Comprehensive Care for Joint Replacement (CJR) Model Data Request and Attestation Form for Performance Year (PY) 6; PY 7; and PY 8.

Under the CJR model, CMS may provide certain data to participant hospitals, as defined in 42 C.F.R. § 510.2, upon request and in accordance with applicable law, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. This data would enable participant hospitals to understand spending patterns during the episode, appropriately coordinate care, and target care strategies toward individual beneficiaries furnished care by the participant hospital and other providers and suppliers.

CMS believes that the following beneficiary line-level claims: Inpatient, Outpatient, Carrier (Part B), Durable Medical Equipment (DME), Skilled Nursing Facility (SNF), Home Health Agency (HHA), and Diagnosis/Procedure Code Research Identifiable Files (RIF) are generally those that participant hospitals would need to make optimal use of the data in participating in the CJR model. These data elements are a subset of CMS claims data that were carefully tailored in an attempt to establish a dataset that would best serve the needs of the majority of participant hospitals and described in detail at http://www.resdac.org/cms-data. Summary data will contain higher- level summary statistics of all episodes for the same RIF categories with total and average expenditure data.

In order to receive CMS claims data for the Medicare beneficiaries attributed to your participant hospital under the CJR model, you must request the data you wish to receive (data elements and time periods) and identify both the population for which you wish to receive such data and the legal basis justifying your receipt of the data under the HIPAA Privacy Rule.

In doing so, you may use this form, if it captures your situation and that the assertions contained herein are true and accurate with respect to your specific request. The assertions contained herein are premised on a request for protected health information by a covered entity, as those terms are understood under the HIPAA Privacy Rule, to carry out one or more health care operations activities listed in paragraph (1) or (2) of the definition of "health care operations" in 42 C.F.R. § 164.501. The assertions contained herein are further premised on the covered entity being a participant hospital, as defined in 42 C.F.R. § 510.2.

In providing this form, CMS does not represent that you are qualified to make the assertions contained herein. To the extent that this form does not capture your situation or the assertions you wish to make, or if you are unsure as to whether it does so, you should consult with your legal and other appropriate counsel as necessary and, if appropriate, submit your own request for data in connection with the CJR model.

Data Requestor:

Hospital Name_____ Hospital CCN_____

Hospital Organization EIN/TIN_____Hospital Organization NPI_____

The Data Requestor makes the following assertions:

The Data Requestor is (select one):

☐ A HIPAA Covered Entity (CE), as defined in 45 C.F.R. § 160.103, and a participant hospital, as defined in 42 C.F.R. § 510.2

☐ Other (please attach detailed explanation)

The Data Requestor is seeking protected health information (PHI), as defined in 45 C.F.R. § 160.103, for (select one):
- ☐ Its own use
- ☐ Other (please attach detailed explanation)

The Data Requestor requests (select all that apply):
- ☐ That CMS provide the Data Requestor with the data described above as "summary data" for each 1 year historical period (2019-2022) for the Medicare beneficiaries that have been attributed to the participant hospital under the CJR model using the methodology described in the CJR final rule
- ☐ That CMS provide the Data Requestor on a quarterly basis for PY6; PY7; and PY 8 with the data described above as "summary data" for the Medicare beneficiaries that have been attributed to the participant hospital under the CJR model using the methodology described in 42 C.F.R. Part 510
- ☐ That CMS provide the Data Requestor with the data described above as "beneficiary line-level claims" for each 1 year historical period (2019-2022) for the Medicare beneficiaries that have been attributed to the participant hospital under the CJR model using the methodology described in the CJR final rule
- ☐ That CMS provide the Data Requestor on a quarterly basis for PY6; PY 7; and PY8 with the data described above as "beneficiary line-level claims" for the Medicare beneficiaries that have been attributed to the participant hospital under the CJR model using the methodology described in 42 C.F.R. Part 510
- ☐ Other (please attach detailed description)

The Data Requestor intends to use the data requested herein for the following purpose (select one):
- ☐ To perform "health care operations" that fall within paragraph (1) or (2) of the definition of "health care operations" in 42 C.F.R. § 164.501.
- ☐ Other (please attach detailed explanation)

The data requested herein is (select one):
- ☐ The "minimum necessary" to carry out the intended purpose as described in 45 C.F.R. § 164.502(b)
- ☐ Other (please attach detailed explanation)

The Data Requestor attests that the individuals identified below are employed by the participant hospital and authorized to act as data points of contact on behalf of the participant hospital for purposes of the CJR model. If at any time a data point of contact identified below ceases to be employed by the participant hospital, the participant hospital is responsible for terminating the data point of contact's access to the data requested herein.

CJR Data Point of Contact #1:

Name_____Title_____

Hospital Name_____ Hospital CCN_____

Phone Number_____Hospital (Work) Email Address_____

Hospital Address_____

CJR Data Point of Contact #2:

Name_____Title_____

Hospital Name_____ Hospital CCN_____

Phone Number_____Hospital (Work) Email Address_____

Hospital Address_____

The Data Requestor asserts that the participant hospital will be solely responsible for approving and granting any disclosure of CJR data to "Business Associates" as that term is used in 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e), of the participant hospital.

The Data Requestor notes that it will protect the requested data as required by applicable law, including the establishment of appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it.

The Data Requestor attests that it will immediately notify CMS of any actual access, use, or disclosure of the data requested herein that is not in accordance with applicable law, including, but not limited to, the HIPAA Privacy Rule.

Upon the expiration of the CJR model for this Requestor, the Data Requestor asserts that all CJR data received over the course of the CJR model will generally be destroyed, but may be retained if protected by laws affording protections as least as stringent as those applicable to a HIPAA Covered Entity under HIPAA.

The Data Requestor attests that it is qualified to make the assertions contained herein and that the assertions contained herein are true and accurate with respect to this request.

Signature of the Data Requestor:

Print or Type Name

Title

Date