AMERICA'S PHYSICIAN GROUPS

Risk Evolution Task Force Webinar

February 10, 2022

RISK EVOLUTION TASK FORCE

AMERICA'S PHYSICIAN GROUPS

We know that asking clinicians to take on this risk and shoulder the burden of America's health is not easy.

The Risk Evolution Task Force was formed to ensure APG members and the wider physician communities have access to the education, support, and resources necessary to both be successful in current risk models and prepare for the next iteration of risk models to come.

Housekeeping

- Type questions in the Q & A box
- This webinar will be recorded
- Links to the recording and slides will be sent to registrations
- Please complete the post-webinar survey that will appear after you close the WebEx window

RETF Leadership

Valinda Rutledge

Melanie Matthews

Maria Alexander

Aneesh Chopra

Rick Goddard

AMERICA'S PHYSICIAN GROUPS

Speakers

Drew A. Markell
Regional Executive Director, ACO Operations
CCM/RPM Programs

April Reining
ACO Market Manager, Texas Panhandle Clinical Partners ACO, Universal Health Services

Mallory Carey
Sr. Director ACO Operations & Development Prominence Health Plan

Ashley Ridlon
Vice President of Health Policy
Evolent Health

Agenda

- Welcome and Introductions- Melanie Matthews, Physicians of Southwest Washington and Maria Alexander, Mt. Sinai
- RETF Benchmarking and Case Study on High Needs Clinical Models- Aneesh Chopra, CareJourney, interviewing Dr. Monzer Yazji, Asus Medical, Chair of South Texas ACO Clinical Partners
- Rural ACO Issues
  - Drew A. Markell and April Reining, UHS - MSSP ACO Benchmarking for Rural ACOs and current status of H. R. 3746 “The Accountable Care in Rural America Act”
  - Mallory Cary, UHS- Nuances of Rural ACOs
- MSSP Proposed Improvements- Ashley Ridlon, Evolent
- Proposed CMS meeting for MSSP Quality Issues- Valinda Rutledge, APG
- APG Advocacy Updates- Valinda Rutledge, APG

RETF Benchmarking and Case Study on High Needs Clinical Models, Aneesh Chopra, CareJourney,
interviewing

Dr. Monzer Yazji, Asus Medical, Chair of South Texas ACO Clinical Partners

ASAS HEALTH

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STAR Program

- Criteria,
- Identification
- Action

ASAS HEALTH

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ASAS Health STAR Patient Management Program

Opportunity

Preventative services and coordination of care are critical in a value-based care ecosystem. Identifying the high-risk/high-utilization members based on the Medical Director's "RED" criterion will acquaint clinicians and support staff with the "priority" patients.

Proposed Plan

ASAS Health's process for stratifying high-risk/high-utilization members will include the following process. The program includes care coordination, intervention and supplemental data feeds to support the strategic coordination of care.

ASAS HEALTH
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Objective Clinical Data

Risk scoring depends much on the significance of condition severity/ acuity.

1. CAD/CHF
2. COPD/Asthma
3. CVA
4. ESRD/CRF
5. **Chronic Kidney Disease**
6. Morbid Obesity/Malnutrition
7. Cancer
8. Mental Health
9. DM Complications
10. ER Utilization (2 > ER Visits), 1 > Readmission
    1. Social Influencers (i.e., weak or no family support etc.)

RISK STRATIFICATION ALGORITHM

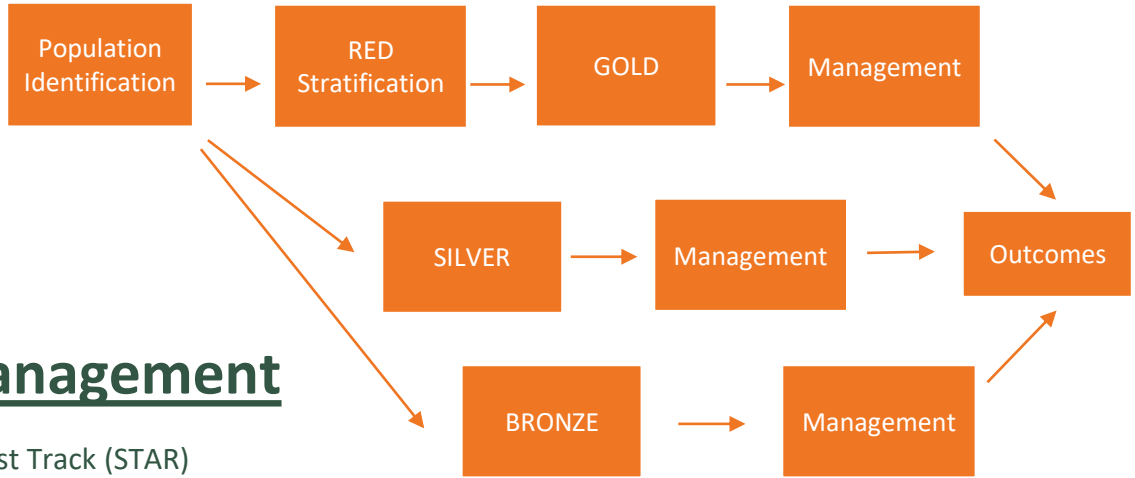
GOLD / HIGH RISK = 4 contacts per month.
Alternating 1 provider contact X week and 1 care coordination contact the following week.

SILVER / MODERATE RISK = 2 contacts per month. Once a month a provider contact and once a month CCM

BRONZE / LOW RISK = 1 contact per month. This could be a provider or CCM contact

Based on the high-risk diagnosis groups, the Medical Student team will realize the total amount of diagnosis per patient and update the EMR via the Care Programs option.

Star Program Practice Workflow



Management

a) Fast Track (STAR)
b) Home Visits
c) Telemedicine
d) Social Worker
e) Behavioral Health
f) Nutritionist
g) Exercise/Sport
h) Care Management Team

Star Program Practice Workflow

Management

a) Fast Track (STAR)
b) Home Visits
c) Telemedicine
d) Social Worker
e) Behavioral Health
f) Nutritionist
g) Exercise/Sport
h) Care Management Team

Clinical Management Team

Clinician

1) Monzer H Yazji, MD
2) Mrs. Sarah Adkins, FNP – Program Supervisor
3) Mr. Ahmed Mohammed Owais, PA-C
4) Ms. Iman Arroyo, FNP

   Homebound home visits with Claudia via MedPod
5) Ms. Criselda Garza-Molina, FNP
6) Mr. Carlos Salinas – Behavioral Health

Health Coach / Support

1. Mr. Cesar Morales (GOLD)
2. Mr. Alejandro (SILVER)
3. Mr. Ali (BRONZE)

External Collaborators

1. Mrs. Cynthia Sauceda, RN (Hospice)
2. Ms. Diana Sanchez, RN (STCP ACO & Home Visit program ACO)
3. Medical Students

Support Team

- Nutrition
- Exercise/Sport
- Behavioral Health
- Care Management Team

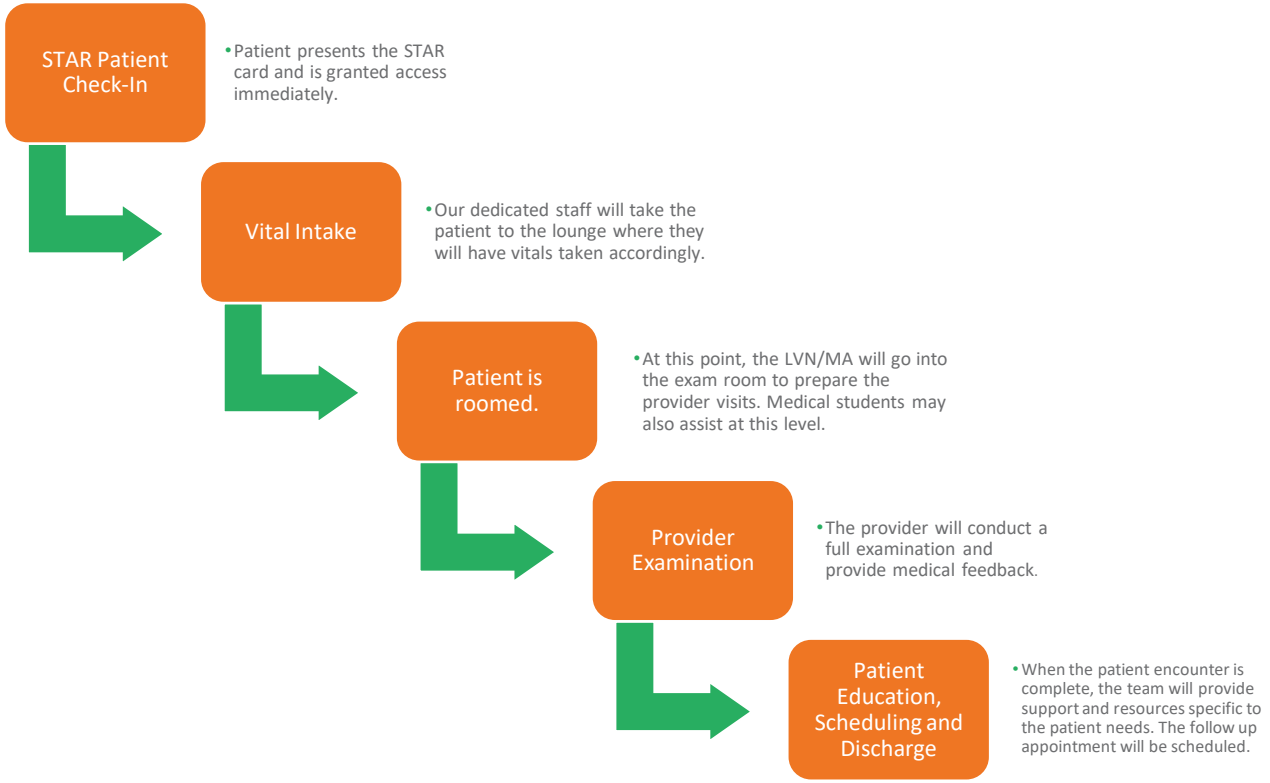
- CCM Team
- Medication Management
- AWV Management
- ACO Management
- Medical Students

STAR MATRIX

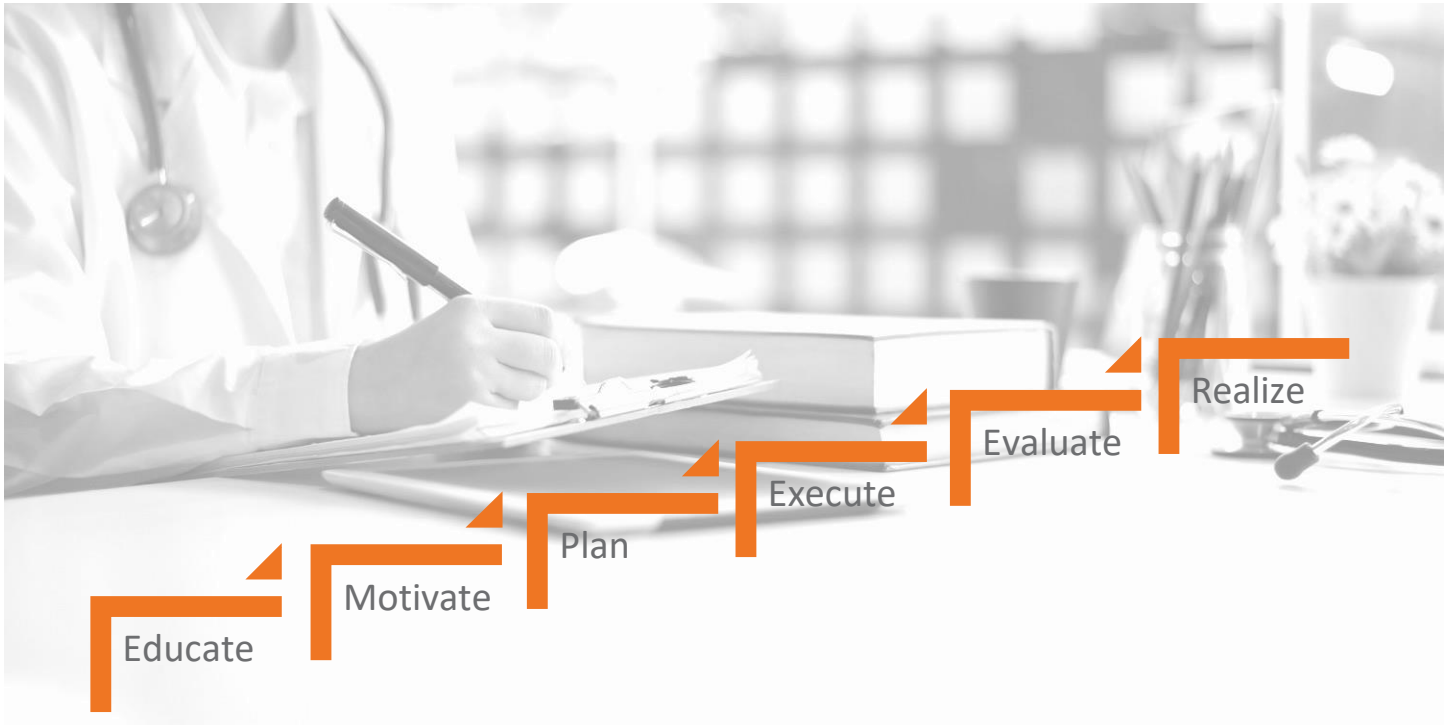
There are 179 total GOLD patients that need to have an intervention weekly. Each individual patient will have an individual plan which can include a unique mix of management focuses. This will encourage fluid communication and options based on the needs of each patient.

	Gold		Bronze	
ACO	135	192	195	522
Wellmed	16	24	7	47
Prominence	23	36	25	84
United	2	8	3	13
Humana	3	4	4	11
Total	179	264	234	677

STAR Patient Experience



STAR Steps to Success



Current Population Attribution

Panel by provider as of 10/25/2021

5	Dr. Albustamy	3
36	Ms. Arroyo, FNP**	9
13	Dr. Barazi	9
8	Dr. Lozano*	6
13	Dr. Mehkri	8
10 (+ 20) = 30	Ms. Garza-Molina FNP*	4
15	Mr. Owais, PA-C*	10
17	Ms. Salinas, FNP*	8
40 (Distributed)	Dr. Yazji	23
48 (+ 20) = 68	Ms. Adkins, FNP*	28
205		104

* Co managed with Dr. Yazji
** Home Bound Program

Current Compliance Ratio = **49.2%**

205 Denominator

80 Males

STAR Teams

Provider: Mrs. S. Adkins

- LVN: Joel
- MA: Bianca
- Coordinator: Miriam

Provider: Ms. C. Garza-Molina

- LVN: Joel
- MA: Bianca
- Coordinator: Miriam

Provider: Mr. M. Owais

- MA: Mariel
- Coordinator: Anita

Provider: Mrs. A. Salinas

- MA: Ruby
- Coordinator: Eleazar

Provider: Ms. I. Arroyo

- MA: Claudia
- Coordinator: Miriam

STAR Teams

Provider: Mrs. S. Adkins
LVN: Joel
MA: Bianca
Coordinator: Miriam

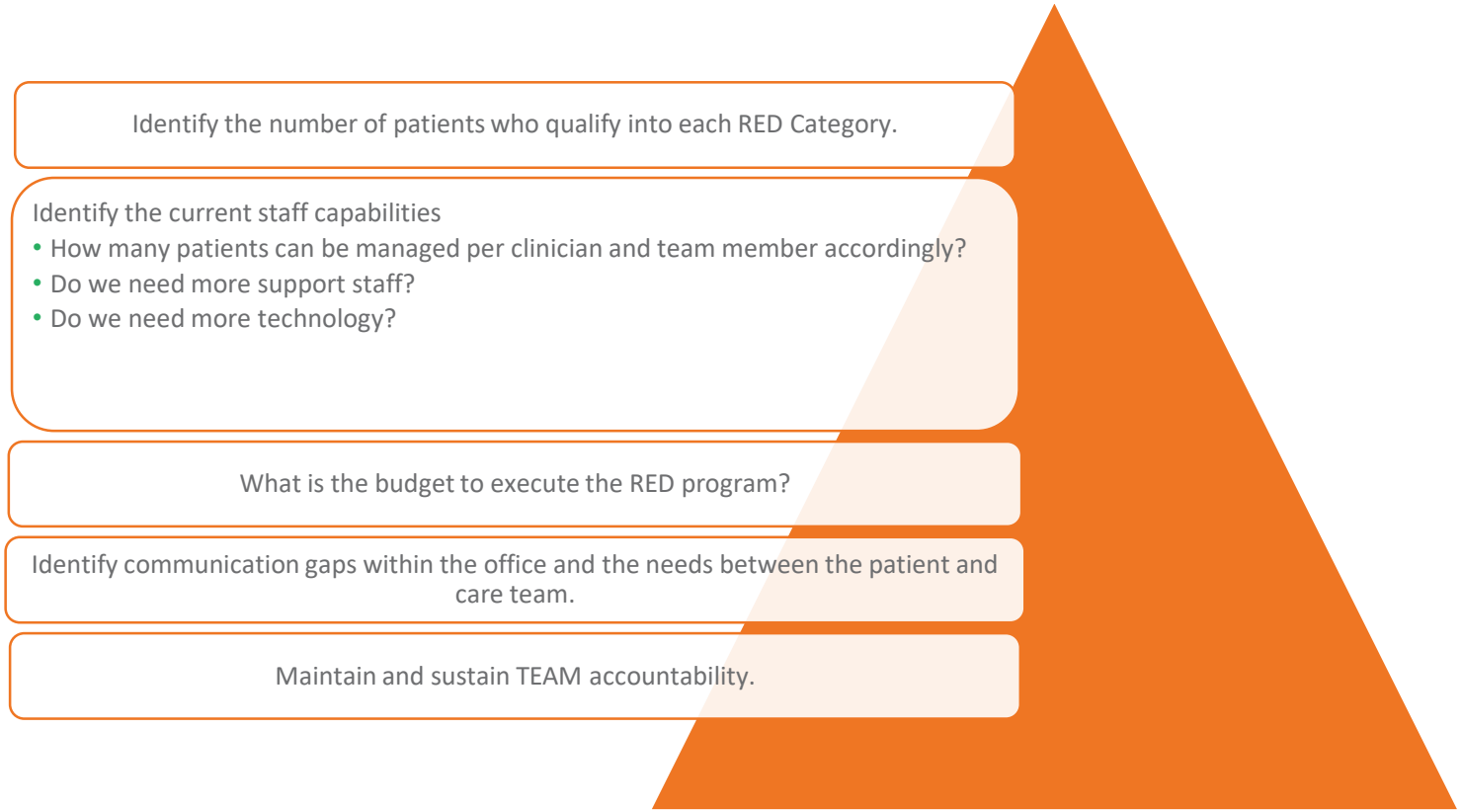
Provider: Ms. C. Garza-Molina
LVN: Joel
MA: Bianca
Coordinator: Mrs. Albustamy

Provider: Ms. I. Arroyo
MA: Claudia
Coordinator: Miriam

Provider: Mrs. A. Salinas
MA: Ruby
Coordinator: Eleazar

Provider: Mr. M. Owais
MA: Mariel
Coordinator: Anita

Milestone and Realizations



ASAS HEALTH

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Questions?

Don’t hesitate to contact us:

Benchmarking Highlights

AMERICA'S PHYSICIAN GROUPS

Benchmarking Highlights

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Data Metrics & Benchmarking

Purpose: To provide benchmarking to APG members across a core set of quality & utilization measures that align with risk model success

Current Established Measures:

- PMPY by category (IP, OP, Part B, SNF, HH)
- IP admits per 1k and % of IP admits that come in through the ED
- % of avoidable ED visits
- SNF stays per 1k and average length of stay
- Part B spend across subcategories

Actively soliciting stakeholder input of APG Risk Evolution Task Force members to refine and augment measures

CareJourney Benchmarks Derived from CMS Data

Benchmark Data:

To create these benchmarks, CareJourney is using data through Q4 2020.

	MEDICARE FFS
Description	100% fully linked Part A, B, D claims
Total Lives	~60M
Linked & Longitudinal	✓
Time Frame	2010 - Present
Refresh Frequency	Quarterly*

The RETF Cohort:

Primary Care Alliance, LLC
Christiana Care Quality Partners ACO, LLC
Caravan Health ACO 17 LLC
CHESS Value, LLC
V120 CHESS NextGen,LLC.
Asian American Accountable Care Organization, LLC
Beacon Health Partners, LLP
CHS Physician Partners ACO II LLC
Accountable Care Coalition of Southeast Texas Inc.
Accountable Care Coalition of Southeast Wisconsin, LLC
Mid-Atlantic Collaborative Care, LLC
Hudson Accountable Care, LLC
QHI ACO, LLC
Accountable Care Coalition of Tennessee, LLC
Accountable Care Coalition of Northeast Georgia, LLC
Accountable Care Coalition of Southeast Partners, LLC
Accountable Care Coalition of Georgia, LLC.
Commonwealth Primary Care ACO
Triad HealthCare Network LLC
The Accountable Care Organization, Ltd.
Physicians ACO, LLC
Intermountain Accountable Care, LLC
KentuckyOne Health Partners, LLC
New York Medical Partners ACO, LLC
Mount Sinai Care, LLC
MSHP ACO, LLC
Caribbean Accountable Care, LLC
Prisma Health Upstate Network, LLC
Ochsner Accountable Care Network, LLC
NW Momentum Health Partners ACO,LLC
MultiCare Connected Care, LLC
Genuine Health ACO LLC
Prisma Health Midlands Network, LLC
Privia Quality Network, LLC
PQN - Georgia, LLC
Privia Quality Network Gulf Coast II, LLC
PQN - Central Texas, LLC
South Texas ACO Clinical Partners LLC
Health Alliance ACO, LLC
DOCACO GULF COAST, LLC
CALIFORNIA CLINICAL PARTNERS ACO, LLC
Texoma Clinical Partners ACO, LLC
Silver State ACO LLC
Texas Panhandle Clinical Partners ACO LLC
Prospect ACO Northeast LLC
Health Connect Partners, LLC
Ohio Integrated Care Providers, LLC
Coastal One Health Partners, LLC
UT Southwestern Accountable Care Network
Trinity Health ACO Inc.
Torrance Memorial Integrated Physicians, LLC
Healthcare Solutions Network, LLC
VillageMD Chicago ACO, LLC
VillageMD New Hampshire ACO, LLC
Primaria ACO, LLC
Medical Clinic of North Texas PLLC

The metrics coded up in this deliverable will be based on 2019 Q4 beneficiary to ACO roster.

RETF Q4 2020 Benchmarks

	RETF ACOs Trended			NON-RETF ACO Benchmarking	
	RETF ACOs 2019	RETF ACOs 2020	RETF YOY	Non-RETF ACOs 2020	RETF vs Non RETF
PMPY	$12,030	$11,219	-7%	$11,930	-6%
IP PMPY	$4,115	$3,563	-13%	$4,100	-15%
OP PMPY	$2,329	$2,251	-3%	$2,469	-10%
Part B PMPY	$3,801	$3,395	-12%	$3,369	1%
SNF PMPY	$692	$743	7%	$824	-11%
HHA PMPY	$573	$474	-17%	$543	-15%
Hospice PMPY	$261	$290	11%	$329	-13%
IP Admits Per 1K	225	169	-25%	199	-18%
SNF Admits Per 1K	83	67	-19%	87	-30%
% Avoidable ED	31%	27.4%	-12%	26.9%	2%
% Admits From ED	67%	62%	-7%	68%	-10%

RETF Q4 2020 Benchmarks - Part B Spend Breakdown

	RETF ACOs Trended			NON-RETF ACO Benchmarking	
	RETF ACOs 2019	RETF ACOs 2020	RETF YOY	Non RETF ACOs 2020	RETF vs Non RETF
Part B PMPY	$3,801	$3,395	-12%	$3,369	1%
Part B Ambulance PMPY	$134	$134	0%	$133	1%
Part B DME PMPY	$4	$4	-6%	$4	-18%
Part B Drugs PMPY	$571	$803	29%	$586	27%
Part B E&M PMPY	$1,239	$908	-36%	$1,095	-21%
Part B Imaging PMPY	$323	$242	-33%	$252	-4%
Part B Other PMPY	$89	$87	-2%	$90	-3%
Part B Procedures PMPY	$1,047	$905	-16%	$866	4%
Part B Test PMPY	$395	$310	-27%	$339	-9%

STAR CARD Patient Experience Model

Model: “Easy to Compute” Risk Scoring on patient condition severity/ acuity

Conditions:

- CAD/CHF
- COPD/Asthma
- CVA
- ESRD/CRF
- Chronic Kidney Disease
- Morbid Obesity/Malnutrition
- Cancer
- Mental Health
- DM Complications
- ER Utilization (2 > ER Visits), 1 > Readmission
- Social Influencers (i.e., weak or no family support etc.)

GOLD / HIGH RISK = 4

contacts/month. Alternating 1 provider contact X wk and 1 care coord. contact the following wk.

SILVER / MODERATE RISK = 2

contacts per month. Once a month a provider contact and once a month CCM

BRONZE / LOW RISK = 1

contact per month. This could be a provider or CCM contact

Red Patient Segmentation for Monzer H Yazji MD & Associates

As expected, level 1 patients have the highest HCC score and total paid amount

Patient Segmentation	Patient Count	HCC Risk Score	Average Total Paid Amount	Total IP Admits in Last 12 Months	Total ER Visits in Last 12 Months
Level 1	184	2.0211	$34,726	162	324
Level 2	418	1.2702	$13,843	109	291
Level 3	251	0.8975	$7,172	30	67
Level 4	63	1.0017	$2,240	4	5
Level 5	-	-	-	-	-

* All patients fell into levels 1-4

STAR Patient Check-in

STAR Patient Check-In

- Patient presents the STAR card and is granted access immediately.

Vital Intake

- Our dedicated staff will take the patient to the lounge where they will have vitals taken accordingly.

Patient is roomed.

- At this point, the LVN/MA will go into the exam room to prepare the provider visits. Medical students may also assist at this level.

Provider Examination

- The provider will conduct a full examination and provide medical feedback.

Patient Education, Scheduling and Discharge

- When the patient encounter is complete, the team will provide support and resources specific to the patient needs. The follow up appointment will be scheduled.

AMERICA'S PHYSICIAN GROUPS

Scaling Across ACO Provider Network (Fall 2021 Data)

Number of patients	Provider	Overdue Visits
5	Dr. Albustamy	3
36	Ms. Arroyo, FNP**	9
13	Dr. Barazi	9
8	Dr. Lozano*	6
13	Dr. Mehkri	8
10 (+ 20) = 30	Ms. Garza-Molina FNP*	4
15	Mr. Owais, PA-C*	10
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40 (Distributed)	Dr. Yazji	23
48 (+ 20) = 68	Ms. Adkins, FNP*	28
205		104

* Co managed with Dr. Yazji
** Home Bound Program

Current Compliance Ratio = **49.2%**

101 Compliant
205 Denominator

125 Female
80 Males

AMERICA'S PHYSICIAN GROUPS

ACO Head to Head

STCP Performance Benchmarked at the County Level (2020)

	South Texas ACO Clinical Partners LLC (A3367)	CHSPSC ACO 6, LLC (A3712)	Webb County, TX
Num Attributed Patients	*4,750*	*2,008*	*11,818*
Risk Adj. PMPY	$10.7K	$15.2K	$12.6K
Avg Hcc Risk Score	1.28	1.42	1.25
Total PMPY	$13.7K	$21.6K	$15.8K
Percent Frail/Elderly	11.7%	13.4%	11.7%
PCP Visits Per 1K	10,904	10,412	9,529
IP Admits Per 1K	212	304	236
SNF Admits Per 1K	66	71	61
HHA Visits Per 1K	9,712	11,745	11,573
Percent AWV Compliant	56%	19%	31%
Percent Flu Compliant	53%	44%	47%
Percent TCM Compliant	42%	23%	26%
Readmission Rate	15%	15%	15%
ED Visits Per 1K	625	872	675
Percent Avoidable ED	25%	28%	28%

AMERICA'S PHYSICIAN GROUPS

Hidalgo County Population, 2020

Breakdown by Economic Distress Quintile

Quintile	Beneficiary Group	# of Patients	% ACO Assigned
1	**All**	**-**	**-**
	Dual	-	-
	Non-Dual	-	-
2 (7.6%)	**All**	**3,005**	**24.03%**
	Dual	578	24.91%
	Non-Dual	2,427	23.82%
3 (4.6%)	**All**	**1,812**	**30.91%**
	Dual	556	23.20%
	Non-Dual	1,256	34.32%
4 (27.3%)	**All**	**10,780**	**21.42%**
	Dual	5,071	21.79%
	Non-Dual	5,709	21.09%
5 (60.3%)	**All**	**23,778**	**30.93%**
	Dual	9,700	29.92%
	Non-Dual	14,078	31.63%

ACO Head to Head

STCP Performance Benchmarked at the County Level (2020)

	South Texas ACO Clinical Partners LLC (A3367)	RGV ACO Health Providers, LLC (A1038)	Rio Grande Valley Health Alliance, LLC (A1769)	Hidalgo County, TX
Num Attributed Patients	*1,874*	*4,944*	*3,444*	*27,295*
Risk Adj. PMPY	$11.0K	$8.8K	$10.4K	$11.8K
Avg Hcc Risk Score	1.5	1.51	1.48	1.39
Total PMPY	$16.5K	$13.3K	$15.5K	$16.4K
Percent Frail/Elderly	10.6%	10.8%	11.1%	12.2%
PCP Visits Per 1K	14,097	11,858	13,857	11,926
IP Admits Per 1K	283	213	257	278
SNF Admits Per 1K	46	51	42	73
HHA Visits Per 1K	11,657	5,989	7,660	9,708
Percent AWV Compliant	57%	56%	56%	37%
Percent Flu Compliant	52%	65%	60%	52%
Percent TCM Compliant	44%	32%	34%	24%
Readmission Rate	18%	16%	18%	18%
ED Visits Per 1K	825	598	649	728
Percent Avoidable ED	29%	24%	26%	27%

AMERICA'S PHYSICIAN GROUPS

South Texas ACO Clinical Partners LLC Q4 2020 Benchmarks

	STCP 2019	STCP 2020	STCP YOY	RETF ACOs 2019	RETF ACOs 2020	RETF YOY
PMPY	$14,170	$14,592	3%	$12,030	$11,219	-7%
IP PMPY	$5,124	$5,100	0%	$4,115	$3,563	-13%
OP PMPY	$2,465	$2,993	21%	$2,329	$2,251	-3%
Part B PMPY	$4,146	$3,813	-8%	$3,801	$3,395	-12%
SNF PMPY	$701	$1,021	46%	$692	$743	6%
HHA PMPY	$1,248	$1,208	-3%	$573	$474	-18%
Hospice PMPY	$187	$197	5%	$261	$290	9%
IP Admits Per 1K	287	237	-17%	225	169	-28%
SNF Admits Per 1K	82	66	-20%	83	67	-19%
% Avoidable ED	28%	26%	-7%	31%	27%	-13%
% Admits From ED	72%	73%	1%	67%	62%	-7%

AMERICA'S PHYSICIAN GROUPS

STCP Q4 2020 Benchmarks - Part B Spend Breakdown

	STCP 2019	STCP 2020	STCP YOY	RETF ACOs 2019	RETF ACOs 2020	RETF YOY
Part B PMPY	$4,146	$3,813	-8%	$3,801	$3,395	-12%
Part B Ambulance PMPY	$312	$492	58%	$134	$134	0%
Part B DME PMPY	$12	$10	-17%	$4	$4	-6%
Part B Drugs PMPY	$623	$410	-34%	$571	$803	29%
Part B E&M PMPY	$1,364	$1,332	-2%	$1,239	$908	-36%
Part B Imaging PMPY	$317	$234	-26%	$323	$242	-33%
Part B Other PMPY	$91	$85	-7%	$89	$87	-2%
Part B Procedures PMPY	$990	$915	-8%	$1,047	$905	-16%
Part B Test PMPY	$437	$333	-24%	$395	$310	-27%

AMERICA'S PHYSICIAN GROUPS

Rural ACO Issues

Drew A. Markell and April Reining, UHS

MSSP ACO Benchmarking for Rural ACOs and Current Status of H. R. 3746 “The Accountable Care in Rural America Act”

Mallory Cary, UHS

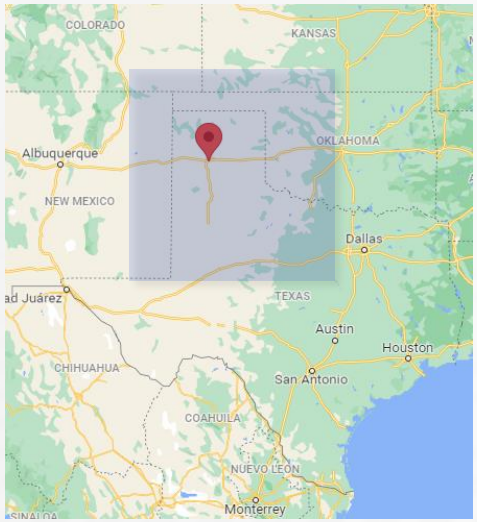
Nuances of Rural ACOs

Value Based Care in Rural America

Texas Panhandle Clinical Partners ACO

February 2022

TPCP ACO



TX: Upper 26 Counties
NM: Northeastern Region
Oklahoma: Enid & Rural counties

Independent Family Practice
Academic Institutions

~500 Providers
17,000 Attributed Lives
80%+ Rural Attribution

- *Established in 2017*
- *PY1: Shared Savings*
- *PY2 – PY3: Savings below MSR*
- *Quality: 97%+*
- *Local Support Structure*
- *Care Coordination*
- *Data Analytics*
- *Physician Leadership*

tpcp aco
TEXAS PANHANDLE CLINICAL PARTNERS

Health Equity Demands Rural Representation

A Bill is on the Table! H.R. 3746: Accountable Care in Rural America

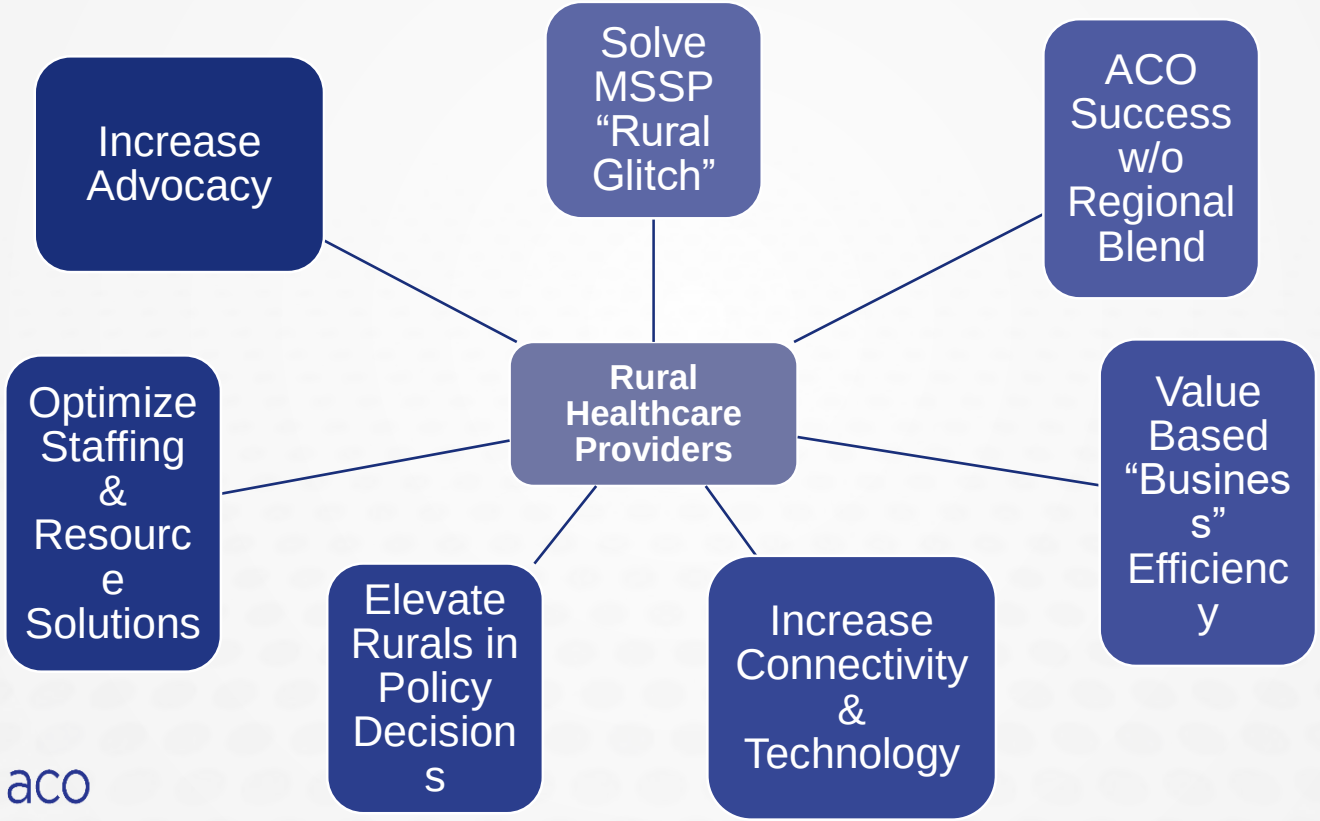
Please influence the forward progress of this bill in your network

- *Introduced June 2021; Sponsor Congressman Jodey Arrington*
- *14 total bipartisan co-sponsors*
- *Must pass committee*
- *Must pass the House*
- *Must pass the Senate*
- *Must be signed by the President*

Value Based Care Transformation

tpcp aco
TEXAS PANHANDLE CLINICAL PARTNERS

How to Support Rural Value Based Care:



tpcp aco
TEXAS PANHANDLE CLINICAL PARTNERS

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Prominence ACO Mgmt. Services
Sr. Director ACO Development
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MSSP Proposed Improvements

Ashley Ridlon, Evolent

HOW BUILDING ON THE SUCCESSFUL MEDICARE SHARED SAVINGS PROGRAM CAN DRIVE NATIONWIDE HEALTH CARE TRANSFORMATION

WHAT'S WORKING: A decade in, MSSP remains the largest and most impactful performance-based risk, total-cost-of-care model.

MSSP AT A GLANCE

500
ACOs

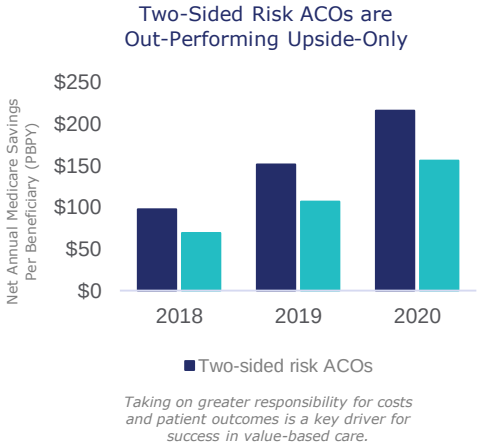
11
MILLION
Medicare beneficiaries

$11.2B
TOTAL SAVINGS

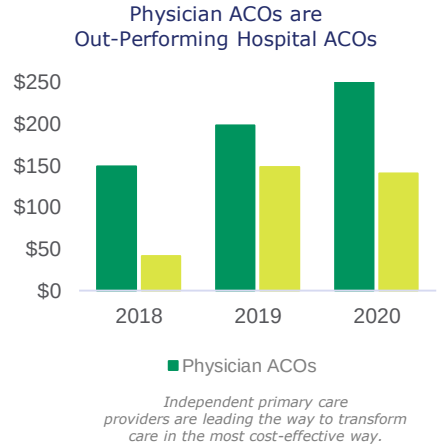
$4.1B
NET SAVINGS

92%
AVG QUALITY SCORE

BRIGHT SPOTS[2]



Taking on greater responsibility for costs and patient outcomes is a key driver for success in value-based care.



Independent primary care providers are leading the way to transform care in the most cost-effective way.

The bottom line: Those with the clearest incentives to perform well are delivering the strongest results for Medicare.

TAKING MSSP TO THE NEXT LEVEL

While successful, there are several opportunities to maximize MSSP's potential to grow, improve outcomes, and slash Medicare spending.

Toward CMS's Strategic Objective 1: Drive Accountable Care, ECP has published a set of recommendations, prioritizing:

1. Stronger incentives and tools to engage and align the vast majority of Medicare beneficiaries through ACOs, e.g.:

- **Support "free primary care"** by covering copays & deductibles of patients in the ACO.
- **Offer Part B premium rebates** for tight usage of an ACO's affiliated network.
- **Create a framework for Medicare ACO supplemental plan offerings** with lower cost-sharing for care delivered through the ACO.
- **Allow electronic & paper-based voluntary alignment**, in addition to claims-based, and ease communication rules.
- **Raise or remove risk score cap for high-cost/high-need beneficiaries** to accurately capture costs and ensure ACOs serve those most in need.

2. Stronger incentives and tools to recruit and retain the vast majority of providers in Medicare ACOs, e.g.:

- **Import innovations from NGACO & DC**, e.g., option to take 80-100% risk with a discount, provide upfront cash flow/primary care capitation
- **Ensure benchmarking methods don't create roadblocks to participation**: fix the rural glitch and move toward 100% regional benchmarks
- **Allow TIN-NPI participation**, at least for the highest risk tracks, to help ACOs curate high-value networks
- **Incentivize the use of high-value specialists and facilities** by allowing for innovative, mutually beneficial payment arrangements coupled with regulatory flexibilities where needed. E.g., allow ACOs to upload a negotiated discounted fee schedule in exchange for preferred relationships.
- **Support ACOs with meaningful, real-time data to support improvement**, e.g., comparing ACO and regional/national risk-adjusted trend
- **Do not tie Medicare shared savings to all-payer quality metrics.** CMS and ONC should provide more technical support for all-payer eCQMs.

For the full set of recommendations, visit: https://bit.ly/MSSPBrief.

Proposed CMS Meeting for MSSP Quality Issues

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Closing comments

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