

Centers for Medicare & Medicaid Services (CMS)

Virtual Groups in the Quality Payment Program

Held on March 16, 2017

>> Hello and thank you for joining today's webinar on Virtual Groups in the Quality Payment Program. Today, Lisa Marie Gomez, Health Insurance Specialist for CMS, Center of Clinical Standards and Quality, will give a brief presentation on Virtual Groups and will ask for your feedback on different topics related to Virtual Group implementation. The audio for today's session will be available through your computer speakers. You can provide feedback through the chatbox or use the phone number provided later in the webinar to provide feedback by phone. The speakers will answer as many questions as time allows. Any questions not answered on the phone should be directed to the QPP service center. The slides, recording, and transcript from the webinar will be posted on the Quality Payment Program website in the next week or so. I would now like to introduce today's presenter. Lisa Marie, you may begin.

>> Thank you so much. Next slide, please. Okay, thank you. Perfect, thank you. So, as our introduction just noted, we will be providing options for you to be able to provide input through the phone or through the chat. And the recordings and the transcript will be available later on. So again, I just want to thank you all for joining today, and we're really looking forward to hearing your feedback. Next slide, please. Okay. I'm seeing a blank screen, so I don't know if others are seeing a blank screen. But what we can do is -- Lisa Marie, it's just -- it's a title screen with your name on it. I think we can probably go to the next slide. Okay, so I'm seeing, it's black. So, I'll just go off of my PowerPoint, not online. So, now we're on slide four. So, what I wanted to do is just provide a general overview of what we think about with the Virtual Groups. So, Virtual Groups will be comprised of individual eligible clinicians or solo practitioners and small group practices that come together and join to report on MIPS reporting requirements as a collective entity. A Virtual Group is a participation option that's available in MIPS that will start as an option starting in 2018. So, as you know, in the 2017 final rule that we published, we outlined that there were options to participate in MIPS as an individual or as a group. So, starting in 2018, Virtual Groups will be the third option as a way to participate in MIPS. Also, we just want to make it clear that a Virtual Group is not a submission mechanism, as I noted, as an option as a way to participate in MIPS. Next slide, please. So, in the law, there are specific requirements that are outlined relative to Virtual Groups which provides the infrastructure for how Virtual Groups will be implemented. And so I just want to briefly go over the statutory provisions that are outlined in statute. So, there are three over-arching categories of provisions. One relates to, like, election, or an election process. The second relates to scoring and how scoring would be for Virtual Groups, and then the other is requirements. When we think about the election process, the election process would include individual eligible clinicians. And as I noted, solo practitioners and small group practices. And in this case, when we talk about small group practice, it's in which practices that have 10 or less eligible clinicians that are part of their practice who are basically assigning and determining that they are forming a Virtual Group. Also part of the Virtual Group, it must be based on potential applicable

classifications such as geography or specialty. So, this is an option that could be available in terms of how Virtual Groups can be constructed. Next slide, please. So, the third element relative to these provisions relates to requirements. So, when we think about the requirements in Virtual Groups, it's the requirements also relative to an election process. So, one of the elements would be these solo practitioners or eligible clinicians in these groups must elect to participate prior to the performance year. And once that election is made and the performance period starts, an election cannot be changed. Another requirement is, if a group practice elects to join a Virtual Group, all of the members of that group are included in that Virtual Group. And a group can only be in one Virtual Group. Another requirement is that a Virtual Group is a composition or the combination of tax identification numbers. So, you can have, let's say, for example, a solo practitioner joined with a small group. Or it could be two solo practitioners who can form a Virtual Group. So essentially, you have to at least have two tax identification numbers to form a Virtual Group. Also, as per the requirements, there must be a process, or at least CMS has to provide options for Virtual Groups to establish agreements between all the members of the Virtual Group. And then also in the law, there's a provision that allows the secretary to establish provisions that would be necessary for implementation of Virtual Group policies and also requirements. Next slide, please. So, as you know right now, we are currently in the rulemaking process. And because we're in the rulemaking process, we're not able to comment on specific policies or address specific questions relative to a policy. However, as we're developing policies, it is important for us to receive your feedback and recommendations. Because it actually is a critical part of the rulemaking process that helps us think about policies and how we should go forth with whether it's the development policies or the implementation of policies. So, your feedback is really critical. So, even though we may not be able to do this this week, discuss this is a policy, but hearing your feedback on what you think should be policy or how we should go about some things is really critical to us. Next slide, please. In the 2017 final rule, as you know, we published a final rule with comment. There's a comment period. And during that rule, we requested feedback on specific items. So in that rule relative to Virtual Groups, we requested feedback on establishing minimum standards for members of our Virtual Groups, how Virtual Groups use our data for analytics, requirements that could facilitate use of Virtual Groups to enhance health outcomes and goals, such as coordination of care. And also lastly, we sought comment on use of Virtual Group identifier for Virtual Groups. And in this, we have continued to go through the comments that we received through that. So, in addition to receiving comments through the final rule we are also, as you know, we're conducting these webinars and listening sessions so that we can further obtain feedback from you all as we go forth with developing our processes for Virtual Groups and our requirements. Next slide, please. So, in order to provide feedback, there are two options. I noted before, you can call and use a prompt code as you see here, or you can provide feedback through the chat. So, now that we're gonna get started with getting feedback on particular elements, I just want to go to the next slide so that we can briefly identify what topics we're going to discuss. So, as I noted, we're gonna talk about some items. I just want to briefly identify what we discussed during our last webinar. I think it's important, for at least you all to be aware of what we discussed last time, and if there are comments that you want to discuss relative to these items that we discussed, or you could definitely provide those in a chat. And if, at the end of a call, we can get to those questions, also. So, what we discussed during the first webinar were five overarching topics. So, one of the topics were relative to, what types of factors would individual eligible clinicians and small

groups to take into consideration when forming or doing a Virtual Group? The second item we discussed were, what were the potential barriers or challenges that these individuals or small groups may need to address in order to form or join a Virtual Group? The third item was, what type of timeframe would Virtual Groups need in order to form and operationalize Virtual Groups, and be prepared for reporting? The fourth item was, what elements would be critical to include in an agreement between members of a Virtual Group? And then the last item that we discussed was, what options or elements could be considered or included in an election process that would enhance user experience? So again, these are the items that we discussed, and we received great feedback, which is very helpful. So now that we go on to this webinar, let's go onto the next slide so that we can discuss and identify at least the overarching categories of items that we're going to discuss here. So for today's call, these are the general topics that we're gonna discuss. The ones are preparing to form a Virtual Group. The types of support or technical assistance. The benefits of participating in MIPS as a Virtual Group, the lifespan of a Virtual Group, and the last item are requirements. These are the over-arching categories here. So now that we're gonna get into the questions, I'm gonna turn it over to Ketchum so that we can get started on the next slide.

>> Yes, hi. So, the first question is, what steps would individual eligible clinicians and small groups need to take in order to be prepared to form or join a Virtual Group? So, you'll see that the phone number and password is there if you'd like to comment via phone. Of course, we also welcome feedback via the chat feature of the webinar. While we're waiting, we have received some kind of clarification, background questions about Virtual Groups. So, we'll just take a minute to read through these before we take specific feedback or thoughts on this particular topic. So, one question recently. Will it be possible to split a large, multi-specialty pen into smaller Virtual Groups by specialty in order to allow them to report together as a group?

>> So, relative to this question, in the statute, it's very specific in terms of who would be eligible to join or form a Virtual Group. So, in the statute, it's very specific that -- Like, a solo practitioner or a small group in which the entire small group can have no more than ten eligible clinicians. So, in this case, it's limited to those types of entities who would be able to form a Virtual Group. And that's based on statute.

>> Okay. Another question, how does this apply if we are a member of an ACO?

>> So, that's actually a very, very good question. And that's an element that we're addressing in policies. I won't be able to specifically address that. However, I will note that, for those who do form a Virtual Group, it is participation in MIPS.

>> Okay, thank you. One more question, I think. What is the election requirement that you state is needed to form a Virtual Group?

>> Can we go back to that other slide? Just so I can go over, at least what the extra requirements are for it. So, I think it's slide six. So, in there -- actually, could you repeat the question again so I make sure I understand it.

>> Sure. What is the election requirement that you state is needed to form a Virtual Group?

>> So, in the statute, there are just overarching requirements for an election process. And so, one, as I noted, would be that when a Virtual Group is formed, an election must be made prior to performance, period. Also, for those who do -- let's say for a small group practice that does join a Virtual Group, all of the members who are in that group are participating in that Virtual Group and will participate in that Virtual Group for that performance year. And a group can only be in one Virtual Group during a performance year. Also, a requirement -- these are just overarching in terms of the infrastructure for what a Virtual Group is. So, another element, too, with the infrastructure for a Virtual Group, it's a combination of TINs. So, based on that first question that I received, if it could be a large group practice breaking up into a portion of that group practice breaking up and reporting in that Virtual Group that would not be permissible under that statute because it's a combination of TINs. So, it would have to have different entities that are a TIN in which it's a solo practitioner or it's a small group in which the entire TIN, Tax Identification Number, has ten or less eligible clinicians. So, those are -- that's basically what would be the requirements for a Virtual Group when you're making an election to be a Virtual Group. So, in terms of other requirements, as I noted, we have the discretion to establish requirements in terms of what an election process would be. And we would get to that later on as one of the questions. But we'll get to that. I was hoping that does answer your question.

>> Thank you, Lisa Marie. Okay, let's go back to feedback topic one. I think we've had a couple folks provide feedback on this particular question. But, why don't we see if there's anyone on the phone line who would like to comment or ask a follow-up question.

>> As folks are dialing in to the code to be able to provide and ask questions verbally, I just want to note, so when you think about Virtual Groups, so there's, I guess, two elements to it. One would be the actual formation. That's when all the entities have already come together, and they're a Virtual Group, and what that experience would be. And then it's also -- what this question relates to is, there are things that a solo practitioner or a small group we need to do in order to be prepared to even say join a Virtual Group. And in this case, we're really wanting to see -- If let's say you wanted to form a Virtual Group for this upcoming performance year. What are the things that you would think that you would have to do or get in place that would allow you to join a Virtual Group or form a Virtual Group with a solo practitioner or a small group. These are things that we're wanting to see in terms of what you're needing to do and understand the steps and things that you would have to do to help us in terms of either providing guidance or technical assistance. But we just want to be able to understand, what are the things that you're gonna have to do to get to that level to even start forming and joining a Virtual Group.

>> Thanks, Lisa Marie. Stephanie, do have anyone on the phone line?

>> If you'd like to add a comment or any feedback, please press Star and the number 1. And we have a comment from Julie Lundberg.

>> Hi, everybody. Thanks for the call today. I'm thinking about, you know, making the decision to go down this path, right? You'd want this to be advantageous for your practice, and what are the things

you'd be thinking about? One of the things that we really love about the quality performance category is our EHR submission method is really attractive, right, 'cause we get that bonus point for each measure that we report via end-to-end reporting. So, I'm practice A, and I submit the cat 3 file for my EMR at the 10 level, and then practice B, who I might join with, would they then submit from their EMR? And so we're not really submitting a single -- we're not submitting as one entity. I'm just curious, how does that work? Do I lose the end-to-end EHR reporting method bonus for quality if I go this route? 'Cause there isn't a way for me to submit a single QRDA3 file. I hope that made sense.

>> Yes. Thank you for your question. So think what you're outlining there are actually great elements relative to what our process would be for Virtual Group to collect data and submit data. And these are elements that we would actually like your input on. So if, let's say, you're group A, and you're thinking of joining with group B, Julie, what would you like to see in terms of how Virtual Groups would be able to, let's say, aggregate their data or even submit their data? I know this is a question that we're gonna ask down the road, but since you did ask it, and this may prompt others to join in terms of what they're thinking. But because you did bring up those things for, let's say, one, you have different EHRs, and you would have to prepare that. What would you like to see, and what steps would you think that group A and group B would need to, let's say, be able to participate together and report?

>> Well, I think each group, you really wouldn't to lose that end-to-end reporting bonus. That's a big deal, right, if I can get 6 out of 60 points that way. You know, that could be pretty significant. I wouldn't want to lose that. I can't imagine a world in which we could get those two, so if I had the Cat 3 files from each EMR, I wouldn't want to have to at a practice level or a Virtual Group level be responsible for combining that data. So, I would think I would want to be able to, for each practice, to still be able to submit their file, and then the aggregation would be happening at the CMS level. I don't know, is that too much to ask?

>> No, but I mean, this is definitely good. So in terms of, like, what would be an ask, and what would be okay. 'Cause we do recognize that solo practitioners or even smaller practices, you have limited resources. So, this is good to hear in terms of what would be useful and also just in terms of the coordination for that. So, this is good feedback, thank you. Thank you. Thanks, Julie.

>> Is there anything else relative to that, please chime in. And if there's others that have other things that should be considered or things that could be a challenge in terms of ensuring that maybe something is not lost when we're thinking about Virtual Groups with the performance categories, or even just being able to think about when you're bringing different tax identification numbers together, and having different EHRs or things. So, your feedback's definitely invaluable here on this end. And Tef or Enum, is there anything else that maybe you want to ask relative to, like, this question, or anything else for this?

>> Yeah, this is Lemeneh Tefera. No, I think that was complete, thank you.

>> I agree.

So, Stephanie, do you have any other folks who have called in or anything in the chat coming through? We have another question from Christina Cascante. Great.

>> Hi, I actually had a few comments and questions. As far as selecting the Virtual Group. So, we have a very big tax ID group of multi-specialty physicians that would be submitting from MIPS. So, I'm just wondering, if we're able to split those up into different Virtual Groups in order to alleviate the submission, and maybe by specialty, our selections on measures would be more relevant.

>> So, if you have, let's say, one large tax ID in which -- I'll just say, let's just say there's 1,000 folks, you might break it down for them to form their own Virtual Group so that, under the statute, that would not be permissible. Because in order for a Virtual Group to actually be able to form or make an election, it has a combination of TINs. And those TINs can either be -- when I say a TIN I mean Tax Identification Number. So those Tax Identification Numbers can either be a solo practitioner or a small group practice in which that small group practice has no more than a total of ten or less eligible clinicians. So the entirety of that small group would be small. They wouldn't be able to have a large group, and then just breaking it up by specialty. We definitely hear, and actually, we've been getting that a lot in terms of the request for that type of permissibility. This is a reason, then we're gonna have to consider maybe looking at other ways to try to make it happen. But at least in relative to Virtual Groups, that is something that -- just the way the statute's written, would not be possible.

Okay. So it would need to have more than one TIN.

>> Correct.

>> Okay, and then a follow-up question. If we were to have a selected as a Virtual Group this year, like maybe one of our practices would qualify. Next year, would we be able to change that if we didn't like how it went this year type of thing? Or would be like the G Pro that it's -- once you choose it, it's for life.

>> So, in the statute, it says that once an election is made, it's relative to that performance year.

>> Okay, so it'll only apply to that performance year.

>> Correct.

>> Okay, and sorry, one more question.

>> No, it's okay.

>> Actually, this wasn't a question. This was more of a comment, I guess. Regarding the submission of all this data. So, we haven't really gotten too much feedback yet on our EHR system on what their plans are on how we're gonna submit all this stuff. So far, it's looking like, everything's gonna be pretty much the same. Type everything into the meaningful youth website, submit PQRS or quality the same way that we've been doing. Is that accurate? And if not, I just wanted to suggest that, regarding the Virtual Groups, if we are going to be -- rather, if we are going to be continuing, and it is correct, then

would it be possible to submit -- Like for example, the question that the other person had a few minutes ago, submitting as an EHR direct. That's supposed to be, if you're doing it as a group, it would be at the GPRO level. So I know you're only able to do one submission. So it wouldn't let you do, like, multiple groups with different tax IDs. Are you guys gonna take a look at that, or how is that gonna work?

>> So, what would you actually -- what would be your recommendation for, let's say, Virtual Groups, in terms of how that would work? What would you recommend?

>> I would -- I would assume that we would need, the same way that the TIN is used as the identifier for a GPRO, we would need the Virtual Group to have an identifier. So you would maybe have like Virtual Group 12345 is comprised of these two TINs, and they're submitting this data or whatever, blah, blah, blah. And then later when we go to submit another Virtual Group that maybe has two other TINs or two similar TINs or -- not similar, sorry, the same TINs, just different providers, it doesn't run into a situation of overlap or data integrity. They don't know kind of which providers are with which submission. So I would just think, having a Virtual Group identifier of some sort in order to clear up those submission issues might be worth looking into.

>> That's great. No, thank you for your feedback. Yes, and as I noted earlier, that was something that we did see comments on in a rule that we published several months ago. But yeah, that was one of our Virtual Group identifiers. So, yeah, that is something that we are thinking about in terms of how to address. Exactly the issue that you just identified.

>> Okay, great. Thank you so much. Thank you.

>> Okay, great. I think we should probably move on to the next topic. I will just read back some of the feedback that we got to topic one through the chat real quick. So, a few people did make comments about needing to assure that EHR systems are compatible to share data. One commenter said that they need to be able to see the current performance of their peers and in a timely manner. To decide who they would like to join with. One other person suggested, considering what the QRUR information would look like, and would they have the capability to still pull their individual QRUR report, as well as the Virtual Group's performance report. But those are some of the feedback that we received to topic one. So, let us move to topic two. And again, you can dial in, or you can submit your comments and feedback through the chat.

>> So the question is, as individual eligible clinicians and small groups are in the process of forming Virtual Groups, what types of support and/or technical assistance would be helpful to such entities?

>> Hi, this is Adam Richards. I just -- I do want to give Lisa Marie a bit of a breather here. So, I do focus on a lot of the technical assistance that we have in place right now. So, as many of you participating may know, we recently established our Small, Underserved and Rural Support. That is assistance for clinicians and practices of 15 or less with really priority given to those who are in rural areas, health professional shortage areas, medically underserved areas, things of that nature. And that kind of rounds out our technical assistance program that also includes support from our quality improvement

or quality innovation networks as well as our quality improvement organizations who provide support to practices or larger practices of 16 or more clinicians, as well as our transforming clinical practice initiative through the practice transformation networks. Also providing support to clinicians who are participating in the quality payment program and are really kind of on that path toward an alternative payment model or interested in moving toward the Advanced Alternative Payment Models. So, we definitely have the support available. Today what we're really trying to determine is, you know, what additional technical assistance would be really helpful for the Virtual Groups? Please keep in mind, we are still developing these policies, but your feedback is certainly helpful in shaping and implementing our policies moving forward. And I encourage everyone to think very broadly. It doesn't necessarily just need to be technical assistance from an organizational perspective. But we can think about education outreach. Are there materials that might be, or educational materials that might be beneficial? Other forms of education, of training that might be helpful to really help understand Virtual Groups and help the process in forming those groups. I will say we did get comments in the chat box that was -- I thought it was a really good starter, a really good starter idea, and this is kind of thinking broadly. But possibly having a checklist so that clinicians can kind of go through the checklist to see if Virtual Groups, if this is the best option for them. So things like that, this is the type of feedback we're trying to elicit today.

>> Thank you, Adam. Let's give the phone line one more minute, and I'll read just a couple more comments that have come through regarding topic two. So, one person suggested quality improvement coaches who are knowledgeable in the model for improvement. And another commenter said help in developing a measure set that reflects their practice, and how to sync quality measures with billing data. With that, Stephanie, do we have anyone on the phone line who'd like to make a comment? We have Amy Mullins.

>> Hi, this is Amy Mullins from the AAFP. I have a couple of questions that surround the statutory requirements of groups as they apply to Virtual Groups. So, statutorily, groups have to report as groups across all categories of MIPS, and they have to report on the same quality measures in MIPS, and then they get a MIPS score, and it's applied to everyone in the group the same way. In doing so, if you're a group of 16 or more, you have to do things like the all-call hospital readmission measure and quality. And then also if you are a group of 16 or more, you fall outside of that small quality for the SURS, technical assistance. The question is, are the statutory group requirements in general going to apply to Virtual Groups or not?

>> For -- that's a very good question, and actually, what would you recommend as a policy relative to your question? What would you recommend we do?

>> I think that we support harmonization of policy when, if at all possible for simplification and for explanation and for -- I mean, the policy MACRA MIPS GPP is just so complicated in general that every time you have a chance to simplify, you should. And making up a whole another set of rules around Virtual Groups, I think, is unnecessary when you could just apply group rules to Virtual Groups. They already exist. Use 'em.

>> Thank you for your feedback. Thank you. And is there anything else you can think about that we should consider? Yeah, so we think -- the AAFP thinks that there should not be really any arbitrary restriction based on population size, location, and geographic boundary, specialty when establishing Virtual Groups. We also think that you're gonna need time in order for these groups to be established. As we are almost through with March now and performance period for 2018 is gonna start, we're halfway through the year. It's gonna take up to six months for some of these groups to start to get organized. They're gonna need a lot of different things. They're gonna need time to organize themselves for 2018. They're also gonna need data on each other in order to know who to align with. The other thing is, after they're performing together in 2018, they're gonna need data on how they're doing before they decide to commit to 2019. So, you can't wait until December to give them feedback on how their group is doing before they have to make a choice to elect to do this again in 2019. So I think it's gonna be important to get some pre-emptive feedback to those groups before they commit to another year to perhaps a group that isn't performing at the level at which they want to perform at.

>> Good, thank you. And along the lines of the discussion that you just provided, as Adam noted, this is a new process, and there are things that we're trying to identify or mechanisms for how we can help folks get from point A to point B. From forming a Virtual Group or even preparing to form a Virtual Group to actual formation and implementation of a Virtual Group. And I think the feedback that we've gotten so far has been really good, and we want to continue to hear your ideas. What could we do, or not even maybe us, but what would be helpful for Virtual Groups as they prepare and prepare to form, slash, join a Virtual Group or prepare just for implementation because this is a new experience for us at CMS but also for you all. We want to be able to be as useful as possible as we go along this journey together.

>> Yeah, I think that they're gonna -- they'll need to know the rules are gonna be as soon as possible. And I think that it needs to be as administratively simple as it can be. I think as few of forms to fill out as possible would be nice. They don't need a lot -- and you think about who these people are. In effect, these are small, solo -- small groups, but not a lot of large group infrastructure to help them. So, we can't have them needing to fill out form after form after form to make this happen. It has got to be simple. It's got to be clear and straightforward. The rules to participate and apply need to be readily accessible, easy to understand, short, simple, and to the point, and they need to be made available in a timely fashion. So anyone who wants to participate can, and then has plenty of time to get the group together, and enough time to get those applications in so they don't have -- and I'm gonna take on another program that came and went -- a six-week window to make it happen. Thank you, thank you so much. All right, we have a caller.

>> Let's stop. I know we're about 15 minutes left. Let's go ahead and move to topic three. On your screen, you should see this right now. What benefit would you expect to get out of becoming part of a Virtual Group? I know I've seen people ask this question, so now we're kind of hoping that people can provide some thoughts on what expected benefit would there be. While we wait for people to think about that question and dial in, I can give some final thoughts on the last topic. A few more suggestions were to ensure the folks who provide support to the practices and transformation activities understand the local communities and the population being served. Another commenter said

training and technical assistance to CERT systems would be great. Submitting via EHR is ideal, however, as a specialty practice, we're limited by our EHR vendors' competency. And they are not prepared for MIPS as it is; despite being certified, and certainly would not be prepared for Virtual Group reporting. Another person said, providing a tool, blog, or webpage type of location that may allow providers to connect with one another to score interest in joining with another provider group to form a Virtual Group. Those were some additional suggestions that came through on topic two. So, Stephanie, do we have anything on the line to comment on topic three?

>> Press Star and then number 1 if you have a comment on topic number three.

>> Okay, while we wait, we have a couple people who have already submitted thoughts via the chat. One person said, I would expect reporting submission to be easier and more straightforward. And one person said, report on only 50% of the clinicians. Or benefits should be to ease reporting burden and/or improve MIPS composite score. Okay, great, thanks so much. Is there anyone in the queue?

>> We have Peter Bosch.

>> Hi, good afternoon. I think you've got the question already via the chat box, but just to elaborate on it a bit. I was pushing this question forward on the other topics, as well, which is I think if one is in a small or solo practice, one would have to see a clear benefit to being in a Virtual Group. And without that, I think people would shy away from it. I think some of the questions you got before about larger TINS, which I know they can't do, breaking down into smaller Virtual Groups because of the need to report or because of the desire to report quality measures by specialty. It is a real need that I think doctors want to do. In terms of benefits from a Virtual Group, unless they're clear, such as the benefit of not needing to report on every individual in a group -- the old benefit of reporting via GPRO, or something as less costly, or there's some other clear benefit. I think that doctors in small practice which shy away from it, particularly if they are stuck with that group for the entirety of the year, and they're stuck with group reporting for all categories of MIPS. I think without a clear benefit, a Virtual Group sounds like more of a risk than a benefit.

>>Thank you, Peter.

>> Sure.

>>Okay, we can read a couple more comments that have come through the chat. One person said a benefit would be shared incentive for improving performance on measures with shared accountability across specialties/practice. Another commenter said, a benefit might be to combine financial resources to obtain an EHR system for the small groups that don't have that. Another thought, better performance numbers. Groups need to score better.

>> Great, those are great recommendations. So, is there anyone else in the queue?

>> Not at this time.

>> Okay, let's move to feedback topic four. But while we do that, Lisa Marie, I think we still do have some questions that have come through, kind of more about the basics of Virtual Groups. Can you just repeat, you know, the requirements for how many are allowed within a group?

>> Sure. So, when -- with a Virtual Group, the entities, or those who are eligible to participate in a Virtual Group would be a solo practitioner or a small group practice in which the total number of clinicians in the practice does not exceed ten. So, when we think about Virtual Groups, it's essentially solo practitioners and/or the combination of small group practices.

>> Thank you. Okay, the question for feedback topic four is, what is your expectation regarding the lifespan of a Virtual Group. I.E., 1 year, 3 years, 10 years? So, we've had one person reply and say one year already. Stephanie, do we have any phone questions at this time?

>> Press Star and then number 1. No audio questions at this time.

>> Okay. While we wait, we do have some additional questions that might be helpful, Lisa Marie. There's a question, is there a formal application process? What is the timeline or deadline to submit?

>> So, we have not -- we're still in the practice of establishing those policies and requirements, and the only thing that I can say, because it's outlined in the statute is that an election which could be similar to a registration process would have to be made before the start of a performance year. So, based on that question, which I think will lead to the next question, if I'm not mistaken, what types of requirement, or what would you recommend in terms of how we would approach the specific question that the person had just asked? We definitely want to get your thoughts and feedback on, what would you think a registration process would look like? What timeframe would you all like for Virtual Groups to have in terms of being able to make an election before the submission period? What would you envision for Virtual Groups when you think about 2018? Or the performance for 2018 given that that's when it would be implemented.

>> Okay, thank you, Lisa Marie. While we wait for thoughts or feedback on that, it looks like most people who are using the chat are saying one year. One person did say, I think the Virtual Group would be restricted for a one year lifespan, that three years seems like a three year would be an appropriate year to gather groups together. Another person agreed, at least three years. But the challenge will be, how to implement changes to reporting as they occur, I.E., cost, ACI different CPIAs, et cetera. And then another person commented, I'd expect that there would be a progression, and perhaps eventual formal groups that would be formed. You'd expect that as the relationships grow among the practices, Virtual Groups could continue for the lifetime of the practices. We would need support to learn how to make things progress.

>> Okay, great. Should we move on to the next topic? I know we're less than ten minutes from the conclusion.

>> Yeah, let's go to the next topic 'cause it's -- we can get to that last topic, yeah.

>> Great. This next question is, what types of requirements would you like to see for Virtual Groups? And I know that we've had some folks comment on this throughout this session. I can read a couple thoughts while we wait for anyone to dial in. I know that a lot of people have said that it would be helpful for groups, for specialties to be able to join together. Allow large multi-specialty group TINs to be able to break into Virtual Groups. That would allow specialty specific measures to be able to select measures that are specific to their practice. Any phone line questions yet, Stephanie?

>> We have a question from Christina Cascante. I believe it was from last topic, though. Hi. Actually, I'm so sorry, I'm having trouble remembering about topic four, but I did have something for topic five, also. What type of requirements would you like to see for Virtual Groups? I would say the least requirements possible. It's just, everything is so difficult as it is, and it's quite restrictive as it is. I think someone else mentioned, if the restriction could be less or lowered as far as what kind of providers you can have in there, you know, tax ID, how many can be in there, geography or otherwise being a factor of importance. And also signing up to be a Virtual Group. All this restriction, it has to be by this day or that day - that increases the difficulty and the stress and the preparation that you have to have for absolutely everything. Things tend to fall through the cracks regardless, no matter how hard you try. I'm just thinking, if the restriction and the requirements are just lessened a little bit, it may make it a lot easier for us to keep up with everything.

>> Thank you so much. So, I think it's important you had just said, and I think if others want to provide their comments in the chat or be able to ask them verbally. We definitely, I think, want to hear your feedback. Not only because it's valuable, but it also gives us a perception of what you are experiencing or what you would potentially experience if you would participate or join a Virtual Group. As you had just noted, you all are facing lots of different challenges and to buy more flexibility and to allow for things to where there could be -- I think wiggle room for modifications or things that would help a Virtual Group be able to prepare and implement the requirements. Or just being able to participate in MIPS. Is there anything else you want to say, or others want to provide comment on this particular question?

>> Let's go ahead and show topic six. And while we do that, Lisa Marie, I can read a few more comments from the chat box about topic five. So one person commented, CMS should allow each practice/clinician to submit their MIPS separately, and CMS should aggregate the submissions. Do not ask Virtual Groups to aggregate their own data. Another topic, reporting requirements should be the same as for whole groups. Otherwise, the data will not be harmonized. Another commenter said, agree that sign-up requirements should be easier, but reporting should be the same.

>> Okay. Topic six. What issues or factors will CMS need to consider as Virtual Group policies are developed? And just a quick note, while we wait for people to weigh in via the chat or to dial in, feedback that we received via the chat, even if we don't report it out loud, we are gathering all the feedback, and CMS will be provided with all this feedback that you're providing. Okay, so any questions, any comments on the phone line, Stephanie?

>> We have a comment from Matt Wheeler. I thought I took myself off of mute. One thing to consider as you guys are starting to build those policies out. You know, if you have a Virtual Group in one of those practices, it either gets closed or acquired, whether or not that kind of creates an exit hatch for the other remainder group, the Virtual Groups, or how that scenario would play out if that happened within the performance period.

>> Okay, great. Could you actually repeat that? I want to make sure I'm capturing what you had just said.

>> Sure, yep. If you've got a Virtual Group that has formed, and then one of the practices within that Virtual Group either goes out of business or is acquired by a larger practice, what are the rules that would happen for that performance year? Would the other members of that Virtual Group be able to exit the Virtual Group? Is that kind of -- any scenarios that would play out that would give the remaining members either the ability to continue or the ability to exit if something like that happened.

>> Good, thank you. Those are things that we would definitely need to consider as we make our policies.

>> One other thing just to kind of probe out there, too. I think a couple of people had mentioned whether or not CMS would aggregate that data. You know, they may end up looking at more of a qualified registry or somebody who would be a third-party vendor that would do that for those groups so that they can kind of see their scores throughout. Which may then allow CMS to create a favorable set of benchmarks for Virtual Groups. Because if the intent for CMS is to foster the adoption or creation of these Virtual Groups, one thing that could incentivize that would be a benchmark set for quality scoring that is preferential to those Virtual Groups or those smaller practices.

>> Okay, yeah. No, that's good.

>> We just have a couple minutes left, Lisa Marie, so I can read a couple final thoughts, and then I know we have a couple of wrap-up slides to quickly go through. One thing, CMS must consider a way for them to track the participation of the virtual members. It will not work if some are allowed to half-heartedly report. Group CPS would suffer. Vendors should be able to sign up to support Virtual Groups with a specific set of functionalities suited to Virtual Group like the CPC Plus vendor list. This could enable groups to aggregate data and track their score throughout the year to shorten the feedback loop. Another factor would be, what would happen to Virtual Group if provider changed practices? I think someone actually kind of covered that. Excellent idea on third party vendors. Some of those are set up to easily incorporate Virtual Groups. So those are some of the recent final comments that we had. As you can see on the screen, this recording and presentation will be posted on the QPP.CMS.GOV website in the next week or so. If you had questions that were not answered, we do encourage you to visit the website and to go to e-mail qpp@cms.hhs.gov. That's the service center. Or to use that number on your screen. Next slide. Just a quick reminder, CMS is looking for those willing to participate in some website testing, including clinicians, practice managers, administrative staff, and EHR and registry vendors. If this is something of interest to you, please e-mail partnership@cms.hhs.gov, and indicate your interest in a feedback session. I think that's all the time we have for today.

>> Yes, I just want to thank everyone for joining and we appreciate all the feedback that you have provided. We look forward to having further conversation. Thank you and have a wonderful day.

>> Thank you, this concludes today's --