

Purpose:

East Jefferson General Hospital participates in the Centers for Medicare and Medicaid Services (CMS) Comprehensive Care for Joint Replacement model (CJR Model). The CJR Model encourages hospitals, physicians and other providers to cooperate to improve the quality and coordination of care for patients receiving lower extremity joint replacements. CMS allows participant hospitals to enter into gainsharing agreements with certain providers that participate in the hospital's CJR care redesign efforts and related activities. Such providers are referred to as "CJR Collaborators". CJR Collaborators may share in the reconciliation payments, if any, earned through positive performance in the CJR program by the participant hospital.

Policy:

Eligibility Criteria

1. Qualifications of Collaborators: To be eligible to participate as a Participating Physician in the CJR Program at Hospital, the physician must:
 - a. Possess a valid and unrestricted license to practice medicine in Louisiana.
 - b. Be a credentialed member of Hospital's medical staff (i.e., meet all the requirements and certifications included in the medical staff bylaws) and maintain a clinical practice office in or around Metairie, Louisiana.
 - c. Be eligible to participate in the Medicare program.
 - d. Be insured against professional liability at a level not less than the level of coverage required by Hospital's medical staff bylaws.
 - e. Have contact with at least 5% of his or her patients treated under MS-DRG 469 and 470 at Hospital.
 - f. Agree to sign a bundled payment program contract that will include parameters and metrics related to quality, care provision and savings payment triggers appropriate for the services provided.
 - g. Have met the quality metrics for the performance year with respect to the LEJR Procedures performed.
 - h. Be a participating provider in the clinically integrated network, Gulf South Quality Network (GSQN).

Further, in order for Collaborator to be eligible for any Gainsharing Payment in any performance year hereunder it shall:

- a. have billed for an item or service that was rendered by one or more Participating Physician members of the Collaborator to an Eligible Beneficiary during a LEJR Procedure that occurred during the calendar year in which Hospital's internal cost savings was generated, or to which the NPRA applied; and
- b. contribute to Hospital's care redesign in the CJR model and be clinically involved in the care of Eligible Beneficiaries (The following is a non-exhaustive list of ways in which Collaborator might be "clinically involved" in the care of Eligible Beneficiaries: (i) provide

care coordination services to Eligible Beneficiaries during and/or after inpatient admission; (ii) engage with Hospital in care redesign strategies, and actually perform a role in implementing such strategies, that are designed to improve the quality of care for LEJR Procedures and reduce the LEJR Procedure spending; and (iii) in coordination with other providers and suppliers (such as members Physician Participants and post-acute care providers), implement strategies designed to address and manage the comorbidities of the Eligible Beneficiaries).

The CJR bundle includes:

- a. All 90-day episodes of care that are triggered by a hospitalization of eligible Medicare fee-for-service beneficiaries discharged with MS-DRGs 469 and 470.
- b. The episode includes both the hospitalization and 90 days of post-acute care inclusive of the day of discharge.
- c. All Medicare Part A and Part B services.

The selection criteria will not be based directly or indirectly on the volume or value of past or anticipated referrals or business otherwise generated by, between or among the participant hospital, any CJR collaborator, any collaboration agent, any downstream collaboration agent, or any individual or entity affiliated with a participant hospital, CJR collaborator, collaboration agent, or downstream collaboration agent.