CJR Model Update: December 2017 Final Rule and Interim Final Rule with Comment Voluntary Opt-In Process Office Hours

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Alicia Goroski: Hello and welcome to the CJR Learning System all participant Webinar. CJR Model Update: December 2017 Final Rule and Interim Final Rule with Comment Voluntary Opt-in Process Office Hours. Audio is available through your computer speakers or by dialing in to the number listed on the first slide. You can also find the dial-in telephone number in the upper right-hand corner of your screen. If at any point during today's call you experience any issues with the audio through your computer, please mute your computer speakers and dial in using a telephone. I'm going to briefly review the logistics of today's webinar and then I will be turning things over to the CMS program team. They will begin with a review of the opt-in process and will then transition into answering questions. We will wrap things up with a few announcements and reminders.

So first I'd like to do a very brief introduction or review of our webinar platform. Again, audio is available through your computer or by dialing in, all telephone lines will remain muted for the duration of today's call so we will not be using the raise your hand feature, so please use the Q&A area to submit your questions or comments. Live closed captioning is available on the lower left-hand side of your screen and a PDF of today's PowerPoint presentation and text alternatives can be downloaded from the event resource pod to the right. In order to download a file you need to click on each individual file and then the download file button will highlight so you can only download one file at a time.

Next, just a reminder on how to submit question. You just type your question into that Q&A area, it's in the lower right-hand corner of your screen and submit, click the submit button. And just a reminder we will be – the CMS team will be answering questions verbally and a reminder that you will only see those questions that you submit.

Alright, now I am going to turn today's webinar over to Lisa Opdycke speaking on behalf of the CMS CJR model team. Lisa!

Lisa Opdycke: Hi, thank you. We would like to begin by reminding everyone that hospitals that are in voluntary MSAs or designated as rural or low volume must opt-in to continue CJR participation. All hospital statuses under the final rule can be found on the CJR website. Opt-in letter templates are also available on the CJR website and they must be submitted on or between January 1st and January 31st, 2018. Letters submitted outside this timeframe cannot be accepted. We recommend sending in your opt-in letters prior to January 31 in case they are incomplete or unable to be accepted as sent. Once your hospital opts into the model, you are locked in to participate for performance years 3 through 5.

We would also like to highlight that an opt-in template must be sent in for each specific CCN and it must be signed by hospital administrator, chief financial officer or chief executive officer. If the opt-in letter is signed by someone other than those listed, it will not be accepted. So if you are from a corporation that manages a group of hospitals we do ask that each specific hospital's opt-in template is signed by hospital administrator, CFO or CEO from that hospital.

Again, if you are a hospital and a voluntary MSA or classified as rural low volume and you do not opt-in to continue CJR participation you will no longer be a CJR participant hospital as of February 1st, 2018. This means after that date, you will no longer be able to use any of the CJR waivers including the three-day SNF waiver, you will only receive updated data for performance years 1 and 2 and all performance 3 episodes will be cancelled.

So we are now going to be answering some questions and I am going to turn it over to Nora.

Nora Fleming: Hi, this is Nora Fleming. So in this office hours we wanted to address some of the questions that we had from the webinar that we have presented on the final rule back in December and just questions that we have gotten in general on the opt-in process and other CJR policies. So I am going to start off with majority of the questions which are on the topic of the removal of the Total Knee Arthroplasty code from the Inpatient Only List. So to start, what is the Inpatient Only List? So Medicare Inpatient Only List is a list of procedures that are only paid under the Hospital Inpatient Prospective Payment System. So procedures on the Inpatient Only List are identified by specific CPT codes and each year CMS uses established criteria to review that list that determine whether or not any procedure should be removed from the list.

So what happened with the Inpatient Only List this year? In the 2018 outpatient final rule which published November of 2017 and took effect January 01, 2018 that Total Knee Arthroplasty code was removed from the Inpatient Only List, so CPT code 27447 was removed from the Inpatient Only List. So what this means is that Medicare will now pay for Total Knee Arthroplasties that are performed in the outpatient settings, what this does not mean is that CMS expects all TKA procedures for beneficiary to be done in the outpatient setting. The CMS in the outpatient 2018 rule was very specific that we do not expect that most Medicare Total Knee Arthroplasties will be done in the outpatient settings. There are clinical protocols that need to be established and we expect that physicians will use their clinical judgment to determine which patients should be done in inpatient setting versus in outpatient setting.

So we have another question, can CJR participant hospitals continue to perform Total Knee Arthroplasty procedures in the inpatient setting? And the answer to that is yes they may continue to perform Total Knee Arthroplasty procedure in the inpatient setting as can any other inpatient prospective payment system hospital.

Another question we got, how will the outpatient Total Knee Arthroplasty removal affect the CJR target prices? So CJR is a regulatory model and therefore changes to this model including how target prices are calculated must be made through notice and comment rulemaking. Currently we do not have any mechanism to adjust the CJR target prices to accommodate the impact of the removal of Total Knee Arthroplasty procedures from the Inpatient Only List. The CJR model team is actively analyzing claims data and will likely engage in rulemaking on this issue during 2018 to ensure that we can provide accurate pricing and target pricing for Total Knee Arthroplasty procedures that are included in the CJR model.

Another question that we have gotten, does the two midnight rule apply to the Total Knee Arthroplasties done at CJR participant hospital? The answer to that is yes, the two midnight rule, which generally applied to procedures that are not on the Inpatient Only List does apply for the Total Knee Arthroplasty procedures done at acute care hospitals including CJR hospitals as of January 01, 2018. The two midnight rule states that the Part A payment from Medicare is generally not appropriate for inpatient stay not expected to span at least two midnights however because the Medicare population often has comorbidities and other health concerns there maybe cases for which an inpatient level of care is necessary and absolutely clinically appropriate. These case by case exceptions to the two midnight rule are allowed as long as the medical records supports that the patient needs an inpatient level of care. When CMS finalized the removal of the Total Knee Arthroplasty from the Inpatient Only List CMS instituted a two year prohibition on recovery audit contract review for Total Knee Arthroplasty procedures performed in the inpatient settings. This prohibition on recovery audit contractor review is done to allow providers to gain experience with determining the most appropriate setting for performing Total Knee Arthroplasty procedures. It is also

to allow provider community to establish patient selection criteria to assist in determination. We are going to switch topic for a minute.

Sarah Mioduski: Hello everyone, this is Sarah Mioduski. We do have a couple of questions that were pre-submitted, one asking specifically about the gainsharing waivers that were created from the OIG and CMS OGC. So in response to that those waivers are effected January 1, 2018 for the specified arrangements permitted under the CJR model. The new waivers are a result of certain programmatic changes being made to the CJR model and on their effective dates supersede the original waiver notice which was jointly issued by OIG and CMS on November 16, 2015, which are the original waivers. The notice is composed of two parts; Part 1 sets forth a specific condition that must be met to qualify for a waiver. Part 2 consists of commentary explaining the reason that certain changes were made when establishing the requirements for waivers in this 2017 notice clarifying certain waiver requirements that were retained in this 2017 notice and describing general limitations to the waivers.

Additionally there was a question concerning a specific MSA. That was the Long Beach, Los Angeles, Anaheim MSA that is in the list for mandatory MSAs in the model, therefore your hospital is in the MSA and if you are not a low volume or a rural hospital in the MSA you are still in the CJR model and would not be required to send an opt-in letter.

Additionally there was a question about the data, I do believe Lisa had answered that, but if it's about data that hospital would be receiving if they do not opt-in to the model they would be only receiving the performance 1 and performance 2 data and any update to the data and reconciliation information that is needed. I am going to pass this over to Lisa for another question.

Lisa Opdycke: Hi we have a couple of additional questions I would like to answer; first is the hospital president not considered hospital administrator? The hospital president is considered a hospital administrator and can sign the opt-in template.

Additionally we had a question regarding the regional target price calculation, historically the regional target price calculation was based upon all hospitals within that region regardless of their CJR participation and that will continue to be true going forward. So again that's the regional target price calculation is calculated using all hospitals in the region regardless of CJR participation. I would also like to point out the web link facts that should be to the right of the presentation slides, in that link box there are two memos regarding TKA and Inpatient Only List for some of you who have additional questions or need additional resources.

Audrey Mitchell: Couple of other questions that we have received, is there a list of hospitals that are in the mandatory MSAs or how can I figure out if I am in a mandatory MSA? Yes, there is a list on the CJR website, the easiest way to get to that is to go to the CJR website and then it's under Additional Information and then there is a subheading called Regulations and Notices and you can download the list of hospitals stated under the December 2017 Final Rule is there, a clickable link should have a PDF version from the website.

Along the same lines, which geographic areas are mandatory? The CJR model will continue on mandatory basis in 34 of the 67 selected geographic areas, a list of each hospital status under the December 2017 Final Rule which includes the hospitals MSAs and whether or not the MSA is mandatory or voluntary can be found on the CJR website like I said under Additional Information and then Regulations and Notices. And the title of that file is List of Hospital Status under the December 2017 Final Rule. Thanks and it looks like we have a couple of questions about webinars. Will this webinar be recorded? Yes this webinar is being recorded. The recording will be available for download on CJR Connect. To download all the webinar materials for the webinar just log on to CJR Connect and

then go to the library tab it's at the top and then locate the content pack pertaining to today's webinar. So the title of the content pack should begin with today's date January 09, 2018 and similarly for other webinars you can locate those in the library tab of CJR Connect.

Where can I get the December 13 webinar materials? So we did have a final rule webinar on December 13, 2017, you can get all those materials including the slides, the recording, the transcripts, all that can be downloaded from CJR Connect as well and that's by going to the libraries tab again and locating that December 13 webinar content pack.

Okay now I am going to hand it over my colleague Sarah for some more questions.

Sarah Mioduski: Thanks Audrey. We have another question in regards to the data for hospitals that do not opt-in to the model. Once we receive a final list of hospitals that had opt-in to the model any of those remaining hospital has not – we will review the data that had been disseminated to those hospitals and any data that's not related to PY1 or PY2 will be removed from their account on the data portal. As said previously, the hospitals will have access to PY1 and PY2 data in regards to – with the reconciliation and any true-ups that are performed by CMS with updated data. Passing over to Nora for additional questions.

Nora Fleming: Hi, so we have had some questions asking for clarification about outpatient TKA procedures and whether those would be included in the CJR program. So to answer that question, a CJR episode is defined with an inpatient admission that is classified under DRG 470 or 469, outpatient procedures would not be considered in the CJR program because they are not part of the CJR episode definition.

Mike Anderson: Hello, how would CMS define a low volume CJR hospitals? Low volume hospitals are those hospitals having fewer than 20 CJR episodes in total across the three historical years of data. We also have another question, what if I am rural CJR hospital and want to continue to participate? Rural CJR hospitals that choose to voluntarily continue to participate must make a one-time participation election that complies with the CJR regulations or they will be automatically dropped from the CJR model.

We also have another question in. What happens to the hospitals' PY3 episodes if they do not elect to participate? Hospitals eligible for voluntary participation who do not elect to participate will have all of their performance year 3 episodes that is those episodes ending on or after January 1, 2018 and before January 1, 2019 canceled. Also there are questions for Sarah Mioduski.

Sarah Mioduski: Thanks Mike, we have received a question about, if a hospital wants to add a designated point of contact to model how do they get that access? If the person that wants to have access in terms of designated point of contact you just email the CJRSupport@cms.hhs.gov we will then add you to our contact list of the hospital, just make sure to include your CCN in the email.

Nora Fleming: Hi, this is Nora Fleming again, we are getting a lot of questions about the criteria that would need to be in the medical record to substantiate an inpatient stay. So in the web link pod that's available to you through the webinar link there are two links to medical review documentation. There is a QIO directive and there is inpatient hospital claim document so you should review both of those documents. Specifically CMS does not endorse clinical guidelines routinely indicated by CSQ which is our Clinical Standards and Quality group that manages the medical record review and the QIOs. We do not endorse clinical guidelines. Two midnight reviews are done on a case by case basis if you reference those links that are available through the web links pod, specifically when medical reviewers are looking through the medical records, the CMS guidance is that both the decisions to keep the

beneficiary at the hospital and the expectation of needed duration of the stay are based on such complex medical factors as beneficiary medical history and comorbidities, the severity of signs and symptoms, current medical needs, and the risks, you know the probability of risk, of an adverse event occurring during the time period for which hospitalization is considered. In other words, if the QIO reviewer determines based on documentation and the medical records that it was reasonable for the admitting physician to expect the beneficiary to require medically necessary hospital care lasting two midnights, inpatient admission is generally appropriate for payment under Medicare Part A. This is regardless of whether the anticipated length of stay did not transpire due to unforeseen circumstances. In the other portion of the document where CMS addresses unforeseen circumstances earlier discharge, so an inpatient admission that discharges earlier than two midnights could discharge for reasons of clinical improvement.

So, people are asking if there would still be CJR episodes that would be one to two days duration? Yes, there absolutely would be still CJR episodes of one and two days duration as long as the physician admitting the patient, felt that the patient needed an inpatient level of care that the inpatient shows substantial clinical improvement such that a discharge in one or two days is perfectly medically appropriate then that is an inpatient claim, it is a CJR episode that is triggered, it remains in the model, and it's per the table under Part A.

Sarah Mioduski: Hi this is Sarah, we see the question in regards to, will a hospital still receive their reconciliation payment if the hospital decided not to opt-in for performance year 3, 4, and 5 of the model? The hospital will still receive the reconciliation payment for year 2, or be required based upon their results to provide CMS a payment. As I said the hospital will still receive their CY1 PY1 and PY2 data and what comes with that is the reconciliation for performance year 2. If the hospital does not opt-in to model, as Lisa had said, the hospital as of February 1, 2018 will not be considered in the CJR model and all PY3 episodes will be cancelled.

We did receive another question about the extreme uncontrollable circumstance policy that was published in the IFC. If the hospital is one of the areas under that policy, the hospital will be notified through their reconciliation report that is provided to the hospital for performance year 2 that the policy would be under section 510.305 in the CJR final rule.

Nora Fleming: Sarah I am going to hand it over to Alicia for a second while we continue to look through the questions.

Alicia Goroski: Great, thank you. This is Alicia again and I am going to, while we give CMS a couple of minutes to look through the remaining questions, I will just move us along on Slide 10 there are some additional helpful web links. And I will go ahead and we can just move right into our announcements and reminders. So I am on Slide 13 and then I can take us back. So we did want to just remind you of a few upcoming events, we do have the 5th and 6th sessions of the care navigation affinity group coming up next week and then in February so if you are not registered for those you should – you can always email us, you could – all of our registration links are also on CJR Connect and you should receive a biweekly email with all of those, with all of the upcoming events.

Alright, so we can go back and again just a reminder we are receiving a lot of questions so again just bear with us as the CMS program team is triaging as they come in we will take us back here to live questions, actually I can – we can go ahead and leave it here on Slide 10 with some additional helpful web links.

Nora Fleming: Hi so this is Nora again, so just to clarify for a lot of the questions the web link, the short stay hospital claims memo as well as the one title hospital inpatient memo are the ones to look

at when you are looking for what the QIOs would be reviewing for medical necessity and sort of what validates or qualifies as a billable Part A hospital claim so these would be the two good resources to check. Another question people had asked about where they can find the outpatient final rule, I don't know that we have a web link to that set up for the webinar but if you Google outpatient final rule federal register 2017 it will take you to the link on the federal register.

Sarah, so couple of other questions that have come in, is the opt-in letter a participant agreement? Yes opt-in letter serves as a participation agreement for the model. Let's see – if I choose not to opt-in when do my participation end? Hospitals that are located in a voluntary MSA are identified as low volume or rural and choose not to elect continued participation in the model will have all performance year three episodes canceled as of February 1, 2018. As of February 1, 2018 they will no longer be considered CJR participants or be able to use the waivers under the model. So after that date hospitals that are no longer participating will only receive data for performance years 1-2. Thanks for the question.

Should I submit my voluntary participation election letter before January 31? Yes, the CJR model teams strongly recommends voluntary participation election letter submission in advance of the January 31, 2018 deadline. And, that's really to ensure to any correction to incomplete or inaccurate submissions can be noted and corrected within that one-time opt-in period. It is one-time opt-in period. I will pass over to my colleague Sarah. Thanks.

Sarah Mioduski: I just want to add some information on that opt-in follow up as the hospital opt-in – they have been receiving email just letting them know that we have received their opt-in letter. CMS will also send the final email letting the hospital know that they have accepted the opt-in letter that everything in that letter is compliant with the regulation and that that email serves as a participation agreement that will be very clear in the follow up email that CMS will send. So just to clarify when the hospital sends in their opt-in letter they will receive an email back from us letting them know about receipt and whether or not that letter is complete with the information and then, once we review that initially, CMS will send a final email which will serve as the binding participation agreement email with the hospital and CMS for the CJR model.

Heather Holsey: I would like to answer couple of more questions that came in, first, are voluntary hospitals that do not opt-in eligible for reconciliation payment for performance year 2? Yes, hospitals that do not opt-in will only be excluded for performance year 3 going forward. So you will still be full CJR participant including reconciliation and those payments for performance year 2.

So will hospitals that do not volunteer to continue participation not have any performance 3 episodes eligible for reconciliation? That is correct. As of February 01, 2018 all performance year 3 episodes for hospitals that are not opting in and are not mandatory will be cancelled, so that will mean that there will be no performance 3 episodes eligible for reconciliation. And again if a hospital chooses not to opt-in they will not lose access to the data portal but they will not be receiving any updates for performance year 3 episodes only updates regarding performance year 1 and 2 episodes.

One other question. Will acceptance letters be sent back by the inbox, such as a voluntary participation letter, or will it be sent to the email address on the letter? If you send in an opt-in letter you will be sent back an acceptance letter after confirmation of receipt and it will be sent back to the email address from which the letter was sent. Now, Nora is going to answer a couple of more questions.

Nora Fleming: Hi, we have a question coming asking if there is a prohibition on TKA audit by the other CMS contractor? So to be super clear CMS prohibited RAC review so the recovery audit contractors are not going to be reviewing the TKA claims through – for the first two years of policy so a RAC review

will begin in 2020 so there is no RAC review in 2018 or 2019, RAC review is when Medicare would pay a claim and RACs would review and decide that the claim should not be paid and then they review the financial pull back of the money that went to the hospital. QIOs which is the Quality Improvement Organizations are not prohibited from reviewing claims, we would not want to prohibit quality reviews of claims because there could be other issues for the patient where care is supposedly compromised or the patient has complained and so CMS had not established a prohibition on QIO review so the QIOs will still be reviewing. However the QIOs will be aware that clinical guidelines are still being developed by providers of Medicare deliberately prohibited RAC review for two years to give the provider community time to establish clinical guidelines that they want to use. So hopefully that answers that question.

We have another question saying, if a facility is sold during performance year 3, can the original owner still have access to the reconciliation data for performance year 2? So Medicare's data and agreements are generally speaking tied to the CCN so the provider has a six digit CCN number which is file a cost reports under and fills Medicare is under so if the facility is sold and the CCN continue to operate so if you are CCN 123 and you sell the company and the new owner is still filling Medicare under CCN 123 then the data and all of those things associated with that CCN will transfer to the new owner, so the original owner would not have access to the reconciliation data. If the new owner changes the CCN so the cost reports are closed out and the new owner is going to operate under different CCN because it is say merging your facility with another facility then the reconciliation data for performance year 2 would still be held by the owner of the facility. However there would probably be a requirement to destroy that data at a certain point which would probably be when the performance year 2 reconciliation is filed. So again CJR reconciles data for performance year 14 months after the fact that the reconciliation – the final reconciliation performance year 2 will not occur until the summer of 2019, early fall. And then after that time if the facility has been sold the owner still doesn't have a financial interest in it, it will be subject to the data destruction etc. requirements that you check up on the Data Use Agreement is signed and get the data in the first place.

Sarah Mioduski: We have received a question as to whether a hospital would have access to the information in CJR Connect if they do not opt-in, given that they will still be receiving reconciliation report and information of PY2 they will not lose access to CJR Connect and other information. Also just to add to the question about who we will be emailing confirmation -- the final confirmation of a participation agreement between CMS and the CJR model we will be emailing back the first person who sent the letter, but we will also be including the email of the person that signed the letter so the CEO, CFO and/or the hospital administrator just everyone is in the loop and on those emails.

Mike Anderson: Thank you Sarah. We have another question that just came in, if am I eligible voluntary participant, will CMS contact me? The answer is yes, the CJR model team will be reaching out to all eligible CJR voluntary participants to ensure they are aware of the need to take action to elect to continue to participation in the CJR model if they will like to continue to participate. We also have another question in, I represent several CJR hospitals do I need to send voluntary participation election letters for each hospital? Yes you do. One completed voluntary participation election letter must be submitted for each hospital that is choosing to opt-in to the CJR model.

We also have another question here, when should I submit the voluntary participation election letter? Please submit a completed voluntary participation election letters to the CJRSupport@cms.hhs.gov by 11:59 PM EST January 31, 2018.

We also have another question for TKA.

Nora Fleming: Actually sorry this is Nora again but this is not a TKA question just for a change of pace. We have a question about BPCI participating hospitals so the question is, will BPCI participating hospitals and voluntary MSAs be able to voluntarily participate in CJR when their BPCI agreement expires? So the answer to that question is, no. The CJR opt-in process is the one-time only opt-in process that's occurring between January 01 and January 31 of 2018. If the hospital is not in CJR currently because they are in BPCI and they happen to be in a voluntary CJR MSA they are not going to be able to opt-in to the CJR model during January. Once the opt-in process closes, it's closed. The model team proposed and finalized this policy because we need to have some coherent structure to the model going forward from performance year 3 for we need to have our participant population identified. And so we are doing one time opt-in so if BPCI providers in voluntary areas and they don't opt-into CJR model, they will not be part of the CJR model that is not the same for BPCI providers who are in mandatory areas. So if you are a hospital that's in BPCI classic right now the active BPCI model's going on right now, if you are a mandatory CJR model MSA and you are not participating in CJR because you are in BPCI for the lower joint, when BPCI ends in September 2018 you will automatically default to participating in the CJR model if you are in the mandatory MSA and you are not in a rural or low volumes status.

Mike Anderson: Thank you. We have a few more questions in, what if there are errors on the voluntary participation election letter? Incomplete or inaccurate submissions will not be accepted and will be returned to the submitter for correction. Any corrections to the voluntary participation election letter that CMS request must be addressed and correctly resubmitted by the deadline.

So some more participation election letter questions, where can I find the voluntary participation election letter? The voluntary participation election letter template is available for download from the CJR website.

Also of note for another letter, should I send my letter with encryption? And the answer is, no, please do not send your letters encrypted. Please complete -- please email a complete unencrypted voluntary participation election letter to CJRSupport@cms.hhs.gov.

We also have some more questions for Lisa. I'll be passing over to her.

Lisa Opdycke: Hi there we have a question regarding, if the hospital opt out of the CJR program can the case manager, program manager still participate in the webinars in CJR Connect? Yes. So for instance we will be having reconciliation webinars and those will apply to everyone for program year 2 so individuals can still participate in those.

We have another question regarding, we have two hospitals under one CCN, does each hospital need to opt-in or is it by CCN? It's by CCN, so we will only need in that case one opt-in letter per CCN. Okay, I will turn it around for more questions.

Audrey Mitchell: So, I will switch gears real quick, and there is a question about what quality category changes were made in the most recent final rule. So what we changed is as finalized in the rule published in December 01, 2017 CMS will apply the category cut offs that's Below Acceptable less than 5, Composite Quality Score, Acceptable 5 to 6.9, and I am truncating this a little bit, Good 6.9 to 15 and then Excellent greater than 15, those cut offs will be applied for performance year 1 subsequent reconciliation calculations and all reconciliations going forward.

And we would just kind of pause for a quick minute while we look at other questions.

Alicia Goroski: Alright, and this is Alicia again I will just kind of jump in here and again thank everybody for sending in your questions and being patient and while the CMS team continues to triage those –

Sarah Mioduski: Okay thanks, just a clarifying question, we know that hospitals that are not opting in still want information regarding CJR Connect and other webinars and other emails information that CJR will be publishing drop the duration and model, so if the hospitals are not opting they will have access to all that at least say reconciliation reports for performance year 2 coming up this year as hospitals know we update that information so I believe that the last update to PY2 information will be technically be in performance year 4. So the hospitals are still going to have access to the information, anything that CMS provides on the CJR models.

Audrey Mitchell: Thanks, Sarah. So, I see we have access to the questions and corresponding answers for a reference, so we are not going to have a transcript of each question that was answered or each question and the answer but we will have a transcript of the whole webinar so you should be able to see – to listen to that as well as there will be a recording and that will all be available on CJR Connect. And again the way to get to that is to go on the CJR Connect, go to the libraries tab and then you could locate the content pack that is pertaining to today's webinar. So that would start with January 9, 2018, that is a little icon that looks like an open packing box and that has all the materials for today's webinar and that includes the recording and the transcript which will be the best way to get those Q&As. Anymore questions?

Nora Fleming: And Nora again, we got a couple of questions about RAC view because RAC review is allowed to go back three years of a chart review, we are not able to answer that particular question at this time so if you have questions about the three year review if you will send it to CJRSupport@cms.hhs.gov we will have to check with our program integrity. So I don't think that the RACs will be able to look back at 2018 and 2019 so the logic behind CMS prohibition of RAC review for the two year is to allow providers to establish clinical guidelines. But we will have to clarify with our program integrity folks if they are going to have the review for three years when 2020 happens. Again, I suspect that they will but we have to verify that so just for that question you can send it to CJRSupport@cms.hhs.gov and we will get back to you with an answer.

Audrey Mitchell: Thanks Nora. So, I see a question regarding the quality changes the maximum points available change to 20, was capped to 20 but the total points allowed for category did not change they still have 21.8. A CJR hospital can only earn up to 20 points, is that correct? Yes that is correct, the Composite Quality Score is capped at 20 points.

Rhya Ghose: We see a question here stating, if opting out of the CJR programs is the expectation can submit PRO data for surgery for PY2? The answer to that is just a gentle reminder that PRO, the submission of PRO and risk variable data is not required for reconciliation payment eligibility for the CJR model. However, hospitals that opt out of CJR are held to the PRO and risk variable data submission criteria set forth in the 2015 CJR Final Rule Regulations for the duration of their participation in the model. Because the opt-in period applies to performance year 3, any hospital choosing not to opt-in to the model and wishing to earn two quality performance points for PRO towards their composite quality score for performance year 2 must meet the successful submission criteria for performance year 2. And just a reminder that the window for PRO submission for performance year 2 closed on November 30, 2017.

Mike Anderson: Alright we have another question in, this is a three step question, so I will answer the first one. How do I elect continued participation in the model? For step one confirm your status as eligible to voluntarily participate in the CJR model from the complete list of CJR hospitals and their status based on the file December 01, 2017 Finale Rule and Interim Final Rule with Comment, which

is available for download from the CJR website. Step two, if you are eligible for and interested in voluntary participation download and complete one voluntary participation election letter using the CMS voluntary participation election letter template PDF per CJR participant hospital. And the final step, step three, email the completed unencrypted, again unencrypted, voluntary participation election letter to CJRSupport@cms.hhs.gov no later than 11:59 EST on January 31, 2018.

Alicia Goroski: Alright, so this is Alicia and I am going to jump in here and we are going to go head and wrap things up. So just as a reminder if you did submit a question and you have follow up questions or it was not fully addressed or answered you can send those to CJRSupport@cms.hhs.gov. And I also did just want to – I will give another reminder we will actually have the audio recording and the on-demand link so the on-demand link actually allows you to kind of review this webinar. We will have those posted on to CJR Connect later today, the transcript does take a little longer so we will aim to get that posted within a week or so we will work on that as soon as we can get that expedited but you can actually listen or review the webinar later today, it should be ready for you tomorrow.

Alright, so I wanted to just kind of thank the CMS team for you know working together there were a lot of questions asked and answered today, and then finally to the participants just a reminder and a request to take a couple of minutes and complete the post event survey from today's event and we thank you for your feedback. And with that we will go ahead and wrap up today's webinar. Thanks.