

- 4) **The program began on April 1, 2016.** The first performance period for the CJR model began on April 1, 2016. CMS extended this date in the final ruling from January 1, 2016. Performance years 2017, 2018, 2019, and 2020 include episodes that occur from January 1 through December 31 of each year.
- 5) **CMS updated the quality-based payment method.** Instead of the proposed performance percentile thresholds for reconciliation payment eligibility, the CJR uses a composite quality score methodology. The composite quality score is a hospital-level summary quality score reflecting performance and improvement on the two quality measures finalized for this model [THA/TKA Complications measure (NQF #1550) and the HCAHPS patient experience Survey measure (NQF #0166)], and successful reporting of THA/TKA patient-reported outcomes (PROs) and limited risk variable data.
- 6) **PROMs are currently not a mandatory component of the model.** However, you can earn bonus “points” for voluntary PRO and risk variable submission. Hospitals can receive additional “points” towards earning reconciliation payments through voluntary submission of PRO and risk variable data. ([See the full PRO and Risk variable Data Elements lists here](#)) In Year 3, to qualify for bonus “points” for voluntary PRO and risk variable submission, hospitals must submit data for 70% or 100 elective primary LEJR procedures performed between **July 1 2017 and June 30, 2018**. For the third year of the program, post-operative data on Performance Year 2 patients and pre-operative data on Performance Year 3 patients must be submitted to CMS by August 31, 2018.
- 7) **You will be able to use AJRR’s Level III platform and CJR template to facilitate collection of PROs for your patients.** AJRR meets CJR’s quality and outcome needs.
 - ✓ Measures for Quality and Outcome Assessment (AJRR’s Level III data elements)
 - ✓ Generic Quality of Life PRO measure: VR-12 or PROMIS 10 Global
 - ✓ Hip-Specific PRO measure: HOOS, JR. (Hip disability and Osteoarthritis Outcome Score)
 - ✓ Knee-Specific PRO measure: KOOS, JR. (Knee injury and Osteoarthritis Outcome Score)
 - ✓ View our PROMs Guide [here](#)
 - ✓ Measures for Risk Adjustment (AJRR’s Level II data elements)
 - ✓ AJRR collects the following risk variable data elements, which are required by CJR: patient-reported pain in non-operative lower extremity joint; patient-reported back pain (Oswestry Disability Index); patient-reported health literacy.
 - ✓ AJRR can provide you with a CJR template to simplify data collection and submission to CMS.
- 8) **Hospitals need to submit all of the data on their own behalf.** You do not need attestations or proof from us of your participation.
- 9) **The site where surgery was performed is held accountable.** In the CJR model, the acute care hospital i.e., the site of surgery will be held accountable for spending during the episode of care.
- 10) **The CJR is a retrospective bundled payment model.** CMS will provide participant hospitals with Medicare episode prices, called the target prices, prior to the start of each

performance year. Target prices for episodes anchored by MS-DRG 469 vs. MS-DRG 470 and for episodes with hip fractures vs. without hip fractures will be provided to participant hospitals. The target price will include a discount over expected episode spending and combine a blend of historical hospital-specific spending and regional spending for LEJR episodes, with the regional component of the blend increasing over time. All providers and suppliers furnishing LEJR episodes of care to beneficiaries throughout the year will be paid under existing Medicare payment systems.

- 11) **Beneficiaries retain their freedom of choice to choose services and providers.** Physicians and hospitals are expected to continue to meet current standards required by the Medicare program. The rule also describes additional monitoring of claims data from participant hospitals to ensure that hospitals continue to provide all necessary services.
- 12) **Getting started with the AJRR is easy.** For more information about using the AJRR to meet your mandated or voluntary CJR requirements, contact the AJRR Business Development Representative in your area. You can find the contact information at www.AJRR.net or by calling 1-847-292-0530.

Additional Resources and Links:

You should get the most current facts and information directly from CMS. More information about CJR, including the final rule can be viewed [here](#)

CMS supplied Frequently Asked Questions can be found [here](#)

More information about the American Joint Replacement Registry can be found [here](#)

