

**Model Review:  
Financial Arrangement and Clinician Engagement  
Lists Submission and Connection with QPP**



**Comprehensive Care for  
Joint Replacement Model**

Audio available through device speakers

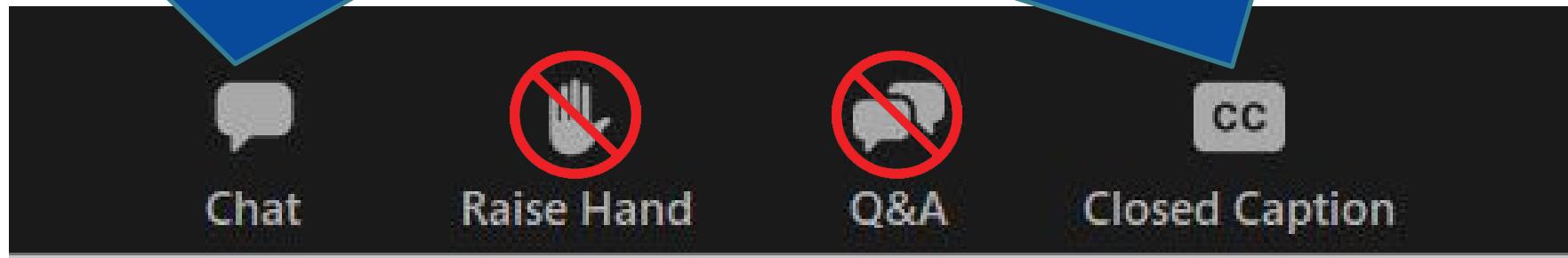
# Webinar Agenda

- Welcome and Logistics.
- CJR Model as An Advanced Alternative Payment Model.
- Submission Instructions for CJR Data Portal.

# Housekeeping Items

**RESOURCES** link will be posted here.

**CLOSED CAPTIONS** can be turned on or off here.



- All participants are in **listen-only** mode.
- **Closed Captioning** is available.
- Submit all questions via email to [CJR@cms.hhs.gov](mailto:CJR@cms.hhs.gov).

# Accessing Event Resources

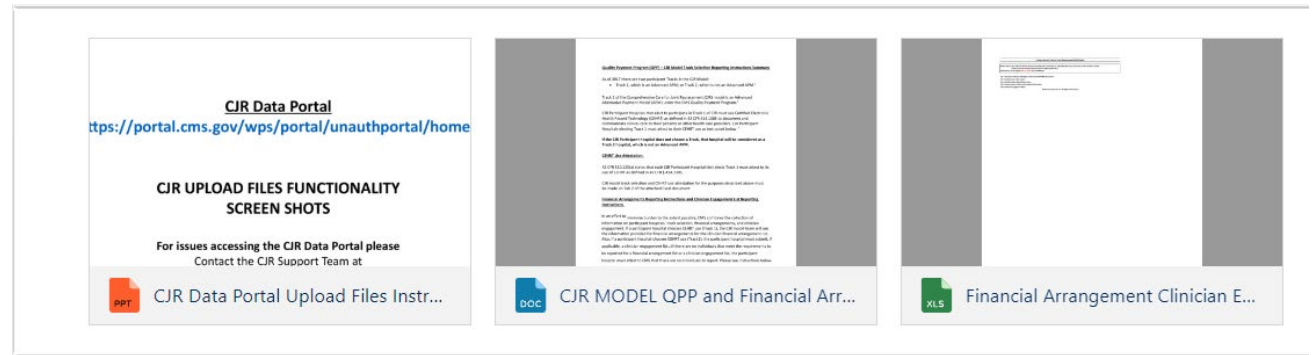


- Resources are accessible via the **CMMI link** found in the Chat Panel
- OnDemand Recording of this broadcast will also be available.

## CMMI LINK FOUND IN THE CHAT

[https://cmmi.my.salesforce.com/sfc/p/i00000000iryR/a/820000000022/.U.ydx4lssnjMv7I2\\_MPD06ZUaTCoez02P7eCi09FRo](https://cmmi.my.salesforce.com/sfc/p/i00000000iryR/a/820000000022/.U.ydx4lssnjMv7I2_MPD06ZUaTCoez02P7eCi09FRo)

## RESOURCES LISTED IN CMMI CONNECT





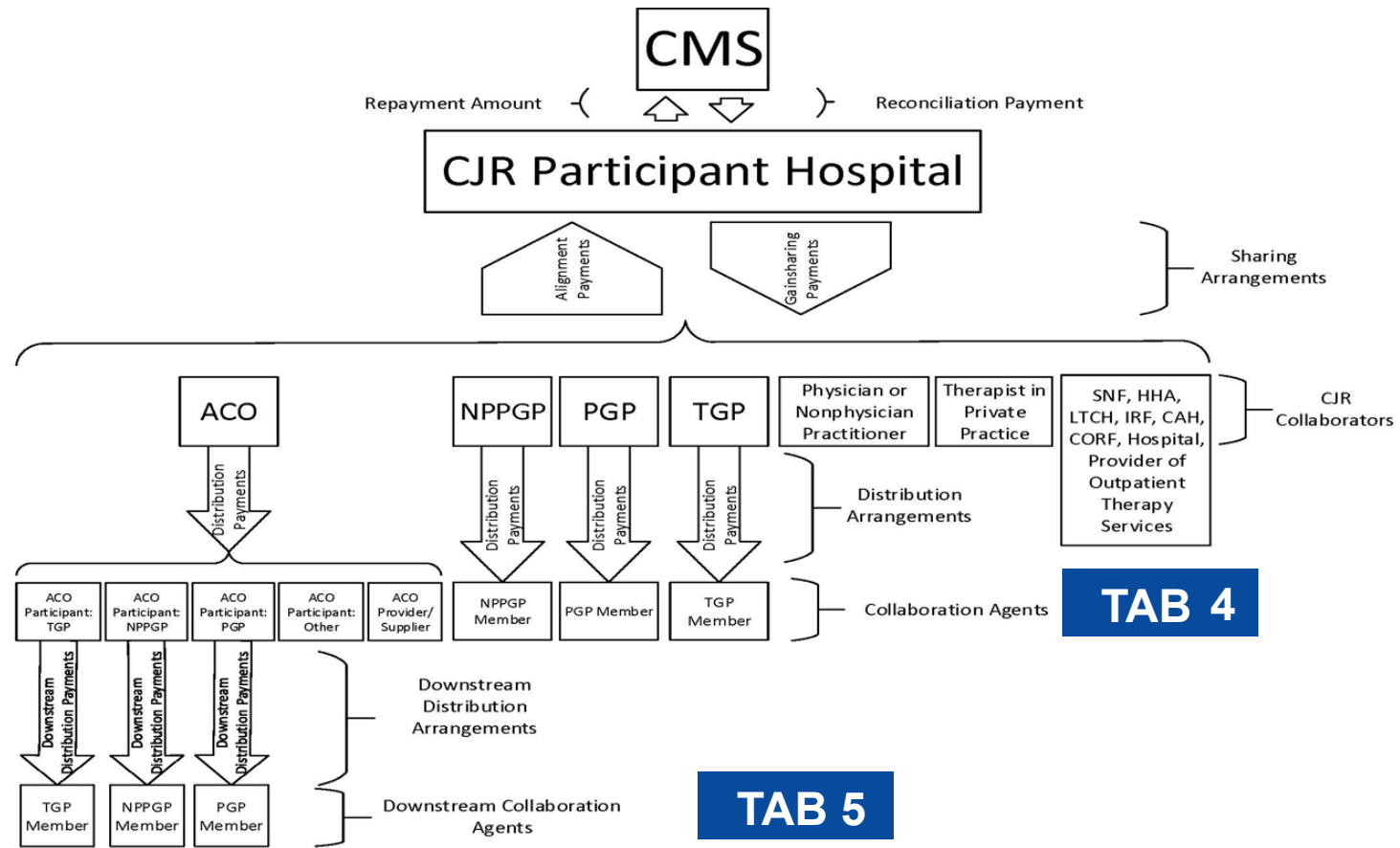
# CJR Model as An Advanced Alternative Payment Model

**Colman Adams**

# Financial Arrangement List (1)

- Under 42 CFR 510.110 participant hospitals must provide to CMS evidence sufficient to enable the audit, evaluation, inspection, or investigation of the individual's or entity's compliance with CJR requirements.
  - CMS is requiring all previous and current financial arrangements must be reported.
- The list must include specific information on hospitals affiliated collaborators, collaboration agents, and downstream collaboration agents.

# Financial Arrangement Chart



**TAB 3**

**TAB 4**

**TAB 5**

# CJR Model as an Advanced APM (1)

- Hospitals must choose whether they want to participate in the CJR Model as an Advanced APM.
- Choose either:
  - Track 1 = Advanced APM.
  - Track 2 = Non-Advanced APM.
- Hospitals that elect to participate in Track 1 must attest to the use of Certified Electronic Health Record Technology (CEHRT) as defined in 42 CFR 414.1305 to document and communicate clinical care to their patients or other health care providers.
- Hospitals that do not select a Track will automatically be considered in Track 2.



# CJR Model as an Advanced APM (2)

- Under 42 CFR 510.120(e), each participant hospital that chooses CEHRT use must maintain documentation of their attestation to CEHRT use, clinician financial arrangements lists, and clinician engagement lists. The participant hospital must retain and provide access to the required documentation in accordance with 42 CFR 510.110.
- The clinician engagement list and the clinician financial arrangement list will be considered together an Affiliated Practitioner List, which is used by CMS to identify eligible clinicians for the Qualified Practitioner (QP) or Partial QP determination under the Quality Payment Program.

# Financial Arrangement List (2)

- Hospitals that choose Track 1, must submit to CMS a clinician financial arrangement list or attest there are no individuals to report.
- CMS will use the information submitted on the Financial Arrangement List (excel document) for the financial arrangement list.
- Eligible Clinicians
  - Physician, Nonphysician Practitioner, or Therapist.

# Clinician Engagement List

- Hospitals that choose Track 1, must submit to CMS a clinician engagement list or attest there are no individuals to report.
- This list must include information on individuals for the current performance year for each physician, nonphysician practitioner, or therapist who is not a CJR collaborator during the current performance but who does have a contractual relationship with the participant hospital based at least in part on supporting the participant hospital's quality or cost goals under the CJR model.
- The term **contractual relationship** encompasses the wide range of relationships whereby a participant hospital engages a clinician to perform work that at least in part supports the cost and quality goals of the CJR model.

# Examples

- Please open the Excel document in the Resource document section.
- **Make sure to accept Macros in excel document to view all selections.**
- Examples:
  1. Track 1, No Financial Arrangements, and Clinician Engagement.
  2. Track 1, PGP collaborator and physician collaboration agent.
  3. Track 2, Physician collaborator.

# TRACK 1

## No Financial Arrangements, and Clinician Engagement

### QUESTION 1

1. Please enter the following information in Column B:
Participant Hospital Legal Name:
Participant Hospital Address 1:
Participant Hospital Address 2:
Participant Hospital City:
Participant Hospital State:
Participant Hospital Zip 1:
Participant Hospital Zip 2:
Participant Hospital Start Date (If later than CJR model start date of 2016/04/01):
Participant Hospital CCN (CMS Certification Number):
Participant Hospital TIN (Tax Identification Number):
Participant Hospital NPI (National Provider Identifier):
Participant Hospital Website:
Participant Hospital URL Location of Collaborator List: <b>NOTE: This hospital would NOT have a URL location of a collaborator list.</b>
Participant Hospital URL Location of Written Policies for Selecting Individuals and Entities to be CJR Collaborators:

# TRACK 1

## No Financial Arrangements, and Clinician Engagement

### QUESTION 2

<b>2. This hospital selects the following Track under the CJR model for 2022.</b>	
17	<b>Note: Track 1 selection must positively attest to CEHRT use as detailed in Question 3.</b>
18	Please select from the dropdown menu: <input type="button" value="v"/>
Please select from the dropdown menu:	
Track 1	
Track 2	

### QUESTION 3

<b>3. Certified Electronic Health Record Technology (CEHRT) Attestation for CJR. This hospital attests to their use of CEHRT as defined in 42 CFR 414.1305 to document and communicate clinical care with patients and other healthcare providers. This use of CEHRT has been in effect and without interruption since January 1, 2022.</b>	
21	
22	Yes (Track 1) <input type="button" value="v"/>
Please select from the dropdown menu:	
Yes (Track 1)	
No (Track 2)	

# TRACK 1

## No Financial Arrangements, and Clinician Engagement

### QUESTION 4

25	<b>4. Has this participant hospital established sharing arrangements under the CJR model?</b>
26	No

Please select from the dropdown menu:

Yes

No

### QUESTION 9

48	<b>9. Does this participant hospital have any physicians, non-physician practitioners, or therapists to report for the Clinician Engagement List?</b>
49	Please select from the dropdown menu:

Please select from the dropdown menu:

Yes

No

# TRACK 1

## No Financial Arrangements, and Clinician Engagement

### TAB 6

A	B	C	D	E
A physician, non-physician practitioner, or therapist, who is not a CJR collaborator during 2022, that has a contractual relationship with the participant hospital based at least in part on supporting the participant hospital's quality or cost goals under the CJR model during the 2022. <b>Clinician Name:</b>	<b>Clinician TIN:</b>	<b>Clinician NPI:</b>	<b>Start Date of Contractual Relationship with CJR Participant Hospital:</b>	<b>If Applicable, End Date of Contractual Relationship with CJR Participant Hospital:</b>

6-Clinician Engagement List

Tab 6

Here the hospital can fill out the information of the clinician, the clinician TIN, NPI, and then the start and end date of the contractual relationship.



# TRACK 1

## PGP collaborator and physician collaboration agent

### QUESTION 1

<b>1. Please enter the following information in Column B:</b>
Participant Hospital Legal Name:
Participant Hospital Address 1:
Participant Hospital Address 2:
Participant Hospital City:
Participant Hospital State:
Participant Hospital Zip 1:
Participant Hospital Zip 2:
Participant Hospital Start Date (If later than CJR model start date of 2016/04/01):
Participant Hospital CCN (CMS Certification Number):
Participant Hospital TIN (Tax Identification Number):
Participant Hospital NPI (National Provider Identifier):
Participant Hospital Website:
Participant Hospital URL Location of Collaborator List: <b>NOTE: This hospital WOULD include the URL location of a collaborator list.</b>
Participant Hospital URL Location of Written Policies for Selecting Individuals and Entities to be CJR Collaborators:

# TRACK 1

## PGP collaborator and physician collaboration agent

### QUESTION 2

<b>2. This hospital selects the following Track under the CJR model for 2022.</b>	
17	<b>Note: Track 1 selection must positively attest to CEHRT use as detailed in Question 3.</b>
18	Please select from the dropdown menu: <input type="button" value="v"/>
Please select from the dropdown menu:	
Track 1	
Track 2	

### QUESTION 3

<b>3. Certified Electronic Health Record Technology (CEHRT) Attestation for CJR. This hospital attests to their use of CEHRT as defined in 42 CFR 414.1305 to document and communicate clinical care with patients and other healthcare providers. This use of CEHRT has been in effect and without interruption since January 1, 2022.</b>	
21	
22	Yes (Track 1) <input type="button" value="v"/>
Please select from the dropdown menu:	
Yes (Track 1)	
No (Track 2)	

# TRACK 1

## PGP collaborator and physician collaboration agent

### QUESTION 4

25	<b>4. Has this participant hospital established sharing arrangements under the CJR model?</b>
26	Please select from the dropdown menu:
Please select from the dropdown menu:	
Yes	
No	

# TRACK 1

## PGP collaborator and physician collaboration agent

### QUESTION 5

5. Type all that apply in the below cell, using only the options provided below. With which entities and/or individuals has the participant hospital established a sharing arrangement?

**Options:**

Skilled Nursing Facility (SNF)

Home Health Agency (HHA)

Long-Term Care Hospital (LTCH)

Therapist in Private Practice

Comprehensive Outpatient Rehabilitation Facility (CORF)

Provider of Outpatient Therapy Services

Physician Group Practice (PGP)

Accountable Care Organization (ACO)

Inpatient Rehabilitation Facility (IRF)

Physician

Hospital

Critical Access Hospital (CAH)

Non-Physician Provider Group Practice (NPPGP)

Therapy Group Practice (TGP)

# TRACK 1

## PGP collaborator and physician collaboration agent

### QUESTION 6

34	<b>6. If the sharing arrangement is with an ACO, Physician Group Practice (PGP), Non-Physician Practitioner Group Practice (NPPGP), or a Therapy Group Practice (TGP), have any of these entities established distribution arrangements?</b>	
35	Please select from the dropdown menu:	
Please select from the dropdown menu:		on 7.
Yes		
No		

### QUESTION 9

48	<b>9. Does this participant hospital have any physicians, non-physician practitioners, or therapists to report for the Clinician Engagement List?</b>	
49	No	
Please select from the dropdown menu:		
Yes		
No		

# TRACK 1

## PGP collaborator and physician collaboration agent

### TAB 3

Collaborator Name:	Collaborator TIN:	Collaborator NPI:	Collaborator Address:	Start Date of Sharing Arrangement with CJR Participant Hospital:	End Date of Sharing Arrangement with CJR Participant Hospital:	If No End Date, Please Explain:

Collaboration List Instructions | 2-Required Information | **3-Collaborator** | 4-Collaboration Agent | 5-Downstream Coll ...

Tab 3

The hospital would include the collaborator's name – so the PGP here, NPI, address, and the start and end dates of the sharing arrangement.

# TRACK 1

## PGP collaborator and physician collaboration agent

### TAB 4

	A	B	C	D	E	F	G
1	Collaborator Name:	Collaboration Agent Name:	Collaboration Agent TIN:	Collaboration Agent NPI:	Start Date of Distribution Arrangement with CJR Collaborator:	End Date of Distribution Arrangement with CJR Collaborator:	If No End Date, Please Explain:
2							
3							
4							
5							

Collaboration List Instructions | 2-Required Information | 3-Collaborator | **4-Collaboration Agent** | 5-Downstream Coll ...

Tab 4

Collaborator Name is listed again in Column A. This would be the same name as provided in Tab 3 and then the associated collaboration agent with that collaborator. The reason we have this extra column is that if the hospital does have arrangements with multiple PGPs and those PGPs have distribution arrangements with their physicians, we want to be sure we are connecting the correct position to the correct PGP for monitoring purposes and for QPP purposes and we provide them that information.

# TRACK 2

## Physician collaborator

### QUESTION 1

<b>1. Please enter the following information in Column B:</b>
Participant Hospital Legal Name:
Participant Hospital Address 1:
Participant Hospital Address 2:
Participant Hospital City:
Participant Hospital State:
Participant Hospital Zip 1:
Participant Hospital Zip 2:
Participant Hospital Start Date (If later than CJR model start date of 2016/04/01):
Participant Hospital CCN (CMS Certification Number):
Participant Hospital TIN (Tax Identification Number):
Participant Hospital NPI (National Provider Identifier):
Participant Hospital Website:
Participant Hospital URL Location of Collaborator List: <b>NOTE: This hospital WOULD include URL location of a collaborator list.</b>
Participant Hospital URL Location of Written Policies for Selecting Individuals and Entities to be CJR Collaborators: <b>NOTE: This hospital WOULD include URL location written policies.</b>

**NOTE: This hospital WOULD include URL location written policies.**



# TRACK 2

## Physician collaborator

### QUESTION 2

	<b>2. This hospital selects the following Track under the CJR model for 2022.</b>
17	<b>Note: Track 1 selection must positively attest to CEHRT use as detailed in Question 3.</b>
18	Please select from the dropdown menu: <input type="text"/>
Please select from the dropdown menu:	
Track 1	
Track 2	

### QUESTION 3

	<b>3. Certified Electronic Health Record Technology (CEHRT) Attestation for CJR. This hospital attests to their use of CEHRT as defined in 42 CFR 414.1305 to document and communicate clinical care with patients and other healthcare providers. This use of CEHRT has been in effect and without interruption since January 1, 2022.</b>
21	
22	Please select from the dropdown menu: <input type="text"/>
Please select from the dropdown menu:	
Yes (Track 1)	
No (Track 2)	

# TRACK 2

## Physician collaborator

### QUESTION 4

25	<b>4. Has this participant hospital established sharing arrangements under the CJR model?</b>
26	Please select from the dropdown menu:
Please select from the dropdown menu:	
Yes	
No	

# TRACK 2

## Physician collaborator

### QUESTION 5

5. Type all that apply in the below cell, using only the options provided below. With which entities and/or individuals has the participant hospital established a sharing arrangement?

**Options:**

- Skilled Nursing Facility (SNF)
- Home Health Agency (HHA)
- Long-Term Care Hospital (LTCH)
- Therapist in Private Practice
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Provider of Outpatient Therapy Services
- Physician Group Practice (PGP)
- Accountable Care Organization (ACO)
- Inpatient Rehabilitation Facility (IRF)
- Physician
- Hospital
- Critical Access Hospital (CAH)
- Non-Physician Provider Group Practice (NPPGP)
- Therapy Group Practice (TGP)

# TRACK 2

## Physician collaborator

### QUESTION 6

34	<b>6. If the sharing arrangement is with an ACO, Physician Group Practice (PGP), Non-Physician Practitioner Group Practice (NPPGP), or a Therapy Group Practice (TGP), have any of these entities established distribution arrangements?</b>
35	Please select from the dropdown menu: <b>QUESTION 6 DOES NOT APPLY BECAUSE IT IS A PHYSICIAN COLLABORATOR.</b>

### QUESTION 9

48	<b>9. Does this participant hospital have any physicians, non-physician practitioners, or therapists to report for the Clinician Engagement List?</b>
49	No
Please select from the dropdown menu:	
Yes	
No	

# TRACK 2

## Physician collaborator

### TAB 3

Collaborator Name:	Collaborator TIN:	Collaborator NPI:	Collaborator Address:	Start Date of Sharing Arrangement with CJR Participant Hospital:	End Date of Sharing Arrangement with CJR Participant Hospital:	If No End Date, Please Explain:

Collaboration List Instructions | 2-Required Information | **3-Collaborator** | 4-Collaboration Agent | 5-Downstream Coll ...

Tab 3

One thing to note is that this is a Track 2 hospital - it is in the not advanced APM track. That means the physicians included on this list would not be submitted to the qualitative program for qualified practitioner or partially qualified practitioner terminations.

# Submission Information

- No Submission to CMS.
  - Results in Hospitals Selecting Track 2 and indicating No Financial Arrangements Established.
- Hospital Uploads Lists (Excel Document) to CJR Data Portal.
  - Hospitals Selecting Track 2 and Financial Arrangements Established.
  - Hospitals Selecting Track 1 Participation and No Financial Arrangements Established.
  - Hospitals Selecting Track 1 Participation and Financial Arrangements Established.
- **Excel document must be saved and uploaded as an .xls and .xlsx document.**



# Submission Instructions for CJR Data Portal

# Submission Instructions for CJR Data Portal (1)

- Log into CJR Data Portal:  
<https://portal.cms.gov/wps/portal/unauthportal/home>
- CJR Data Portal Access.



# Submission Instructions for CJR Data Portal (2)

**CJR** Download Files **Upload Files** Model Activity Show Dismissed Notifications

## Upload Files

Health Insurance Portability and Accountability Act (HIPAA) is obligated to protect Personally Identifiable Information (PII) and Personal Health Information (PHI) and should be used by government authorized users only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

You may select one file at a time.

**Select File Information**

Select Your CCN: [SELECT] File Type: [SELECT]

**Select Your File**

Select File

**Upload History**

Select Date Range (Optional)

Start Date: [MM/DD/YYYY] End Date: [MM/DD/YYYY]

List Reports Clear Dates

CCN	File Name	Date Added (ET)	File Comment
670079	Collaborator List Collection 2	03/29/2018 1:20PM	

1 / 1 items per page 10 items per page 1 - 1 of 1 items

This is the default page when the **Upload Files** tab is selected.

The **Upload History** table will display the records that have previously been uploaded for your CCN.

# Submission Instructions for CJR Data Portal (3)

**Upload Files**

Health Insurance Portability and Accountability Act (HIPAA) is obligated to protect Personally Identifiable Information (PII) and Personal Health Information (PHI) and should be used by government authorized users only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

You may select one file at a time.

**Select File Information**

Select Your CCN  
CJR - 150037

File Type  
Collaborator List Collection 1

**Select Your File**

Select File

**Upload History**

Select Date Range (Optional)  
Start Date  
MM/DD/YYYY

List Reports Clear Dates

CCN	File Name
100314	CJR_MPR_Pro
150057	practice.docx
150056	RF_OR_62_Rq
100314	VA.docx

Choose File to Upload

Libraries > Documents > 1.4-CJR > Release 11

Documents library

Name	Date modified
CRs	4/3/2018 3:27 PM
Upload Supporting Doc	3/28/2018 10:33 AM
User Manual	2/18/2018 5:03 PM
BPCI_CJR_Questions (Autosaved)	3/4/2018 6:15 PM
Collaborator_List_Collection_1	4/3/2018 3:21 PM
R11_CJR Mockups (Autosaved)	3/12/2018 4:00 PM
R11_CJR Mockups	3/12/2018 9:30 AM
R11_CJR UI screens	3/12/2018 8:06 AM
R11_CJR UI screens_19 Mar 18	3/19/2018 12:59 PM
R11_CJR Upload Files functionality	4/3/2018 1:01 PM
RE Release 11 Requirements Documentation - Ready for Review	2/21/2018 12:52 PM

File name: Collaborator\_List\_Collection\_1

All Files (\*.\*)

Open Cancel

Use the **Select Your CCN** and **File Type** drop down menus to select your file information.

- If this is the first collection of the year, then the file type must be **Collaborator List Collection 1**
- If this is the second collection of the year, then the file type must be **Collaborator List Collection 2**.

**(We will look at both upload cells).**

Then click the **Select File** button to begin the upload process of the excel document.

**Excel document must be saved as an .xls or .xlsx document, and no spaces allowed.**

# Submission Instructions for CJR Data Portal (4)

**Upload Files**

Health Insurance Portability and Accountability Act (HIPAA) is obligated to protect Personally Identifiable Information (PII) and Personal Health Information (PHI) and should be used by government authorized users only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

You may select one file at a time.

**Select File Information**

Select Your CCN: CJR - 150037 | File Type: Collaborator List Collection 1

**Select Your File**

Select File

File Name	File Size	File Upload Information
Collaborator_List_Collection_1.docx	50.9 KB	Comment is optional!   Upload   Remove

**Upload History**

Select Date Range (Optional)  
Start Date: MM/DD/YYYY | End Date: MM/DD/YYYY

List Reports | Clear Dates

CCN	File Name	Date Added (ET)	File Comment
100314	CJR_MPR_Process_Overview_20151009.docx	04/03/2018 12:49PM	
150057	practice.docx	04/03/2018 9:23AM	View Comment

You have the option to enter a comment in the **File Upload Information** textbox.

If a comment is entered, it will be viewable in the **Upload History** table.

Select **Upload** to add the supporting document to the **Upload History** table.

Select **Remove** to clear the selected supporting document.

# Submission Instructions for CJR Data Portal (5)

**Upload Files**

Health Insurance Portability and Accountability Act (HIPAA) is obligated to protect Personally Identifiable Information (PII) and Personal Health Information (PHI) and should be used by government authorized users only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

You may select one file at a time.

**Select File Information**

Select Your CCN: CJR - 150037 | File Type: Collaborator List Collection 1

**Select Your File**

✔ Your file: Collaborator\_List\_Collection\_1.docx has been successfully uploaded. ✕

Select File

File Name	File Size	File Upload Information
Collaborator_List_Collection_1.docx	50.9 KB	File Upload Success

**Upload History**

Select Date Range (Optional)

Start Date: MM/DD/YYYY | End Date: MM/DD/YYYY

List Reports | Clear Dates

CCN	File Name	Date Added (ET)	File Comment
100314	CJR_MPR_Process_Overview_20151009.docx	04/03/2018 12:49PM	
150057	practice.docx	04/03/2018 9:23AM	View Comment

After the file is successfully uploaded, a confirmation message will display.

Select the Close icon (X) to close the confirmation message.

# Reminders

- Send questions from today's webinar to [CJR@cms.hhs.gov](mailto:CJR@cms.hhs.gov).
- Contact [CJRSupport@cms.hhs.gov](mailto:CJRSupport@cms.hhs.gov) for any technical or programmatic questions related to the CJR model.
- If your organization has made any changes to your points of contact for the CJR model, please email [CJRSupport@cms.hhs.gov](mailto:CJRSupport@cms.hhs.gov) to request a Data Request and Attestation (DRA) form which should be submitted through the Data Portal (preferred) or through encrypted email.
- To request a CJR Connect account, go to: <https://app.innovation.cms.gov/CMMIConnect/IDMLogin> and click "New User Registration."