

Beneficiary Notifications

You may not modify any the language of this CMS-issued notification form except for the fields for Collaborator's name, hospital name, and hospital phone number.

For monitoring and compliance purposes, the Centers for Medicare & Medicaid Services (CMS) recommends that all Comprehensive Care for Joint Replacement (CJR) hospitals and their collaborating health care providers and suppliers keep a list of beneficiaries to whom you send these notification documents. As of 1/1/2018, participant hospitals and their collaborating health care providers and suppliers must be able generate a list of all beneficiaries receiving such notification, including the date on which the notification was provided to the beneficiary.

Requirements for beneficiary notices are at 42 CFR 510.405.

**[Collaborator's Name] is participating in Medicare's
Comprehensive Care for Joint Replacement (CJR) model**

Medicare designed the Comprehensive Care for Joint Replacement (CJR) model to encourage higher quality care and greater financial accountability from hospitals when Medicare beneficiaries receive lower-extremity joint replacement procedures (LEJR), typically hip or knee replacements.

[Collaborator's name] has entered into a financial arrangement with [Hospital name] to participate in the CJR model. Through this financial arrangement, [Hospital name] may share payments it receives from Medicare with [Collaborator's Name] if high quality of care goals are met, while keeping health care costs under control. If these standards are not met, [Collaborator's name] may have to pay [Hospital name] to repay Medicare for a portion of the spending. **Your costs for covered care will not be affected by these arrangements.**

The CJR model aims to help give you better care.

The CJR model aims to support better and more efficient care for beneficiaries undergoing hip and knee 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 for an LEJR procedure. The LEJR procedure can take place in either an inpatient or outpatient setting and will still be considered a CJR episode of care. The CJR episode of care continues for 90 days following discharge.

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

- 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.qioprogam.org>.
- 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 <https://www.medicare.gov/hospitalcompare>, 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.

For more information about the Comprehensive Care for Joint Replacement (CJR) model

If you have questions about or want more information about the CJR model, call [Hospital name] at [Hospital phone number] or call 1-800-MEDICARE. You can also find additional information from Medicare at <https://innovation.cms.gov/initiatives/cjr>.