified registries, QCDRs, and EHRs will include the virtual group identifier alone (VG - XXXXXX) in the file submissions. Virtual groups that elect to participate in MIPS via the CMS Web Interface and/or administer the CAHPS for MIPS survey will need to register and provide their virtual group identifier (VG - XXXXXX) during registration.

## Where Can I get Help if I Want to Participate in MIPS as a Virtual Group?

For assistance or information regarding the virtual group election process, contact the [Quality Payment Program Technical Assistance](#) organizations and the Quality Payment Program.

Technical Assistance organizations provide free help on all aspects of virtual groups, including TIN size information. Solo practitioners and groups with 10 or fewer clinicians are





encouraged to contact one of the following Technical Assistance organizations for direct and immediate support:

- **Small, Underserved, and Rural Support** - provides assistance to clinicians in small practices (15 or fewer clinicians) with a priority for those in rural locations, health professional shortage areas (HPSAs), and medically underserved areas (MUAs). You can find the contact information for your local Small, Underserved, and Rural Support organization by visiting the Small and Rural Practices [webpage](#), or by contacting [QPPSURS@IMPAQINT.com](mailto:QPPSURS@IMPAQINT.com) to get connected.
- **Quality Innovation Networks - Quality Improvement Organizations (QIN-QIOs)** - provide assistance to clinicians in larger practices (more than 15 clinicians).
- **Transforming Clinical Practice Initiative (TCPI)** – provides assistance to clinicians in both small and large practices interested in practice transformation and participating in an Alternative Payment Model (APM). Please note that there is a time and data commitment associated with participating in TCPI. Eligible clinicians who are interested in receiving support on virtual groups, or the Quality Payment Program in general, will need to enroll with a Practice Transformation Network first. For help getting started, contact [TCPI.ISCMail@us.ibm.com](mailto:TCPI.ISCMail@us.ibm.com).

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 [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).