



October 17, 2016

Andrew Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Acting Administrator Slavitt:

We are writing to urge CMS to begin implementing virtual groups as mandated by the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA), and offer our assistance on ways to help you achieve this worthy goal.

The MACRA statute was developed by Congress with an understanding of the role that technology can play in improving the functioning of and user-experience with the Medicare program. Recognition of technology-driven data registries and policies such as real-time physician feedback is prominently featured in the law to help facilitate new ways of accessing and delivering health care.

Virtual groups are another example of Congress' belief that technology can transform Medicare. The MACRA statute reads:

*“The Secretary shall, in accordance with the requirements under clause (iii), establish and have in place a process to allow an individual MIPS eligible professional or a group practice consisting of not more than 10 MIPS eligible professionals to elect, with respect to a performance period for a year to be a virtual group under this subparagraph with at least one other such individual MIPS eligible professional or group practice. Such a virtual group may be based on appropriate classifications of providers, such as by geographic areas or by provider specialties defined by nationally recognized specialty boards of certification or equivalent certification boards.”*

Virtual groups were established by Congress to allow varying providers in different physical locations to associate as a group for reporting. They were intended to help providers who might otherwise have difficulty reporting on meaningful measures under the Merit-Based Incentive Payment System (MIPS). Providers with limited direct patient interaction, providers in rural areas, and those who are not able to report on full sets of measures might benefit from this technology-supported reporting option.

The knowledge gleaned from virtual group reporting might be used to identify ways to encourage provider collaboration within alternative payment models (APMs), and inform the development of new models and multi-provider episodes of care. As the success of APMs depend in large part on the ability of providers to manage the delivery of services provided to a particular patient across a continuum of care, such knowledge could increase APM development for medical specialties – an issue of great concern to the provider community.

There is growing recognition among lawmakers and the public that implementation of the MACRA statute will be challenging for both physicians and CMS. Establishment of virtual group reporting options appear no different. We recognize that part of the problem may lie with the CMS legacy IT system, which some suggest are incapable of performing many functions that are commonplace among IT systems today. While we believe it imperative that Congress work with the administration to identify ways that the CMS computer systems can be updated to increase Medicare's efficiency and reduce costs, we do not believe such a barrier need impact the effectiveness of the virtual group concept. Rather, we believe that the solution can be found in closer collaboration with health IT industry leaders.

Many members of Health IT Now (HITN), and the health IT community more generally, have platforms and expertise in technology solutions that could facilitate provider engagement in virtual groups, performance feedback in real-time, and other solutions that might better prepare providers to meaningfully engage in APMs. We want to collaborate more closely with CMS to put such ideas into practice.

We encourage CMS to establish a virtual group reporting option, or at the very least begin laying the foundation for such an option, as soon as possible. There is ample public support for such a move, as demonstrated by comments on the proposed rule from various stakeholders. HITN has a number of ideas on how to accomplish this lofty goal, and stands ready to support your efforts.

We would also like to identify additional ways that our members can help support your overall MACRA efforts moving forward. Effective establishment of health IT solutions within the program, such as virtual group reporting, holds great promise for the future of Medicare. Your feedback on opportunities for collaboration would be appreciated.

Sincerely,



Robert James Horne  
Executive Director