Virtual Group Reporting in the Quality Payment Program

January 27, 2017

Feedback Information

- Feedback will be accepted after the presentation.

- You can provide feedback through the chat box and on the phone line.

- Use the phone number provided later in the webinar to provide feedback by phone.

- The slides, recording, and transcript from the webinar will be posted on the Quality Payment Program website in the next week or so.

- If you have questions about the Quality Payment Program that are not related to Virtual Groups, please contact: qpp@cms.hhs.gov or 1-866-288-8292.

Quality Payment Program Overview

Jean Moody-Williams
Deputy Director
Center for Clinical Standards and Quality

Quality Payment Program Overview

- In October 2016, CMS released the final rule for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- The final rule outlined requirements for the Quality Payment Program

- The Quality Payment Program represents a shift from quantity (fee-for-service) to quality-based care

The Quality Payment Program

The Quality Payment Program policy will improve care across the entire health care delivery system

Clinicians have two tracks to choose from:
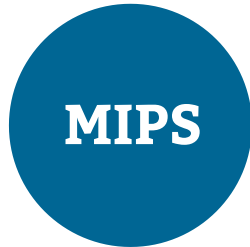
MIPS

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.

OR

Advanced APMs

Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

What is the Merit-based Incentive Payment System?

Performance Categories

Quality	**Cost**	**Improvement Activities**	**Advancing Care Information**

- Moves Medicare Part B clinicians to a performance-based payment system

- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice

- Reporting standards align with Advanced APMs wherever possible

Eligible Clinicians:

Medicare Part B clinicians billing more than $30,000 a year **AND** providing care for more than 100 Medicare patients a year.

These clinicians include:

Physicians	Physician Assistants	Nurse Practitioner	Clinical Nurse Specialist	Certified Registered Nurse Anesthetists

Virtual Groups Overview

Lisa Marie Gomez
Health Insurance Specialist
Center for Clinical Standards and Quality

Virtual Groups

- Virtual Groups will be comprised of solo practitioners and small practices that join together to report on MIPS requirements as a collective entity.

- A Virtual Group is an participation option in MIPS that will be available starting in 2018.

- A Virtual Group is not a data submission mechanism.

Virtual Group Statutory Provisions

- Virtual Groups will be scored on combined performance (for quality and cost).

- Election:
    - Individual eligible clinicians and small group practices (10 or less eligible clinicians reassigning to the same TIN) may join Virtual Groups.
    - A Virtual Group may be based on "appropriate classifications" such as geography or specialty.

Virtual Group Statutory Provisions Cont.

- Requirements:
    - Eligible clinicians and groups must elect to participate prior to the performance year and may be not be changed during the performance period.
    - If a group practice elects to join a Virtual Group, all group practice members must be included in the Virtual Group. A group can only be in ONE virtual group.
    - A Virtual Group must be comprised of a combination of TINs.
    - CMS must provide for formal written agreements between clinicians entering into a Virtual Group.
    - Other requirements as the Secretary determines appropriate.

Rulemaking Process

- Currently, we are in the rulemaking process and not able to comment on or address questions relating to policies that are being developed.

- However, as we develop policies pertaining to virtual groups, your feedback and recommendations are critical to the rulemaking process.

Rulemaking Process Cont.

- We are in the process of reviewing comments that were submitted in response to Quality Payment Program final rule. We sought comment on the following:

  - Establishing minimum standards for members of virtual groups,;

  - How virtual groups could use their data for analytics;

  - Requirements that could facilitate use of virtual groups to enhance health outcomes and goals such as coordination of care; and

  - Use of a group identifier for virtual groups.

- Today's listening session provides another opportunity to receive input from you.

- The next webinar and listening session will be in February.

Feedback

- What types of factors would individual eligible clinicians and small practices take into consideration when forming/joining a Virtual Group?

Phone Line to Provide Feedback

- Please dial **1 (866) 452-7887** to provide feedback to the questions asked by CMS in the next few slides.

- If prompted, use passcode: **56353954**

- You can also provide feedback in the chat box.

Feedback

- What potential barriers and challenges that individual eligible clinicians and small practices would need to address in order to form/join a Virtual Group?

Feedback

- What timeframe would Virtual Groups need form and operationalize the Virtual Group, and be prepared for reporting?

Feedback

- What elements would be critical to include in an agreement?

Feedback

- What options or elements could be considered or included in an election process that would enhance user experience?

Feedback

- What other issues or factors will CMS need to consider as Virtual Group policies are developed?

User Group

- CMS is holding small, interactive feedback sessions through the convening of a "user group" to gather feedback regarding the operational elements and other dynamics related to Virtual Groups.

- Sessions will be held from February through May.

- The first session is on Tuesday, February 7, 2017.

- If you are interested in participating in the user group, please e-mail CMSQualityTeam@ketchum.com.

Thank You!