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Administrative Manual
Policy #: 1287

COMPREHENSIVE CARE FOR JOINT REPLACEMENT
BENEFICIARY PROTECTIONS POLICY

Objective: To establish Comprehensive Joint Replacement (CJR) Medicare beneficiary protections, including freedom of provider choice and notice requirements, for Covenant Medical Center Medicare-enrolled patients undergoing Lower Extremity Joint Replacement.

Scope: All Covenant facilities and wholly owned entities.

Policy: Covenant HealthCare will never restrict Medicare beneficiaries' ability to choose any Medicare enrolled provider or supplier, or any physician or practitioner who has opted out of Medicare. Through the discharge planning process, Covenant HealthCare will continue to allow patient freedom of choice, consistent with Medicare Condition of Participation discharge planning requirements. Covenant HealthCare and CJR Collaborators will provide CJR Eligible Beneficiaries with required hospital and CJR Collaborator notifications consistent with the CJR program as codified at 42 C.F.R. §510, Subpart E.

Procedure:

1. All CJR Eligible Beneficiaries will receive a list of the greater Saginaw community's post-acute care providers during the discharge planning process. Covenant HealthCare will disclose any existing Sharing Arrangements with post-acute providers within the post-acute care list provided to CJR Eligible Beneficiaries.
2. Covenant HealthCare will never limit beneficiary choice in any manner and will only recommend preferred providers and suppliers where permitted under applicable statutes and regulations. Patient and family preferences will be respected when they are expressed.
3. CJR Eligible Beneficiaries will receive written notice of any potential financial liability associated with non-covered services that are recommended or presented as an option as part of discharge planning, no later than when the post-acute care option is discussed, or the CJR Eligible

Beneficiary is discharged, whichever occurs earlier. If at any time Covenant HealthCare knew or should have known that the CJR Eligible Beneficiary is considering or has decided to receive non-covered post-acute services, the hospital shall notify the CJR Eligible Beneficiary that the service would not be covered by Medicare.

4. Covenant HealthCare will provide CJR Eligible Beneficiaries with notice (Exhibit C) of his or her inclusion in the model. This notice will be provided upon admission to Covenant HealthCare for an Anchor Hospitalization, or immediately following the decision to schedule an LEJR surgery, whichever occurs later. The notice will include:
 - a. Detailed explanation of the CJR model and how it is expected to affect the beneficiary's care.
 - b. Notice that the CJR Eligible Beneficiary retains freedom of choice to choose providers and services.
 - c. Explanation of how CJR Eligible Beneficiaries can access care records and claims data through an available patient portal, and how they can share access to their Blue Button® electronic health information with caregivers.
 - d. A statement that all existing Medicare beneficiary protections continue to be available to the CJR Eligible Beneficiaries. These include the ability to report concerns of substandard care to the Quality Improvement Organization, (insert name?), and 1-800-Medicare.
 - e. A list of the providers and suppliers with whom Covenant HealthCare has a Collaborator Agreement.
5. All CJR Collaborators must provide written notice describing any Sharing Arrangements with Covenant HealthCare to CJR Eligible Beneficiaries. The required notice must be provided at the time the CJR Eligible Beneficiary decides to undergo LEJR surgery. If the Collaborator is a non-physician, this notice must be provided no later than the time the CJR Eligible Beneficiary first receives services from the provider or supplier during the CJR episode.

Effective date: February 2017
Review date: February 2019
Revised: February 2018
Reviewed: February 2018
Reviewed By: Executive Team-December 2016

Committee on Business Ethics and Compliance-January 2017
Board of Directors-January 2017
Board of Directors-February 2018

Approved By:

Lawrence H. Sims, Chairman of the Board

Date

Daniel George, Executive Vice President of Operations

Date

EXHIBIT C

Beneficiary Notifications

This Centers for Medicare & Medicaid Services (CMS) issued notification form is not modifiable by any entity or individual unless otherwise indicated in the form.

Please see § 510.405 of the Comprehensive Care for Joint Replacement Final Rule for all requirements surrounding beneficiary notification. The final rule can be accessed here: <https://www.federalregister.gov/articles/2015/11/24/2015-29438/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals>.

In order to aid monitoring and compliance efforts, CMS recommends all CJR hospitals and their collaborators maintain a list of beneficiaries that receive these notification documents.

Comprehensive Care for Joint Replacement Model Notification Letter

Covenant HealthCare is participating in a New Care Improvement Initiative from Medicare.

Covenant HealthCare 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. The Covenant HealthCare 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.

The CJR model aims to help give you better care.

The CJR model aims to support better and more efficient care for beneficiaries undergoing LEJR procedures. A CJR episode of care is typically defined as an admission of an eligible Medicare beneficiary to a hospital participating in the CJR model that eventually results in a discharge paid under Medicare Severity-Diagnosis Related Groups (MS-DRG) 469 (major joint replacement or reattachment of lower extremity with major complications or comorbidities) or 470 (major joint replacement or reattachment of lower extremity without major complications or comorbidities). The CJR episode of care continues for 90 days following discharge. This model tests bundled payment and quality measurement for an episode of care associated with LEJR procedures to encourage hospitals, physicians, and post-acute care providers to work together to improve the quality and coordination of care from the initial hospitalization through recovery. Through this bundled payment model, Covenant HealthCare will receive additional payments if quality and spending performance are strong or, if not, potentially have to repay Medicare for a portion of the spending for care surrounding a lower extremity joint replacement procedure.

Medicare is using the CJR model to encourage Covenant HealthCare to work more closely with your doctors and other health care providers that help patients recover after discharge from the hospital, including nursing homes (skilled nursing facilities), home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. The goal of the model is to encourage these providers and suppliers to provide you with better, more coordinated care during and following your hospital stay. The model is expected to lower the cost of care to Medicare but your costs for covered care will not increase due to these changes.

Covenant HealthCare is working closely with the doctors and other health care providers and suppliers who will care for you during and following your hospital stay and extending through the recovery period. By working together, your health care providers and suppliers are planning more efficient, high quality care as you undergo treatment.

It's your choice which hospital, doctor, or other providers you use.

You have the right to choose which hospital, doctor, or other post-hospital stay health care provider you use.

- To find a different doctor, visit Medicare's Physician Compare website, <http://www.medicare.gov/physiciancompare>, or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.
- To find a different hospital, visit <http://www.hospitalcompare.hhs.gov/> or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.
- To find a different skilled nursing facility, visit Medicare's Nursing Home Compare website, <http://www.medicare.gov/nursinghomecompare>, or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.
- To find a different home health agency, visit Medicare's Home Health Agency Compare website, <http://www.medicare.gov/homehealthcompare>, or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.
- If you believe that your care is adversely affected or have concerns about substandard care, you may call 1.800.MEDICARE or contact your state's Quality Improvement Organization by going to: <http://www.qioprogram.org/contact-zones>.

For an explanation of how patients can access their health care records and beneficiary claims data, please visit <https://www.healthit.gov/patients-families/blue-button/about-blue-button>.

Get more information.

If you have questions or want more information about the Comprehensive Care for Joint Replacement (CJR) model, call Covenant HealthCare, Kelly Stehle at 989.583.6446 or call 1-800-MEDICARE. You can also find additional information at <https://innovation.cms.gov/initiatives/cjr>.