

**Model Review: Financial Arrangement and Clinician Engagement Lists Submission
and Connection with QPPⁱ**
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Ashley Hamouda: Hello and thanks for tuning into the Comprehensive Care for Joint Replacement Model April 2021 recording of Model Review, Financial Arrangement, and Clinician Engagement List Submission and Connection with QPP.

For today's agenda, we will review some quick logistics, we will review the CJR model as an Advanced Alternative Payment Model, we will go over submission instructions for the CJR data portal, and finally, we will wrap up with some Q&A. A quick technical note, if you want to enlarge the slides, you can click on the rectangle in the upper right-hand corner of the slides pod. When you are ready to return to the original view, just click on the rectangle once more. We do have a lot of resources for you to download from the resources pod. If you want to download a single file, just select the file, and click on the downward-facing arrow and that will open a pop-up window that will allow you to save the document to your computer. If you want to download all of the files, just click on the three dots, and select download all. At this time, I would like to introduce our presenters today. Sarah Mioduski and Heather Holsey from the CMS CJR model team will guide us through the content. Sarah, please go ahead.

Sarah Mioduski: Thank you. Hello, everyone. My name is Sarah Mioduski and today Heather and 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 the terms of the quality payment program or QPP. I will also review the requirement 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. Heather will then review access to the CJR portal and upload instructions for the CJR Data portal. Next slide please.

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.

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 moments.

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 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, so for this year, 2021, 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.

Hospitals must choose whether they would like to participate in the model as an advanced APM and if so, they have to attest to CEHRT. On the excel spreadsheet, a hospital will choose whether or not it wants to participate in which track: track one being the Advanced APM track or track two which is the non-advanced APM track. Hospitals who have abide to participate in track one 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 two, or in the event of no response to CMS, so this means the hospital did not provide the excel document, this hospital will be considered a track two hospital, so a non-advanced APM.

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 in early 2022, and then the clinician can choose whether or not they want to be a partial QP or participant in MIPS.

Hospitals that choose track one 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 of 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 one. 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. We have some tongue twisters here.

Next slide. 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 may be considered qualified practitioners or partial QPs. Each clinician, non-clinician practitioner, or therapist who is not a CJR collaborator during the 2021 performance year, but 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 during 2021, 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 one, 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 2021 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. Okay. Now I will go over some examples of a participant hospital -- with different examples on them submitting the Excel document to CMS. Me one moment while I share my screen. Okay.

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 one. They have no financial arrangements, but they do have a clinician engagement. They do have clinicians to submit on the clinician engagement list. This hospital would fill out the information in question one, and as you will see the legal name, address, zip, the hospital start date. That is if the hospital started later than April of 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. So, for question two, this hospital, as we said is selecting track one so they would click on the drop-down menu and select track one here. I am not selecting it because I do not want to freeze up my excel document as I go through these. And then they will proceed to question three. The track one hospital must attest to CEHRT so then you proceed to question four. Asking has 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 nine. Question nine 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 six to fill out that information. 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.

Now to the second example. Let us get back to our second tab here. For the second example, this is a little bit more of a lengthy one. This is a track one 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 a requirement under the CJR regulations. So, track one again, that is a yes. Yes, for CEHRT. And then, from the previous example, this is yes as they do have a sharing arrangement and then proceed to the next question. 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 use 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 the next question. The next questions

ask 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 a 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 nine.

As before, question nine 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 a No given that the hospital is selecting Track one. Then you proceed to tap three. The hospital would include the collaborator's name – so the PGP here, NPI, address, start and end date of the sharing arrangement, and then proceed to tab four. You will see that it does say collaborator name again. This would be the same name as provided in tab three and then the associated collaboration agent with that collaborator. The reason we have this extra tab year 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.

Lastly, this is a small example here for the last example. This is a Track two hospital that has a physician collaborator. Again, the hospital fills out this information. They do have collaborators. They must include this information for the URL for both rows here and then proceed down to the next question. This is a Track two hospital as I said so that will be selected and then proceed to the next one. This would be No given that it is a Track two hospital. For question four, has the hospital established any sharing arrangements and this example is No – excuse me we do a sharing arrangement, this is for physician collaborator. So that would be yes so, we would select Yes again. Then scroll down to the next question. Like before the physician is the collaborator so that would be typed in this row here. Given that question, six does not apply because it is a physician collaborator, we could proceed to question nine. Here again, there is no clinician engagement to support, to report. Excuse me. You can click No here given there is no one to report but for a Track two hospital that is not a requirement.

For tab three the physician collaborators' information would be included here. One thing to know is that this is a Track two hospital - it is in the not advanced APM track. That means for the physicians included on this list would not be submitted to the qualitative program for qualified practitioner or partially qualified practitioner terminations. After all that lovely information, Heather is going to take it over to go over the submission requirements and the due date.

Heather Holsey: Thank you Sarah. As a reminder, submissions are due on September 23, 2021, by 11:59 p.m. Hospitals selecting track two with no financial arrangements do not need to submit. Hospitals that must submit include the following: hospitals selecting track two with financial arrangements established, hospitals selecting track one with no financial arrangements established, and hospitals selecting track one 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.

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

Participant hospitals must submit their financial arrangement and clinician engagement list via the CJR data portal. To do this, you must log into the data portal. The URL is shown on the slide. In the event that 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 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 sent to all participant hospitals on March 31, 2021. The PowerPoint presentation reiterates the instructions that I am about to provide. Next slide, please.

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.

Next, you will select your CCN and file type using the drop-down menu. You must select the file type collaborator list 2 for this collection. 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.

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.

After the file is successfully uploaded, a confirmation message will display. Select the close icon or X to close the confirmation message. Once the upload file screen is refreshed, the uploaded supporting document will display in the upload history table. Now we will pause for a few minutes to review questions.

Ashley Hamouda: Thank you so much, Heather and Sarah for some great information for the participant hospitals. Now I will turn it over to Sarah who will answer some questions that we received in advance of this recording.

Sarah Mioduski: Thank you.

Great, so some questions we are going to go over here. One question is, how often will the financial arrangement list and clinician engagement list be requested? So, we do request it twice per year. It is actually the last time for the 2021 performance year that hospitals can submit their list as we did do a collection earlier this year in April. So, we do ask that the hospitals, if they have any changes from what they had submitted in April to submit the list again. If there are no changes and the hospital did provide a list to us in the first collection in April, we will use that list for the full year.

One question, is there any way to add or delete clinicians? No. Unfortunately, the hospital would just need to re-upload the Excel document onto the portal.

One person did ask if there are any differences from last year in terms of the processes. No, the processes are quite similar. One thing to note is that this is for the 2021 program so that is just for this year and any information you provided last year will not be submitted for the program. So if you do have information to submit for clinicians we do ask that you submit them again so we are able to get that and use it for our monitoring and compliance.

Somebody asked if they should submit a list if they will not be in the model for performance years six through eight. Yes, we still ask that the hospital submit this information, given that we understand that performance year 5.2 is ending soon; however, the hospital did still participate in CJR for the majority of the 2021 year and those commissions are eligible considered for QPP determination and

also, we do ask that we have information for compliance purposes in regard to those hospitals that will not be continuing in the model.

Someone asked if they are new to the CJR program and they are administration, how do they know which track they are in? We just recommend that you contact the data requester for your hospital. If you do not know who your data requester is you could email CJR Support at CJRSupport@cms.hhs.gov and we can provide that information to you and then through the data requester you can find out that information and who your data POCs are as those are the people that have access to the portal and upload the information.

Someone asked how many years we need to go back on the financial arrangement list or the clinician engagement list. So, both of these lists are current and historical, so on regulation we do require that when you submit these lists, you do provide us the full list. So even if someone was a collaborator in 2018 and they were on that within one year, we do ask that that person is still included on the list, so we have that for our information and if anything needs to be compared to in that specific previous year. Also, as noted in the presentation on the Excel file, we will need or be looking for end dates for those hospitals that will not be continuing in the model for performance years six through eight, as we expect that their financial arrangement would be phasing out of the model.

And the last question is, what does the Excel file need to be named? It does not need to have a specific name; it just needs to have no spaces included in the Excel file.

So, those are the questions we received, and we will now turn it back over to Ashley.

Ashley Hamouda: Thank you, Sarah. At this time, I am going to wrap us up with a few reminders. If you have any follow-up questions to today's recording you can go ahead and send those to CJR@cms.hhs.gov. Please note that the previous inbox used for Learning System questions, LS-CJR@Lewin.com, is no longer active. If you have any technical or programmatic questions related to the CJR model you will want to send those over to CJRSupport@cms.hhs.gov. If your organization has made any changes to your points of contact for the CJR model, you will want to email those to CJRSupport@cms.hhs.gov and you will want to request a data request and attestation form which should be submitted through the Data Portal or encrypted email. If you want to request a CJR Connect account, you can navigate to the URL that you see right there on this slide and click on New User Registration. As always, we do ask that you take a few minutes to complete the post-event survey. That should appear shortly. You will want to ensure that your pop-up blockers are turned off so that the survey appears for you. Thank you, again, to Sarah and Heather, and thank you all for your attention during today's recording. Have a great rest of your day.

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