Should Your Practice Consider Forming or Joining a Virtual Group for the QPP?

This past year, the Centers for Medicare & Medicaid Services (CMS) created a Virtual Group option for healthcare providers to report their Quality Payment Program (QPP) measures from 2018. While it may not help practices for measures in this reporting year, as applications needed to be submitted and approved in 2017 for the 2018 reporting year, practices can consider their options for the next reporting year.

The virtual group is defined as a combination of two or more Taxpayer Identification Numbers (TINs) assigned to one or more solo practitioners, or to one or more groups consisting of 10 or fewer clinicians (including at least one MIPS eligible clinician), or both, that elect to form a virtual group for a performance period for a year.[1]

This new "group reporting" will allow multiple/different TINs and CMS will assign a new, unique identifier. For example, five TINs with nine clinicians each could join and form a virtual group of 45 total clinicians. For practices or physicians in rural communities, the virtual group offers a way to potentially reduce the burden of being included in the payment program.

While the program is entirely voluntary, practices must be a solo practitioner or in a group that has 10 or fewer clinicians. There are no limits as to how many solo practitioners or groups can join, but in the case of groups, all clinicians in that specific TIN are included in the reporting. There are also no restrictions based on location or specialty.

There are both benefits and challenges to joining or creating a virtual group. ION Solutions' Quality Reporting Engagement Group can help your practice understand if this is an option for you. To learn more about those benefits and challenges, email us at sales@intrinsiq.com or call 877-570-8721 x2.

[1] https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Virtual-Groups-Public-Webinar-slides.pdf