

DEPARTMENT: Legal	POLICY DESCRIPTION: Medicare Bundled Payments: CJR Collaborator Selection Criteria
PAGE: 1 of 3	REPLACES POLICY DATED: 3/8/16
EFFECTIVE DATE: February 1, 2019	REFERENCE NUMBER: LL.MBP.002
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: This policy applies to all HCA Healthcare, Inc. and Affiliated Entities and Facilities (collectively, “Company”) hospitals participating in the Centers for Medicare and Medicaid Services (“CMS”), Comprehensive Care for Joint Replacement (“CJR”) model, unless specifically exempted.

Capitalized terms used in this policy and not otherwise defined have the meaning given to them in the Definitions section below.

The following facilities are exempt from this policy: Mission Hospital. Each facility exempt from this policy must establish a written policy that defines its CJR Collaborator Selection Criteria.

PURPOSE: Effective April 1, 2016, and subject to narrow exception, all acute care hospitals located in select geographic areas will be participants in the CJR bundled payment program. The program, extending for five performance years, will assess participants’ financial and clinical performance across a 90 day Episode of Care for MS-DRGs 469 and 470. To facilitate program success, CMS is encouraging participant hospitals to gainshare savings realized under the program with physicians and/or physician group practices – referred to in the CJR program as “CJR Collaborators.”

To participate as a CJR Collaborator, all interested physicians and/or physician group practices (referred to collectively as “Physicians”) must agree to certain participant hospital-established selection criteria. This policy is intended to set forth the CJR Collaborator selection criteria for all Company hospitals participating in CJR (“Hospitals”).

POLICY: Physicians seeking to participate in the CJR program at a Hospital as a CJR Collaborator, must meet the following selection criteria (“Selection Criteria”):

1. Practice as an orthopaedic surgeon (or, if a physician group practice, have physician owners or employees that are orthopaedic surgeons);
2. As requested by Hospital, participate in CJR-specific care redesign meetings and related activities;
3. Recommend to their patients who are CJR Beneficiaries scheduled for surgery at Hospital that they participate in a Hospital-approved joint camp and prehab; and
4. Deliver any of their CJR Beneficiary patients’ discharge plan to Hospital prior to or on day of surgery.

The above Selection Criteria are related to, and inclusive of, the quality of care to be delivered to CJR Beneficiaries. Meeting the above Selection Criteria will be a condition of participating in the CJR program as a CJR Collaborator.

Under no circumstances are the above Selection Criteria related, directly or indirectly, to the volume or value of past or anticipated referrals or other business generated to, from, or among a Hospital, any CJR Collaborator, and any individual or entity affiliated with Hospital or a CJR Collaborator.

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PROCEDURE:

The Chief Executive Officer (CEO) of a Hospital, or his/her designee, must:

1. **Inform and Educate.** Inform and educate each Physician that is an orthopaedic surgeon (or, if a physician group practice, have physician owners or employees that are orthopaedic surgeons), regarding the potential to participate in CJR as a CJR Collaborator. Such educational outreach must include communicating that the above-stated Selection Criteria are required for participation.
2. **Confirm.** For those Physicians that have expressed interest in participating as a CJR Collaborator, confirm such Physicians' willingness to meet the above selection criteria and sign a written gainsharing agreement with Hospital. A template gainsharing agreement will be provided to the Hospital for this purpose.
3. **Execute agreement.** Ensure the Physician signs the written gainsharing agreement (whether a Collaborator Agreement or Distribution Agreement), which must expressly incorporate this policy. The gainsharing agreement must be signed before care is furnished to CJR Beneficiaries under the terms of the agreement.

DEFINITIONS:

CJR Beneficiary includes Medicare fee-for-service ("FFS") beneficiaries admitted for an inpatient anchor hospitalization for MS-DRG 469 or MS-DRG 470. 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 is limited, for purposes of this policy, to those physicians or physician group practices 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).

Collaborator Agreement is the written gainsharing agreement between a physician or physician group practice and the CJR participant hospital, in which the physician or physician group practice agrees, among other requirements, to meet the participant hospital-established Selection Criteria.

Distribution Agreement is the written gainsharing agreement between a physician group practice CJR Collaborator and its physician employees or members that also intend to participate in the CJR program (referred to by CMS as "practice collaboration agents"). In the Distribution Agreement, such practice collaboration agents must likewise agree to meet, among other requirements, the participant hospital-established Selection Criteria.

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.

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REFERENCES:

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