Understanding and Working with CJR Claims Data: An Introduction
Comprehensive Care for Joint Replacement Model
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Operator: Ladies and gentlemen, thank you for standing by, and welcome to the CJR Learning Systems event. At this time, all participants are in a listen-only mode. Should you require assistance on today's call, please press *, then 0. I would now like to turn the conference over to your host, Ms. Claire Schreiber. Please go ahead.

Claire Schreiber: Hello. Thank you and welcome everyone to today's event on Understanding and Working with CJR Claims Data. We want to thank everyone for joining us today. Before we get started I just have a few quick reminders. First, is that audio for this webinar is available either through your computer or by telephone. If you experience any issues with the audio through the computer, please mute your speakers and dial in to the phone number listed on the first slide.

Closed captioning for the webinar is available by clicking on the button at the bottom of the screen with CC on it. Finally, you can also use the Q&A button at the bottom of the screen to send in questions during today's event. We do encourage folks to please submit questions through that Q&A function and we will have some dedicated time at the end of the webinar to address the questions.

A final reminder that we will be having a follow-up event one week from today on Thursday, May 12th, which will be an Office Hours as a follow-on to this event. We're encouraging folks to send questions ahead of time to the CJRSupport@cms.hhs.gov email address. The intent of that event is to further answer some of your questions on how to work with data.

With that, I will turn it over to Bryan Perez at Mathematica Policy Research and we'll get started.

Bryan Perez: Hi, everyone. My name is Bryan Perez with Mathematica Policy Research. Currently on the call there are a lot of hospitals and participants on the call today with varying degrees of proficiency when it comes to working with claims data. Today's webinar is an introduction, really the fundamentals to working with the data available on the Portal. This webinar is designed to cover common questions that we have received regarding the CJR data and to be the launching pad for future learning events.

We will begin the webinar with general announcements and some housekeeping. We will then have some poll questions that will assist us in collecting information for future events, so that these learning events are tailored to your learning needs. From there we will be using a combination of slides and videos to go over the basics of the CJR files; how to download them, how to navigate through the different files; and eventually move our way down to doing some basic analyses by locating claims that are included in your historical claims data.

We would also like to point out that there is an audio slider that controls the volume level at the bottom right-hand corner of your screen. At the end of the webinar, we will have some time for Q&A.

Just as a reminder, baseline files were recently updated on April 11th in the CJR Portal. All files, the Target Prices, Historical Raw Claims and the Historical Aggregate Claims were updated. These updates include small changes to target prices that correct SNF sequestration and anticipated anomalies in the standardized price programs.

These files also now include provider identifiers for carrier claims. On April 29th, we sent updated Target Price Replication Instructions. These updates provide additional detail on how to calculate target prices from claims data. The latest download also includes data to support Target Price Replication and a file layout for the Supplemental file.

Next week, as Claire had mentioned, CMS and NPR will be holding Office Hours on May 12th to answer your questions on the materials that we cover during this webinar. If you have questions related to today's webinar materials that you would like to be addressed during the Office Hours, please send the questions to CJRSupport@cms.hhs.gov by May 10th with the subject line, "CJR Office Hours."

Because of the volume of questions, we may not be able to respond to all of the questions during the Office Hours. We also encourage participants to send suggestions for future recordings or events to the same CJR Support email address.

A few days from now we will have the Dummy Data that we used for this presentation available; along with a set of 508-compliant step-by-step instructions that reviews what we cover in today's webinar.

Now we are going to ask some poll questions. These polls are to help us and to canvass the needs of the CJR participants. So, our first question for today is, please rate your organization's ability to analyze claims data for episode cost analysis. I'll give you all a couple of moments to respond to this question. It looks like we're at 72% response rate, so I'll give you all just a couple more seconds to respond. All right, so from the looks of it there is a very wide range of understanding and experience for analyzing the claims data.

Our next poll question is how will you be performing data analysis for the CJR Model? Please take a few moments to respond. All right and it looks like the majority of our participants will be performing their analyses internally.

Our last poll question is going to be, what are you hoping to accomplish with the data analysis? I'll go ahead and show you all the results. Thank you and, again, this helps CMS and NPR plan for future learning events.

Now, we're going to go and start with the video showing the gateway to the CJR data, the Data Portal.

Video: Accessing the CJR Data Portal requires going through the larger CMS Enterprise Portal website. First, you will need to open a supported Internet browser. Click on the browser's address bar and enter the portal address. The portal address is https://portal.CMS.gov.

Within the CMS Enterprise Portal website, there is a CJR-specific application that gains you access to the Data Portal. You will need to ensure that you have access and approval to the CMS Enterprise Portal and the CJR app. After gaining access and approval, you will select the Login to CMS Secure Portal button and proceed to enter your username and password. Once you are inside the CMS Enterprise Portal website, hover over the yellow Innovation Center button that is located on the upper left-hand corner of the screen. Selection Application Console from the dropdown menu.

The Application Console will display the apps that you have access to. In our example, we only have access to the CJR app. Select the CJR app to be taken to the Data Portal. Within the Data Portal, select the white Search bar to search for your organization. You can enter either the CCN or organization name of your hospital. Data available for download will appear below this header. You will only be able to download data that you have requested for your organization.

Bryan Perez: After selecting your hospital, you will see four files that are available to download; the Target Prices file, the Beneficiary file, the Hospital and Regional Summary file, and the Specifications file. You will be able to download these files by selecting the Download button next to each file.

Next, we will show a video on the specifications and layout documents in the data files.

Video: When you download your files, you will notice that they come as zipped files. You can unzip the files using any standard unzip software, such as WinZip or Secure Zip. In most cases, you can just double-click the downloaded zip file and the unzip software will automatically populate.

Now that the files have been unzipped and are located on your secured drive, open up the folder where the files are located. As you can see, there are four CJR folders; one for beneficiary files, one for target prices; (technical difficulty).

Let's start with the Specifications folder. If we look into the Specifications folder, you will see detailed information describing how CJR episodes, target prices and update factors are constructed. These are the best resources for understanding your data. The Specs folder also contains a Read Me file. This file contains a list of acronyms and terms that used in our specifications.

Finally, we recently added instructions on how to replicate your target prices. Please note that additional information was added to this documentation on April 29th. We will review the replication instructions later on in the webinar.

Now, let's get back to the main folder. Within each of the folders are layout files. These layouts are a table of contents for the files in each respective folder. All of these layout files can be

opened in a text editor, such as Notepad. Each folder, except of the Price folder, contains one layout file. As you can see, the Price folder includes two file layouts; one for the Target Prices and one for the Target Price Replication Supplemental file. Looking into one of the layout files, we can see the variables and the corresponding name for the file.

Bryan Perez: I just would like to send a reminder to everyone that the audio for the video comes through the computer speakers and not the phone line.

As you start working with the data, you will notice that there are a lot of different variables and codes within each file. The best source to understand the variable names and description is the layout file. The table on this slide which read across displays the different file layouts and documents that are related to each major topic. For example, if we are interested in the supporting documents for the Hospital and Regional Summaries, we would look at the Summary Report layout, which will contain the variable names and descriptions. If we have questions on those calculations, we would look at the Episode Definition Specifications.

We are currently working on a data dictionary for distribution that will add additional detail on the variables that are used, such as possible code values for a variable. In the meantime, we recommend going to the ResDAC website, which provides general data dictionaries for Medicare claims and enrollment files. The link to this website is included on this slide and will take you to a list of variable names, descriptions and code values.

For example, let's say I'm someone mildly unfamiliar with the Enrollment file or the Denominator file and I don't know what the 0, 1 or 2 values mean in the Sex or Race columns. I would go to the ResDAC website and look for what those values mean. If anyone was wondering, the 0 code for the sex variable is unknown, 1 is male, and 2 is female. If you do decide to go to the link in this slide today, don't be disheartened. It is currently experiencing some technical difficulties, which I'm sure they will resolve soon.

Although CJR participants receive over 20 data files, we want to direct your attention to some key files that will be particularly useful for planning under the CJR Initiative. The most important file is the PRICE file, which is where you'll find the target prices for your hospital. Another useful file is the EPI file, which lists historical CJR episodes at your hospital.

The EPI Excluded file shows all episodes that were excluded from the historical claims used to calculate your hospital's target prices. Both the EPI and the EPI Excluded files will provide variables that will allow you to identify the specific claims corresponding to a given episode. We will walk through how to do this later on.

To understand the range of historical spending at your hospital or in your region, you can use the Hospital or Regional Summary files. The Summary files include descriptive statistics on your hospital and your region's episodes. Do note, however, that the numbers in these Summary files cannot be used to replicate target prices. The dollar values in these files are based on standardized payments, which remove the effect of wage factors and incentive programs on payments.

We definitely suggest that users with experience analyzing data, who are interested in trying to replicate their target prices or trying to review the services contributing to episode spending, that they start with the PRCR file, otherwise known as the Price Replication file.

In this next video, we will be covering file extensions and file organization.

Video: Before discussing file organization, we'd like to remind everyone that all of the data files are flat files. If we look into the BENE folder and dig into the claims files that are within this folder, you will notice that none of the files have an extension after the file name. We recommend opening these files by changing the file name to include the .CSV extension, which allows the files to be viewed in Excel. Simply rename the file by clicking the file name once and then a second time and adding the .CSV extension after the file name. As you can see, the file can now be opened in Excel.

In terms of file organization, there is no right way to organize your files. It is possible to use these files as independent spreadsheets, or use them to build databases. More advanced users can analyze and link files through statistical programs like R, SAS, or Stata. An easy and accessible method to file organization can be to add a new folder and to move all the specs and claims files into this folder. We recommend that however you organize your files you are easily able to access and review the file layouts and specifications should questions arise while you're looking at your data.

Bryan Perez: To understand the services included in each episode, you can review the claims files that are located in the BENE folder. The BENE folder contains two distinct groups of files. The first group, which we refer to at the EPI Group, is used to construct episode costs. The second group, which we call Extra, provides enrollment and diagnostic information.

This figure in this slide is one way to conceptualize the different claims files that roll up into the Episode Summary files. As you can see underneath the EPI file, there are the different claims files; the Inpatient, Outpatient, Home Health, SNF, Part B, Hospice Services, and additional claims files that roll into the EPI file.

As mentioned previously, we recommend working with your target price EPI and EPI Excluded files first. When working with claims data, we recommend starting with three of the smaller files that constitute the majority of episode spending; Inpatient Header, SNF Header, and Home Health Header. These files include data on the headers for Inpatient, Field Nursing Facility and Home Health claims.

Next, we recommend approaching the Part B detail and OP detail files, which include line-level data on carrier and outpatient claims which are quite large in size. Finally, the DM Detail and HS Header, which include claims for durable medical equipment and hospice services are the other files that contribute to spending.

We also strongly recommend that only people with substantial experience in working with claims data make use of the IPDTL, IPVAL, SNDTL, HHDTL, PBHDR, DMHDR and OPHDR files. Although they are used to determine episode inclusion and exclusion criteria, the DXPX

and the DENOM files are not used to calculate target prices. These files provide diagnoses and procedure codes and enrollment information. The Dual Eligible (BDUAL) file is also extra and is included because it is helpful to BPCI participants.

In this next video, we will briefly show how to begin understanding the data starting with the target prices.

Video: When reviewing your data, we recommend starting with your Target Prices file. Located in the PRICE folder, the PRICE file is the head honcho of all files sent to CJR participants. You can open this file using Excel. In this sample file, we see four rows. The column title Target Price contains the target price for your hospital. Each CJR participant has four target prices; one for each DRG Fracture combination. The DRG column lists the DRG, either 469 or 470, while the Fracture column marks whether the DRG is with or without fracture. A value of 0 denotes no fracture, while a value of 1 denotes fracture.

As you can see, Row 2 is DRG 469, no fracture. Columns G and H are the No History and Low Volume variables. A 1 in No History or Low Volume will mean that your target prices have been set to match the target price for your region. In this example, the 0 in the No History and a 1 in the Low Volume columns mean that we are using the regional target prices.

Video: To identify the episodes that were included in your target price calculation, you will need to go to the EPI file. The EPI file is located in the BENE folder. The first column of this file will contain the episode ID, which is used to identify episodes and ties all of the claims data back to the episodes in the Summary file. Columns E and F contain the DRG and Fracture combination for the episode. The anchor dates for each episode can be found in the Anchor Beginning Date and Anchor Ending Date columns.

Total standardized episode costs can be found in the EPI Total column. The variables to the right of this contain episode costs by claim type. The EPI Exclusion file has a similar layout, but less information. This file lists episodes that were excluded from the historical claims used to calculate your target prices. To see why an episode was excluded, look at the Drop Reason variable, which is in the last column of this dataset.

To understand the value that is in this cell, you need to go back to the file layout of the Beneficiary file. This will contain the Drop Reason codes. In this example, the episode has a Drop Reason code of No. 15, which means the episode was dropped because of a subsequent CJR readmission within 90 days.

As you work with these files, you may notice that Excel or another program is not reading all of the values as numbers. To correct this, you can try to remove the spaces that might appear after the numbers, or use the features of Excel or another program to properly format the numbers. For example, say we are trying to add the different claim types; Acute, Part B, IRF, SNF, Home Health and Other, to see if they sum to the EPI Total.

Bryan Perez: When we select these cells, we can see the sum in the bottom right-hand corner. As you can see, this doesn't match the EPI Total. When we format these cells as currency, we

see that the value in the EPI Other cell is formatted differently than the other cells. By removing the spaces that appeared after the number, we can get the cell in the same format as the other cells. Now, when we highlight these cells, we can see that the sum in the bottom right-hand corner matches the sum in the EPI Total.

Bryan Perez: This slide reviews the information we just showed on how to identify episodes, starting with identifying episode IDs in the EPI file. The next video that we're going to show will show you how to look for the associated claims and allowed amounts for episodes and some important variables to be aware of. In this slide, we have highlighted some of those variables.

Video: Let's walk through an example of identifying some claims that are included in the episode. If you go to the EPI file that's located in the BENE folder and open that file in Excel, we will see a list of all the episodes that were included for this hospital. Let's say we want to look at Episode 5 and some of the claims that are associated with this episode. Looking at this episode we can see that the DRG is 470 with fracture and that the anchor dates are from February 9, 2014 to February 13, 2014. Column K shows that the total standardized episode cost is close to $64,000 for this episode.

As we mentioned before, IP claims account for a large portion of the costs for CJR episodes. This is apparent in the EPI_Acute column, Column L, which shows that over $29,000 of this episode is attributed acute care. Now that we know we want to look at the IP claims for this episode, we will go ahead and go back to the Claims Data folder and open the Inpatient Header file. For this webinar some columns were hid in our class to make the data easily navigable. In this spreadsheet, we will review some of the important claims variables.

If you recall, we wanted to look for the inpatient claims that were associated with Episode ID 5 in the EPI file. In order to isolate this data, you can create a table by selecting a cell on the top row. After creating a table, you can filter down to the episode IDs that you were particularly interested in. In our case, that was all claims associated with Episode ID 5.

In the sample data, there are four claims with the Episode ID 5 variable. To identify the anchor, find the record where the Claim From Date in Column H and Claim Through Date in Column I match the anchor dates in the EPI file. Going back to the EPI file we can see that the dates were from February 9, 2014 to February 13, 2014. Going back to the Inpatient Header file, we can see that this first claim on Row 13 has the same dates. This is the anchor.

To understand if claims are included in episode spending, look at the costing variable in Column AR. A value of 1 indicates a claim was included. A value of 0 indicates that the claim was excluded. In our sample data, it looks like all of the claims are included because of the 1 variable in each of the cells.

To see the amounts that a claim contributes to an episode, look at the Standardized Allowed Amounts variable in Column AQ to the left of the Costing Variable. Some Standardized Allowed Amounts are prorated because they straddle the episode boundary. The prorated flag is set to 1 in Column AT if the claim is prorated. Looking at our data, none of the amounts were prorated as indicated with the 0 in each cell.

In a small minority of cases, when standardized allowed payments are unavailable, Standardized Allowed Amounts is imputed from allowed charges. These claims are flagged by the non-STD sub-variable that's in Column AS. Again in our data since there is only 0 value in the cells, none of the standardized amounts were imputed. For more information on this imputation, look at the Episode Definition Specifications' document.

For claims with through dates in Column I on or before March 31, 2013, a 2% sequestration is applied to make claims comparable for the entire baseline period. For this sample data since all of the dates are after March 31, 2013, a 2% sequestration is not applied. Using the standardized amount in the costing fields, you can replicate the EPI Total for most episodes. The only barrier to exact replication is that substance abuse claims are removed from your claims data. Replicating total amounts for cost categories, like EPI_Acute, requires more information on the claim. We suggest trying this by using your data and following the processes laid out in Section VI of the Episode Definition Specifications.

Bryan Perez: As we mentioned at the beginning of the webinar, it is now possible to replicate your target prices given information in your hospital's files. You will need your Hospital and Episode Summary files, file layouts, the Supplemental PRCR file and the Target Price Replication instructions.

There are two ways to calculate target prices; either by starting with the separate claims files that we've listed out in the second column, or starting with Episode Summary file that's in the first column. If you decide to calculate from the claim level, you will often need the claims files in the BENE folder. We recommend you start with the instructions.

We also recommend using a formal statistical program, such as SAS, Stata or R to do the replication, but it is possible to replicate in Excel. We will now show a video that outlines Target Price Replication.

Video: First, identify all the files you will need. In this folder, we put all the files that we will need for the Target Price Replication. The HOS folder contains the Hospital Summary file. The PRCR folder contains the Supplemental Replication data. Below this are the Target Price Replication instructions. You can use the claims data to calculate the EPI totals, or you can start at the EPI file level. For this webinar we will be starting with the EPI file.

Last but not least, we have the file layouts on hand in case we need to refer back to a variable name or code. To start, we copied our Episode file and our Supplemental file into one Excel document. Again, we recommend using a programming language to replicate, but we will be using Excel in this webinar. In this spreadsheet we highlighted inputs in yellow, interim calculations in blue, and outputs in green.

There are 7 steps for the Target Price Replication. The first step in this process is the trend payments to the end of the historical period. This will convert all payments which cover years from 2012 to 2014 into 2014 dollars. For this calculation you will need three inputs; the EPI

Total which is located in Column I, the Anchor Year which is found in the Anchor Beginning Date Column G, and the National Growth Factors that were provided in the Supplemental file.

As you can see, there are two different kinds of growth factors; one for 2012 and one for 2013. You will identify the anchor year and multiply the EPI Total by the respective growth factor. This will give you the trended EPI Total column in Column J.

The Next step will be to cap high-cost episode payments. You will need to identify episodes where total episode spending that's been calculated before is above the threshold value for your hospital's region. The variable for this comparison is the high-cost variable that's located in the Supplemental file.

In this sample data, the threshold data is at $100,000. If the trended episode payment amount is greater than the threshold, then the episode payment amount is set to the threshold amount. In this example, Row 6 contains a trended episode total that has an amount that is higher than the threshold; therefore, it's set to the threshold amount.

After establishing a cap on high-cost episode payments, you can calculate your hospital's anchor weights. You'll do this using the National Anchor Factor that's provided in the Supplemental file and the Count Episode Values found in the Hospital Summary Worksheet that we have placed here. The mean of the episode total is calculated and multiplied by the anchor weight to get a pooled payment. You can see the Anchor Weight in Column M that was calculated and the Pooled Payment in Column N that was calculated.

The next step is to update episode payments, which is done by multiplying your hospital's pooled payment, which you see in Column N, by your hospital's Update Factor located in Column I that was provided in the Supplemental file. This will create an updated pooled payment for your hospital seen here in Column O.

From here you will assign your hospital regional blending weights. For hospitals with 20 or more cases, the hospital blend is 2/3 hospital and 1/3 regional. For hospitals with fewer than 20 cases, the hospital blend is 100% the regional blending weight. In our sample data since there are only 6 episodes, the hospital is assigned a 100% regional blending weight. The blended updated payment is equal to the regional updated payment amount located in Column J in the Supplemental file. This amount becomes the Blended Updated Pooled Historical Payment (BUP Payment) variable that's located in Column P.

Next, you can reintroduce the wage factors by multiplying the Blended Updated Pooled Historical Payment (BUP Payment) variable by the wage factor found in the Supplemental file. This gives you the Blended Updated Pooled Historical Payment with wage factors reintroduced variable found in Column Q.

Finally, the last step is to calculate that your target prices, which reduces the previous calculation by the discount rate, to generate a discounted historical episode payment, or DWPUB payment, that's found in Column R. To calculate target prices for each DRG Fracture combination,

multiply this amount by the National Anchor Factor that's unique to each DRG Fracture combination. This will calculate the target prices for each DRG Fracture combination.

For more information on each calculation, please refer to the Target Price Replication Instructions.

Bryan Perez: On this slide, we have included some replicating target prices' tips. Remember, that in some cases you will not be able to exactly replicate the episode total amounts from claims. This is because substance abuse service claims are masked from your claims files.

Replicating total amounts from some cost categories like EPI_Acute requires more information on the claim. We ask that you refer to Section VI of the Episode Definition Specifications for guidance. If you're calculating episode totals from claim files, you will need to account for sequestration. The Episode Definition Specs Section VI, Step 7.

More advanced users might want to merge data from one file onto another. In this slide, we have laid out the variables to merge those files. For claims to claims, which would be linking Claims Header files to the detailed line item and value files, you can see the variables which include EPI_ID, GEO_BENE_SK, CLM_DT and so on. For the Episode Summary File to Claims Files, you would use EPI_ID. Please note that these claims are not provided for excluded episodes. Lastly, for Episode Summary File to Enrollment files, like the Denominator or Dual Eligible Enrollment file, use the BENE_SK variable.

As a last reminder, we would like to remind everyone that CMS and Mathematica Policy Research will be holding Officer Hours May 12th from 1:00 to 2:00 p.m. EST to answer any questions that are related to the materials you just saw in this webinar. The Dummy Data instructions on the steps we took today will be available on CJR Connect in a couple days.

Again, if you have any questions, please send them to CJRSupport@cms.hhs.gov.

The last question we would like to ask participants is an open-ended question. What resources would be helpful to assist you in using, analyzing and understanding your data? Let us know now by using the Q&A feature, or if you have ideas or feedback after the webinar or a couple days from now, feel free to send it to the CJR Support email address that's on this slide.

So that's the end of our presentation. We will now be taking a few minutes to pause and to look through the questions that have been sent in through the Q&A feature. If you would like, please submit your questions now using the chat function. We will be back in just a minute.

We will go ahead and begin the Q&A session. On the line we have Alex Bohl, who's a researcher and project director at Mathematica Policy Research.

Alex Bohl: Thanks, Bryan, and thank you everyone for submitting your questions. To answer a few logistics, we will be posting the slides, Dummy Data, and the presentation online and you will receive an email after this with the location of these files.

In terms of getting to more specific questions on methodology, we had a question on a data dictionary. As we mentioned, we are working on creating a more detailed data dictionary, but please note as we showed in the video we do have some preliminary file layouts that can serve as data dictionaries. Those data dictionaries are located within each of your files.

Then, I'm going to throw out many questions on logic of the episodes, and I will go through them in the order that they're showing up on my screen here. Someone asked the question should IRF, Inpatient Rehab Facility, costs be included in my Total Episode Spend. The answer is yes, it is included.

Is physician reimbursement included in the episode spending? The answer is yes, if it's paid for by Medicare Part A or B it would be included in that spend. If you're looking at the claims data and you're curious as to which services are included or excluded, please look at the COSTINC variable. It should be on the far right-hand side of the majority of the files. If that variable is 1, that claim is excluded and 0 means the claim was removed from the episode spending.

Another question on the methodology for standardized payments, we mentioned that at times that they are imputed. The imputed methodology is detailed in the Episode Definition Specifications. But to quickly summarize, the idea is that we take the allowed charge, or the same thing as the non-standardized payment, and we remove the wage factor. This is only for Part A services and this is for a very rare number of claims, less than 100 out of over 100 million claims.

Looking down at other questions, there was a question on how is the Dual Eligible file useful to BPCI participants? After we got that question, we asked the BPCI team and they said they aren't exactly sure how the BDUAL file is being used right now by participants, but at one point it was requested. The information available on the BDUAL file would be if someone is duly eligible in any given month. If we learn more about that, we will bring up the answer to that question on a future webinar.

Someone asked the question do I need to worry about rehabilitation spending in the episode? The answer is yes, if it's under an included Part A or Part B payment that's not excluded based on a diagnosis code or a DRG code.

Someone asked a question about the EPIEXC file, the included episode file. The question was do we have information as to why an episode was excluded? The answer is yes, there is a variable in that file called Drop Reason that's on the far right-hand side of the file. If you look, there's a numerical code. If you go into the corresponding file layout for that file, you can see which number corresponds to which value.

Someone asked a question about how do we find information on readmissions? This is pertaining specifically to -- I will interpret this that this means specific to any inpatient readmission, not just a readmission for a future or planned joint replacement. I won't answer the question about the future planned joint replacement, because those are excluded.

Readmissions, other IP services, you could look into the IPHDR claim file. If you go over to the COSTINC flag and you restrict to those claims that were included in an episode, so

COSTINC=1, and then if you removed any of the DRG 469 or 470 rows, everything that remains would be a readmission that's included in episode spending.

Just note, in the future we're working to hopefully include a variable in the episode file going forward that would track the cost of readmissions or non-anchor stay admission costs in each episode.

Someone asked a question about file formatting. The question was, why can't the .CSV file extension be automatically added, and why can't the white space be removed and so on? The answer is we are working to improve this right now. For security purposes the flat file was the safest file to create and transfer to participants, but we appreciate that these formatting issues are things that take time and can be frustrating to solve. In the future, we will continue to work through this and, hopefully, in future iterations of the files these problems will be solved.

Let's see, so there's a question about data availability. Right now, if your hospital has signed up to receive data through the Data Portal, all of this data will be available as of today. It's a two-step process and if you are not familiar with that process, please contact the CJR Help Desk and they can send you the forms to set up your personal account and then sign up to get onto the Data Portal.

Someone mentioned the question, why is the wage factor included twice in the formula for calculating target prices? The answer is it should only be included once, or it's only included at the very last stage. I know that the proposed CJR rule mentioned the wage factor twice, but that's not the case anymore. The wage factor in this case in the final rule and in the specs is only introduced once at the last step.

Someone asked a question on the data fixes for the Data Portal. We mentioned SNF sequestration and that was fixed. We also had a list of other things that changed. One is we added provider IDs to Part B claims; so that's the NPI and Tax ID that was requested for gain-sharing purposes. We added the carrier number to the Part B Header file. That's useful if people are interested in replicating update factors, although replicating update factors is not essential for participants.

Someone then asked a question of why certain Part B lines have COSTINC=1, but are not included in the Episode Total? That should not be the case. Any place where COSTINC=1, that line will be included in the Episode Total. One reason why there might be discrepancy between Part B costs or any of the claim types in the total is specific to Part B, we mask substance abuse claims from all participant files. Anything for example smoking cessation or alcohol rehabilitation, those claims are removed.

One very important note is that when working with all claims files right now, the Standardized Amount EPI, STD_AMT_EPI, does not remove sequestration in the raw data files. Sequestration is only accounted for when we roll up to the episode level. In the future we will fix this in the file, so sequestration will be taken out from the Standardized Amount EPI field that's listed on the claim. That's one reason why you might not get as close to adding up to the Episode Total for Part B claims, or any claim as you'd like to.

There's a question about a discount factor for target prices. There is a 3% discount applied to the target prices that you received. However, what happens at the time of reconciliation is that effective discount can change, and that effective discount can change based on your hospital's Quality Measure Performance over the performance year. The quality measures and reconciliation will be the subject of a future webinar.

Looking through other questions, someone asked a question generally about how do we find out what types of claims are in the EPI Other file? The EPI Other category, this is in the Episode Summary file. There's a category called EPI Other and it includes claims potentially from all file types. So it could include claims from IPHDR, the SNHDR file, the HHHDR file, all the files. The way that it's included there is EPI Other consists of every claim that's not categorized as in the Inpatient Prospective Payment System, the SNF Prospective Payment System, the Home Health Prospective Payment System, the Physician Fee Schedule, or under the Inpatient Rehab Facility Rules.

Everything else is categorized into the EPI Other category. To understand how all of those other claim types are categorized, you can refer to the Episode Definition file that describes how types of service are divided up. Otherwise, I can tell you that all outpatient durable medical equipment and hospice files are in EPI Other. But then for other file types, it really depends on whether the claims are paid under those prospective payment systems or not.

Someone asked the question of where do I find the Supplemental file with the growth factors, anchor factors, etc.? It's not in the exact same file that includes the target prices. If you go to the Data Portal now, go to the target prices file. There should be a subfolder that's listed PRCR. In that folder it has the Supplemental file with these additional factors.

Someone asked a question about sequestration in the Episode file. All spending in the Episode file accounts for sequestration, so for example, the EPI Total already accounts for sequestration. Please as a reminder, all dollar amounts listed in the Episode file are in standardized units, not allowed charges.

Again, getting back to the Supplemental file, I'm seeing other questions regarding the trend factors. The National Trend Factors will be in the Supplemental file. To reiterate, again if you re-download your target prices there should be a PRCR subfolder, and within there there'll be a data file that will have the National Trend Factors. That file as a reminder also has a separate file layout and we do include separate instructions in the Specs document for how to use that file.

Let's see, other questions. There's a question about how to use Part B claims to determine gain sharing arrangements. We do not provide specifications on how to arrange gain sharing, but what we can say on this topic is that the Part B Detail file includes line items that include physician identifiers and the NPI and the Tax ID field. Based on the questions that we've heard, this is the type of information that hospitals are looking for when setting up these arrangements.

Moving down, there were a bunch of questions on we showed a Target Price Replication Excel file during one of the videos. First of all, as we've already mentioned, the videos and the slides

will be posted for later sharing, but we will find a way to share that Excel file with you all after this is all done. It will be contained with the Dummy Data.

Someone asked a question about have excluded services been removed from the claims file? This again goes back to the COSTINC flag. The claims file actually contains all Part A and Part B header or line items that have dates of service from the day of admission of the anchor stay through 120 days after the end of the anchor stay.

Saying that again, the file itself includes all claims from the beginning of the episode to 120 days after the patient is discharged from the procedure. The way to then figure out what claims are included in your Episode Spending Amount is to look at the COSTINC flag. For this person's particular question, you will be able to see the trauma, cancer or other claims that are otherwise excluded in your claims file and you can look at the COSTINC flag to figure out what was included or excluded.

Another question here is again wondering why the claims don't match; why you can't use claims directly to roll up into Episode Spending Amounts? There are two major reasons. One is you have to apply sequestration to the claims. The second reason is that we do not provide substance abuse claims. You should be able to get very close, but not exact. Those substance abuse claims are masked for sense of privacy purposes.

If you want more details on how to apply sequestration, there are some specs included in the Target Price Replication Instructions, as well as the Episode Definition Specs.

Someone just sent in a question about the episode length. The episode length is technically 90 days after the date of discharge from the anchor stay. Now, I mentioned something just a moment ago about claims. We include claims that span 120 days after the episode stay. Again as a reminder, not all of these are included in spending. You have to look at the COSTINC flag.

Someone asked what is the actual name of the file that includes EPI Other claims. We do not organize claims by their cost category. We organize them by their type of claim. You would have to do some manual work to figure out all the claims that go into EPI Other, but there are claims that always go into EPI Other. That would be the OP Header file, so OPHDR; the durable medical equipment detail, DMDTL; and hospice header, HSHDR.

There's a question about SNF. It's asked generally is SNF separated out or included in Part A? There is a separate SNF Claim file that we send to you and you would look in the SNHDR for those costs. Then we break out SNF costs separately for descriptive purposes in the EPI_SN field in the Episode file.

Someone asked the question do the price and payment amounts in the Hospital Summary File have local wage effects removed? The answer is yes. The Summary File provides descriptive statistics on your Episode file. It's based on standardized payments. Another note about the Hospital Summary File is that it does not remove high-cost outliers. You cannot use any of those mean spending numbers directly in your target price calculation.

Someone asked the question, in the claims file why do some columns have a dollar zero amount listed and the others are left blank? That's a good question. That's a formatting issue that we will fix in the future. Typically, if you see a zero dollar amount, this would typically happen for example in home health. Almost all home health services are covered under prospective payment with the exception of LUPA claims (Low-Utilization Payment Adjustment). Those claims are removed from our home health bucket.

Typically, if you would see a 0 in home health, it means that you had Home Health LUPA claims, but not any home health claims that were paid under the prospective payment system. In the future, we will have everything -- sorry, for practical purposes blank and missing mean the same. However, in the future we will not have any blanks. We will just have zeros.

Someone asked the question, do you know why a readmission is included for inpatient rehab for a previous readmission that was excluded from COSTINC? For example, they were discharged and admitted the same day where the first readmission was not included; however, the second was included. In these types of cases, this all comes back to the inclusion/exclusion criteria for the CJR Model. All inclusions or exclusions are based on diagnosis codes typically for Part B claims, and then DRG codes for anything paid under the DRG system, which is typically inpatient claims. There are a few extra beneficiary level exclusions.

That's the operational reason why that would happen, but the way in terms of the question of what's the origin of the list, this list was created by a clinical expert panel and that clinical expert panel provided this input from BPCI. That same list is being applied here, so there is some clinical rationale behind these codes that are used for inclusions and exclusions.

Someone asked the question, what file contains the name of SNF facilities? I don't believe that any of our data includes a SNF facility name, but there are some publicly available ways to do this. One idea is that you can always look up a hospital on Google and their CCN. Of course, that's an inefficient way. If you're looking for a more systematic way, there is a file available on CMS's website called the "Provider of Services File," which typically has that information.

Someone asked the question, what exactly is a Header file? This is sort of claims lingo. When a claim is submitted there is a header record. That's the top information on the claim that's general and it typically gives information on what provider is submitting the claim; the general dates of service; the patient identifiers. But then there are also individual line items on that claim that give more detail on what procedure codes are performed, or gives more detail on the diagnosis codes that the patient had. The Header file is that top, more general information. Whereas, the detailed file (DTL file) is the more detailed line level or revenue center information.

Some asked a question on target prices, there are total spending amounts and different categories, Part B or SNF and so on, and so they're wondering what's included in Part B? The answer is probably best addressed through the Episode Definition Specs where they speak operationally what's included in that Part B amount. In general, it includes all carrier claims. This is mainly professional services paid for under the Physicians Fee Schedule. This could include not only the surgeon who performed the initial lower extremity joint replacement, but could also include

charges made by a physical therapist, outpatient therapist and so on. It could also include anesthesia charges as well.

There is a question on the Dummy Data, so we want to clarify what the Dummy Data is. The Dummy Data that we'll be sending is what we used during our presentation today. Really, it's fake information that gives you the look and the feel of the files that are available to you on the CJR Portal. However, we only provide a limited number of files with a limited number of episodes.

If you choose, you can go through the exercises that are on the webinar and replicate it yourself. That will include the Episode file, the EPI Summary File, the EPI Exclusion File, the IP Header File, and then we'll also include the Target Price Replication files, the specifications file layouts. We'll work to make the Excel file with the Target Price Replication 508-compliant.

Someone asked a question about identifying PT claims and utilization. If you go into the Part B Detail file, you can identify physical therapy claims and utilization. The way to do this is sort of advanced. You would have to go through and look at the BETOS code that we provide and I couldn't tell you off the top of my head what the combination is. There is publicly available information of how to identify revenue center line items that correspond to physical therapy claims. Again, if you're interested in looking at physical therapy claims, look at the Part B Detail file and look at the BETOS code field.

I just wanted to make a reminder that we will be posting -- I was saying that we will be sending Dummy Data and the slides and that was a mistake. I meant to say that we are posting on the Sale Force or CJR Connect website.

Let me see, someone asked the question what's the best way to get the target prices for this year? The answer is those will already be on your portal. You should have the Target Price file. If you look in the PRICE file, it'll list four target prices, one for each DRG Fracture combination.

Someone asked a question about can we set up a model that shows how to essentially simulate the estimated episode payments versus the target price, so that this particular hospital could estimate the payments or penalties under the CJR Model. The answer is we do not have anything like this available right now, but we will consider providing examples in the future. However, if anyone is interested how the reconciliation works that determines either repayment amounts or savings' amounts, there are sections in the CJR Final Rule that give examples.

I'm looking for other questions that we haven't answered. Someone asked the question on how files should be linked to each other. The answer is there is a slide, one of the last slides of the presentation. I believe it's Slide 26 that gave this information. Probably the most challenging one is connecting the Claim Header file to the Claim Detail file. There's a key listed on there that includes Episode ID and the Claim ID that can be used to link Detail and Header records.

Bryan Perez: Thank you so much, Alex, for the questions and answers. We are going to go ahead and hand this over to Claire Schreiber at CMS.

Claire Schreiber: Thanks Bryan and Alex. So that concludes today's webinar. First, before we sign off, we just want to give a reminder quickly that all of the materials from today's webinar will be available on the CJR Connect website. We will send out a notice to all of the registrants from today's webinar when that is available. You should look for an email in the next few days with further instructions.

As a final reminder, you should have also received an email with a registration link for our follow up Office Hours next week. We look forward to talking to folks next week on the Office Hours and thank you for attending the webinar. Please do feel free to submit questions to us at CJRSupport@cms.hhs.gov. Thank you.

Operator: Ladies and gentlemen, that does conclude the conference for today. Thank you for your participation and for using AT&T Executive Teleconference Services. You may now disconnect.