

Virtual Group Toolkits

Virtual groups are an option for solo practitioners and/or groups with 10 or fewer clinicians who want to join together for a performance period to report for MIPS. 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. Virtual groups enable small practices to report MIPS data together and to work towards shared quality improvement goals. A virtual group may include solo practitioners who exceed the low-volume threshold (i.e., minimum amounts of Medicare Part B beneficiaries and allowed Medicare charges) individually, or groups that have 10 or fewer eligible clinicians and exceed the low-volume threshold as a group. Virtual groups can be formed based on geography, specialty, or any other association, and there are no requirements that restrict composition of a virtual group. However, virtual groups must stay together for the entire one year performance period. During the [September 2018 National QPP SURS LAN webinars](#), the speakers described a few advantages of virtual groups, including the ease of data collection and pooling of resources as a group versus individually.

To form a virtual group, practices must go through an election process that includes identifying an official virtual group representative and having a formal written agreement among each solo practitioner and group that is part of the virtual group. The election period for virtual groups for the 2019 performance period is from October 1, 2018 to December 31, 2018. To help small practices understand virtual groups and decide if they want to partner with another practitioner or group to submit MIPS data, CMS has published a [2019 Virtual Group Toolkit](#). The toolkit includes:

- A Virtual Groups Overview Fact Sheet – This document defines virtual groups and provides information on eligibility, data collection and submittal, and scoring.
- Virtual Groups Election Process – This document details the two-stage election process for forming a virtual group, and what needs to be included in a virtual group agreement.
- Virtual Group Election Submission E-mail – A sample e-mail that can be used for a virtual group election submission.
- Virtual Agreement Template – A template that can be used to develop a virtual group agreement.

Beginning on October 1, 2018, you can submit notice to CMS that you intend to participate in a virtual group for the 2019 performance year. Virtual group elections must be submitted by **December 31, 2018**. For more information, please see: [https://](https://qpp.cms.gov/mips/individual-or-group-participation)

qpp.cms.gov/mips/individual-or-group-participation

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This newsletter is produced by IMPAQ International who is functioning as the QPP SURS Central Support contractor.

WEBSITES

Centers for Medicare and Medicaid Services
[cms.gov](https://www.cms.gov)

Quality Payment Program
qpp.cms.gov

Healthcare Communities
healthcarecommunities.org

For FREE assistance funded by CMS, clinicians in small practices can contact their Direct Support Organization
qpp.cms.gov/about/small-underserved-rural-practices

As a reminder, we are in the last 90 days of the reporting period!

Be on the lookout for more information regarding the Proposed Rule for Year 3.

CONTACT US

QPP SURS Central Support Team
 (202) 774-1060
qppsurs@impaqint.com

CMS QPP Service Desk
 1 (866) 288-8292
 1 (877) 715-6222 (TTY)
qpp@cms.hhs.gov

Practice Spotlights: TMF Quality Improvement Awardees

Does the process of embarking on a quality improvement initiative seem daunting? Ever wonder what a small practice like yours can do to improve quality and increase your MIPS score? Below are two examples of small practices that started with modest changes in their workflow and are now seeing real results. Both practices won [TMF Physician Practice Quality Improvement Awards](#) for their efforts.

Marcos Medical Care in San Antonio, Texas, began focusing more on the behavioral health of their patients, and increased depression and alcohol screenings during Medicare Annual Wellness Exams. The practice engaged patients by requiring self-assessments to be completed prior to appointments or in the waiting room. With assistance from TMF, the practice has now seamlessly intergrated caring for patients' behavioral health and physical health.

Saline Med-Peds in Benton, Arkansas focused on two areas for quality improvement: tobacco screenings and diabetes. The practice incorporated smoking cessation into its workflow through computer reminders to ask patients if they smoke and if so, offers smoking cessation counseling or enrollment in the Arkansas Stamp Out Smoking program. For diabetes, the practice carefully tracks its diabetic patients and prompts reminders for patients to come into the office regularly for follow-ups. Saline Med-Peds also holds weekly diabetes education lunch-and-learns and connects patients with nutritionists and dieticians to help them manage their diabetes.

Your practice can start similar quality improvement efforts and increase your MIPS score by reporting on MIPS measures that are relevant to your practice, whether it's screening for depression (Quality ID: 134), conducting tobacco use screening and cessation interventions (Quality ID: 226), or testing hemoglobin A1c levels for diabetic patients (Quality ID: 001). For access to 2018 MIPS quality measures and specialty measure sets, visit the Explore Measures section of the QPP website (<https://qpp.cms.gov/mips/explore-measures/quality-measures>).

Frequently Asked Questions from August 2018 National OPP SURS LAN Webinar

Reminder: Visit the QPP SURS WordPress Site!

Are you seeking MIPS resources tailored to a small practice like yours? Were you too busy to attend a webinar, but want to explore QPP resources on your own time?

Visit the QPP SURS WordPress website to learn how other small practices are succeeding with MIPS, and to access past webinars, slide presentations, Q&A from small practices, monthly newsletters, and more!

Recent webinar topics include: “How to Maximize Your EHR Use to Succeed in MIPS,” and “Understanding MIPS for Specialties: Advice for Solo and Small Group Practices.” For more information, click here: <https://qppsurs.wordpress.com/resources/>

The following questions were asked by the audience during the August 2018 LAN webinar on the topic of “How to Maximize Your EHR Use to Succeed in MIPS: Advice for Solo and Small Group Practices.” For access to the full Q&A document and previous LAN webinar presentations, see the QPP SURS WordPress website: <https://qppsurs.wordpress.com/resources/>.

Q: What are the advantages of applying for the hardship exception?

A: An approved Promoting Interoperability Hardship Exception for the 2018 performance period will result in the reweighting of the Promoting Interoperability performance category from 25% of your MIPS final score to 0%, and consequently increases the quality category score from 50% to 75%. An approved Extreme and Uncontrollable Circumstances Exception will result in the reweighting of the Quality, Cost, and Improvement Activities performance categories, so that your score is based only on data categories for which you are able to submit data.

You can meet the qualifications for the 2018 Promoting Interoperability Hardship Exception if you meet the relevant criteria and submit an application for the exception by December 31, 2018. To qualify for the Promoting Interoperability Hardship Exception, you may cite one of the following specified reasons for review and approval:

- You are a MIPS-eligible clinician in a small practice
- You are a MIPS-eligible clinician using decertified EHR technology
- You have insufficient Internet connectivity
- Other extreme and uncontrollable circumstances
- Lack of control over the availability of certified electronic health record technology (CEHRT)

You can meet qualifications for the Extreme and Uncontrollable Circumstances Exception if you experience a rare event (such as a natural disaster) that would cause you to be unable to collect or report MIPS data in one or more performance categories.

For more information, see the Exception Applications section of the QPP website: <https://qpp.cms.gov/mips/exception-applications>.

Q: What is the difference between a high-weighted improvement activity and a medium-weighted improvement activity? What are some examples?

A: High-weighted activities earn twice as many points as medium-weighted activities. If you are in a small practice (15 or fewer eligible clinicians), you can achieve the maximum 40 points in the Improvement Activities performance category by submitting one high-weighted activity OR two medium-weighted activities.

An example of a high-weighted improvement activity is “Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (Activity ID: IA EPA 1).” Examples of medium-weighted improvement activities are “Tobacco use (Activity ID: IA BMH 2)” and “Unhealthy alcohol use (Activity ID: IA BMH 3).” Also, completion of at least 1 of the specified Improvement Activities using CEHRT and attesting to having completed the qualifying activity can earn participants bonus points in the Promoting Interoperability performance category. You can filter activities by high- or medium-weighted using the Explore Activities Tool found at the MIPS Improvement Activities Requirements Site: <https://qpp.cms.gov/mips/improvement-activities>. Other webinars have been held on improvement activities, which can be found at the QPP SURS WordPress Site: <https://qppsurs.wordpress.com/resources/>.

Q: How do I perform a Security Risk Analysis on my EHR?

A: A Security Risk Analysis (SRA) is multifaceted and the EHR is only one part of it. The Security Risk Analysis is a Promoting Interoperability Performance Category Base Score measure within the Protect Patient Health Information Objective. To perform an SRA, you must look at administrative, physical, and technical aspects of your practice and review the corresponding HIPAA safeguards that pertain to these aspects. The SRA is ongoing and includes implementing security updates as necessary and correcting identified security deficiencies as part of the MIPS eligible clinician's risk management process. For assistance, you can reference the free Security Risk Assessment Tool at <https://www.healthit.gov/topic/security-risk-assessment-tool>. If you need additional support, you can reach out to your region's Technical Assistance Contractor: <https://qpp.cms.gov/about/small-underserved-rural-practices>.

Advanced Alternative Payment Models: All-Payer Combination Option

If you are part of a Medicare Advanced Alternative Payment Model (Medicare Advanced APM), and you meet certain thresholds for patient and payment volume through your Medicare Advanced APM entity, then you'll be deemed a Qualifying APM Participant (QP). Qualifying Participants are exempt from MIPS reporting, and are eligible to receive a 5 percent incentive payment through their advanced APM entity, which may be in addition to any APM-specific bonus provided.

What if you don't meet the patient and payment volume thresholds for QP status? Beginning in 2019, there are two ways for eligible clinicians to become QPs: the Medicare Option, which takes into account your participation in Medicare Advanced APMs, and the All-Payer Combination Option, which takes into account your participation in Advanced APMs both with Medicare and other payers. The Other Payer Advanced APMs are payment arrangements that meet certain criteria with other payers such as Medicaid, Medicare Advantage plans, CMS-sponsored multi-payer arrangements, and other commercial payers. The All-Payer Combination Option allows you to become QPs through participation in a combination of Advanced APMs and Other Payer Advanced APMs starting in the 2019 QP Performance Period. Beginning in 2019, if you do not meet either threshold under the Medicare Option, but you still meet a minimum threshold under the Medicare Option, you can request a QP determination under the All-Payer Combination Option. This means patients and payments from those entities would count towards the volume thresholds, making it easier for you to become a QP.

You'll find several resources about the All-Payer combination option in the CMS resource library: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

CMS has identified several Medicaid programs that qualify as Other Payer Advanced APMs. You can find a list of these programs here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Medicaid-Other-Payer-Advanced-APM-determination-list.pdf>

In addition, CMS will soon post in the Quality Payment Program [resource library](#) a list of Medicare health plans and commercial and other health plans that qualify as Other Payer Advanced APMs. If you don't see your organization on the list, and you believe you would qualify, you can nominate yourself using the nomination form here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Eligible-clinician-initiated-submission-form.pdf>

Monthly Observance: National Health IT Week

October 8-12, 2018 is [National Health IT week](#), an annual awareness week to recognize the role of health information technology (IT) in improving health outcomes. For small practices participating in the Quality Payment Program, it can be a good time to review how your practice optimizes your health IT. Whether it's utilizing the MIPS dashboard on your electronic health record, or connecting to your state's health information exchange or immunization registry, focusing on health IT can not only improve patient care, but also lead to a higher MIPS score!

The Promoting Interoperability (PI) performance category rewards practices for reporting on measures that promote exchange of electronic information and increased patient engagement with their health records. To gain points in the PI category for the 2018 QPP performance year, your practice must use 2014 and or 2015 Edition CEHRT and collect data for 4 or 5 Base Score measures for 90 days or more.¹ If your practice does not have access to CEHRT, you can apply for a Hardship Exception from the PI performance category. For more information, see the QPP website: <https://qpp.cms.gov/mips/exception-applications>. To see how your practice can gain points in the PI category and help improve your practice's health IT, click here: <https://qpp.cms.gov/mips/promoting-interoperability>.

AMA Web-Based Training Courses

Are you still looking for additional resources and information regarding Year 2 of the Quality Payment Program (QPP) and Merit-based Incentive Payment System (MIPS)? In addition to the National LAN webinars and events hosted by your QPP SURS Technical Assistance Contractors, the Medicare Learning Network (MLN) Learning Management System (LMS) has recently added three new, web-based training courses. The American Medical Association (AMA) has accredited all three courses so that you can receive continuing education credit through the AMA while learning about QPP and MIPS requirements.

¹ Base score measures depend on which measures set your practice reports. For more information, see the [2018 MIPS Promoting Interoperability Performance Category Fact Sheet](#).

The three courses include:

- Quality Payment Program Year 2 (2018) Overview Web-Based Training Course
- Quality Payment Program Merit-based Incentive Payment System (MIPS): Promoting Interoperability Performance Category Year 2 (2018) Web-Based Training Course
- Quality Payment Program: Merit-based Incentive Payment System (MIPS) Quality Performance Category Year 2 (2018) Web-Based Training Course

To access these training courses, be sure to log in to the [MLN LMS](#) website and then search for the courses by their titles.

CMS Announces New Funding for Quality Measure Improvement

On September 21, 2018, CMS selected seven organizations to work with to update and improve the quality measure set in the Quality Payment Program (QPP). Through this effort, CMS will solicit feedback from health systems, specialty societies, patient advocacy groups, and other clinical professional associations to ensure that quality measures are meaningful, reduce provider burden, and improve patient care. Notably, the agency wants to focus on establishing more appropriate measures for clinician specialties that are underrepresented in the current measure set.

Awardees include:

- The Brigham and Women's Hospital
- American Society for Clinical Pathology
- The Regents of the University of California, San Francisco
- American Psychiatric Association
- University of Southern California
- Pacific Business Group on Health
- American Academy of Hospice and Palliative Medicine Inc.

For more information on these cooperative agreements, click here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/9-21-18-MACRA-Measure-Funding-FAQs.pdf>

Specialty Practices: Check Out Your National Specialty Association Website!

Having trouble finding MIPS quality measures that are meaningful to your specialty? Remember to check out the resources available on your specialty's national society or association website. By taking advantage of your specialty associations, you can get MIPS information that is already tailored to your practice. For example, national specialty association websites often include:

- MIPS 101 fact sheets, decision guides, and checklists
- Webinars and instructional videos
- Electronic Health Record (EHR) toolkits
- Lists of quality measures relevant to your specialty²
- Lists of improvement activities for your specialty
- Clinical practice guidelines
- Recommended registries³ and member discounts
- Continuing medical education improvement activities
- APM resources specific to your specialty

The [American Medical Association \(AMA\)](#) and the [American Hospital Association \(AHA\)](#) also offer many MIPS re-

² CMS also offers resources by specialty (<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resources-by-provider-type.html>), as well as specialty-specific measure sets (<https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2018#measures>).

³ CMS also provides a list of approved qualified registries and Qualified Clinical Data Registries (QCDRs) on the QPP website (<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>).

Upcoming Events

INFORMATION REGARDING UPCOMING EVENTS, ALONG WITH REGISTRATION INFORMATION, CAN BE FOUND BELOW:



November 2018 LAN Webinar: Overview of the 2019 Final Rule: Implications for Solo and Small Group Practices

Date: [Tuesday, November 27, 2018 11:00am – 12:00pm ET](#)

Date: [Thursday, November 29, 2018 3:30pm – 4:30pm ET](#)

CMS Quality Conference, January 29-31, 2019. Please visit www.cmsqualityconference.com to register.

Additional Upcoming Events and Links to Past Events

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

MIPS 2018 Performance Period Important Dates & Reminders:

November 1, 2018: The Qualified Registry (QR) and the Qualified Clinical Data Registry (QCDR) self-nomination period closes on November 1, 2018. After this date, SURS practices can shop the list of 2019 vendors that are available for data collection and reporting in Performance Year (PY) 2019.

November 2018: CMS is planning to finalize the Proposed Rule for the Quality Payment Program Year 3 during the month of November, which will include important changes for the 2019 performance period.

December 31, 2018: The 2018 performance period closes on December 31, 2018. This is also the last day of the Virtual Group Election period. Hardship Exceptions for the Promoting Interoperability performance category and Extreme and Uncontrollable Circumstances are also due on December 31, 2018. For more information, click the following link: <https://qpp.cms.gov/>