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CJR

Comprehensive Care for Joint Replacement Model

CJR Model Update: Recent Proposals and Other Changes

Comprehensive Care for Joint Replacement Model

September 26, 2017

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Webinar Agenda

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- Logistics
- Presentation from CMMI
- Questions
- Updates & Next Steps

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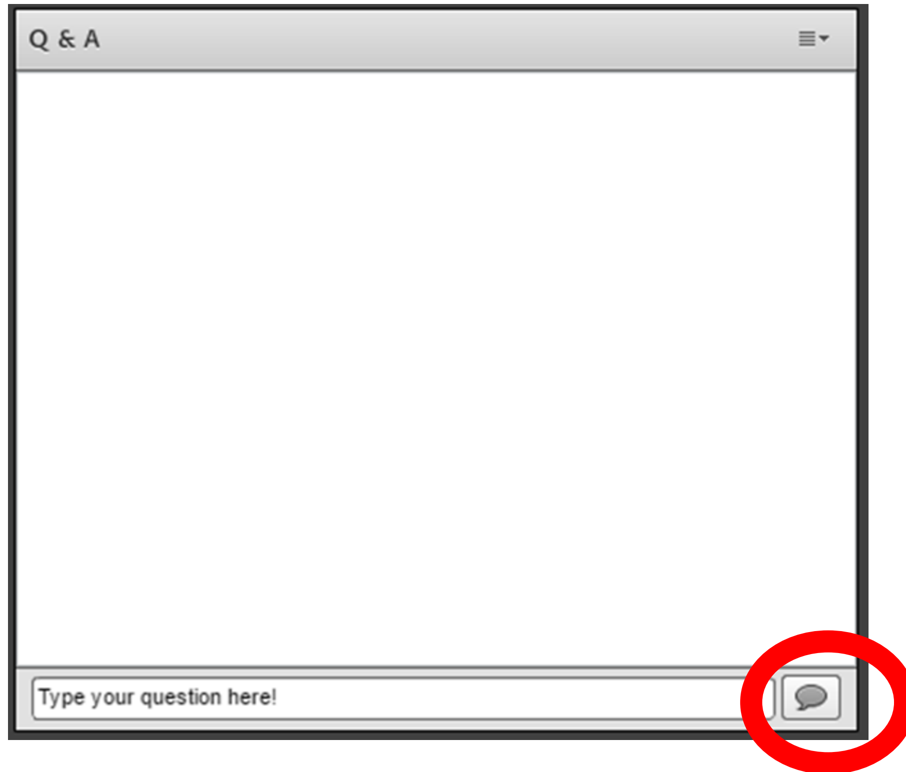
Event Resources

Name	Size
Webin	5 MB

Introduction to Adobe Connect (Cont.)



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Comprehensive Care for Joint Replacement Model

CJR Model Update

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Agenda

- Chronology of CJR Regulations
- August 17, 2017 Proposed Rule Summary
  - Mandatory & Voluntary Participation
  - Technical Refinements & Clarifications
- May 18, 2017 Final Rule Summary
  - ACO Beneficiary Exclusions
  - Advanced APM
  - Pricing & Reconciliation Revisions
  - Quality Measures & Composite Quality Scores
  - Beneficiary Notification
  - Discharge Planning Notice
  - Financial Arrangements
- Questions

CJR Regulatory Timeline (1)

- **November 24, 2015** – Comprehensive Care for Joint Replacement Final Rule published in the *Federal Register*.
- **August 2, 2016** – The Episode Payment Models (EPM) proposed rule was published in the *Federal Register*, including several changes to the CJR model.
- **December 20, 2016** – The EPM final rule titled "Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model (CJR)" was published in the *Federal Register*.
- **February 17, 2017** – A delay notice for the EPM final rule was published in the *Federal Register*. As directed by the January 20, 2017 White House memorandum entitled "Regulatory Freeze Pending Review", CMS delayed **the effective date** of the final rule provisions, which were to become effective on February 18, until March 21.

CJR Regulatory Timeline (2)

- **March 21, 2017** – CMS published an interim final rule with comment, which further delayed **the effective date** of the EPM final rule provisions from February 18, 2017 until May 20, 2017.
  - The start of the EPMs and the CJR model provisions that align with the EPMs were delayed until October 1, 2017.
  - Also sought public comment on a further delay of the EPMs and CJR provisions until January 1, 2018.
- **May 18, 2017** – In response to comments, a final rule was published in the *Federal Register* to establish **January 1, 2018** as the start date for the EPMs and the effective date of the CJR provisions that align with the EPMs.
- **August 17, 2017** – The "Cancellation of Advancing Care Coordination Through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model" Proposed Rule was published in the *Federal Register*.

8/17/17 Proposed Rule Summary

Proposes the following:

- Cancel the Episode Payment Models (EPMs – AMI, CABG and SHFFT) and the Cardiac Rehabilitation (CR) incentive payment model
- Make participation voluntary for:
  - All eligible hospitals in 33 of the 67 Metropolitan Statistical Areas (MSAs) in CJR).
  - Low volume and rural hospitals in all of the CJR MSAs
- 34 MSAs would remain mandatory. A list can be found on the CJR webpage at: https://innovation.cms.gov/initiatives/cjr
- A participation election (opt-in period) for voluntary MSAs as well as low volume and rural hospitals
- Technical refinements and clarifications for certain CJR model payment, reconciliation, and quality provisions
- A change to the Affiliated Practitioner List criteria to broaden the CJR Advanced Alternative Payment Model (APM) track to additional eligible clinicians.

Proposed Participation Changes

- CJR would continue on a mandatory basis in 34 of the 67 current MSAs. A list can be found on the CJR webpage at: https://innovation.cms.gov/initiatives/cjr
- Opt-in would be necessary to continue participation in CJR for low volume and rural hospitals in both mandatory and voluntary MSAs, and for any hospital in the voluntary MSAs.
  - Low volume hospitals have fewer than 20 CJR episodes in total across the 3 historical years of data used for the Year 1 target prices (2012 – 2014).
- We proposed a one-time participation election period for hospitals to opt-in from January 1, 2018 – January 31, 2018.
- Performance year 3 episodes would be cancelled for hospitals that are eligible to opt-in but choose not to do so.

Proposed Participation Requirements for Hospitals in the CJR Model

Mandatory Participation MSAs

	Required to Participate as of February 1, 2018	May Elect Voluntary Participation	Participation Election Period	Election Effective Date
All IPPS participant hospitals, except rural and low volume*	Yes	No	n/a	n/a
Rural hospitals *	No	Yes	1/1/2018 – 1/31/2018	2/1/2018
Low-volume hospitals	No	Yes	1/1/2018 – 1/31/2018	2/1/2018

Voluntary Participation MSAs

	Required to participate as of February 1, 2018	May Elect Voluntary Participation	Participation Election Period	Election Effective Date
All IPPS participant hospitals	No	Yes	1/1/2018 – 1/31/2018	2/1/2018

*Note: Participation requirements are based on the CCN status of the hospital as of January 1, 2018. A change in the rural status after the voluntary election period does not affect the participation requirements.

Voluntary Participation Election

- As proposed, the one-time participation election period would begin January 1, 2018, and would end January 31, 2018.
- CMS would have to receive the participation election letter no later than January 31, 2018. The hospital's participation election letter would serve as the model participant agreement.
  - The CJR model team will provide hospitals with a participation election letter template.
- Voluntary participation would be effective February 1, 2018, and continue through the end of the CJR model.
  - It is not possible to opt out of the model once a hospital chooses to participate. Providers opting in will remain in the model through performance year five, which ends December 31, 2021.

Proposed Technical Refinements and Clarifications (1)

- Proposes CMS may take remedial action if hospitals or collaborators fail to participate in CJR model evaluation.
- Proposes reconciliation calculations will be done separately for each of the individual hospitals that merge or reorganize during a performance year for the period prior to the merger or reorganization.
- Proposes to adjust the pricing calculation for the CJR Telehealth Healthcare Common Procedure Coding System (HCPCS) codes to include the facility practice expense (PE) values which will increase the prices. Previously the PE values were set to 0.

Proposed Technical Refinements and Clarifications (2)

- Proposes changes to lists provided to CMS for purposes of Quality Payment Program determinations
  - Hospitals that choose the Advanced APM track could submit a clinician engagement list to CMS with information for each physician, non-physician practitioner, or therapist who is not a CJR collaborator, but who does have a contractual relationship with the participant hospital
  - The clinician engagement list and the clinician financial arrangement list would be considered together an Affiliated Practitioner List, which would be used by CMS to identify eligible clinicians for whom we would make a Qualified Practitioner (QP) determination
- Requesting Public Input on
  - Ways to further incentivize eligible hospitals to elect to continue participating in the CJR model
  - Limits on gainsharing and any alternative gainsharing caps

Comment Submission

- Comments on this proposed rule must be received at one of the addresses provided in the **ADDRESSES** section of the proposed rule **no later than 5 p.m. EDT on October 16, 2017.**
- You may submit comments in one of four ways (please choose only one of the ways listed):
  - Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the "Submit a comment" instructions.
  - By regular mail.
  - By express or overnight mail.
  - By hand or courier.
- For more information on submitting comments, please see the Dates and Address Sections of the proposed rule.

Recently Finalized Changes to CJR Model Not Affected by the August 17, 2017 NPRM

- “Advancing Care Coordination Through Episode Payment Models (EPMs); Cardiac Rehabilitation Incentive Payment Model; and Changes to the Comprehensive Care for Joint Replacement Model (CJR)” Final Rule included various policy changes for CJR.
- Changes to the CJR model that became effective on May 20, 2017:
  - Updated definitions
  - Added ACO beneficiary exclusions
  - Create CEHRT track so CJR can qualify as an Advanced APM
  - Refinements to pricing and reconciliation methodology
  - Revisions to the composite quality score methodology
  - Updates to beneficiary choice and notification policies
  - Update to SNF 3-day waiver policy
- Changes to the CJR model that become effective on January 1, 2018:
  - Access to Records and Records Retention
  - Financial Arrangements

ACO Beneficiary Exclusions

- For episodes starting on or after **July 1, 2017**, episodes for beneficiaries prospectively assigned to—
  - An ACO in the Next Generation ACO model;
  - An ACO in a track of the Comprehensive ESRD Care Model incorporating downside risk for financial losses; or
  - A Shared Savings Program ACO in Track 3.
- Are **NOT** included in the CJR Model.
- This exclusion is at the beneficiary episode level.
- Hospitals located in the selected MSAs that are affiliated with these ACOs continue CJR model participation for beneficiaries who are not aligned or assigned to these ACOs and who are otherwise eligible.

Advanced APM

- For performance years 2 through 5, CJR participant hospitals choose either: **Track 1 (CEHRT use)** or **Track 2 (No CEHRT use).**
- If a hospital wants to participate in CJR as an Advanced APM, the hospital must choose Track 1 and assert to its use of Certified Electronic Health Record Technology (CEHRT).
- If a hospital chooses Track 1, they must submit a clinician financial arrangement list as specified by CMS that includes information on individuals and entities as specified or a list attesting that there are no individuals that meet the requirements to be reported.
- Beginning January 1, 2018, changes to financial arrangements under the CJR model will be effective, including recognizing ACOs as potential CJR collaborators.

Pricing and Reconciliation Methodology Revisions

- The term "episode target prices" is changed to the term "quality-adjusted target price"
- Inclusion of CJR and BPCI historical LEJR episode reconciliation amounts in update of target prices
- Post-episode spending and ACO overlap not applied to stop-loss and stop-gain amounts

Use of Quality Measures & Composite Quality Score (1)

Prior Quality Regulations (used for PY 1 initial reconciliation)	Quality Regulations Effective May 20, 2017 (to be used for PY 1 subsequent reconciliation)
Maximum composite quality score of 21.8 points	Maximum composite quality score of <u>20</u> points
Acknowledge CJR participant hospitals that submit PRO on Hospital Compare and data.medicare.gov	Acknowledge only CJR participant hospitals who <u>successfully</u> submit PRO on Hospital Compare and data.medicare.gov
Calculate the HCAHPS Linear Mean Roll-Up (HLMR) score by taking the average of the linear mean scores for the 11 publicly reported HCAHPS measures for IPPS hospitals with 100 or more completed HCAHPS surveys in a four-quarter period.	Calculate the HCAHPS Linear Mean Roll-up score by taking the average of the linear mean scores for <u>10 of the 11</u> publicly reported HCAHPS measures for IPPS hospitals with 100 or more completed HCAHPS surveys in a four-quarter period. The HLMR will summarize performance on all the measures <u>except for the Pain Management measure</u>.

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Use of Quality Measures & Composite Quality Score (2)

- For initial Performance Year 1 reconciliation, CMS:
  - Calculated quality performance points based on the participant hospitals' performance percentiles relative to the national distribution of hospitals for that measure.
  - Defined quality improvement as an increase of at least 3 deciles on the performance percentile scale.
  - Calculated improvement compared to the previous performance year.
  - Determined the four quality categories using the composite quality score point values indicated in the table below.

Quality Category	Composite Quality Score Cut-off Values
Below Acceptable	<4.0
Acceptable	≥4.0 and <6.0
Good	≥6.0 and ≤13.2
Excellent	>13.2

Use of Quality Measures & Composite Quality Score: Finalized Changes

- Calculate quality performance points based on the performance percentile relative to the performance distribution of all "subsection (d)" hospitals that are eligible for payment under IPPS and meet the minimum patient case or survey count for that measure.
- Define quality improvement as an increase of at least 2 deciles on the performance percentile scale.
- For PY 1 only, compare the performance percentile with the corresponding time period in the previous year (technical correction); for PY 2–5, continue to compare the performance percentile to the previous performance year.
- Determine the four quality categories using the composite quality score cut-off values as indicated in the third column in the table below.

Quality Category	Prior Composite Quality Score Cut-off Values	Composite Quality Score Cut-off Values, effective May 20, 2017
Below Acceptable	<4.0	<5.0
Acceptable	≥4.0 and <6.0	≥5.0 and <6.9
Good	≥6.0 and ≤13.2	≥6.9 and ≤15.0
Excellent	>13.2	>15.0

Beneficiary Notifications – Hospital

- Hospital Notice:
  - The notice must be provided upon admission to the participant hospital if the admission that initiates the CJR episode is not scheduled with the participant hospital in advance.
  - If the admission is scheduled in advance, then the participant hospital must provide notice as soon as the admission is scheduled.
  - In circumstances where, due to the patient's condition, it is not feasible to provide notification at such times, the notification must be provided to the beneficiary or his or her representative as soon as is reasonably practicable but no later than discharge from the participant hospital accountable for the CJR episode.

Beneficiary Notification – Collaborator

- CJR Collaborator Notice:
  - CJR collaborators (other than PGPs): The notice must be provided no later than the time at which the beneficiary first receives an item or service from the CJR collaborator during a CJR episode.
  - PGP that is a CJR collaborator: The notice must be provided no later than the time at which the beneficiary first receives an item or service from any member of the PGP, and the required PGP notice may be provided by that member.
  - In circumstances where, due to the patient's condition, it is not feasible to provide notice at such times, the notice must be provided to the beneficiary or his or her representative as soon as is reasonably practicable.
- New beneficiary notification documents are now available on the CJR model website. Hospitals and collaborators can modify the notification to add tracking and verification modifications, i.e. signature line with date, barcode for EMR, etc.

Discharge Planning and Referral

- As part of discharge planning and referral, participant hospitals must provide a **complete list** of HHAs, SNFs, IRFs, or LTCHs that are participating in the Medicare program, and that serve the **geographic area** in which the patient resides, or **in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient**.
  - Area means, as defined in 42 CFR § 400.200 , the geographical area within the boundaries of a State, or a State or other jurisdiction, designated as constituting an area with respect to which a Professional Standards Review Organization or a Utilization and Quality Control Peer Review Organization has been or may be designated.
- This **list** must be presented to CJR beneficiaries for whom home health care, SNF, IRF, or LTCH services are **medically necessary.**

Waiver of SNF 3-Day Rule

- For performance years 2 through 5, CMS waives the SNF 3-day rule for coverage of a qualified SNF stay for beneficiaries in CJR episodes.
- The waiver only applies to SNFs rated 3-stars or higher for at least 7 of the previous 12 months as reported on the CMS Nursing Home Compare website. CMS publishes a quarterly list of qualifying SNFs on the CJR model website.
- To protect beneficiaries from financial liability in cases of misuse of the waiver:
  - CMS will cover services furnished under the waiver when the enrollment information available to the provider at the time the services indicated that the beneficiary was included in the model.
  - In cases where the participant hospital discharges a beneficiary without a 3-day qualifying stay to a SNF not on the CMS-provided list and does not provide a discharge planning notice indicating potential financial liability, the hospital will be financially liable for non-covered SNF stays.
  - If a participant hospital provided a discharge planning notice to the CJR beneficiary, then normal SNF coverage requirements apply and the beneficiary may be financially liable for non-covered SNF services.

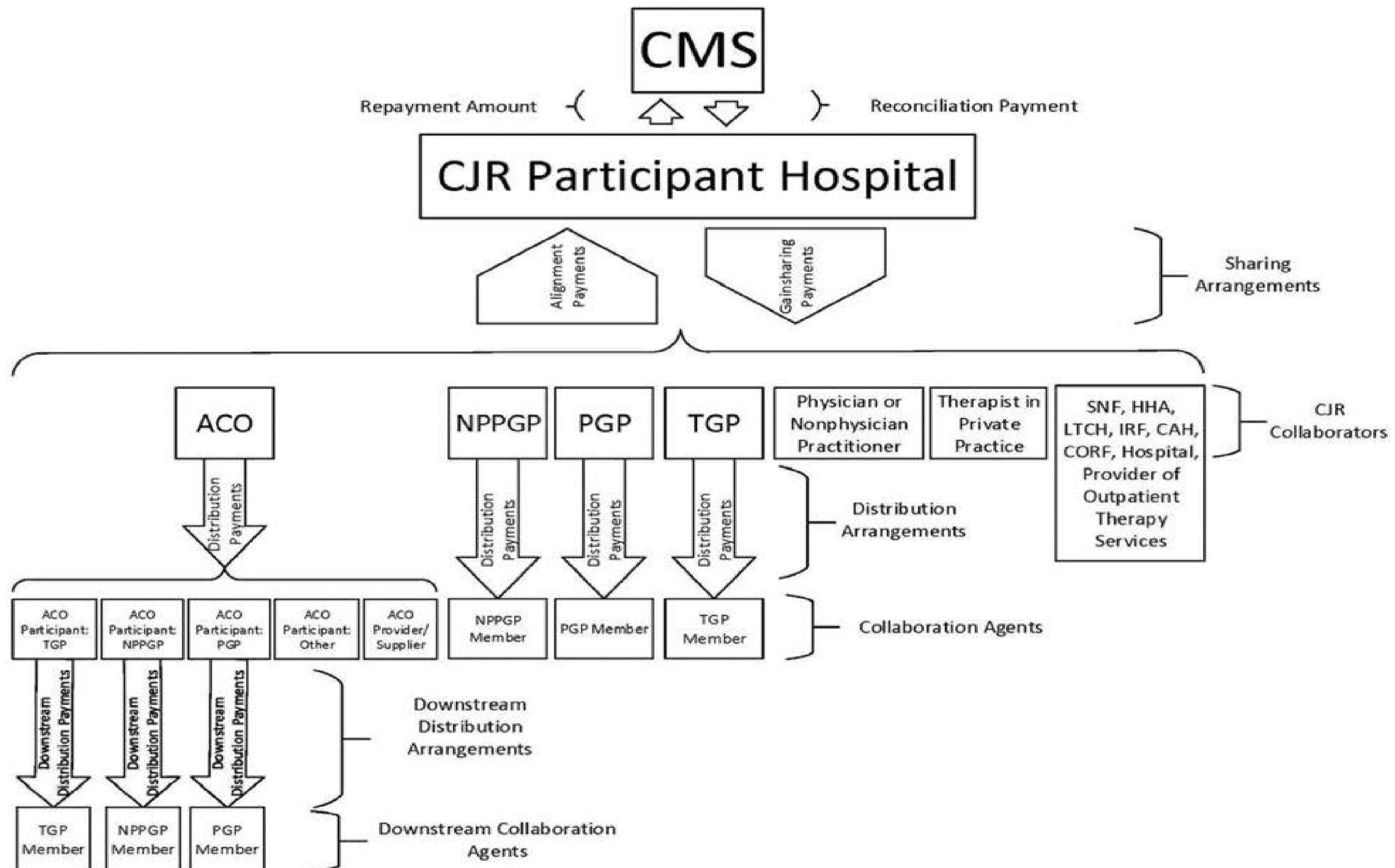
Access to Records and Records Retention

- Beginning January 1, 2018, the CJR model records access and retention requirements are consolidated and apply more broadly across the model.

Financial Arrangements

- All financial arrangements changes will be effective January 1, 2018.
- Most notable changes to financial arrangements under the CJR model are:
  - Streamlining and reorganizing the provisions for clarity and consistency
    - Removing the term collaborator agreement
  - Expanding the scope of financial arrangements under the CJR model
    - Expansion of eligible CJR collaborators
  - Addition of the term “CJR Activities”

Final CJR Financial Arrangements Diagram

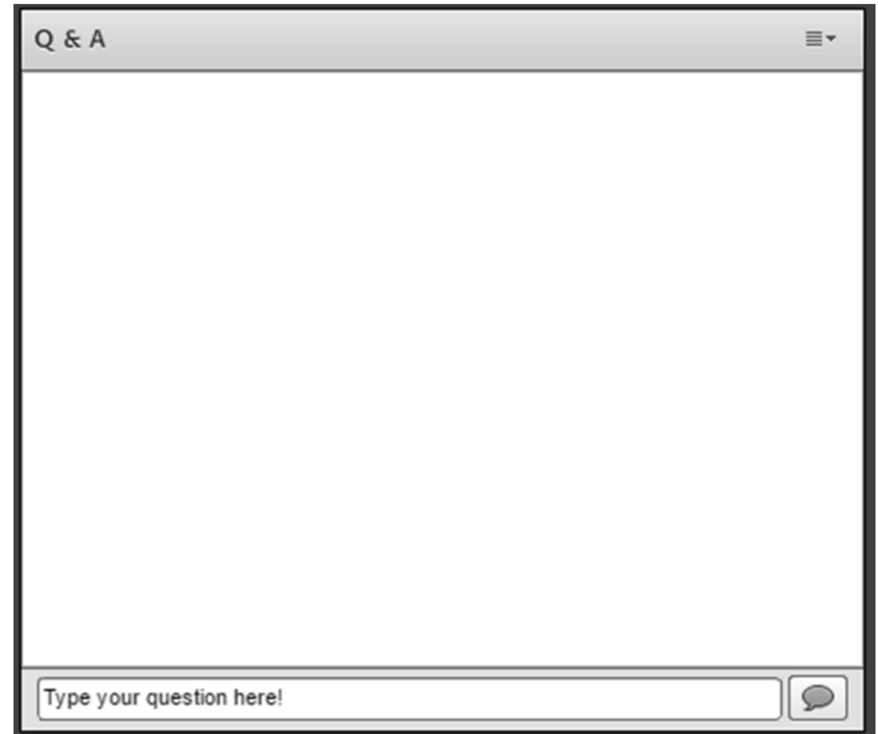


Outreach and Support for Hospitals

- For CJR Model inquiries, email the CJR Model Team at CJR@cms.hhs.gov
- For CJR participant hospitals, email the CJR Support Team at CJRSupport@cms.hhs.gov
- Model background documents, list of hospitals, and other materials on the CMMI CJR public website at https://innovation.cms.gov/initiatives/cjr
- CJR Connect

Questions

- Use the Q&A pod to submit any questions
- Please use “@” if question is directed to a specific presenter



Updates & Next Steps

Getting Started on CJR Connect

To request a CJR Connect account, go to: https://app.innovation.cms.gov/CJRConnect/CommunityLogin and click "New User? Click Here."

Upcoming Events

Event	Date
Care Navigation Affinity Group Session 1	September 28, 2017 2:00 – 3:00 PM EDT
CJR PROs and Risk Variable Data Submission for Performance Year 2 Follow-Up Office Hours	October 3, 2017 2:00 – 3:00 PM EDT
Changes to CJR Regulations and Their Impact on Your Performance Year 3 (PY3) Target Price and Data Files	October 10, 2017 2:00 – 3:00 PM EDT
Promising Practices from the CJR Patient Engagement Affinity Group	October 19, 2017 2:00 – 3:00 PM EDT

If you have any questions about these events, send an email to LS-CJR@lewin.com

Next Steps

- Send any questions to CJRSupport@cms.hhs.gov
- ***Please take a few minutes to complete the Post-Event Survey***