

CJR 101: What is CJR? Basic Overview and Refresher



**Comprehensive Care for
Joint Replacement (CJR)
Model**

February 22, 2016

Agenda

- Upcoming CJR 101 Webinar Series
- CJR Overview
- CJR Model Requirements: Beneficiary Notification
- How to Request and Receive Data
- Resources for CJR Hospitals

Upcoming CJR 101 Webinars

Webinar Title	Date & Time
Key Program Parameters: Financial Arrangements, Beneficiary Incentives, and Medicare Program Rule Waivers	3/01/2016 3-4 p.m. Eastern
Quality Measures: Voluntary Reporting of THA/TKA Patient-Reported Outcomes (PRO) and Limited Risk Variable Data	3/10/2016 3-4 p.m. Eastern
Getting Ready: What You Need to Know	3/15/2016 3-4 p.m. Eastern
Quality Measures and Quality Composite Score	3/17/2016 3-4 p.m. Eastern

Registration links for the webinars above have been sent to primary points of contact at each CJR hospital. If you need the link, email cjrsupport@cms.hhs.gov.

CJR Overview

CJR Model: Description

- The **CJR model begins April 1, 2016** and will last 5 performance years, through December 2020
- CJR is an episode-based payment model for lower extremity joint replacement (LEJR) procedures for Medicare fee-for-service beneficiaries
- CJR episodes include:
 - Hospitalization for LEJR procedure assigned **MS-DRG 469 or 470 and 90 days post-discharge**
 - **All Part A and Part B services**, with the exception of certain excluded services that are clinically unrelated to the episode

CJR Model: Participants

- The CJR model will be implemented in **67** metropolitan statistical areas (MSAs).
- Participant hospitals in these selected MSAs are **all acute care hospitals paid under the IPPS** that are not currently participating in Model 1 or Models 2 or 4 of the Bundled Payments for Care Improvement (BPCI) initiative for LEJR episodes.
- **Approximately 800 hospitals are required to participate in the CJR model.** This list is available at the CJR model website.
<https://innovation.cms.gov/initiatives/cjr>

CJR Model: Financial

- Providers and suppliers **continue to be paid via Medicare FFS**
- Participant hospitals will receive prospective episode target prices that reflect expected spending for a LEJR episode. After a performance year, **actual episode spending will be compared to the episode target prices**
 - ✓ If aggregate target prices are greater than actual episode spending, hospitals may receive a reconciliation payment, subject to quality performance
 - ✓ If aggregate target prices are less than actual episode spending, hospitals will be responsible for making a payment to Medicare
- Responsibility for repaying Medicare begins in Year 2, with **no downside responsibility in Year 1**

CJR Model: Target Prices

- Target prices will be set for episodes anchored by MS-DRG 469 vs. MS-DRG 470 and **for episodes with hip fractures vs. without hip fractures**
- Based on **3 years of historical data**
- Includes **3% discount** to serve as Medicare's savings
- Based on **blend of hospital-specific and regional episode data** (Census Division), transitioning to regional pricing

Target Price Hospital-Specific and Regional Blend

Year	Hospital-Specific Portion	Regional Portion
Year 1	2/3	1/3
Year 2	2/3	1/3
Year 3	1/3	2/3
Year 4		100%
Year 5		100%

CJR Model: Quality

- Quality measures:
 - √ Hospital Level Risk Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure (NQF #1550)
 - √ Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure (NQF #0166)
- Hospitals will be encouraged to submit data to support the development of a hospital-centric patient-reported outcome measure for THA/TKA
- Pay-for-performance methodology will assign a composite quality score to each hospital which may affect a hospital's discount percentage experienced at reconciliation

CJR Model Requirements: Beneficiary Notification

Beneficiary Notification

- Beneficiary notification about the CJR model will **support transparency**.
 - **Providers and suppliers involved in risk sharing** with a hospital are required to **notify beneficiaries of the payment model**
 - If there are no risk sharing arrangements, **hospitals** must notify beneficiaries of payment implications
- Beneficiary notification requirements focus the attention of all parties on the requirement to provide all medically necessary services.
- **CMS will provide model notification forms for hospitals, physicians, and PAC providers/suppliers prior to April 1, 2016**
- Hospitals are also required to provide beneficiaries with the following:
 - A list of all available PAC providers in their area
 - Discharge planning notice of potential financial liability

How to Request and Receive Data

Requesting and Receiving Data

- CMS will provide CJR hospitals with access to CJR episode data. In order to receive these data, CJR hospitals must request the baseline and quarterly data
- Email CJRSupport@cms.hhs.gov to receive the CJR Data Request and Attestation Form
- Once the form is received, CMS will provide instructions on accessing the data portal

Data Portal

CJR Download Report

Download

Below you will find your hospital's most recent CJR data files/reports. If you cannot find (or are having issues opening) a specific file, please contact the CJR Support Team at:

CJRsupport@cms.hhs.gov or 1-844-711-CMMI (2664) Option 1

Select your Organization

Organization

Please enter an organization name or CCN.

DCH Regional Medical Center - 010092

List of available reports for download for this organization

File Name	File Type	File Size	Date Added	Download
README	ZIP	1.003 MB	January 21, 2016	Download
Historical Aggregate Clai...	ZIP	2.751 KB	January 21, 2016	Download
Historical Raw Claims Data	ZIP	8.332 MB	January 21, 2016	Download
Target Prices	ZIP	1.278 KB	January 21, 2016	Download

Available on the Portal Today

- What's included:
 - README file of CJR episode and target prices methodology (technical specifications in PDF format)
 - Target prices for April-September 2016
 - Historical claims (includes enrollment, claim, and episode summary information). *These files contain personally-identifiable information.*
 - Historical claim summaries (statistics on episodes for your hospital and region)
 - File layouts
- Target prices, historical claims, and historical claim summary files don't have an extension. To open in Excel, rename the file to have .csv at the end. File layouts can be opened in Notepad or renamed to have a .txt at the end.

Resources for CJR Hospitals

Resources for CJR Hospitals

- CJR model final rule can be viewed at <https://www.federalregister.gov>
- CJR Connect website (available by March 1)
 - CJR 101 webinar slides
 - Notification letter templates
- Model background documents, list of hospitals, other materials on the CMMI CJR public website at <https://innovation.cms.gov/initiatives/cjr>
- For CJR participant inquiries, email the CJR Support Team at CJRSupport@cms.hhs.gov

Questions