[Mid-tempo classic music plays] Ladies and gentlemen, this is the operator. Today's conference is scheduled to begin momentarily. Until that time, the lines will again be placed on music hold. Thank you for your patience. [Mid-tempo classic music plays] Hello, and thank you for joining today's webinar on virtual group reporting in the Quality Payment Program. Today Jean Moody-Williams, the Deputy Director of the Center for Clinical Standards and Quality will provide a brief introduction. Lisa Marie Gomez will then give a grief presentation on virtual groups and ask for feedback. You can listen to your presentation through your computer speakers. You can provide feedback through this chat box. You can also use the phone number provided later in the webinar to provide feedback by phone. The slides, recordings, and transcript for the webinar will be posted on the Quality Payment Program website in the next week or so. I would now like to introduce Jean Moody-Williams, who will provide the introduction to today's session. Jean, you may begin.

Thank you, and thank you all so much for joining our webinar this afternoon. We are going to focus on virtual groups during this particular webinar. I'm hopeful -- and we are assuming that you've had the opportunity to join many of the webinars that we've given over the past several months on nearly every topic that's covered in the final rule. And so we're not planning to go into a lot of detail regarding every part of that final rule. But if you do need to get caught up or if you haven't been able to participate, we would invite you to join our portal at qpp.gov. And you'll find all the prior webinars and a number of educational resources there for you, for your information. But today we are really going to focus on the virtual groups. And as you know, if you've participated with any of our calls or discussions before, we really have placed a high value on listening throughout this entire process of standing up the Quality Payment Program. And this topic really is going to be no different. The October 2016 final rule was, in fact, finalized for our Quality Payment Program, as authorized by the Medicare Access and CHIP Reauthorization Act of 2015. But you may recall that it was actually a final rule with comment. And that comment period did end in December. But virtual groups was one of the areas where we did seek additional comments. And so the next several slides that we're going to go through really highlight a couple things in that rule that was finalized, that we think is just probably important for you to keep in your mind as we talk about virtual groups today. Our contractor, who is also on the line -- Ketchum -- will be holding listening sessions in the future, as well. So, this won't be the last time, and it's actually not the first time. Again, we did the final rule with comment. We've also done an RFI. So, we hope that that really indicates to you that we truly are interested in what it is that you would have us to know. So, as we move to the next slide, just as a reminder, the Quality Payment Program really consolidated three clinician value programs into one program with two tracks, primarily, one being the Merit-based Incentive Payment System. And this is really if you are participating in traditional Medicare. We have a program that's now been established, that really ties the outcomes in quality to payment. Or the other track could be through the Advanced Alternative Payment Model, which really looks to how we move forward with managing populations and integrating care in new and innovative ways. Primarily, the virtual group discussion will center around MIPS. And so that's what most of our comments will center around today. However, again, if you need to know more about Advanced Alternative Payment Models, we do have information available on our site. And just a reminder -- when we talk about eligible clinicians for the first year, we have finalized that that means Medicare Part B clinicians billing more than $30,000 a year and providing care for more than 100

Medicare patients a year and they're not in advanced APMs and it's not their first participating in Medicare Part B. Now, there are certain permissions this first year that are included, that being physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. So, that's kind of the landscape by which we're gonna be talking about virtual groups. But again, I am really looking forward to the session that we'll be hosting in just a moment, in which we'll begin to hear from you. Now, the next slide, though, does remind you that there are some categories that we'll be talking about and we'll be considering as we listen to your comments. And there are four -- quality performance category, cost category, improvement activities, and advancing care information. And when we think about these categories, we don't necessarily think about them as separate things, per se. There are some separate rules around some of them. But we really think about it as a Quality Payment Program in which we are measuring quality and cost to ensure the best outcomes for patients and that clinicians are getting the information that they need to improve care, that we are recognizing and providing incentives for the wonderful improvement activities that are currently taking place in the field, and that all of these things are supported by technology and care and tools that can help advance care. So, with that backdrop, I want to turn to Lisa Marie Gomez, who is the health-insurance specialist here in our Center for Clinical Standards and Quality. She will walk through existing regulations that we finalized. And then we will listen.

Great. Thank you, Jean, so much. So, going to the next slide, we're going to outline some elements. But before we do that, I kind of want to just, like, set the tone here with regard to when we talk about virtual groups. So, virtual groups will be comprised of solo practitioners and small practices that joint together to report on MIPS requirements as a collective entity. Virtual groups is a participation option in MIPS that will be available starting in 2018. We just want to iterate that a virtual group is not a data-submission mechanism. Next slide, please. So, as you saw in the finale rule, we specifically noted that the statute outlines and establishes very specific provisions relative to virtual groups. So, right now I'm gonna go over those specific provisions just to provide us with the basis for our conversation today. So, one of the elements that has been outline in statute -- one is that virtual groups will be scored on combined performance for quality and cost. The statute also outlines an election. It doesn't necessarily outline the election process, but what would be involved in an election process. So, for example, eligible clinicians and small group practices with 10 or less eligible clinicians that are part of a TIN will be able to join or participate in a virtual group. So, when we think about virtual groups, it's not where it could be these entities with hundreds of folks. It's specifically for solo practitioners or an individual MIPS-eligible clinician and small group practices with 10 or less eligible clinicians. Also, virtual groups may be based on appropriate classifications, such as geography or specialty. Next slide, please. So, there are also requirements that the statute spells out. One of them is, eligible clinicians in groups must elect to participate prior to the performance period and may not be able to change their election during the performance period. Also, if a group practice elects to join a virtual group, all members of that group practice -- or you can think about it as NPIs -- will be included in that virtual group. So, a virtual group or, say, a group practice or an individual clinician can only participate in one virtual group. A virtual group must be comprised of combine TINs, which would make sense when we think about individual eligible clinicians

participating or small group practices. CMS will provide formal written agreements between clinicians entering a virtual group. And also, one of the last requirements is that there will be other requirements that the secretary has the discretion to develop as appropriate. So, this is the foundation of virtual groups, in terms of that will set the tone and the process for how we establish the regulations and upcoming rules, relative to virtual groups. Next slide, please. Right now, as you know, we're currently in the rulemaking process for the upcoming rule that will establish policies for 2018. Because we're in that rulemaking process, we're not able to specifically comment on or address questions relating to politics that are going to be developed, which would include virtual groups. However, as we develop policies relating to virtual groups, your feedback and recommendations are really critical to our rulemaking process and can help us think about elements or factors that would help us as we develop these policies and inform some of the decisions that we're making. So, it's really important that we get your feedback throughout the entire rulemaking process. So, even though we may not be able to address your questions specifically to, let's say, rules that we're thinking about developing, we just want to note that your feedback is extremely vital to this process and helping us as we go forth and develop these policies. Next slide, please. As Jean noted earlier, you know, in this finale rule that we published in October, we did specifically seek comments in the virtual group section of the rule. The areas that we sought comment on relate to 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 the use of a group identifier for virtual groups. So, we're in the process of actually going through all those comments that were received through December. And that's also -- You know, we're gonna be using those to also inform our decisions. But we also want to provide other opportunities for our stakeholders and for you to be able to give us feedback -- so, not only through the comment period, but also through this mechanism, these webinars, and other opportunities that we'll have. So, I just want to note that today's listening session is, you know, an opportunity for you all to provide input. But I also want to say that -- Let's say today you may not have questions or let's say there are things that you think about later on. We are gonna have other listening sessions down the road. So, our next one will be sometime in February. We haven't established the exact date, but there will be one in February. So, I want to let you know that this isn't the only opportunity. There will be other opportunities, specifically relative to virtual groups. Next slide, please. So, to begin this listening session on our end, in terms of CMS listening to the feedback that you all have, we wanted to start the conversation and get your feedback on this particular question. So, what we're wanting to know is, like, what types of factors, what individual eligible clinicians and small practice take into consideration when forming or joining a virtual group? As you may have seen -- Actually, next slide. As we talked about earlier, to be able to provide comment, there's going to be a call-in number. So, you'll need to call the number that you seen on the screen here and enter the pass code to provide questions. In the meantime, I know that there were some questions maybe through the chat that maybe have come through. Ketchum, do we have anything that's come through, while we let folks dial in?

A couple of people have asked you to explain the benefits of joining a virtual group.

Okay, so, one thing I think -- I think some of the goals relative to what Congress is thinking, in terms of, you know, why these provisions were established. In other programs that CMS may have had, small group practices or individual clinicians may have had a difficult time participating. So this is an opportunity to provide these entities to come together and form a virtual group that can alleviate some of maybe the burdens to being able to participate and join a virtual group and have a successful opportunity and experience in the Quality Payment Program, specifically MIPS. So, that's, you know, the overarching goal in terms of how to help these small practices and individual clinicians be able to successful participate in MIPS.

And some of the reporting challenges when you have small numbers and those kinds of things may be alleviated through virtual groups.

Great. Are there other questions or comments before we open the lines, all folks dial in?

One person -- Go ahead, Lindsay.

Yeah, I think a couple people might just like an additional clarification about what are virtual groups, what the definition is.

So, as I noted earlier, a virtual group is literally similar to what we think about how you participate in MIPS. So, in previous programs, let's say in PQRS, people could participate at the individual level or participate at the group level. And virtual groups is just another option of how to participate in MIPS. So, it's a collective group of TINs, which is -- it could be an individual eligible clinician, a fellow practitioner, or a small group practice forming together and collectively coming together to just participate in MIPS. So, it's just a mechanism of how to participate in MIPS.

Yeah, I know. It is a little maybe confusing to think about, but if we could think about it literally, it is a group that has come together virtually. They may not be in the same office or the same location, but virtually they have joined themselves to become a group. You know, pretty literal.

Is there one more that we'll take before we open the lines? Is there any other questions or comments?

Maybe could you just review the size, the sizes of the virtual groups, the size maximum?

Yes. So, in statute, those who can form a virtual group will either be, like, a solo practitioner or a group practice with -- if their total group size is 10 or less eligible clinicians. So, if a group practice has 11 or more, they would not meet the statutory requirements to be able to join a virtual group. So, when we think about virtual groups, it's small group practices, 10 or less NPIs, if you want to think of it that way, or solo practitioners can join.

So, Lisa Marie, a question for you around virtual groups in this call today. So, we are seeking feedback for just to clarify which year for MIPS.

So, as you know, when we first established our NPRM back in I think May -- time just goes by so fast -- we noted that we were postponing the

implementation of virtual groups and that it wouldn't be an option for the first year. So, when we think about, you know, what's going to happen for virtual groups, this is all relative to performance year 2018, in terms of when the implementation of virtual groups would be available. So, virtual groups will not be available when we think about this performance year of 2017, but it will be in 2018. And so the feedback that you all provide today is gonna inform us and the policy that we're going to be establishing for 2018 requirements. Very good -- I just want to say these are really good questions that are coming through. So, I think it's good to get these so that as we go through these questions that we're asking, it at least provides that foundation.

And I think understanding what it is first before you can comment on it -- so, good question. But recognizing that more specificity will come through your comments and as we develop future rules.

Another question --

Stephanie, are there any questions on the phone line? Have any come in via phone that you want to take?

We have two at this time. Our first one is from Kim Sweet.

Yes. Hello. I think I misunderstood on slide 11 -- I was wondering if you could clarify -- where you said if a group practice elects to be in a virtual group, then all members are included. I thought I heard you said all members as long as they're under the same NPI number. And I was wondering if it was meant under the same tax identification number.

Could you just go to slide 11 just so that everybody can see.

On slide 11, yeah, the second bullet.

Yes. So, what it is, is that any -- So, if a TIN, a small group practices as a TIN, is participating, all of the NPIs that are a part of that TIN will have to participate in virtual groups. So, it's not where, let's say, a solo practitioner -- let's say they have 10 members. Five participate, and five will not -- that's not possible. So all the NPIs, all 10 NPIs under that TIN have to participate in the virtual group.

Okay, I thought maybe I misunderstood. Thank you for clarifying.

Oh, yeah. No problem. Thanks for the question.

Our next question is from Deborah Tracy.

Good afternoon. Thank you for this. I have three parts to my question. I hope it's not too much. A simple question is -- how many would have to participate to be included as a virtual group? I understand 10 in each group, but how many in the virtual group? Would it be 10, 20, 30? That's number one. Number two, what is the incentive? I mean, if you join an APM, you get a 5% bonus no matter what, plus other incentives. So, what do you imagine would be the incentive to join a virtual group? Number three is, you said that it's gonna be based on cost and quality. Well, you know our QRUR doesn't come till a year in advance. So, why would I want to associate myself with someone who could potentially be penalized when I would be reporting well and understanding cost and the QRUR? So, what -- You know, if

the QRUR were maybe reported in advance or something, maybe I'd want to do that, but I don't see why I would want to associate myself as a group and possibly be penalized when I haven't been for the past seven years, since PQRS started? Thank you.

Okay, so, thanks for those questions. And these are all good business decisions that a clinician will have to make. If I am a solo practitioner or clinician and I'm not a part of an Advanced Alternative Payment Model, but I want to participate in MIPS, but I don't have the ability on my own to meet the maximum number or the number of quality measures or whatever the category might be to participate and I could join with colleagues or even clinicians I don't know but we had the opportunity to establish a relationship and decided that we want to work together so that we could participate and potentially get some of the incentive payment that would be available if I was in the program, then that would be a decision I would have to make. I would also have to decide who I want to partner with, and those are the kinds of things that will -- I'm sure that clinicians -- many have already thought about, maybe if they're participating with a commercial insurer, but will have to consider as these things come -- as these decisions are made. And the question of -- I think I've answered, you know, who you would want to participate, why would I want to participate? And when you think about the incentives of the Advanced Alternative Payment Models, clearly the statute does provide incentives in that area. But also when we designed the Quality Payment Program, we did not design that to be a program that was undesirable. If you participate in the Quality Payment Program, there are incentives for that participation, as well. So, those are the things that people will consider. Lisa Marie, anything else?

I would just say, just in terms of, like, some of the feedback we've got, especially when we were incepting the finale rule, people also said they actually liked the concept of virtual groups because it would also provide them with an opportunity, let's say in their community -- they all have, let's say, the same patient population and they want to see just how they can improve health outcomes, but also how maybe they can coordinate care. And this will provide them that opportunity to also come together. So, I think there are different means and reasons potentially why someone would want to, but we also want to know from you all, if, you know, someone was considering that, what would be the factors that would be the determining factor of whether they'll join or not join? Because that also gives us insight into other barriers that are not aware of. Are there challenges that maybe we haven't thought about that relate specifically to small group practices or solo practitioners? So, these things just really help inform us and give us an idea of the reality of what folks are dealing with on a daily basis that we may not know because we're not on the ground, you know, working in their practices or in their communities. So, this is just really helpful.

Did that help at all?

Well, I still don't understand what the motivation would be except the one comment, if you didn't have enough numbers of Medicare Part B patients, which -- I'm in Florida, so we got plenty of numbers. But I still don't understand -- You know, since the reports come out so far -- so late compared to when you report, I just don't understand how we would figure out -- We all want to be good reporters or exceptional reporters and get bonuses. So, what would -- How would we know who we're gonna partner with? Because those numbers aren't available till after the fact. I don't get it.

So, I think in this realm, we're going to write this down as something that we need to think through as we -- This is good feedback that we're having as to what kinds of incentives and barriers, as was mentioned. I will say, regarding feedback reports, we've listened a lot as we've developed this program. We do have as one of our principles -- and we've published this, again, in the finale rule -- the ability to get feedback to clinicians in a manner that is helpful to them to make decisions. And I understand that you're talking about the current state. Clinicians do have data available to them now.

Thank you so much for your feedback.

Yeah. This is helpful. Thank you. Next question.

Our next comment or question is from Michael Opsey.

Hi. This is Michael Opsey. I work for a company that producers EHR software, and I'm just wondering how are we expected to gather and consolidate the data for virtual groups? Or is CMS going to gather data individually...

So, we have not decided or put out any information on that, but it sounds like you will be someone that will have some good feedback for us on that.

And as we go forward with some of these sessions, we'll have specific topic areas where it'll help us thinking about, "Oh, we need to consider maybe potentially you all may have recommendations of how something could be formulated." So, we can discuss those. But for now, I know, as Jean noted, we don't have anything relative to those specific things to address your questions. But this is something that is good for us to think about as we go forward with our sessions in February and in other months.

Yeah, and because we have not -- we are not talking about the future or the upcoming policy, that's information that we have not yet developed.

Thank you.

Okay, Deirdre, can you move to the next feedback slide? And I do just want to -- Lisa Marie will read this feedback slide, but I do just want to remind everyone that you can submit comments to this question via chat or use the information that was on the slide before that we will show. Sorry, Lisa Marie.

No. Thank you. So, one of the next things we want to talk about and get your feedback on are, you know, what are the potential barriers or challenges that individual eligible clinicians and small practices would need to address in order to join or form a virtual group?

And I think, just going back to the previous questions that we had, when I said we would write this down, you already started to answer this question in your thoughts that you don't necessarily know if you have the information that you need to make decisions. So, we wrote that down.

That's one, yeah. So, we definitely want to hear from others. Like, what are other things that, you know, you all on your end would need to think about before you could even form a virtual group? So, we'll give you a few

moments, either if you want to type them in in the chat or dial in the number to have...

Yes. Deirdre, could you -- Deirdre, could you show the slide before this so they can see the dial-in number again? And if there are any callers, you can go and take them now.

We have Rachel Grassdorf.

Yes. Hi. My name is Rachel Grassdorf, and I work for a consulting firm that helps -- We help providers and larger groups to participate in historically PQRS and the Value-Based Modifier. And we're starting to help groups to get on board with the MIPS program. And one of the things that we've seen historically under the PQRS and Value-Based Modifier programs is that sometimes the smaller groups and the individual clinicians that we work with really struggle to have -- to fill the need that's there for resources, but also to finance the manpower behind being compliant with these programs. So, I think one of the potential barriers and challenges to having several of the individuals or small groups joined together is that they might not even collectively have the resources, the manpower, the time, the money to put into having somebody steer the ship, if you will, to having that group project of everybody working together under the virtual group. It's difficult for me to think about some of our individual commissions participating in something like this unless there was a larger group that was part of it. I mean, understandably, the concept of a virtual group is putting together individuals and smaller practices. But I guess a feedback or maybe some questions is, maybe it would be -- it would be easier for them to do it if there was a larger organization that was a part of that, that was more central, that had the resources, the experience. And they could steer all those groups collectively in the right direction.

This is great feedback. Thank you. I mean, these are -- This is exactly what we're wanting, in terms of, what are the specific challenges and potentially -- Even, like, you have a recommendation. So, this is extremely helpful, especially as we think about, like, what's the reality and what a small practice or individual clinician would need in order to participate. So, this is helpful. Thank you very much.

Sure. And can I add a follow-up to that?

Yes.

So, one of the things that we've seen with individuals specifically is sometimes the money that would go into paying for a resource to help them to be compliant with these programs outstrips any of the potential penalties that would be assessed to them. So, I think that's something that's definitely taken into account, is, monetarily, it wouldn't make sense to put money into something that you're not gonna get money back out of.

Yes. Thank you.

Sure.

We have our next comment from Nate Bork.

Yeah. Hi. This is Nate. Thanks for taking my question. We're a large health system with about 1,000 employed providers. And we've got about 21 tax I.D.s

across the whole system. And we've got -- These tax I.D.s consist of multiple specialties under a single tax I.D. So, we're able to report for all of our providers under PQRS and will be for MIPS. But as far as performance on quality measures, particular with heterogeneous group like that under a single tax I.D., we're not going to do well on quality measures because we've got multiple specialties who have different quality incentives and directions to be able to report out on six measures for that entire tax I.D. Again, we're not gonna be able to perform well. So, we were hoping to be able to lean on these virtual groups to then sort of consolidate our cardiologists for multiple tax I.D.s and our orthopedic surgeons for multiple tax I.D. so that they can work on -- fix quality measures that are relative to orthopedic care or cardiology. From what I understand, it sounds like they're limited to a number of 10 within these virtual groups. And with cardiology, for example, we have 30-plus cardiologists across the system. So, it sounds like, at least with these preliminary rules, we're not going to be able to create a virtual group across the system that includes all our cardiologists. We'll have to create smaller virtual groups in each of the areas where we have cardiologists for them to be able to report on their particular specialty, specific metrics. Is that accurate?

So, in terms of, you know, what the parameters would be in terms of, like, who could join a virtual group, as we noted, we haven't established those particular policies yet, so I can't address your specific question. But this is something that we are thinking about. And, again, if an entity does not have 10 or less, you know, they would not be able to participate in a virtual group.

And, Lisa Marie, could you also clarify that these virtual groups are not a submission method?

Yes. So, I guess there are some things coming through the chat. And so we just want to reiterate that virtual groups is not a submission mechanism. It's just a means of how to participate in MIPS. So, for example, under PQRS, clinicians or eligible professionals in PQRS have the option to participate as an individual or as a group. Under MIPS, eligible clinicians will have the opportunity to participate as an individual, as a group, or a virtual group.

And I'm gonna put on my communications hate here because I see this term does cause confusion. And we've kind of described what it is as a group that hasn't been an actual group...this time, but people that have chosen maybe in different locations to associate themselves together. So, if you have good suggestions on something else to call this that describes this -- that would describe this more clearly, we're also open to that.

Yes.

Our next comment is from Toma Hutchins.

Hi. This is Toma and -- Can you hear me?

Yes.

Okay, great. Just checking.

So, I have a couple of comments. When you said TIN -- or the number to be allowed to participate in a virtual group, you had to have 10 or less, and

you're talking -- you were talking -- or I interpreted that you were talking to 10 or less in that TIN. And if that's true, then how many TIN tax I.D.s can come together to determine a size in a virtual group? So, if I missed that, I apologize. The other few things are just things that you had just asked and things I would love to know more about, as far as for our providers. So, submission methods -- this may not be a submission method. So, in stating that, does that mean each organization or TIN would then submit their own information and CMS would aggregate it? Or, as the EHR vendor stated, you know, would that be something where there would be a central person in charge of that little virtual group that would have to aggregate that information? So, that's something that we think about, but I know you can't answer right now. But that would be a question. And what about -- could we submit different methods? What if one of the groups in the virtual group submitted their quality measures on a QRDA III and the other one wanted to go through registry? Would that also be something that fits? And the my last thing was the CPIA. Knowing that groups right now -- if one provider participates in an improvement activity, then that counts for the whole group. That would be something I would want to know more about also, if it was a virtual group. Does somebody out of each virtual group have to do an improvement activity? Can one group do all of the improvement activities, and then everybody gets to partake? So, those are just some of the things that enter my mind. But the "How big could a virtual group be?" was one -- I didn't know if I missed that. Thank you.

Well, I'll just start, and then I'll turn to Lisa Marie. Those are exactly the kind of questions we have to answer and determine. And you have done a great job in outline a number of the challenges. What would be helpful -- it sounds like you've given this some thought -- is, what would work in your situation? If you had to -- the improvement activities -- if you think about a group, would it work better if -- you know, what would be the ideal situation in your view? And if you could provide that comment to us, along with others, then we'll have information in which to try and come to a final decision. But great...

Yeah. Thank you so much because I think you highlighted things relating to size. That is definitely something we want to hear in terms of, well, what are your recommendations? Please definitely through the chat -- What do you think the size should be? You also talked about submission mechanisms -- how many? Again, we want to hear from you? What would you think would be the best option for those who do want to form a virtual group that would permit -- you know, help them? So, again, provide your recommendations relative to that. Also, when you talked about those other specific categories and how it would translate -- again, what would be your recommendations for those things? Because these are things that are gonna help us, again, as we go forth and develop these policies. So, thank you very much.

And I know this is little different because usually you come and you say, "Here's what we're gonna do," and then, "What do you think of that?" But now what we -- the approach that we've taken with this program all along is, you know, "So, what are your thoughts, and what's working out there for you?" And then that will help us decide and then come back to you and say, "Okay, here's where we are. What do you think of that?" So, I know it's a little different approach.

Okay, Deirdre, can you go to the next feedback slide?

All right, so, we'll wait for the next slide to move over. So, the next thing we would like, you know, your feedback on and even potential recommendations -- you know, what time frame would virtual groups need to form and operationalize a virtual group and be prepared for reporting? So, we'll wait for a few moments for folks to be able to dial in or type in their comments in the chat box. Stephanie, if you have commenters on the phone, you can take them.

We have a comment from Mary Dawson.

Hi. I am wondering what the availability to GPRO Web interface reporting would be if group sizes could be established. For example, you're saying it's only less than 10 providers per tax I.D. number, but if multiple tax I.D. numbers can go into a virtual group, then you would meet the, I think, 29 or more providers needed for a group practice Web-interface reporting. And would that be an option?

So, I guess I just want to make some clarification in terms of, I think, some of the items here. So, I think there's an element relating to groups, it sounds like the questions that you're talking about relate to groups and them as virtual groups. So, we haven't established the policies relative to virtual groups in terms of some of the things you've outlined that are applicable to a group. So I can't necessarily comment and address your questions, but a lot of the things that you --

I guess my thought is, is that the group practice reporting on the Web interface is -- has some nice features to it, that if that could be made available to virtual groups, that might be valuable.

Okay, so, what you're saying is that you would like the Web interface -- or I mean -- yeah, the Web interface to be an option for virtual groups.

Correct.

Yeah. Okay. No. Thank you for that comment. Next comment?

Our next comment is from Emily Sunday.

Emily, are you on the line?

Hi. Yes, I am. And I was wondering if you meant that all providers must participate in the group or all MIPS-eligible providers. Because we have practices where some providers do not see Medicare patients or some -- for example, you could combine family practice and pediatrics in a two-provider group in a rural area.

I think this is a good question, in terms of what we'll need to consider and in terms of how that would apply when a group practice would include those who don't see Medicare patients. So, this is helpful. Thank you.

And we did get a commenter on the Web who said they can't imagine that it's taking less than three months and it would likely take six months...

Okay, so --

...perhaps faster.

So, between three and six months to, like, form their virtual group and be prepared to actually then get ready to -- for the performance period. Okay. Do we have any other comments in terms of timeframe that was put through the chat?

We have a comment from Pamela Foister.

Yes. Thank you. And I apologize. My question is not about a timeframe. But in terms of operationalizing this, I can think of some solo providers who might want to so that they can participate in incentive. However, then they have to start kind of doing blind dating to find out who's got good enough PQRS scores that they want to virtualize with and whether -- I work for a QIN. You know, I can't say who they should pair up with. Consultants would be the same. We can't -- We can't take sides or say, "Oh, gee, you don't want to work with so-and-so 'cause I know their PQRS scores are terrible." So, that's a concern.

No, this is good.

So, what is your recommendation in that regard?

I'm not sure, but I can think of, like, a solo provider. She's a high performer, so she might want -- but by herself, she's too small to be eligible, so she might look for a high-performing group. And so the recommendation would be finding a mechanism without everybody having to, you know, put their PQRS scores on the table. I guess I don't have a solution. How does a physician or provider figure out who to pair up with?

Right. So, that is a challenge. Like, so then how do they even know how to even for a virtual group if it's something they want to do?

So, we'd like to hear more comments on that if anyone -- That may not be the question on the table, but we're welcome to people who would have suggestions for that.

Just a couple other comments on timing. We did receive one commenter who said between 9 to 12 months and someone else who said 3 to 6 months, which means 2018 performance -- the performance period in 2018 would be challenging because of the time it would take to set up.

No. Thanks for recapping those for us and from the chat. So, I guess going back to what Jean just posed as her question, if anyone wants to put in the chat of potential options or recommendations for how to address, you know, what our commenter had just noted, that would be great, too. Or if you want to call in and provide us with some of your recommendations, that would be great. If there aren't any, we can also move on to the next questions. Next slide, please. Oh, okay. What elements would be critical to include in an agreement? So, as I discussed earlier in the presentation, I had noted that part of the statutory requirement is that there would be an agreement. For those who join and form a virtual group, there would be an agreement. So, when you think about bringing different TINs together and NPIs, you know, what types of elements would you want in agreement that everyone could agree to, but also keep the collective body, collective entity going in the direction that ultimately folks want to go in terms of, you know, meeting the requirements for MIPS? So, we'll give folks a few seconds or a few minutes to type in the chat or dial in the number for comments.

Lisa Marie, we did get a comment that said professional societies may be able to play a roll in assisting the members who are eligible clinicians to join together virtual groups.

Great. Thank you for sharing that comment.

And another commenter wrote, "Incentive providers who score high to assist providers who do not."

Great. Thank you.

And we have a comment from Adrianne Manns.

Thank you. Can you hear me?

Yes, ma'am.

I think what would be critical is to include the agreement -- in the agreement the number of patients that are seen under that tax I.D. But I did have a question because there are some practices that we support as a QIN who are psychiatry. And they have people in their group who are eligible clinicians, but they are not subject to MIPS at this time, like LCSW. So, if they are part of a virtual group and an LCSW is under their tax I.D. but not subject to MIPS, although they are billing Medicare, are they counted in the 10, the 10 people under this requirement, this virtual group number?

Great question, and this is something that we'll also need to think about in terms of when we think about the implications for these different scenarios or situations, dynamics that groups encounter. So, this is a good one.

Yeah, there's no current policy for that that's been published yet, so thanks for bringing that up, and we'll keep working through that."

And a second one that you could add along those lines -- I'm working with a practice in a small community. They're primary care. They also have an OB/GYN in their community who does see enough Medicare patients. And so would you be able to, as a virtual group, be across specialties?

Again, we haven't established policies in terms of parameters or what can constitute the composition of a virtual group, but these are things that are great recommendations or at least items for us to think about in terms of when we're developing the policies for the composition of virtual groups.

Yes. And if you have thoughts on that -- Again, if you have thoughts on that, that the pro for this would be this or the con for this would be that, please send that out.

Yes, because, as Jean noted -- because this helps us think about, what are the potential options out there? And realistically, which ones have advantages and don't have advantages could help us inform our decision. So, any recommendations you have will be greatly welcome.

I know that this particular group wanted to develop an ACO in their area, and they realized they did not have enough Medicare-covered lives and were not successful in doing that. But they were very committed in wanting to move forward, and so virtual groups would be an option for them. So, I just

throw that out there as one thought to consider. Then a question for clarification on the virtual group and the tax I.D. number because I heard it two different ways, and I'm not sure which one you meant was correct. When we say 10 -- excuse me -- t-e-n -- would be the maximum number of eligible NPIs as part of a group that would be involved in a virtual group? I'm not clear if we're saying that an entire virtual group could not be -- regardless of how many T-I-Ns are part of it, what is the maximum number of NPIs?

So, this is a great point. So, when we talk about TIN, we're talking about tax identification numbers. So, for each group practice, they will each have a tax identification number. And under that tax identification number, there will be NPIs associated with that TIN. So, when we think about what was outlined in statute in terms of those who can participate or can form a virtual group, it's those tax identification numbers that have 10 or less NPIs associated with their tax identification number.

That is so helpful. So, a virtual group may have many NPIs, more than 10.

Right, and if they have more than 10, they would not be eligible in terms of being able to form a virtual group 'cause statute's very specific that a small practice -- and if they have NPIs, it has to relate to how many NPIs are associated with that tax identification number. And it's condensed to 10 or less NPIs associated with a tax identification number, in terms of who would be eligible to participate or form a virtual group.

Thank you. That's very helpful.

You're welcome. Thank you.

Deirdre, why don't you go ahead and go to the next slide? And I did just want to mention, as Deirdre is pulling up the next feedback slide, that we will be compiling the chat comments and providing them to CMS. So CMS will receive these comments.

Great. Thank you. Yeah. Next slide. So, when we think about, you know, an election process -- here's our question -- so, what options or elements could be considered or included in an election process that would enhance a user experience or someone wanting to participate in a virtual group? So, when we think about the election process -- I'll just give you an example. As you know, under PQRS, we have provided the option in terms of -- for groups who are participating in PQRS, you know, they had to make an election if they're going to be participating at a group level. And there was a registration process. So, we're just wanting to hear from you all. Like, what types of things should we include in an election process that would just make a small practice or solo practitioner's experience -- enhance their experience, in terms of formulating a virtual group and then ultimately reporting and participating, you know, in MIPS? So, we'll give folks just a few moments. And I just want to note that we're at 1:57, so we only have a few minutes left in the overall conversation. So, we'll maybe go through just a couple of comments that come through the chat. And then if we have one or two come through, the phone will do that, and then we'll have to wrap up 'cause there's other information I want to be able to provide to you all before we close today's session. Are there any comments that have come through the chat?

Not on the topic yet.

All right. And we can also go back to the question. Oh, go ahead.

We did -- I'm sorry, Lisa Marie. There -- There is a comment asking why an election process is needed.

Okay. So, in statute, the requirement is that a virtual group has to make an election to form a virtual group and participate in MIPS as a virtual group. So, it's a statutory requirement, and so in order for us to operationalize this requirement, we wanted to know, you know, what are the elements that we should think about and consider in terms of establishing that process? And I know -- Like I said, I think we're also limited on time, so we can also discuss this in our future webinar in February. But I do want to go to the next slide 'cause I do want to give some information that I think is important in terms of -- for us to continue engaging in dialogues and conversations with our stakeholders and with you all to be able to inform us as we're establishing these policies. And you're gonna see that we're gonna be providing several opportunities to do so. So, if we could go to the next slide, that would be fantastic. Or the last slide that outlines the information.

I think it's 21, Deirdre.

Okay. Yeah, let's go to slide 21. Can we go to the next slide? Or I'll just -- Okay, so, what -- Okay, so, what we're doing is -- So, in addition to these sessions that we're hosting here, in terms of these large webinars, we're also going to be convening or holding these small, interactive feedback sessions. And we're calling them user groups, a user group. And it's to gather feedback regarding, like, the operational elements and even some of the dynamics that we've talked about here, where we can actually get more in the weeds in terms of some of the elements where, like, you're all providing recommendations. And we can really get a sense of, you know, what would make virtual groups successful and have, you know, folks who are participating have a great experience in that. So, we will be establishing a user group. And the sessions will be from February through May. The first session is on Tuesday, February 7, 2017. And if you're interested in participating in our user group, please e-mail Ketchum at CMSQualityTeam@ketchum.com. So, here you can see the e-mail address, and just let us know if you're interested in participating in our user group. I know it's 2:00, and we want to value everyone's time. I want to thank everyone who has participate, you know, in this webinar and has provided their feedback. This is extremely important to us, especially as we are going through this rulemaking process. Again, your input and feedback and recommendation is invaluable. So, thank you very much. I hope you all enjoy the rest of your day. Thank you.

Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.