



Comprehensive Care for Joint Replacement Model

March 9, 2017 | Biweekly Update

IN THIS ISSUE

[Upcoming Events](#)

[Model Updates](#)

[Frequently Asked Questions](#)

[CJR Connect Libraries: What's New](#)

Upcoming Events

March 23, 2017

2-3 pm EDT

[Register](#)

Increasing Mobility in Acute Care: Implications and Interventions in BPCI and CJR

Immobility is widely known to lead to increased cost and poor outcomes, especially in older persons. This web event will feature three leading experts in early mobility research and initiatives, and will discuss approaches for increasing mobility early in acute care stays:

- Sharon K. Inouye, MD, MPH
 - Professor of Medicine, Harvard Medical School
 - CMS Health and Aging Policy Fellow
 - Creator of the widely implemented Hospital Elder Life Program (HELP)
- Cynthia J. Brown, MD, MSPH
 - Parrish Professor of Medicine at the University of Alabama at Birmingham
 - Director, Division of Gerontology, Geriatrics, and Palliative Care
- Fred Rubin, MD
 - Professor of Medicine at the University of Pittsburgh
 - Chief of Medicine Service at UPMC Presbyterian Shadyside

Dr. Inouye will present the case for increased mobility, as well as clinical pearls and research results related to appropriate and effective clinical care for patients. Drs. Brown and Rubin will discuss their implementation of programs to increase mobility for patients and there will be opportunity for questions and comments from event participants.

Please disseminate this event registration broadly, as the session will target a variety of roles within your organization, including clinical and care staff in both the acute and post-acute settings. This event will also serve as inspiration for a subsequent Innovation Action Group on Promoting Mobility in Acute Care, which will provide an opportunity for active participation in the evidence-based set of interventions along with guidance from expert faculty in the field. More details on joining the Action Group will be available during and following this learning event.

March 30, 2017

2-3 pm EDT

Comprehensive Care for Joint Replacement (CJR) Model Performance Year One Reconciliation

In April 2017, CMS will send reports to CJR participants reporting reconciliation payment amounts for performance year 1. Reconciliation is the process of comparing actual episode spending to quality-adjusted target spending to determine potential reconciliation payments (or repayment in future performance years) for CJR episodes.

In this webinar, we will review the CJR reconciliation process and methodology, preview the CJR reconciliation report and data files, and outline the process for appeals. Afterwards, we will solicit feedback from the webinar participants on topics that need further clarification.

April 13, 2017
2-3 pm EDT

Data & Dashboards Affinity Group Report Out on Identifying and Communicating Drivers of High Cost and Low Quality

Registration link and more information coming soon.

Model Updates

The CJR Data Portal will be offline for scheduled maintenance on March 13-March 17, 2017.

The [CJR Data Portal](#) will not be accessible during the scheduled maintenance. Email CJRSupport@cms.hhs.gov if you have any questions regarding the CJR Data Portal.

Submit your CJR collaborator and collaboration agent lists to CMS by March 21, 2017.

CJR participants should submit your lists of CJR collaborators and practice collaboration agents to CJRSupport@cms.hhs.gov by 8:00pm EDT on March 21, 2017.

A new CJR data feed will be available by Friday, March 31, 2017.

You will be able to access the monthly data feed via the [CJR Data Portal](#). Instructions about how to access the portal are available in the Libraries tab on CJR Connect within the "CJR Data Portal" content pack. Email CJRSupport@cms.hhs.gov if you have any questions regarding the monthly data feed.

April 1, 2017 is the start of post-operative data collection for patient-reported outcomes (PRO) for patients in Performance Year 1 (PY1).

Hospitals can voluntarily collect post-operative data 9 to 12 months following eligible procedures performed during the period of July 1-August 31, 2016, and included in the PY1 pre-operative data submission. For more information, see "Overview of CJR Quality Measures (Quality Supplement) 01 17 17," which is available through the Libraries tab on [CJR Connect](#). Email CJRSupport@cms.hhs.gov if you have any questions about PRO data submission.

New Patient Engagement Affinity Group

In April, a new affinity group will be launched for CJR participant hospitals interested in exchanging promising practices and ideas related to engaging CJR patients and their families to improve care outcomes. The Patient Engagement Affinity Group will meet 4 times between April and July 2017 to collaborate and help identify opportunities for success. Each meeting will focus on a specific topic area, with the group engaging in a high level of interactive peer-to-peer discussion. If participants indicate interest, action groups may be developed to test or implement specific interventions or practices based on these topics, and to share learnings and support for these activities. If you are interested in joining, please [click here](#) to take a brief survey.

Frequently Asked Question: Gainsharing Payments from a Participant Hospital to A CJR Collaborator

Q: Is the cap that applies to reconciliation payments for gainsharing also applicable to payments made to physicians, non-physician practitioners, and physician group practices based upon internal cost savings?

A: Yes. A gainsharing payment means a payment from a participant hospital to a CJR collaborator, under a sharing arrangement, composed of only reconciliation payments or internal cost savings or both. The total amount of a gainsharing payment for a calendar

year paid to an individual physician or non-physician practitioner who is a CJR collaborator must not exceed 50 percent of the total Medicare approved amounts under the Physician Fee Schedule (PFS) for services furnished to the participant hospital's CJR beneficiaries during a CJR episode by that physician or non-physician practitioner.

This cap also applies to gainsharing payments made to physician group practices (PGPs). The total amount of gainsharing payments for a calendar year paid to a PGP that is a CJR collaborator must not exceed 50 percent of the total Medicare approved amounts under the PFS for services that are billed by the PGP and furnished during a calendar year by members of the PGP to the participant hospital's CJR beneficiaries during CJR episodes. Finally, the total amount of distribution payments for a calendar year paid to a practice collaboration agent must not exceed 50 percent of the total Medicare approved amounts under the PFS for services billed by the PGP and furnished by the practice collaboration agent to the participant hospital's CJR beneficiaries during a CJR episode.

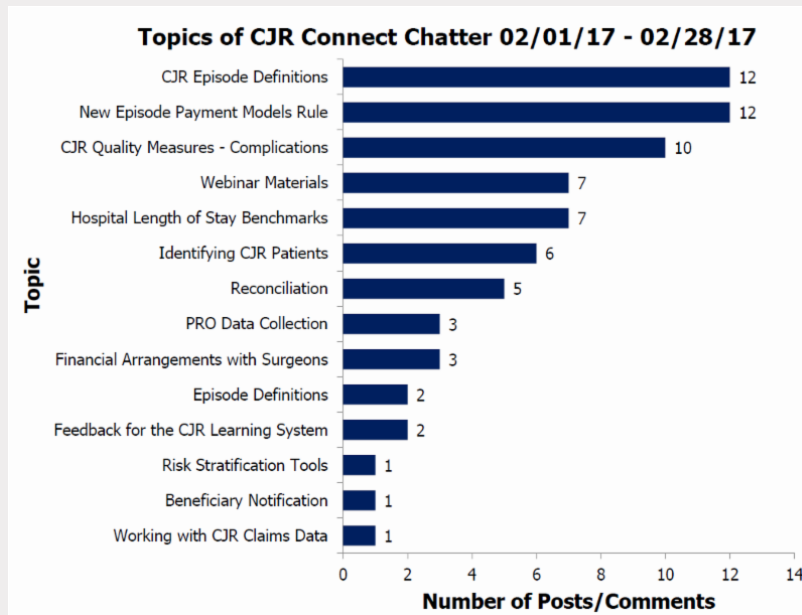
CJR Connect: What's New

New Resources In Libraries

The following resources are now available in the libraries:

- CJR Biweekly Update 02 23 2017
- Webinar The Patient Journey Series: Strategies for Utilizing Clinical Risk Stratification to Achieve Better Outcomes for CJR Beneficiaries 02 09 17 Materials (Content pack updated to include the webinar recording)
- Webinar Review of CJR Monitoring Reports 01 24 17 Materials (Content pack updated to include the transcript, recording and sample monitoring report discussed during the webinar)

What's Trending on Chatter



For questions, assistance, suggestions for Learning System events or to be added to the CJR Biweekly Update distribution list, please contact CJRSupport@cms.hhs.gov.