

Comprehensive Care for Joint Replacement (CJR) Model
Voluntary Participation Election Letter

Centers for Medicare & Medicaid Services
Center for Medicare and Medicaid Innovation
7500 Security Boulevard
Baltimore, MD 21244

Submitted via email: CJRSUPPORT@CMS.HHS.GOV

Re: Comprehensive Care for Joint Replacement (CJR) Model Voluntary Participation Election

Dear CMS:

In accordance with 42 C.F.R. § 510.115, I am submitting this voluntary election participation letter on behalf of:

Hospital Name _____

Hospital CCN _____

Hospital Address _____

City _____ State _____ Zip Code _____

In order to continue to participate in the Comprehensive Care for Joint Replacement (CJR) model for performance year 3, to participate in performance year 4, and performance year 5, and to receive payment for these performance years as a Participant Hospital, the Hospital agrees to comply with the provisions of 42 C.F.R. Part 510 and all other applicable laws and regulations. I acknowledge and agree that upon acceptance by CMS, this letter is binding and serves as the Hospital's participation agreement for the CJR model (the "Agreement").

TERM OF AGREEMENT: The term of this Agreement is February 1, 2018 to December 31, 2020, unless the Hospital's participation in the CJR model is terminated sooner in accordance with applicable regulations.

MODEL PERFORMANCE YEAR: The first performance year under this Agreement begins on January 1, 2018 and ends on December 31, 2018 (i.e., Performance Year 3 of the CJR model).

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CERTIFICATIONS:

I certify that as a condition of participation in the CJR model and receipt of payments under the CJR model:

- (1) The Hospital is of the type of hospital described in 42 C.F.R. § 510.115(a) as eligible to submit a voluntary participation election letter;
- (2) The Hospital will comply with all requirements of the CJR model as set forth in 42 C.F.R. Part 510 and all other laws and regulations that are applicable to its participation in the CJR model; and
- (3) Data or information submitted to CMS will be accurate, complete and truthful, including, but not limited to, the information in this Agreement and any quality data or other information that CMS uses in reconciliation processes.

I further certify that:

- (1) I am the Administrator, Chief Financial Officer or Chief Executive Officer of the Hospital;
- (2) I have the authority to legally bind the Hospital; and
- (3) The statements contained in this Agreement and any supplemental submissions are accurate, complete and truthful.

Sincerely,

Signature

Executed on: [Insert Date of Signature]_____

Signatory information:

[Insert Name of Signatory] _____

[Title of Signatory] _____

[Email Address of Signatory] _____

[Phone Number of Signatory] _____