CJR CY19Q1 Monitoring Report

Hospital A

Select peer group comparison: None

Key Metrics	Compliance	Access	Episode Spending	Quality	Physicians	Appendices

Key Metrics

Total CJR Episodes (Your Hospital)

CY19Q1: **29** (62 nd percentile*)

PTD: **358** (75 th percentile*)

Comparing your hospital's episode volume to all CJR hospitals in the nation

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Access

Case Mix	CY19Q1	PTD
MS-DRG [1] 469, No Fracture	0%	3%
MS-DRG 469, Fracture	7%	**8%+**
MS-DRG 470, No Fracture	76%	68%
MS-DRG 470, Fracture	17%	22%

Due to rounding, rows may not add up to exactly 100%

Benchmark: Your Baseline [2]

Cancelled Episodes		
Managed Care	0	21
Death	0	18
BPCI [3] Overlap	0	2
Other Reason	1	28

No significance testing

Length of Stay		
MS-DRG 469, No Fracture	N/A	6.1
MS-DRG 469, Fracture	8.0	9.3
MS-DRG 470, No Fracture	**3.8-**	**3.6-**
MS-DRG 470, Fracture	5.6	5.3

Benchmark: Your Baseline

Length of Stay in Skilled Nursing Facilities		
MS-DRG 469, No Fracture	N/A	16.4
MS-DRG 469, Fracture	20.0	24.4
MS-DRG 470, No Fracture	12.0	**12.2-**
MS-DRG 470, Fracture	15.0	16.8

Benchmark: Your Baseline

Spending

Episode Spending	CY19Q1	PTD
MS-DRG 469, No Fracture	N/A	$32,727
MS-DRG 469, Fracture	$41,979	$61,110
MS-DRG 470, No Fracture	$19,352	$23,593
MS-DRG 470, Fracture	$29,373	$39,120

Benchmark: Your Target Price

Episode Spending by Service		
Anchor stay	$12,487	$12,688
Inpatient readmissions	$609	$1,489
IP Rehab. Facility	$1,690	$1,938
Skilled Nursing Facility	**$2,349-**	$5,593
Home Health	**$1,882-**	$2,971
Other	**$3,624-**	$5,312

Benchmark: Your Baseline

Post-Episode Spending		
MS-DRG 469, No Fracture	N/A	$3,791
MS-DRG 469, Fracture	**$0-**	$10,972
MS-DRG 470, No Fracture	**$0-**	$1,589
MS-DRG 470, Fracture	**$0-**	$2,791

Benchmark: Your Baseline

Quality

Readmissions and Mortality	CY19Q1	PTD
30-day Readmission	7%	8%
90-day Readmission	7%	14%
30-day Mortality	0%	3%
90-day Mortality	0%	5%

Benchmark: Your Baseline

High-Quality SNF [4] Utilization		
MS-DRG 469, No Fracture	N/A	100%
MS-DRG 469, Fracture	100%	89%
MS-DRG 470, No Fracture	100%	98%
MS-DRG 470, Fracture	100%	82%
All Episodes	100%	91%

Benchmark: Your Baseline

BLUE+ = Significantly [5] above benchmark   **ORANGE-** = Significantly below benchmark

PTD = Performance to date   [6]

All dollar amounts displayed in this section are in standardized dollars (adjusted based on your local wage index and incentive payments).

Please note that it is not possible to replicate all results in this report using data sent to you. See   Appendix A for more information.

Introduction

In order to assess whether hospitals are achieving the goals of the Comprehensive Care for Joint Replacement (CJR) Model, CMMI has developed a series of indicators to track your hospital's performance. The intent of the report is to provide feedback on your hospital's performance relative to benchmarks, but these reports will also be used to send compliance reminders on topics such as waiver use and collaborator lists. **The Calendar Year 2019 Quarter 1 (CY19Q1) report includes data from the CJR/EPM Data Portal as of 4/16/2019 for performance years 2, 3, and 4 of the CJR program. This is a change from previous reports which included all performance years of the program. Performance year 1 has been removed as a result of the completion of that year's final reconciliation.** The next monitoring report (CY19Q2) will include more recent data and more indicators.

You will note that the report contains data on two baseline periods (2012-2014 and 2014-2016). Episodes from the baseline periods are used as a monitoring benchmark. For episodes beginning on or after April 1, 2016 through December 31, 2017, the baseline period was January 1, 2012 through December 31, 2014 (before the start of the CJR Model). For most episodes beginning on or after September 1, 2017, the baseline period was January 1, 2014 through December 31, 2016. This episode-to-baseline period correspondence is consistent with how baseline data is used in the target price calculation described in the CJR rule.

This report includes a peer group comparison. There are three peer groups available for comparison alongside your hospital: high DSH, high volume, and large. To view a peer group comparison for select graphs and tables in the report, choose an option from the blue drop-down menu at the center top of the navigation. Proceed to the next section for more information on peer group comparisons.

Peer Groups

There are three peer groups available for comparison alongside your hospital in this report: High Disproportionate Share Hospital (DSH), High Volume, and Large. The reported metrics are averages over all hospitals in a given peer group. Peer groups are created using up-to-date CJR episode data and publicly-available hospital information. High DSH hospitals are those with a DSH patient percentage greater than or equal to the 75th percentile of the distribution amongst CJR hospitals. High volume hospitals are those with a number of CJR episodes in the CJR performance period (performance year 2 through present) greater than or equal to the 75th percentile of the distribution amongst CJR hospitals. Large hospitals are those with a number of beds greater than or equal to the 75th percentile of the distribution amongst CJR hospitals.

We gathered information about the number of beds in each hospital and the DSH patient percentage from the [most recent IPPS Impact File](#).

The table below presents the peer groups, if any, to which your hospital belongs.

Peer Group Membership

	Member of peer group?
High DSH	No
High Volume	No
Large	Yes

Compliance

This section describes the area(s) where your hospital appears to be noncompliant with applicable requirements stated in [42 CFR PART 510—COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL](#). These compliance issues may be related to the data presented in this report, but may also concern other CJR requirements.

- There are no compliance issues included in this report for your hospital.

If CMS identifies compliance issues with the requirements of the CJR Model, CMMI will contact your hospital.

Program Waiver Use

The below table shows the number of Medicare program waivers that your hospital is using. CMMI is tracking waiver use to ensure that hospitals are utilizing the available Medicare program waivers in a way that is consistent with the requirements of the CJR program. CMMI will contact your hospital if misuse of the program policy waivers is identified.

Waiver Use Counts

	CY19Q1	PTD
3-day SNF	0	15
Home visit	0	0
Telehealth	0	0

Access

In this section, we present how the characteristics of patients receiving joint replacements are changing over time. We are monitoring changes in these characteristics to assess whether Medicare patients retain access to care of their choice. Access monitoring is subdivided into the following concepts:

- Hospital case mix
- Demographic characteristics of patients
- Frequency of cancelled episodes
- Average length of episode anchor stays
- Average length of stays at Skilled Nursing Facilities

Subsequent reports will also track other measures determined to be relevant to CJR access.

Case Mix

The tables and charts below explore overall episode volume and case mix distribution during the baseline periods and the CJR implementation period to date. We define case mix using four cohorts of CJR episodes that are distinguished by MS-DRG and fracture status:

- MS-DRG 469, No fracture
- MS-DRG 469, Fracture
- MS-DRG 470, No fracture
- MS-DRG 470, Fracture

Each cohort has its own target price. MS-DRG 470 with no fracture is comprised of the patients whose treatment is the least complex and costly, and as such it is the base case mix group.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Case Mix Percentages

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
MS-DRG 469, No fracture	2%	2%	0%	5%	0%	0%	**13%+**	3%	0%	0%	3%	3%	2%
MS-DRG 469, Fracture	**7%+**	**10%+**	3%	**8%+**	**13%+**	**10%+**	3%	6%	7%	7%	**8%+**	4%	1%
MS-DRG 470, No fracture	68%	67%	76%	**60%-**	68%	71%	60%	69%	72%	76%	68%	73%	77%
MS-DRG 470, Fracture	23%	20%	21%	28%	19%	20%	23%	22%	21%	17%	22%	21%	19%
All Episodes	44	49	33	40	31	41	30	32	29	29	358	567	545

Due to rounding, percentages may not add up to exactly 100%

Benchmark: Your Baseline

Case Mix Counts

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
MS-DRG 469, No fracture	1	1	0	2	0	0	4	1	0	0	9	15	13
MS-DRG 469, Fracture	3	5	1	3	4	4	1	2	2	2	27	20	7

MS-DRG 470, No fracture	30	33	25	24	21	29	18	22	21	22	245	413	422
MS-DRG 470, Fracture	10	10	7	11	6	8	7	7	6	5	77	119	103
All Episodes	44	49	33	40	31	41	30	32	29	29	358	567	545

No significance testing against any benchmark

Export Table

Demographics

The tables below display demographic characteristics of patients associated with CJR episodes. The characteristics include age, sex, and dual eligibility status, as of the anchor start date of the CJR episode.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Age

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	**44**	**49**	**33**	**40**	**31**	**41**	**30**	**32**	**29**	**29**	**358**	**567**	**545**
Under 65	9%	10%	9%	15%	3%	10%	10%	12%	7%	7%	9%	10%	13%
65 to 74	50%	49%	39%	35%	55%	41%	30%	41%	28%	45%	42%	45%	45%
75 and older	41%	41%	52%	50%	42%	49%	60%	47%	66%	48%	49%	45%	42%

Due to rounding, percentages may not add up to exactly 100%

No significance testing against any benchmark

Export Table

Sex

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	**44**	**49**	**33**	**40**	**31**	**41**	**30**	**32**	**29**	**29**	**358**	**567**	**545**
Female	73%	71%	67%	88%	68%	56%	60%	75%	59%	69%	69%	68%	64%
Male	27%	29%	33%	12%	32%	44%	40%	25%	41%	31%	31%	32%	36%

Due to rounding, percentages may not add up to exactly 100%

No significance testing against any benchmark

Export Table

Dual Eligibility Status

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	**44**	**49**	**33**	**40**	**31**	**41**	**30**	**32**	**29**	**29**	**358**	**567**	**545**
Dual Eligible	25%	24%	21%	30%	26%	29%	13%	28%	24%	24%	25%	23%	23%

No significance testing against any benchmark

Export Table

Cancelled Episodes

The below table shows the frequency with which initiated episodes have been cancelled and the reasons for cancellation. Note that counts of cancelled episodes are not final until reconciliation has occurred.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Cancelled Episodes

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes (incl. cancelled)	59	52	42	44	43	47	37	36	36	30	427	617	610
Managed Care only	8	1	0	0	5	1	2	1	3	0	21	3	6
Death only	0	0	1	3	4	3	2	2	2	0	18	17	30
BPCI Overlap only	0	0	0	0	0	0	1	0	1	0	2	N/A*	N/A*
Other reason or multiple reasons	7	2	8	1	3	2	2	1	1	1	28	30	29
Net Total Episodes	44	49	33	40	31	41	30	32	29	29	358	567	545

No significance testing against any benchmark

*Counts of episodes cancelled due to BPCI overlap in the baseline periods are not available at this time

Export Table

Length of Stay

The chart and table below display the average length of episode anchor stays in recent quarters and in the CJR baseline periods. These amounts are the number of calendar days between an episode's anchor stay begin date and anchor stay end date. Values are average number of days, where each episode's length of stay is rounded *up* to the next largest whole number of days.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Average Length of Stay

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	**44**	**49**	**33**	**40**	**31**	**41**	**30**	**32**	**29**	**29**	**358**	**567**	**545**
MS-DRG 469, No fracture	6.0	6.0	N/A	4.0	N/A	N/A	7.8	4.0	N/A	N/A	6.1	7.7	8.0
MS-DRG 469, Fracture	6.3	11.8	5.0	10.3	10.2	10.5	8.0	9.5	5.5-	8.0	9.3	9.2	8.1
MS-DRG 470, No fracture	4.2	3.4-	3.4-	3.8-	3.5-	3.7-	3.4-	3.7	3.3-	3.8-	3.6-	4.3	4.5
MS-DRG 470, Fracture	5.1-	5.6	4.6-	5.4	4.7-	5.9	5.4	5.0-	5.7	5.6	5.3	5.9	5.9

Benchmark: Your Baseline

Export Table

Length of Stay in Skilled Nursing Facilities

The chart and table below display the average length of stays at Skilled Nursing Facilities in recent quarters and in the CJR baseline periods. These amounts are the number of calendar days between a SNF stay's begin date and SNF stay's end date. Values are average number of days, where each individual stay length is rounded up to the next largest whole number of days. Please note that these averages only include completed SNF stays (patient has been discharged). Episodes during which the patient was never admitted to a SNF are ignored in this analysis.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Average Length of Stay in Skilled Nursing Facilities

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	**44**	**49**	**33**	**40**	**31**	**41**	**30**	**32**	**29**	**29**	**358**	**567**	**545**
MS-DRG 469, No fracture	N/A	4.0	N/A	N/A	N/A	N/A	23.3	N/A	N/A	N/A	16.4	27.3	21.0
MS-DRG 469, Fracture	27.5	16.8	N/A	25.0	23.5	34.7	77.0	10.0	N/A	20.0	24.4	21.9	19.3

MS-DRG 470, No fracture	**11.9-**	**7.4-**	**8.8-**	11.9	**10.4-**	15.3	13.7	12.2	14.0	12.0	**12.2-**	17.2	16.8
MS-DRG 470, Fracture	**11.6-**	22.5	20.0	18.5	17.3	17.3	**14.8-**	14.3	9.0	15.0	16.8	21.0	22.4

Benchmark: Your Baseline

Export Table

Episode Spending

This section includes estimates of episode spending data intended to help hospitals track their progress. It presents trends in average episode spending, overall and by category, in the baseline and implementation periods. Your hospital will receive a different report to communicate reconciliation results.

Over time we will assess changes in spending across the baseline periods and during the implementation period relative to benchmarks, such as spending at CJR participant hospitals within your region (US Census Division) and peer groups. This will help track the effect of the CJR Model on spending patterns.

Total Episode Spending

The below chart and table concern average total episode spending, both overall and relative to the hospital average during the CJR baseline periods. All dollar amounts displayed in this section are averages over the given period and are expressed as standardized payment amounts.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Average Total Episode Spending

		CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes		44	49	33	40	31	41	30	32	29	29	358	567	545
MS-DRG 469, No fracture	Actual	$27,047	$24,385	N/A	$21,344	N/A	N/A	$44,396	$22,838	N/A	N/A	$32,727	$45,551	$33,909
	Target	$41,847	$41,772	$41,772	$41,772	$39,555	$39,490	$39,490	$39,490	$37,928	$37,961	N/A	N/A	N/A
MS-DRG 469, Fracture	Actual	$54,221	$67,386	$42,595	$59,817	$67,084	$62,185	$88,990	$50,580	$68,575	$41,979	$61,110	$63,213	$58,723
	Target	$59,536	$59,400	$59,400	$59,400	$56,384	$56,291	$56,291	$56,291	$54,065	$54,112	N/A	N/A	N/A
MS-DRG 470, No fracture	Actual	$23,555	**$21,353-**	**$21,174-**	$29,103	$21,738	**$27,558+**	$24,034	$23,179	$24,626	$19,352	$23,593	$28,085	$28,424
	Target	$24,136	$24,094	$24,094	$24,094	$22,367	$22,330	$22,330	$22,330	$21,447	$21,466	N/A	N/A	N/A
MS-DRG 470, Fracture	Actual	$36,927	$42,932	$38,528	$51,750	$37,374	$42,912	**$25,867-**	$31,510	$43,115	$29,373	$39,120	$41,932	$41,389
	Target	$44,517	$44,419	$44,419	$44,419	$42,260	$42,191	$42,191	$42,191	$40,522	$40,558	N/A	N/A	N/A

Benchmark: Target Price

Export Table

Episode Spending by Service

This section compares the service use during the baseline periods to that during the CJR implementation period to date. Total episode spending is divided by MS-DRG/fracture combinations and then arranged into mutually exclusive categories of service. These categories of service are:

- Anchor Stay
- Inpatient Readmissions (Readmit)

- Inpatient Rehabilitation Facility (IRF)
- Skilled Nursing Facility (SNF)
- Home Health (HH)
- Spending not included in the above categories (Other)

These plots and tables more precisely examine how expenditures are changing relative to baseline averages. All dollar amounts displayed in this section are in standardized payment amounts.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Episode Spending by Service

		Anchor	Readmit	IRF	SNF	HH	Other
MS-DRG 469, No fracture	CY19Q1	N/A	N/A	N/A	N/A	N/A	N/A
	Base 14-16	$18,341	$2,023	$2,597	$7,487	$3,127	$11,976
	PTD	$17,293	$969	$0	$6,482	$2,971	$5,012
	Region PTD	$17,715	$2,604	$2,404	$5,423	$1,873	$5,744
	Composite Baseline	$18,198	$1,292	$1,988	$7,031	$2,731	$9,135
MS-DRG 469, Fracture	CY19Q1	$19,171	$0	$11,082	$4,674	$2,106	**$4,946-**
	Base 14-16	$20,030	$3,175	$3,748	$16,933	$2,949	$16,378
	PTD	$18,875	$4,466	$6,335	$18,982	$2,287	$10,165
	Region PTD	$18,536	$3,299	$6,249	$15,904	$2,488	$8,113
	Composite Baseline	$19,407	$3,374	$4,494	$18,400	$2,799	$12,743
MS-DRG 470, No fracture	CY19Q1	**$11,990-**	$802	$568	**$266-**	$2,222	**$3,504-**
	Base 14-16	$12,178	$1,124	$1,685	$5,471	$2,759	$4,869
	PTD	$12,023	$825	$1,027	**$1,988-**	$3,099	$4,630
	Region PTD	$12,021	$709	$469	$1,709	$1,220	$4,483
	Composite Baseline	$12,080	$1,062	$1,830	$5,637	$2,785	$4,846
MS-DRG 470, Fracture	CY19Q1	**$11,999-**	**$0-**	$2,871	$10,581	**$301-**	**$3,620-**
	Base 14-16	$12,148	$1,880	$3,744	$14,350	$2,867	$6,943
	PTD	$12,100	$2,617	$3,520	$12,266	$2,804	$5,813
	Region PTD	$12,084	$2,367	$5,920	$11,948	$2,530	$6,128
	Composite Baseline	$12,092	$1,666	$3,802	$14,114	$2,913	$7,077

Benchmark: Your Baseline

The composite baseline is a mean of the two baseline period values weighted by the number of episodes in the corresponding performance quarters.

Export Table

Post-Episode Spending

The chart and table below display average post-episode spending in recent quarters and in the CJR baseline periods. These amounts are the total spending in the 30 day interval that follow a patient's episode end date. As in the episode spending subsection above, values are average standardized payment amounts.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

Average Post-Episode Spending

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	44	49	33	40	31	41	30	32	29	29	358	567	545
MS-DRG 469, No fracture	$66	$2,324	N/A	$513	N/A	N/A	$7,630	$178	N/A	N/A	$3,791	$1,628	$884
MS-DRG 469, Fracture	$14,814	$11,660	$92,136	$4,503	$10,328	$3,098	$27,237	$1,654	$1,798	**$0-**	$10,972	$4,872	$8,281
MS-DRG 470, No fracture	$1,995	$895	**$532-**	$5,411	$1,478	$1,960	$1,684	**$583-**	$1,223	**$0-**	$1,589	$1,232	$1,010

MS-DRG 470, Fracture	$3,807	$4,030	$2,798	$1,511	**$967-**	$1,814	$6,627	$4,693	**$125-**	**$0-**	$2,791	$2,905	$3,217

Benchmark: Your Baseline

[Export Table](#)

Quality

This section examines trends in 90-day readmissions and 90-day mortality rates during the baseline periods and the CJR implementation period to date. Although these measures are not used to determine CJR target prices, these indicators are important indicators for monitoring. Up-to-date quality measures used for CJR reconciliation, including Hospital-level risk-standardized complication rates (RSCRs) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, are publicly available for download from [Hospital Compare](#).

Readmissions and Mortality

The below charts display the changes in 30- and 90-day rates for mortality and readmissions across the CJR implementation period in comparison to the baseline periods. Note that these measures are not risk adjusted, since they are calculated using data from the CJR Model payment reconciliation data. For both readmission and mortality, lower rates are better.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes	**44**	**49**	**33**	**40**	**31**	**41**	**30**	**32**	**29**	**29**	**358**	**567**	**545**
30-Day Readmission	7%	8%	0%	**15%+**	**19%+**	10%	0%	6%	7%	7%	8%	7%	8%
90-Day Readmission	16%	16%	**3%-**	20%	19%	17%	13%	16%	7%	7%	14%	12%	13%
30-Day Mortality	0%	0%	3%	5%	3%	**7%+**	**6%+**	3%	0%	0%	3%	2%	3%
90-Day Mortality	0%	**0%-**	3%	7%	**11%+**	7%	6%	6%	6%	0%	5%	3%	5%

Benchmark: Your Baseline

Note: The denominator for mortality rates is total episodes plus the number of deaths during the specified time period.

[Export Table](#)

High-Quality SNF Utilization

The below charts display the changes in high-quality SNF utilization rates for episodes that include a SNF stay across the CJR implementation period in comparison to the baseline periods. SNF overall star ratings reflect important differences in quality among SNFs that are applicable to care for CJR Model beneficiaries recovering after LEJR surgery. In this chart, higher percentages reflect greater usage of higher-quality SNFs.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal.

High-Quality SNF Utilization Percentages

	CY16Q4	CY17Q1	CY17Q2	CY17Q3	CY17Q4	CY18Q1	CY18Q2	CY18Q3	CY18Q4	CY19Q1	PTD	Base 14-16	Base 12-14
Total Episodes with SNF Stay	**19**	**20**	**8**	**15**	**10**	**13**	**11**	**8**	**3**	**4**	**128**	**247**	**87**
MS-DRG 469, No fracture	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	71%	100%
MS-DRG 469, Fracture	50%	75%	N/A	100%	100%	100%	100%	100%	N/A	100%	89%	64%	N/A

MS-DRG 470, No fracture	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	92%	95%
MS-DRG 470, Fracture	86%	75%	100%	100%	100%	100%	50%	100%	100%	100%	82%	83%	86%
All Episodes	89%	85%	100%	100%	100%	100%	82%	100%	100%	100%	91%	88%	93%

Benchmark: Your Baseline

Note: The denominator for high-quality SNF rates is the total number of episodes with completed SNF stays during the specified time period. Incomplete SNF stays and SNFs without a quality rating were excluded from the calculation of these percentages.

[Export Table](#)

Your Physicians

This section displays spending and quality metrics for your hospital's physicians. These metrics are divided by episode type into the four subsections below. Each contains a table with rows identifying by name and NPI the physicians that treated at least one episode of that type during the model period. **Episodes are attributed to the operating physician listed on the inpatient claim**, and all values reflect cumulative performance to date.

The horizontal bars underlying values represent deviation from your hospital's mean for episodes of that type, which is displayed in the bottom row of the tables. Unlike elsewhere in the report, this is not a comparison to a baseline or benchmark, but rather to your hospital's mean.

This section is based on the claims, enrollment, and episode data available on the CJR data portal as of 4/16/2019. Subsequent monitoring reports will refresh the data to incorporate the most recently available data on the CJR data portal. Note: The denominator for mortality rates is total episodes plus the number of deaths during the specified period.

MS-DRG 469, No fracture

[Export Table](#)

MS-DRG 469, Fracture

[Export Table](#)

MS-DRG 470, No fracture

[Export Table](#)

MS-DRG 470, Fracture

[Export Table](#)

Appendix A: Methods

This section defines the indicators, data sources, and methods used to produce the statistics in the CJR Monitoring report. Of note, it is not possible to replicate all results on this report using the data available on the portal. If you have questions on methodology, please email the [CJR support desk](#).

The indicators for the monitoring report are described in the table below and organized into the CJR rule's monitoring areas: compliance,

spending, quality, and access. Episodes are categorized into months or years using anchor begin dates. All dollar amounts are standardized unless otherwise indicated. All means are divided by total episodes unless otherwise indicated. Quality measures are not risk-adjusted unless otherwise indicated.

Indicator		Source (CJR Data File)	Description
Spending	Episode spending	Episode (EPI) and Target Price (PXXXXXX*) files	Total episode spending and target price in standardized dollars.
	Service use	EPI file	Distribution of episode spending across six care categories: Anchor, Inpatient Readmissions, IRF, SNF, HH, and Other.
	Post-episode spending	EPI and Claims files	Total spending in the 30 day interval that follows the patient's episode end date.
Quality	30- and 90-day readmissions and mortality	EPI and Excluded Episode (EPIEXC) files	All-cause patient death or readmission. Death is measured since admission, and readmission is measured since discharge. These results are not risk-adjusted.
	High-quality SNF use	[3-star SNF list on CMMI website](#)	The proportion of SNFs with a rating of 3-stars or higher.
Access	Case mix	EPI file	The frequency of the four DRG-fracture combinations: 469-no fracture, 469-fracture, 470-no fracture, 470-fracture.
	Demographics	Enrollment (DENOM) and Beneficiary dual eligibility (BDUAL) files linked with EPI file	Age = <65, 65-74, or 75+ Sex = male or female Dual status = dual eligible as of month of anchor stay
	Cancelled episodes	EPIEXC file	The frequency with which anchor stays are excluded from the program.
	Post-acute care (PAC) mix and length of stay	EPI, home health (HHHDR), SNF (SNHDR), IRF and LTCH (IPHDR) files	The proportion of PAC services used; average length of stay for the initial PAC stay within 30 days of discharge.
	Length of Stay in Skilled Nursing Facilities	EPI and SNF (SNHDR) files	Average length of stay at SNFs during CJR episodes.

Where "XXXXXX" is your CCN

Statistical Significance

Throughout this report, results concerning certain measures are flagged as "Significantly above benchmark" (**BLUE** $^+$) or "Significantly below benchmark" (**ORANGE** $^-$). The benchmark used for comparison is noted below the table. All results for your hospital in this report are determined by calculating averages of different samples of measures (e.g., your hospital's average CJR episode spending from this quarter benchmarked against your hospital's average episode spending from the corresponding baseline period). "Significantly" roughly corresponds to a 2-σ difference between the average of your hospital's values and the benchmark value for the measure in question, where σ is either the empirical population standard deviation of your hospital's values, or an estimated combined standard deviation of your hospital's values and the benchmark values, if applicable (e.g., if the benchmark value is the mean of regional values).

Specific values required to calculate significant differences, including the population standard deviations for your hospital or benchmark values, are not distributed in this report.

Appendix B: Glossary of Terms

Term	Definition
Anchor start date	The first day of an inpatient stay that initiates an episode
Baseline	The CJR baseline period. Episodes from the baseline period are used as a monitoring benchmark. For episodes beginning on or after April 1, 2016 through December 31, 2017, the baseline period was January 1, 2012 through December 31, 2014 (before the start of the CJR Model). For most episodes beginning on or after September 1, 2017, the baseline period was January 1, 2014 through December 31, 2016.
BPCI	Bundled Payments for Care Improvement
	Distribution of episodes among the four diagnostic categories:

Case mix	- MS-DRG 469, No fracture - MS-DRG 469, Fracture - MS-DRG 470, No fracture - MS-DRG 470, Fracture
CJR	Comprehensive Care for Joint Replacement model
CMMI	Center for Medicaid and Medicare Innovation
CMS	Centers for Medicare and Medicaid Services
CY19Q1	Calendar Year 2019 Quarter 1
MS-DRG	Medicare Severity-Diagnosis Related Group
HCAHPS scores	Results from the Hospital Consumer Assessment of Healthcare Providers and Systems survey
HH	Home Health
High-Quality SNF	A Skilled Nursing Facility achieving a quality star rating of three or more stars (out of five) for at least seven of the past 12 months at the time of admission
Hospital-level risk-standardized complication rates	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)
IP	Inpatient
IRF/IP Rehab. Facility	Inpatient Rehabilitation Facility
LEJR	Lower-extremity joint replacement
LTSS	Long-Term Services and Supports
N	Sample size
PTD	Performance To Date: performance during performance years 2 and 3 of the CJR implementation period
Region	US Census Division
SNF	Skilled Nursing Facility
Standard deviation	A quantity calculated to indicate the extent of deviation for a group as a whole

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Back to Top