

years 3 through 5, EPM participants choose either of the following:

(1) *CEHRT use.* EPM participants attest in a form and manner specified by CMS to their use of CEHRT as defined in §414.1305 of this chapter to document and communicate clinical care with patients and other health professionals.

(2) *No CEHRT use.* EPM participants do not attest in a form and manner specified by CMS to their use of CEHRT as defined in §414.1305 of this chapter to document and communicate clinical care with patients and other health professionals.

(b) *Clinician financial arrangements list.* Each EPM participant that chooses CEHRT use as provided in paragraph (a)(1) of this section must submit to CMS a clinician financial arrangements list in a form and manner specified by CMS on a no more than quarterly basis. The list must include the following information on individuals and entities for the period of the EPM performance year specified by CMS:

(1) *EPM collaborators.* For each physician, nonphysician practitioner, or therapist in private practice who is an EPM collaborator during the period of the EPM performance year specified by CMS:

(i) The name, TIN, and NPI of the EPM collaborator.

(ii) The start date and, if applicable, end date, for the sharing arrangement between the EPM participant and the EPM collaborator.

(2) *Collaboration agents.* For each physician, nonphysician practitioner, or therapist who is a collaboration agent during the period of the EPM performance year specified by CMS:

(i) The name and TIN of the EPM collaborator and the name, TIN, and NPI of the collaboration agent.

(ii) The start date and, if applicable, end date, for the distribution arrangement between the EPM collaborator and the collaboration agent.

(3) *Downstream collaboration agents.* For each physician, nonphysician practitioner, or therapist who is a downstream collaboration agent during the period of the EPM performance year specified by CMS:

(i) The name and TIN of the EPM collaborator, the name and TIN of the collaboration agent and the name, TIN,

and NPI of the downstream collaboration agent.

(ii) The start date and, if applicable, end date, for the downstream distribution arrangement between the collaboration agent and the downstream collaboration agent.

(4) *Attestation to no individuals.* If there are no individuals that meet the requirements to be reported, as specified in paragraphs (b)(1) through (3) of this section, the EPM participant must attest in a form and manner required by CMS that there are no individuals to report on the clinician financial arrangements list.

(c) *Documentation requirements.* (1) Each EPM participant that chooses CEHRT use as provided in paragraph (a)(1) of this section must maintain documentation of their attestation to CEHRT use and clinician financial arrangements lists.

(2) The EPM participant must retain and provide access to the required documentation in accordance with §512.110.

Subpart C—Scope of Episodes

§512.200 Time periods for EPM episodes.

All AMI, CABG, and SHFFT episodes begin on or after July 1, 2017 and end on or before December 31, 2021.

§512.210 Included and excluded services.

(a) *Included services for an EPM.* All Medicare Parts A and B items and services are included in the EPM episode, except as specified in paragraph (b) of this section. These services include, but are not limited to, the following:

- (1) Physicians' services.
- (2) Inpatient hospital services.
- (3) IPF services.
- (4) LTCH services.
- (5) IRF services.
- (6) SNF services.
- (7) HHA services.
- (8) Hospital outpatient services.
- (9) Independent outpatient therapy services.
- (10) Clinical laboratory services.
- (11) DME.
- (12) Part B drugs and biologicals.
- (13) Hospice.