



Comprehensive Care for Joint Replacement (CJR) Webinar

Final Transcript

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SPEAKERS:

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PRESENTATION

Introduction:

K. O'Connor: Good afternoon. Thank you for joining us today for the CMS Innovation Center's webinar for hospitals participating in the Comprehensive Care for Joint Replacement, or CJR, model, hosted by the CJR program team.

If you have questions during today's webinar, please submit them through the Q&A feature, and we will address them following the presentation. To submit a question, click on the "Q&A" button located at the top of your screen, enter your question in the textbox, and click "Send." Participant phone lines will remain muted during the webinar. Please note that the default audio connection is through your computer. If you are unable to connect through your computer, please use the toll number provided in the confirmation email you received upon registering.

After the conclusion of the presentation, you will be asked to participate in a short survey regarding today's webinar. We would appreciate you taking a moment to complete the survey. Thank you again for joining us. I will now turn it over to Sarah Mioduski from the Innovation Center.

Sarah Mioduski: Good afternoon. Today's webinar will serve as an informal discussion for CMS to inform hospitals participating in the CJR model about orientation materials they will receive in the coming weeks. Because this webinar is specific to participant hospitals, we will email this slide deck to registrants after the webinar and to other participant hospitals upon request.

Today, we will provide a brief overview of the CJR model and explain documents participant hospitals will receive. Previously, we offered a substantive explanation of the CJR model in previous webinars, which are also available on our model webpage. Additionally, we will discuss orientation documents and beneficiary notification documents that we will distribute to hospitals in the coming weeks. I will then turn the webinar over to my colleague, Michael McCormick, to explain how hospitals will request beneficiary claims data and receive target prices. He will also address the support CMS will be providing to hospitals in the model.

Overview–CJR Model:

On November 16, 2015, CMS published the final rule for the Comprehensive Care for Joint Replacement model, commonly referred to

as the CJR model. Under this CJR model, most acute care hospitals in 67 Metropolitan Statistical Areas will receive retrospective bundled payments for episodes of care for lower extremity joint replacement or reattachment of a lower extremity.

Lower extremity joint replacement or reattachment of a lower extremity joint replacement is commonly referred to as LEJR. We used the term LEJR to refer to all procedures within MS-DRG 469 and 470. The CJR episode of care begins with an admission to a participant hospital of a beneficiary who is ultimately discharged under MS-DRG 469 or 470 and ends 90 days post-discharge in order to cover the complete period of recovery for beneficiaries. The episode includes all related items and services paid under Medicare Part A and Part B for all Medicare fee-for-service beneficiaries, with the exception of certain exclusions. Categories of items and services that are included in the episodes are discussed in the final rule.

Additionally, the complete list of exclusions can be found on our website, accompanied by the list of excluded MS-DRGs and ICD-9/10-CM diagnosis codes. Participant hospitals in the selected MSAs are all acute care hospitals paid under the inpatient prospective payment system that are not concurrently participating in Model 1 or Models 2 or 4 of the BPCI initiative for LEJR episodes.

Overview–CJR Participants:

This model will include acute care hospitals located in 67 MSAs throughout the country. Approximately 800 hospitals are included in the CJR model. CMS is maintaining a list of CJR hospitals and will update that list on the website periodically.

As highlighted before, we conducted two webinars on the CJR model, which provided a more in-depth presentation on the policies of the CJR model, and also discussed the changes that were made from the proposed rule to the final rule. Please refer to those webinar slides and external recording provided on the CJR webpage, as today's webinar is more focused on the next steps for model participants. The CJR final rule is published in the Federal Register, and can be viewed at the link provided on the slide.

CJR Model Resources:

The model will allow participant hospitals to enter into financial arrangements with certain types of providers and suppliers who are engaged in care redesign with the hospital and also furnish services to Medicare beneficiaries during a CJR episode. No waivers of any fraud and abuse authorities were issued in the final rule. Rather, CMS and OIG jointly issued a notice regarding the waiver of certain fraud and abuse laws for purposes of testing this model. The notice is published on the CMS and OIG websites.

Orientation Materials:

In the coming weeks, we will send orientation documents, such as a technical provider factsheet, frequently asked questions and answers document, and a data request form. We will send these materials to designated points of contact for participant hospitals in the model. We have used several different avenues to acquire points-of-contact information. If information about the CJR model was sent to an outdated contact, please inform CMS so additional emails are not sent in error.

Additionally, we understand that larger health systems received several emails about the CJR model and webinar today. Please refer to the hospital list on the CJR webpage to confirm which hospital within your health system is required to participate in the CJR model.

Lastly, for participant hospitals that have not provided a point of contact for this model, please email cjrsupport@ngc.com with two primary points of contact. These points of contact should be employees of the hospital.

Beneficiary Notifications:

Each participant hospital must provide written notice to any Medicare beneficiary that meets the criteria in Section 510.205 of the final rule of his or her inclusion in the model. This notice must be provided upon admission to the participant hospital or immediately following the decision to schedule an LEJR surgery—whichever occurs later.

Also, a participant hospital must require any physician that has a CJR collaborator to provide written notice of the structure of the model and the existence of the physician sharing agreement with the participant hospital

to any Medicare beneficiary that meets the criteria specified in the rule. This notice must be provided at the time the decision to undergo an LEJR surgery is made.

Additionally, a participant hospital must require any provider or supplier—other than a treating physician with whom it has executed a collaborator agreement—to provide written notice of the existence of a sharing arrangement with the participant hospital to any Medicare beneficiary that meets the criteria specified in the final rule. This notice must be provided to the beneficiary no later than the time at which the beneficiary first receives services from the provider or supplier during a CJR episode.

In the preamble of the final rule, we explain that CMS will produce a model notice or model notices or versions of the model notice that will satisfy our notice requirements for physicians who are CJR collaborators for post-acute care providers and suppliers who are involved in a sharing arrangement, and for participant hospitals who are required to provide beneficiaries with general notice of the CJR model. These notification forms will be provided to participant hospitals in the coming weeks and should be distributed to physicians or post-acute care providers and suppliers if appropriate. These notification forms are not modifiable by any entity or individual unless otherwise indicated in the form.

In regards to the discharge planning notice, a participant hospital must provide the beneficiary with a written notice of any potential financial liability associated with non-covered services recommended or presented as an option as part of the discharge planning no later than the time that the beneficiary discusses a particular post-acute care option or the time the beneficiary is discharged, whichever occurs earlier. CMS will provide a discharge planning notice that participant hospitals can modify and distribute.

We understand that we are providing a lot of information today, and to reassure you, these requirements will be outlined when you receive the beneficiary notification documents in the coming weeks. I will now turn the webinar over to my colleague, Michael McCormick.

Data Sharing:

M. McCormick: Thanks, Sarah. Again, my name is Mike McCormick from the CJR technical team, and I'm going to speak a little bit about the data sharing process for CJR. I will briefly talk about the types of data available, how hospitals can request CJR data, and the mechanism in which you will

eventually receive your data. We will be providing this data with the hope that it will enable participant hospitals to understand spending patterns during the episode, appropriately coordinate care, and to target care strategies toward individual beneficiaries by the participant hospital and other providers and suppliers.

As stated in the final rule, we believe that participant hospitals will benefit from claims data for beneficiaries attributed to the participant hospitals, either in high-level summary format or beneficiary line level or raw claims feeds, or both summary and raw claims. The initial data that will be available will be historical data for the hospital's baseline period, which is from January 2012 to December of 2014, and we will also be sending claims data on a quarterly basis to hospitals through the entire performance period of the model. It is also our goal to eventually change this from quarterly to monthly feeds in the future, if it ends up becoming operationally feasible for CMS. In addition, we are planning to share high-level aggregate regional claims data for the hospital's census division where the hospital is located.

Requesting Data:

As Sarah stated earlier, we will soon be sending out a welcome email that contains some CJR orientation materials. One of the most important documents attached to that email will be the Comprehensive Care for Joint Replacement Model Data Request and Attestation Form. (I apologize for the long name.) Under HIPAA, when providing beneficiary claims level data for operational use purposes, we can only provide the minimum data necessary. This document will give hospitals the opportunity to request the types of data they will need to participate in CJR that also follows those minimum necessary guidelines.

On the form, you will find multiple data choices, and you should select all types that apply to you. This form will also contain some language regarding data security, confidentiality, and physical safeguards that are required under existing HIPAA agreements. The form also requires a data requester, and in this case, the CJR hospitals are the actual data requesters. Therefore, an authorized representative of the hospital who currently works at that hospital will need to fill out and sign the form on behalf of the HIPAA-covered CJR hospital. Also on the form, we require the names of two primary points of contact in charge of data access in this model. We realize we've been asking for two primary points of contact through multiple avenues so far since this rule's been published.

We've emailed you and we've even asked earlier in this presentation. However, even if you've already provided that information to CMS or our helpdesk, the primary points of contact on this form may be the same, but they may not necessarily end up being the same people. These points of contact must be employed by the participant hospital and will be solely responsible for granting data portal access to other users throughout the course of the model. So these two primary points of contact will be in charge of granting data access to other users over the entire course of the model. This could mean potential consultants, data analysts, or granting access to other business associates as defined under HIPAA.

Unfortunately for this form, we cannot accept digital signatures, but once it has been completed, it needs to be signed and scanned and returned to our helpdesk. Keep in mind, we will mention all this information when we send out the welcome email. So don't worry about everything we've just said; we'll reiterate the instructions when we send out this welcome email.

And upon receipt of this form, we will send back out to the two listed official primary points of contact (the data primary points of contact) some preliminary instructions for signing up for the data portal. This will include slide decks with instructions and even some links to instructional videos for the sign-up process. The slides are also going to contain a phone number for our CJR helpdesk that can be used for specific technical questions relating to the data portal access sign-up. This phone number should not be used for traditional model questions. Those should still be sent to our helpdesk.

This process, when you receive the instructions, will have multiple steps and may seem very confusing and tedious. There's going to be a remote identity proofing section, which will require an Experian check to ensure you are who you say you are, and multi-factor authentication, which is something you'll have to download to create a PIN as a second form of ID when logging into this portal. These safeguards are in place to ensure your information and beneficiary data is protected for CMS. But our model team will be here and our helpdesk as well to assist you through this process, so if you have any questions, feel free to reach out.

Also, our payment contractor has been working very hard on the target prices and historical data for all hospitals that are currently in the model. And they are currently on track to be disseminated in late January. So you will have time during the end of December and the month of January to sign up to this portal.

Outreach and Support for Hospitals:

And finally, once again, the email box we have created specifically for model participants is on your screen. This email is not spam, as some of you may have thought, and we apologize for any past confusion. We wanted to create a separate email box aside from the CMS CJR box to facilitate the fastest response for actual model participants. So please use this email address, and when you do send an email, be sure to include your hospital's CCN in the subject line.

And also, we've been reaching out to participant hospitals, as you know, and if you know of any other hospitals in your area that are in this model, please feel free to pass along this information.

Also, in 2016 we are planning to host a series of webinars for model participants that are specifically targeted to various aspects of the model. As you can see, this includes topics such as target prices, data, quality measures, financial arrangements, and other topics that will arise. In addition, we are currently in the process of creating a Collaboration website specifically for CJR model participants, where we will be able to share data and information specifically pertaining to the model in the future, aside from the public website.

Finally, for more information on the CJR model, including the final rule, a list of participant hospitals, or past webinars, you can always visit the CJR Innovation Center website on your screen. And again, just to recap, to kind of go through the next steps again real quick, if you have not sent two initial primary points of contact, please send them to the email address on the screen. When you do that, those points of contact should soon expect an orientation materials email that will include some of the things Sarah mentioned earlier and this form to request your data. And once we've received that completed scanned form, we will send the two data primary points of contact the initial instructions for gaining portal access. We will continue to reach out to you with next steps and updates prior to disseminating the initial data. Thank you so much for listening today. We are now going to pause and take some of your questions.

Question and Answer Section:

S. Mioduski: To address our first question—"How can participants get these webinar slides and other webinar materials?" For these specific webinar slides, they are for participant hospitals, so we will disseminate them after the webinar for people that registered for the webinar today, and participant

hospitals are able to request them upon request. In regards to the webinar slides and audio files, they are available on the CJR webpage. The slide deck and audio file is from the November 19th webinar. That webinar goes into a more in-depth discussion of the CJR model and also talks about the proposed rule and the changes made from there for the final rule.

M. McCormick: Thanks, Sarah. We have a question here about the points of contact. We know this is a little confusing because we asked for original points of contact and also I just mentioned some data points of contact for that part. And, the points of contact should just be whoever at your hospital actually works at the hospital and is engaged in this model and who wants to get news and information that comes out to us—that should be the points of contact you send to us. That'll also be who we send the orientation materials to. And the data points of contact on this form can be those same people, but you also (for some organizations), we could envision it being maybe more data or IT people because they're physically going to have the ability in the portal to accept and reject new users based on their requests.

And we have a follow-up question kind of related to that about the actual helpdesk email address about including the CCNs, and we know some people in the model work for multiple hospitals that are in the model, and if you have a question that pertains to multiple hospitals, you can include multiple CCNs in your email or the subject line.

S. Mioduski: In response to the question, “How participant hospitals will be receiving the orientation materials?” we will be emailing them to designated points of contact. As Mike just explained there are hospitals that have sent us their points of contact—those are the people that will be receiving those materials. Additionally, we are seeing other avenues to fill in the people that have not sent us points of contact, and we'll be working with those hospitals to get them their materials in other ways.

C. Schreiber: This is Claire Schreiber with the CJR model team. We have a couple of questions about the ICD-9 and ICD-10 diagnosis codes that were posted to the CJR model website for purposes of identifying cases of hip fracture in the historical period and throughout the model performance period. So, to respond to those questions, as a reminder, in the CJR final rule we did finalize a risk stratification methodology to set separate target prices for beneficiaries who have a hip fracture. So we would set separate target prices for those episodes. And with the final rule, we instituted a sub-regulatory process to develop the list of diagnosis codes that would be used to identify those patients. So with the final rule, we posted a list of ICD-9 diagnosis codes, and we solicited public feedback on that list of codes.

So yesterday, on the CMS website, on the CJR model website, which is the web address that's up on the last slide here, we posted a spreadsheet of the ICD-9 hip fracture diagnosis codes that will be used to identify those cases in the historical period, and we also posted a list of preliminary ICD-10 diagnosis codes that would be used to identify hip fracture episodes during the model. We are asking for public feedback on that ICD-10 list by Friday, January 15th at 5:00 PM. And so we just wanted to note, thank you for the public feedback and note so that people are aware that the second list is out there and we are accepting feedback on that. And feedback should be emailed to cjr@cms.hhs.gov. Alternatively, feedback could also be emailed to the hospital support desk that would also get to the team, and that's the cjrsupport@ngc.com email address. We'll be accepting it through both emails.

M. McCormick:

OK, we have a question here about when will we likely receive our historical data. And, as we said in the presentation, there's obviously a few steps to actually getting the portal ready to receive data. You're going to have to fill out this form that will be coming soon, get access to the data portal, and then our payment contractor is still working on those files right now. And their target to have them ready is going to be the end of January. However, you will need to have everything set up in place to actually receive them when they are available.

We have a question here from someone that's asking if they already sent their primary points of contact to the cjr@cms.hhs.gov email address, do they need to resend them to the new email address. That's a great question, and in this instance, no you do not. We actually have forwarded inquiries from model participants that went to this CMS email address to the CJR helpdesk, so that should be okay for now. But in the future, send all inquiries for model participants to the new CJR support helpdesk.

C. Schreiber:

So, we have a couple of questions about how participants would know their CCN number or where they would get the CCN number from. So, here we're referring to the CMS Certification Number, also known as the Medicare Provider Number. So each hospital or each facility has a unique CCN number, and that is what we are using to identify the hospitals in the model. So, as mentioned by Mike and Sarah, we are requesting that, along with the primary points of contact, the hospitals send an email to the CJR support helpdesk (cjrsupport@ngc.com) with their CCN number in the subject line so we can identify that we have the right points of contact for that hospital. And that would be a number that all hospitals should have—it's their unique identifier. In addition, we also have posted on the CMS website, on the CJR model website, at the bottom we have an attachment with a list of model hospitals that are in the selected MSAs along with their CCN numbers.

M. McCormick: OK, we have a question here about how soon in the timeline when participants will receive the orientation email we referenced in this webinar after they've sent in their contact information to us. And that's a great question—we're targeting to have that email distributed within the next week.

We have a question here. We know a lot of participants use EIDM or the CMS portal for various models and various things. And if you actually do have an EIDM (or Enterprise Identity Management) or CMS user ID, you probably will be able to use that user ID and skip that initial step to the CMS data portal. So when you get those instructions and you get the initial slide deck that tells you how to create an EIDM username, if you already have one, you will probably be able to skip that step. And if it doesn't work, please let us know and we'll troubleshoot with you.

C. Schreiber: So, we're not seeing a whole lot more questions, so if people in the webinar have further questions, please send them in through the Q&A function, and Sarah Mioduski is going to make another announcement, just as a reminder about points of contact.

S. Mioduski: Just to reiterate what Mike said earlier—if you think your hospital sent in two points of contact, that's great and thank you for doing that. If you are not sure, it doesn't hurt to send two points of contact to the helpdesk again just to verify so we are able to contact people at your hospital. We are disseminating all that data that we receive from the hospitals, in terms of the points of contact, so in the event that we have more than two people, everyone that has responded to us will just receive the orientation materials.

C. Schreiber: So, we're seeing a couple of questions around some policy issues for the CJR model, and we just wanted to remind folks that on this webinar we're just going to answer the questions that sort of pertain to next steps for the hospitals in the model, and we are happy to take those policy questions through the support helpdesk—cjrsupport@ngc.com. So, in addition, if you have further questions on what we talked about today on the webinar, please feel free to send those to that email address as well.

M. McCormick: And just to reiterate one more time, we're receiving a couple of clarifying questions about submitting the primary points of contact. Basically, I would suggest if you have any doubt, just resubmit them, it cannot hurt. If you forgot your CCN, we might have gotten them, but just, I'd send it again. And if you sent it to CMS CJR email box, it should be fine, but if you have any doubts or are unsure or sent the wrong point of contact, feel free to send it again; it can't hurt. We just want to say thank you for joining us today. We appreciate your time, and we'll be in contact with you soon.