Podcast series: Value-Based Care

Episode 10: MIPS Quality Reporting via Group or Virtual Group

[To record separately by different voice]: Welcome to APTA’s podcast series on value-based care, which explains how value is measured in the provision of health care, and describes different aspects of the Quality Payment Program, including the Merit-based Incentive Program, or MIPS, and Advanced Alternative Payment Models, or Advanced APMs. Episode 10 is MIPS Quality Reporting via Group or Virtual Group. To get the most from this episode, you may want to check out earlier episodes first.

I’m Heather Smith, APTA’s director of quality.

The Merit-based Incentive Payment System, or MIPS, which is part of the Quality Payment Program, began January 1, 2017. Created by the Medicare Access and CHIP Reauthorization Act of 2015, MIPS replaces several legacy quality-reporting programs such as the Physician Quality Reporting System, PQRS. Physical therapists are not yet required to report under MIPS, but they are likely to be added in 2019.

Eligibility determination for MIPS depends on provider type. The MIPS program has established 3 exclusions for eligible providers. First, newly enrolled Medicare providers, such as new graduates, who begin practicing during a calendar year will not be required to participate in MIPS until the start of the next calendar year. Second, eligible clinicians who meet the requirements of QPP under the APM track will be exempt from MIPS during that calendar year. Finally, CMS has establish a low volume threshold, the idea behind this is to exclude eligible providers who do not see a high volume of Medicare patients. For 2018, providers exceed the low-volume threshold if their Medicare billing charges are over $90,000 and they provide care for more than 200 Part B-enrolled Medicare beneficiaries. To confirm your eligibility in the MIPS program, you can go to the QPP website at https://qpp.cms.gov and input your NPI.

Eligibility in the MIPS program is determined at both the individual and group levels, so even if an individual PT doesn’t meet the low-volume thresholds, the facility he or she practices in might do so as a group. CMS defines a group as 2 or more eligible clinicians who have assigned their Medicare billing rights to their facility’s taxpayer identification number, or TIN. At least 1 of the clinicians must be MIPS-eligible as identified by their national taxpayer identification number, or NPI. The group must meet this definition at all times during the year.

Group practices do not need to register to participate, but they must report electronically, either via EHR or registry, and will be identified as a group through their vendor.
To participate in MIPS at the group level, eligible clinicians within the group must aggregate their performance data across the TIN, and they will be assessed as a group across all 4 MIPS performance categories.

Another option for participation in MIPS is by virtual group. A virtual group may formed by an individual MIPS-eligible clinician or group of not more than 10 MIPS-eligible clinicians with at least one other individual MIPS eligible clinician or group of not more than 10 MIPS eligible clinicians for a performance period of a year. Unlike regular groups, Virtual groups must register prior to the reporting year.

Virtual groups offer some unique potential benefits. They can comprise multiple specialties, which would allow a group of providers to begin to work together to achieve high quality. The group could use this data to negotiate their way into alternative payment models or may allow them to test new model designs. Another benefit of the virtual group is that large corporate practice groups that do not currently function under the same TIN could band together to form a large group, leveraging their ability to excel.

[To record separately by different voice]: This has been Episode 10 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.

[Contact: advocacy@apta.org | Last Updated: 09/19/18]