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**SCOPE**

All employees and providers involved in the Comprehensive Joint Replacement Program ("CJR") for the mandatory period from April 1, 2016 to December 31, 2020.

**PURPOSE**

This set of policies have been developed to be a managerial guide to provide clear responsibilities to the staff involved in administering this the CJR program.

**POLICY**

All program requirements will be in accordance with CMS guidelines for the program, including any changes made in the future. The following will cover the process for admitting a provider into the program, external reporting requirements, maintenance of data, and accuracy of payments.

WJMC shall determine physician eligible for participation in the CJR model based upon objective comparison of the physician using the Louisiana Cohort in Crimson Reporting Tool, for Traditional Medicare patients with a DRG of 469 and 470. Eligible physicians will include only those physician who are within 0.5 Standard Deviations from the Mean for 4 of 5 measures (30-day Readmissions, Patient Safety Indicators 9 and 11, Inpatient Quality Indicator 14 and Hospital Acquired Conditions per 1000 patients). Information will be based on the previous calendar year.

For public reporting purposes, a current and historical list of all CJR collaborators, including the names and address of each will be maintained. Such list shall be updated by WJMC on at least a quarterly basis and reported on WJMC's public website under the Comprehensive Joint Replacement link at <http://www.wjmc.org/> or accessible directly at <http://www.wjmc.org/cjr>.

For a period of 10 years, WJMC will maintain records of the following:

- Its process for determining and verifying the eligibility of CJR collaborators to participate in Medicare;
- Information confirming the organizational readiness of WJMC to measure and track internal cost savings;
- WJMC's plan to track internal cost savings;
- Information on the accounting systems used to track internal cost savings;
- A description of current health information technology, including systems to track reconciliation payments and internal cost savings;
- WJMC's plan to track gainsharing payments and alignment payments; and
- Whether WJMC recouped any gainsharing payments received by a CJR collaborator that contain funds derived from a CMS overpayment on a reconciliation report, or were based on the submission of false or fraudulent data.

To ensure the accuracy of payment, the final results of the reconciliation and internal cost savings payments will be reviewed by the hospital and details will be shared with the collaborators. To ensure accuracy of the information from Medicare, the hospital will complete an audit of the payments assigned to providers for services to beneficiaries in the program.

**Approved By:** Robert Chugden, MD