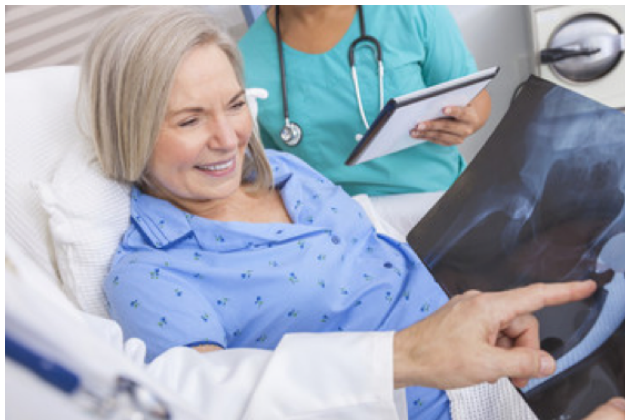




News



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Model Updates

The Centers for Medicare & Medicaid Services (CMS) has posted the Skilled Nursing Facility (SNF) List for Quarter 1 2019.

CMS has released an updated list of SNFs that qualify for the use of the three-day SNF waiver for the first quarter of 2019. This list is effective January 1, 2019 to March 31, 2019. The list is available as a [PDF](#), [Excel](#), and [CSV](#) file. To access the list, log on to [CJR Connect](#) and search in the Libraries for the “Q1 2019 CJR Approved SNF List” content pack. The list is also available on the [CJR model website](#).

REMINDER: The updated Patient Reported Outcomes (PRO) Content Pack has been posted to CJR Connect.

For Performance Year (PY) 4, the CJR model team has refreshed the CJR PRO Content Pack. The CJR PRO Content Pack is available on [CJR Connect](#) under the Libraries tab. As a reminder, successful submission of PRO is not required for reconciliation payment eligibility, but it does increase financial opportunity under the CJR model. If you have any questions, please contact the CJR model team at CJRSupport@cms.hhs.gov.

If hospitals have collected PRO and risk variable data from their eligible patients using the prior version of the CJR PRO Data Collection Template (available for PY 3), they can copy and paste data into the current PY 4 version for submission of PY 4 PRO data in 2019. There are several steps that need to be followed to accurately copy and paste data from one template to the other due to the macros enabled in the template.

- **Step 1:** In the earlier version of the template in which your data have been entered, copy/cut the data from columns A – D (with headers highlighted in blue) and paste the data into the same columns in the PY 4 CJR PRO Data Collection Template.
- **Step 2:** Temporarily unprotect the worksheet in the new template.
 - Click on “Review” at the top of the screen
 - Then click “Unprotect Sheet”
 - Then enter the password “core” when prompted and click OK

If you do not unprotect the worksheet, the data you want to paste into the sheet will be rejected and you will get an error message due to the macro-enabled grayed-out cells.

- **Step 3:** Cut and paste the remaining columns of data from the older version of the template. Make sure that you are only copying completed rows of data/completed records. Do not try to copy data for rows/records that are incomplete; doing so will make the gray boxes that guide appropriate data entry disappear.

Once you have copied the data, the template will automatically protect itself again. You can now continue to enter new data into the updated CJR PRO Data Collection Template.

REMINDER: A notification has been sent to CJR participant hospitals providing the names of practitioners who met the Partial Qualified Practitioner (QP) threshold.

CMS has reviewed the financial arrangement list that CJR participant hospitals submitted in November 2018. This list was used as the Affiliated Practitioner List for the Quality Payment Program to determine whether the included practitioners met the threshold of a QP under the Quality Payment Program. Only certain practitioners met a Partial QP threshold, and those practitioners are listed at the bottom of the email that each CJR participant hospital received. These Partial QP practitioners must elect whether or not to report to MIPS. If a practitioner elects to report to MIPS, that practitioner will be subject to the MIPS reporting requirements and payment adjustments for that year. This election is only applicable to performance year 2018 (payment adjustment year 2020).

To elect to report or not report to MIPS, practitioners must complete and submit the election form that was attached to the email notification and return it no later than April 1, 2019 to QualityPaymentProgramAPMHelpdesk@cms.hhs.gov. All questions regarding this form should be emailed to QualityPaymentProgramAPMHelpdesk@cms.hhs.gov not CJRSupport@cms.hhs.gov.



Webinar News

Upcoming Event

February 21, 2019
2-3 PM EST
[Register](#)

Strategies and Innovations in the CJR Model: Advanced Discharge Planning and Coordination

This webinar will feature CJR participant hospitals sharing their advanced strategies and innovations related to discharge planning and coordination of care for patients throughout the entire CJR episode of care and across the care continuum. During the webinar, attendees will learn about:

- Addressing discharge planning with CJR beneficiaries through innovative techniques
- Strategies for engaging beneficiaries in discharge planning

- Methods for enhancing communication with post-acute care partners related to discharge across different settings of care

Garner Smythe, MPA, Director, Orthopedic Care Transformation Services at Hackensack Meridian Health and Randy Thomas, BSN, RN, Manager, Orthopedic Special Projects at Hackensack University Medical Center in Hackensack, New Jersey will present on a discharge class pilot program that provides group discharge teaching to beneficiaries after surgery.

Stacy Sepeda, MSN, RN, WCC, Clinical Programs Manager and Priscilla Flake, MS, BSN, RN, Quality Director/ACNO at Seton Medical Center Harker Heights in Harker Heights, Texas, will share their organization’s methods for enhancing communication between the hospital, home health and patients post discharge.

Following the presentations, webinar participants will have the opportunity to ask questions and offer insights during the question-and-answer session.

All physicians, clinical staff, senior leadership, administrators, care coordinators and navigators, quality staff, social workers, and data staff are encouraged to join.

On-Demand Events

Click on the links below to access these recordings:

- [Driving Success Among CJR Participant Hospitals: Introducing the CJR Model Implementation Toolkit 10 25 18](#)
- [The CJR Model as an Advanced Alternative Payment Model: Financial Arrangement List and Clinician Engagement List Submission Requirements and Instructions Review 11 07 18](#)
- [Using Data to Drive Improvement: Addressing Social Determinants of Health 01 17 19](#)

Recent Webinar Highlights

Using Data to Drive Improvement: Addressing Social Determinants of Health (SDoH)

The CJR Learning System held the third session of the CJR Data Driven Improvement webinar series, “Using Data to Drive Improvements: Addressing Social Determinants of Health” webinar, on January 17, 2019. This webinar featured speakers from CHI St. Vincent Hospital Hot Springs, Forbes Hospital, and Palisades Medical Center, who shared their experiences using data to drive performance improvement in their CJR model implementation by addressing SDoH.

At the beginning of the webinar, the CJR Learning System Team discussed the beneficiary incentives available under the CJR model. These incentives allow hospitals participating in the CJR model to provide certain items or services not tied to the standard provision of health care to CJR beneficiaries during an episode of care.

Following this beneficiary incentives overview, two presenters from CHI St. Vincent Hospital Hot Springs-- Teresa Lambert, MBA, BSN, RN, OCN, Clinical Director of Nursing, and Chastity King, BSN, RN, CCM, CJR Clinical Care Coordinator—shared how they are addressing their patients’ needs outside of the hospital setting. To identify these needs, patients are given an assessment during a mandatory *Joint Academy* class where they have small group and one-on-one meetings with coordinators to share their concerns and needs. A challenge for CHI St. Vincent is that many patients do not have the resources to care for themselves after surgery. CHI St. Vincent works closely with churches and the friends of patients to assist in the care of these patients by, for example, driving patients home after surgery.

The next presenter, Elizabeth Trent, CMA (AAMA), AAS, is an Orthopedic Navigator at Forbes Hospital, part of the Allegheny Health Network. Ms. Trent cares for all total joint patients (CJR and non-CJR patients) by coordinating everything from departmental implementation of clinical processes for total joint patients to post-acute care. In her presentation, she noted that SDoH are covered in Forbes' biweekly joint education class. Additionally, a dietician from the hospital speaks to the class regarding preoperative nutrition. Moreover, during the class, a binder and a packet of important handouts is provided to all total joint patients. In addition to the handouts, Forbes also has an online application, *MiJourney*, which allows patients to participate in their care. It can be downloaded on a smartphone or home computer.

Zoraida Bautista, Clinical Program Manager at Palisades Medical Center, shared a challenge at her hospital. Palisades has experienced an increase in patients with language barriers. Ms. Bautista noted that at least 80% of their patients have limited English proficiency. To address this language issue, Palisades has utilized a video conference translation service offered by *InDemand Interpreting* that can translate in real-time via video conference call with the patient. For Palisades Medical Center, taking this action has greatly increased patient satisfaction.

Strategy Spotlight

The presenters also shared additional innovative strategies during the question-and-answer session. Elizabeth Trent shared that Allegheny Health Network has employed care navigators from several different educational backgrounds, including individuals that are certified as medical assistants (CMA) by the American Association of Medical Assistants (AAMA), such as herself. She shared that her certification as a CMA has provided her with the clinical knowledge and understanding of patient and caregiver relations needed to ensure success for Forbes' total joint patients. In addition, Zoraida Bautista shared that Palisades Medical Center is offering transportation to any patients (not just CJR patients) that need assistance getting to and from their appointments.

To learn more about the work being done at these hospitals please visit [CJR Connect](#). The slides, recording, transcript, and On-Demand link from the January 17, 2019 event are available in the CJR Libraries under "Webinar Using Data to Drive Improvement: Addressing Social Determinants of Health 01 17 19 Materials."



Additional Resources for CJR Participant Hospitals: Using Data

The following resources can help CJR model participants take action on using data:

Cross-Model Learning Network (CMLN) Model Interview: Using Data to Engage Staff and Patients

The CMLN team interviewed Darren DeWalt, MD, MPH, Chief of the Division of General Medicine and Clinical Epidemiology at the University of North Carolina (UNC) School of Medicine in August 2018, to learn about his organization's use of data to effectively engage staff, providers, and patients to improve health care and reduce costs. Dr. DeWalt currently leads an internal medicine practice of 20 faculty physicians and 70 resident physicians as part of the UNC Senior Alliance, a Next Generation Accountable Care Organization (NGACO) participant that maintains responsibility for the total cost of care for approximately 28,000 Medicare beneficiaries in the Raleigh, Durham, and Chapel Hill area, and 21 surrounding counties. The UNC Senior Alliance focuses on the coordination of care across settings in addition to testing innovations for improving care, such as the use of telehealth and the use of care navigators to assist patients in finding resources and support addressing SDoH. This interview provides some insight into how Dr. DeWalt and his team use data to engage staff in important efforts and to create a patient-centered model of care. Click [here](#) to learn more.

Effective Use of Data Series - Managing and Learning from Data: A Resources Guide for Data Use and Quality Improvement in Health Care

This document provides a compendium of resource guides and support for model participants as they seek to develop and strengthen their efforts to collect and analyze data and act on it. The document includes links to guides, tools, briefs, and other resources for developing quality measures, processes for data collection and analysis, approaches to risk stratification, ideas for presenting data, and tools for continuous quality improvement efforts. In addition, this resource guide includes links to model organization data success stories. The resource guide is available [here](#).



CMMI Updates

The CMS Innovation Center website contains useful resources and announcements about CMS's innovative health care payment and service delivery models. Below are a few recent noteworthy updates.

CMS has posted the 2017 PY 2 financial and quality results for the Next Generation Accountable Care Organization (ACO) model.

The Next Generation ACO model is an initiative for ACOs that are experienced in coordinating care for populations of patients. It will allow these provider groups to assume higher levels of financial risk and reward than are available under the current Pioneer Model and Shared Savings Program. The goal of the model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Original Medicare fee-for-service beneficiaries. The PY 2 [financial and quality results](#) have been released.

Find out more about the Next Generation ACO model [here](#).

CMS has posted the revised fact sheet for the Independence at Home Demonstration PY 2 results.

Under the Independence at Home Demonstration, the CMS Innovation Center will work with medical practices to test the effectiveness of delivering comprehensive primary care services at home and if doing so improves care for Medicare beneficiaries with multiple chronic conditions. Additionally, the Demonstration will reward health care providers that provide high quality care while reducing costs. The [revised fact sheet](#) for the Independence at Home Demonstration PY 2 has been posted.

Find out more about the Independence at Home Demonstration [here](#).

Value considerations for model development and testing fact sheet for the Physician-Focused Payment Models (PFPs) have been posted.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to review and assess PFPs based on stakeholder proposals submitted to the committee. The final rule with comment period finalized criteria for the committee to use in reviewing these proposals and providing recommendations to the Secretary of the Department of Health and Human Services (HHS). The [value considerations for model development and testing fact sheet](#) has been posted. This document aims to help stakeholders better understand how HHS is using PTAC's recommendations and comments received to date to advance the value agenda, the Secretary's Value Based Transformation vision that HHS will use to prioritize model development, and additional considerations as HHS identifies proposed physician-focused payment models that can be further developed and tested.

Find out more about the Secretary's Response to PFPs proposals [here](#).



What's New on CJR Connect

New Resources in Libraries

The following resources are now available in the [CJR Connect](#) Libraries. To access these resources directly, log into [CJR Connect](#), then copy and paste the link into your browser:

- [Webinar Using Data to Drive Improvement: Addressing Social Determinants of Health 01 17 19 Materials](#) (This content pack contains the slides and On-Demand link from the "Using Data to Drive Improvement: Addressing Social Determinants of Health" webinar, held on January 17, 2019.)
- [Q1 2019 CJR Approved SNF List](#) (This content pack contains a PDF, Excel, and CSV of the approved SNF waiver list for Q1 2019. This list is effective January 1, 2019 to March 31, 2019.)
- [CJR News](#) (This content pack has been updated to include the CJR News from January 8, 2019.)

For questions, assistance, suggestions for Learning System events, or to be added to the CJR News distribution list, please contact CJRSupport@cms.hhs.gov.