

WEBINAR TRANSCRIPT (BY SLIDES)

SLIDE 1

Hello and thanks for tuning in to the Comprehensive Care for Joint Replacement Model Model Review, Financial Arrangement, and Clinician Engagement List Submission and Connection with QPP.

SLIDE 2

For today's agenda, we will discuss logistics, the CJR model as an Advanced Alternative Payment Model, and finally review submission instructions for the CJR data portal.

Before we begin, we want to share a few housekeeping items.

SLIDE 3

Please note, this is a pre-recorded event, and all participants will be in a “listen-only” mode for the duration of this webcast.

If you are participating live with us, you will receive a “thank you” email 1 day after the event has ended.

Closed Captions are available during today’s event. You can turn the captions on or off by clicking on the cc button near the bottom of your screen.

If you would like to ask a question or need additional information from our CJR Model Team, please send an email to CJR@cms.hhs.gov.

SLIDE 4

Resources are available by clicking on the link found in the chat. The link will navigate you to CMMI Connect where you can access and download the FACE list spreadsheet, Data Portal upload instructions, FACE list instructions, and the slides and transcript from this event.

SLIDE 5

It is now my pleasure to introduce today’s presenter, Colman Adams, from the CMS CJR model team who will guide us through the content. Colman, the floor is yours.

SLIDE 6

Thank you. Hello, everyone. My name is Colman Adams and today I will be presenting the webinar. I will discuss how a CJR hospital can participate in the CJR model as an Advanced APM and what effect that has on clinicians and affiliated collaborators, collaboration agents, and downstream collaboration agents in terms of the quality payment program or QPP. I will also review the requirements for the financial arrangement list and clinician engagement list. We will then use the Excel document to review examples of how information must be entered into the Excel document. The Excel document is also available in your resource tab and was provided to you in an email regarding the requirements for

submission. Finally, we will review access to the CJR portal and upload instructions for the CJR Data portal.

When requested by CMS, participant hospitals must provide a list of previous and current collaborators, collaboration agents, and downstream collaboration agents. This list must include specific information on the hospital, affiliate collaborators, collaboration agents, and downstream collaboration agents. If no documentation is submitted CMS will consider that the CJR participant hospital has no financial arrangement established for the model and will be considered a non-advanced APM track. **[Next slide please]**

SLIDE 7

Here is a chart which shows various financial arrangements that can be formed under the CJR model. These financial arrangements became effective on January 1, 2018. We have added tab numbers to this chart to correspond with the Excel document. As you can see, it says tab three, tab four, and tab five. Tab three corresponds to collaborator information. Tab four corresponds with collaboration agent information and tab five is all downstream collaboration agent information. I will review these tabs in the Excel document in a few minutes.

The Quality Payment Program allows clinicians to choose two pathways, either the advanced Alternative Payment Model (APM) or the Merit-Based Incentive Payment System referred to as MIPS. The Alternative Payment Model approach gives an added incentive payment to provide high-quality and cost-efficient care to be used within the CJR model. APMs can apply to assist a specific clinician condition or a care episode or for a population.

In the Advanced APM track of the Quality Payment Program, eligible clinicians who achieve threshold levels of participation in advanced APM can qualify on APM participant statuses of a qualified practitioner. For that year, the clinician would earn a 5% APM incentive by going further and improving patient care and taking on risks through an advanced APM. As of 2017, the CJR model was eligible for QPP as advanced APM. **[Next slide please]**

SLIDE 8

Hospitals must choose whether they would like to participate in the model as an advanced APM and if so, they must attest to CEHRT. On the excel spreadsheet, a hospital will choose which track it wants to participate in: Track 1 being the Advanced APM track or Track 2 which is the non-advanced APM track. Hospitals who have abided to participate in Track 1 must attest to the use of CEHRT or Certified Electronic Health Record Technology. CEHRT is also defined in 42 CFR Part 414 Section 1305. Hospitals participating in CJR as advanced APMs must use CEHRT to document and communicate clinical care to their patients, or other healthcare professionals. If the hospital does not want to be in the CJR model as an advanced APM, the hospital can either choose Track 2, or in the event of no response to CMS, this means the hospital did not provide the excel document, this hospital will be considered a track two hospital, so a non-advanced APM. **[Next slide please]**

SLIDE 9

Each participant hospital that chooses CEHRT must contain documentation of their adaptation to CEHRT use, clinician financial arrangement list, and clinician engagement list. The clinician engagement list and financial arrangement list will be considered together as an Affiliate Practitioner List, which is used by CMS to identify eligible clinicians for the qualified practitioner determination under the Quality Payment Program. With the financial arrangement list hospitals that choose track one must submit to CMS a financial arrangement list or attest that there are no individuals to report. We derive the information for the financial arrangement list from the excel document that is submitted. It is not a separate list for the hospitals to provide.

At the end of the determination by the Quality Payment Program, a clinician may be considered a QP or a partial QP. For those who are considered a partial QP, CMS will then reach out to the hospital and then the clinician can choose whether they want to be a partial QP or participate in MIPS. **[Next slide please]**

SLIDE 10

Hospitals that choose Track 1 must submit to CMS the clinical financial arrangement list or attest there are no individuals to report. This is a requirement under the regulation, so we want to make sure that hospitals let us know whether or not there are financial arrangements to report. All the information that is submitted on this Excel document will be used on the financial arrangement list and be submitted for QP determination for hospitals that do choose Track 1. The eligible clinicians for determination are physicians, nonphysician practitioners, or therapists. They will be able to be considered for qualified practitioner determination under QPP. Also, all the information on the Excel document, on the financial arrangement list, will be sent to QPP for the determination for qualified practitioner or partial qualified practitioner. **[Next slide please]**

SLIDE 11

The clinician engagement list is a newer part of the CJR model that began in 2018. We added this policy to increase opportunities for eligible clinicians that are supporting the CJR participant hospitals by performing CJR model activities and are affiliated with participant hospitals. They must be considered qualified practitioners or partial QPs. Each clinician, non-clinician practitioner, or therapist who is not a CJR collaborator, who does have a contractual relationship with the participant hospitals based at least in part on supporting the participant hospitals quality or cost goals under the model, must be added to the clinician engagement list. Hospitals that choose track one must submit to CMS, a clinician engagement list or attest there are no individuals to report.

This is the attestation that I was talking about before whereas the hospital does choose Track 1, they must attest to whether or not they have a clinician engagement list. Within the clinician engagement list, the list must include information on individuals for the current performance year. The term contractual relationship encompasses a wide range of relationships, whereby a participant hospital engages clinician to perform work that at least in part supports the cost and quality goals of the model. You can look to the term of CJR activities that is defined regulation as those activities support the cost and quality goals of the model. **[Next slide please]**

SLIDE 12

Okay. Now I will go over some examples of participant hospitals -- with different examples on them submitting the Excel document to CMS. Please note, the slides we review are examples only. So please refer to the documents previously provided for the current collection. This is the Excel document that everybody received in an email with the submission information. We will go over three examples. The first example is a hospital that is in Track 1. They have no financial arrangements, but they do have clinicians to submit on the clinician engagement list. **[Next slide please]**

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This hospital would fill out the information in Question 1 which is the legal name, address, zip, the hospital start date (that is if the hospital started later than April 2016) and then the rest of the information. Here where it says Participant Hospital URL Location of Collaborator List – given that this hospital does not have any collaborators they would not have a location of a collaborator list. As these different questions apply to you, the hospital will want to make sure that they fill them out. **[Next slide please]**

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So, for Question 2, this hospital, as we said, is selecting Track 1 so they would click on the drop-down menu and select **Track 1**. Then they will proceed to Question 3. The Track 1 hospital must attest to CEHRT, **[Next slide please]**

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So then you proceed to Question 4 which asks whether this participant hospital established sharing arrangements under the CJR model. In this example, they do not have any financial arrangements, so this answer would be **No**, and then as it indicates right here – if **No**, then please proceed to Question 9. Question 9 has to do with the clinician engagement list. As we said, this hospital has physicians, non-physician practitioners, or therapists to report on that list. You want to click **Yes** and then proceed to Tab 6 to fill out that information. **[Next slide please]**

SLIDE 16

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. We do have information here as to the type of contractual relationship that the hospital must partake in order for a clinician to be submitted on this list. **[Next slide please]**

SLIDE 17

Now to the second example. This is a little bit more of a lengthy one. This is a Track 1 hospital that has a PGP collaborator, and that collaborator has a distribution arrangement with a physician collaboration agent. Again, the hospital will want to fill out this information because this hospital does have financial arrangements and has collaborators. They might include the URL location for the collaborator list and the policies for selecting those individuals and entities to be collaborators as that is the requirement

under the CJR regulations. **[Next slide please]**

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So, for Question 2, we again select **Track 1**. Question 3, we select **Yes** for CEHRT. **[Next slide please]**

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Unlike the previous example, we will select **Yes** for Question 4 as they do have a sharing arrangement and then proceed to Question 5. **[Next slide please]**

SLIDE 20

Here you will see the type of entities or individuals that a freshman hospital can establish a sharing arrangement with. For our example, this is a PGP. So previously you used to be able to click that to indicate your individual or entity. We need you to insert the type of collaborators you have. Here is a PGP, this would be typed in here and then proceed down to Question 6. **[Next slide please]**

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Question 6 asks, “If the sharing arrangement is with an ACO, PCP, NPPGP, or TGP, have any of these entities established distribution arrangements?” So again, in this example, as we’ve said, the PGP collaborator does have a distribution arrangement with its physicians. Therefore, that would be indicated as **YES** on the tab right here. We want to make sure that we know which one of these entities has that so again type the practice into the tab below. Because we are providing the practice here and it is not an ACO we can proceed to Question 9.

As before, Question 9 has to do with the clinician engagement list and in this example, there is not any to report. However, as noted in our presentation it must be attested to as **No** given that the hospital is selecting Track 1. **[Next slide please]**

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Then you proceed to 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. **[Next slide please]**

SLIDE 23

We then proceed to Tab 4. You will see that it does say Collaborator Name 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. **[Next slide please]**

SLIDE 24

And finally, this is a small example here for the last example. This is a Track 2 hospital that has a

physician collaborator. Again, the hospital fills out this information in Question 1. They do have collaborators, so they must include the URL information for both the collaborator list and the written policies for selecting collaborators, and then proceed down to Question 2. **[Next slide please]**

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This is a Track 2 hospital so that will be selected and then proceed to Question 3. This would be **No** given that it is a Track 2 hospital. **[Next slide please]**

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For Question 4, has the hospital established any sharing arrangements in this example, the answer would be yes so, we would select **Yes** again. Then scroll down to the next question. **[Next slide please]**

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Question 5. Like before the physician is the collaborator so that would be typed in this row here. **[Next slide please]**

SLIDE 28

Given that Question 6 does not apply because it is a physician collaborator, we could proceed to Question 9. Here again, there is no clinician engagement to report, so you can select **No**. **[Next slide please]**

SLIDE 29

We then click on Tab 3, and we enter the physician collaborators' information here. 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. **[Next slide please]**

SLIDE 30

Hospitals selecting Track 2 with no financial arrangements do not need to submit. Hospitals that must submit include the following: hospitals selecting Track 2 with financial arrangements established; hospitals selecting Track 1 with no financial arrangements established, and hospitals selecting Track 1 with financial arrangements established. The excel documents must be saved and uploaded as a .xls or .xlsx document to the CJR data portal. **[Next slide please]**

SLIDE 31

Now we will review submission instructions for the CJR Data Portal. **[Next slide please]**

SLIDE 32

Participant hospitals must submit their financial arrangement and clinician engagement list via the CJR data portal. To do this, you must log onto the data portal. The URL is shown on the slide. If your hospital does not currently have access to the CJR data portal, you must submit a completed **CJR Model Data Request and Attestation Form** as well as two data primary points of contact. Upon

receipt of the completed data request and attestation form, we will send the primary data points of contact instructions for signing up for the data portal. Additional guidance may be provided by submitting questions to CJRSupport@cms.hhs.gov or under the CJR Connect site under the data section. Please note that a PowerPoint presentation titled CJR Data Portal Upload File Instructions was attached to the email blast that was previously sent to all participant hospitals. The PowerPoint presentation reiterates the instructions that I am about to provide. **[Next slide please]**

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After you have logged into the CJR Data Portal, you will see Tabs across the top. Select the upload files tab. The upload history table will display the records that have previously been uploaded from your CCN. **[Next slide please]**

SLIDE 34

Next, you will select your CCN and file type using the drop-down menu. 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. Please note that the file name cannot include any spaces. Next, you will click the **Select File** button to begin the upload process of the excel document. The excel document again must be saved as a .xls or .xlsx document. **[Next slide please]**

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You will have the option to comment in the file upload information textbox. If a comment is entered it will be viewable in the update history table at the bottom of the page. Next, select **Upload** to add a supporting document to the upload history table. **[Next slide please]**

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After the file is successfully uploaded, a confirmation message will display. Select the close icon or X to close that confirmation message. Once the upload file screen is refreshed, the uploaded supporting document will display in the upload history table.

This concludes the presentation. As a final reminder, please review the previously provided documents for the deadline information and instructions for the current collection.

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Thank you, Colman. We will wrap up with a few reminders. If you have follow-up questions from this broadcast, please send an email to CJR@cms.hhs.gov. If you have any technical or programmatic questions related to the CJR Model or your organization has made any changes to your points of contact for the CJR model, please email CJRSupport@cms.hhs.gov to request a data request and attestation form which should be submitted through the Data Portal or through an encrypted email.

To request a CJR Connect account, please navigate to the URL on screen, and click the **New User Registration**.

Thank you again Colman, the entire CJR Model Team, and to all of you for your attention during



Scripts – Webinar Slides

today's broadcast.

Have a great rest of your day.