



MSH/MSQ Administrative Policy

CJR Collaborator Selection Criteria and Collaborator List

POLICY OVERVIEW:

- **Purpose:** To document the process by which The Mount Sinai Hospital (“MSH”) including the Mount Sinai Hospital of Queens (“MSQ”) selects Collaborators to enter into a financial arrangement with MSH/MSQ as part of the Comprehensive Care for Joint Replacement (“CJR”) Model.
- **Policy:** In accordance with 42 CFR 510.500, MSH/MSQ is allowed to partner with eligible parties (“Collaborators”) and enter into a financial arrangement in which MSH/MSQ will share any savings as part of the CJR Model with Collaborators who have signed a *CJR Collaboration Agreement between Participant Hospital and Physician Collaborator Agreement* (“Collaborator Agreement”) with the aforementioned Hospitals. MSH/MSQ eligible parties who accept traditional fee-for-service Medicare and perform major lower extremity joint procedures may partner with MSH/MSQ in the CJR Model.

Participation in a sharing arrangement is voluntary. There will be no penalty for nonparticipation. Eligible parties must enter into a sharing arrangement before care is furnished to CJR beneficiaries under the terms of the sharing arrangement. Eligible parties who wish to gain share will sign a CJR collaboration agreement with the Hospital and adhere to the contents of the agreement in terms of care redesign and quality criteria. Quality criteria are established by MSH/MSQ and will be tied to the methodology in which incentive payments are distributed to Collaborators. If savings are achieved under the CJR Model, incentive payments will be derived from Internal Cost Savings (ICS) and Net Payment Reconciliation Amount (NPRA) which will collectively be referred to as the CJR Savings Pool.

The selection criteria shall not be based directly or indirectly on the volume or value of referrals or business otherwise generated by, between or among the Hospital, CJR collaborators, and any individual or entity affiliated with the Hospital or CJR Collaborator.

In the event that gainsharing payments made to a CJR Collaborator are based on the submission of false or fraudulent data, it is MSH/MSQ’s policy and responsibility to recoup these gainsharing payments.

The sharing arrangement shall not under any circumstances induce the participant Hospitals, CJR collaborators, or any employees or contractors of the participant Hospitals or CJR Collaborators to reduce or limit medically necessary services to any Medicare beneficiary. Additionally, the sharing arrangement shall not restrict the ability of a CJR Collaborator to make decisions in the best interests of its patients, including the selection of devices, supplies and treatments.

- **Procedure:** Any MSH/MSQ surgeon who has not opted-out of Medicare, is in good standing status with Medicare and compliant with all Medicare provider enrollment requirements, accepts traditional fee-for-service Medicare and performs major lower extremity joint procedures (DRGs 469 and 470) at MSH/MSQ will be eligible to enter into a financial arrangement with MSH/MSQ as a Collaborator.

Collaborators must sign a Collaborator Agreement agreeing to adhere to the care redesign initiatives, compliance and program requirements, quality metrics and gainsharing methodologies. In addition to the requirements outlined in the Collaborator Agreement, eligible parties must agree to distribute the required beneficiary notification to patients at the time surgery is scheduled and must not object to their information being disclosed on the Hospital’s website as being a Collaborator.

Gainsharing payments (if applicable) will be distributed on an annual basis and not more than once per calendar year.



MSH/MSQ Administrative Policy

CJR Collaborator Selection Criteria and Collaborator List

DEFINITIONS:

- **Participant Hospital:** An IPPS hospital (other than those hospitals specifically excepted under 510.100) with a CCN primary address in one of the geographic areas selected for participation in the CJR model, as of the date of selection or any time thereafter during any performance period. 42 CFR § 510.105
- **CJR Beneficiary:** Includes Medicare fee-for-service (“FFS”) beneficiaries admitted for an inpatient anchor hospitalization for MS–DRG 469 or MS–DRG 470. Certain Medicare [exclusions](#) apply. Medicare must be the beneficiary’s primary payer. “CJR Beneficiary” excludes individuals whose Medicare eligibility is on the basis of End Stage Renal Disease (“ESRD”), Medicare beneficiaries enrolled in any managed care plan, and beneficiaries covered by the United Mine Workers of American health plan.
- **CJR Collaborator:** Limited, for purposes of this policy, to those eligible parties that agree to meet CJR participant hospital-established Selection Criteria, and with whom the participant hospital intends to gainshare (to the extent CJR program savings are generated).

A CJR Collaborator can be any of the following Medicare-enrolled persons or entities that enter into a sharing arrangement (42 CFR § 510.2):

1. Skilled nursing facility (SNF)
 2. Home health agency (HHA)
 3. Long-term care hospital (LTCH)
 4. Inpatient rehabilitation facility (IRF)
 5. Physician
 6. Nonphysician practitioner
 7. Provider or supplier of outpatient therapy services
 8. Physician group practice (PGP)
- **Collaborator Agreement:** Written gainsharing agreement between an eligible party and the CJR participant hospital, in which the eligible party agrees, among other requirements, to meet the participant hospital-established Selection Criteria. 42 CFR § 510.500
 - **Episode of Care:** Encompasses both the inpatient stay for CJR Beneficiaries and all related care within 90 days of hospital discharge from the joint replacement procedure. Certain Medicare [exclusions](#) apply.

REFERENCES:

- CJR Final [Rule](#): 80 Fed. Reg. 73274 (Nov. 24, 2015)
- CMS and OIG Fraud and Abuse [Waivers](#)
- CMS CJR Model Summary [Website](#)



MSH/MSQ Administrative Policy

CJR Collaborator Selection Criteria and Collaborator List

CJR COLLABORATORS:

The Mount Sinai Hospital (“MSH”) including the Mount Sinai Hospital of Queens (“MSQ”) is participating in a Medicare initiative called the Comprehensive Care for Joint Replacement (CJR) model.

The CJR model aims to promote quality and financial accountability for care surrounding lower-extremity joint replacement (LEJR) procedures, commonly referred to as hip and knee replacements and/or other major leg procedures. MSH/MSQ’s participation in the CJR model should not restrict your access to care for your medical condition or your freedom to choose your health care providers and services.

All existing Medicare beneficiary protections continue to be available to you. These include the ability to report concerns of substandard care to Quality Improvement Organizations and 1-800-MEDICARE.

MSH/MSQ’s COLLABORATING PHYSICIANS:

- Darwin Chen, MD
- James Gladstone, MD
- Ilya Iofin, MD
- Stephen Johnstone, MD
- Calin Moucha, MD
- Edward Yang, MD