

Policy Scope:

This policy applies to the Allegheny Health Network (“AHN”) entities and individuals outlined in the policy applicability section below.

Policy Statement:

AHN is committed to providing quality care to anyone who turns to it for treatment. Recognizing that hip and knee replacements are the most common inpatient surgery for Medicare beneficiaries, AHN hospitals are participating in the Comprehensive Care for Joint Replacement (CJR) model to support better and more efficient care for beneficiaries.

Policy Purpose:

To provide guidelines so that AHN may comply with the CJR model.

Policy Definitions:

- A. *Collaborator*-means one of the following Medicare-enrolled persons or entities that enters into a sharing arrangement:
 - 1. Skilled nursing facility (SNF).
 - 2. Home health agency.
 - 3. Long-term care hospital.
 - 4. Inpatient rehabilitation facility.
 - 5. Physician.
 - 6. Non-physician practitioner.
 - 7. Provider or supplier of outpatient therapy services.
 - 8. Physician group practice.
- B. *Practice Collaboration Agent*- a physician group practice member who has entered into a distribution arrangement with the same PGP of which he or she is a member and who has not entered into a collaborator agreement with a participant hospital.

Guidelines/Procedures:

- A. *Selection Criteria for Participation*
 - 1. Collaborators will represent and warrant that Practice Collaboration Agents maintain current licenses to practice medicine.
 - 2. Collaborators will represent and warrant that Practice Collaboration Agents maintain compliance with all credentialing and re-credentialing criteria established by the Participant Hospital.
 - 3. Collaborator and Practice Collaborator Agents will satisfy patient selection protocols established by Participant Hospital.
 - 4. Collaborator and Practice Collaborator Agents will follow Participant Hospital’s protocols for care delivery and coordination, including without limitation, pre-operative testing and post-acute care.

B. Care Redesign Activities

1. Collaborator will require that Practice Collaboration Agents attend CJR meetings (quarterly) and learning activities; draft care pathways; and review episode financial and quality data.
2. Collaborator must provide care coordination services to CJR beneficiaries during and/or after inpatient admission.
3. Collaborator must administer surveys for collection of patient report outcomes data (developed by Participant Hospital) to CJR beneficiaries that have received items and services directly from Collaborator.
4. Collaborator must ensure that Practice Collaboration Agents complete medical documentation and claim submission for items and services provided to CJR beneficiaries in a timely fashion.

C. Documentation Requirements Relating to Sharing Arrangements

1. Website requirements
 - a. Document the Collaboration agreement contemporaneously with the establishment of the arrangement.
 - b. Publicly post (and update on at least a quarterly basis) on Participant Hospital website:
 - i. A list of current and past CJR Collaborators, including their names and addresses.
 - ii. The selection criteria.
2. Finance-related requirements
 - a. Participant Hospital must require each CJR Collaborator to maintain documentation with respect to payment or receipt of any gainsharing payment or alignment payment that includes at a minimum:
 - i. Nature of the payment (gainsharing or alignment);
 - ii. Identity of the parties making and receiving the payment;
 - iii. Date of the payment;
 - iv. Amount of the payment;
 - v. Date and amount of any recoupment of a CJR Collaborator's gainsharing payment; and
 - vi. Explanation for each recoupment.
 - b. Participant Hospital must keep record for the following:
 - i. Its process for determining and verifying CJR Collaborators' eligibility to participate in Medicare;
 - ii. Its plan to track internal cost saving; Information on the accounting systems used to track internal cost saving;
 - iii. Its plan to track gainsharing payments and alignment payments.

D. Beneficiary Choice and Notification Requirements

1. Participant Hospital notice to applicable patients:
 - a. If a beneficiary is scheduled for a CJR admission, Participant Hospital must provide written notice to the beneficiary of the beneficiary's inclusion in CJR prior to admission.
 - b. If the beneficiary is not scheduled in advance, Participant Hospital must provide written notice at the time of admission, or as soon as possible, but in all cases before discharge.
 - i. The notification must include all of the following:
 - a. A detailed explanation of the CJR Model and how it might impact the beneficiary's care.
 - b. Notice that the beneficiary retains freedom of choice to choose providers and services.
 - c. Explanation of how patients can access medical records and claims data.
 - d. Statement indicating that all Medicare beneficiary protections are available, including access to the Medicare helpline.

- e. A list of the providers, suppliers, and ACOs with whom the CJR Participant Hospital has a sharing arrangement. This requirement can also be met by including a detailed notice in a web address where beneficiaries can access the list.
2. Collaborator notice:
- a. Participant Hospital must require every CJR collaborator to provide written notice to beneficiaries regarding the CJR model and the existence of the sharing arrangement with Participant Hospital. The notice must be provided no later than at the time at which the beneficiary receives an item or service from the CJR collaborator.
 - b. CJR collaborators must be able to generate and provide to CMS a list of all beneficiaries who received notice, including the date on which the notice was provided to the beneficiary.
 - c. Participant Hospitals must require every ACO, PGP, NPPGP, or TGP that is a CJR collaborator where a member of the ACO, PGP, NPPGP, or TGP furnishes an item or service to a CJR beneficiary to also provide notice and generate a list
3. Discharge planning notice:
- a. As under the current CJR rule, Participant Hospital must provide the beneficiary with a written notice of any potential financial liability associated with non-covered services recommended or presented as an option as part of discharge planning. This notice should be provided when discharge planning is discussed or when the patient is discharged, whichever is earlier.
 - b. Also if Participant Hospital has knowledge that the patient is considering or decided to receive a non-covered service/supply, Participant Hospital must inform the patient that the service would not be covered by Medicare.
 - c. If Participant Hospital discharges the patient to a SNF prior to the 3-day hospital stay, and the patient would not qualify under the SNF 3-day waiver, the treating physician, or treating staff, must inform the patient that the patient will be responsible for payment of the services at the SNF except those that would be covered under Part B during a non-covered inpatient SNF stay.

Sponsorship and Authorizations:

Policy Authority: Sam Reynolds, Chief Quality Officer, Highmark Health

Cross Referenced and Related Policies:

None

External or Regulatory References:

Section 115A of the Social Security Act

Attachments:

None

Policy Applicability:

√	Entity or Organization	√	Entity or Organization
	AHN Corporate		Surgery Centers
X	Allegheny General Hospital		Bethel Park
X	Allegheny Valley Hospital		Monroeville
	Allegheny Clinic		Peters Township
X	Canonsburg Hospital		Wexford
X	Forbes Hospital		Saint Vincent Hospital (Saint Vincent Health Center)
X	West Penn Hospital		Saint Vincent Surgery Center
X	Jefferson Hospital		Saint Vincent Endoscopy Center
	Jefferson Physician Partner Practices		Saint Vincent Health System
	Premier		Saint Vincent Medical Group & Other Medical Offices
	ASRI		Medical Group of Corry (RHC)
			Westfield Memorial Hospital
√	People	√	People
	Independent credentialed/privileged providers (including physicians, nurse practitioners, physician assistants, certified registered nurse anesthetists, and midwives)		
	Employees (including residents and fellows)		Independent consultants
	Contracted/embedded workforce personnel (including agency staff)		Volunteers
	Vendors		Students
	Onsite		Visitors

	Offsite	Researchers
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