Beneficiary Notifications

You may not modify the language of this CMS-issued notification form except for the fields for your hospital name and related information.

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.
[Hospital name] is participating in Medicare’s Comprehensive Care for Joint Replacement (CJR) model

[Hospital name] is participating in the Comprehensive Care for Joint Replacement (CJR) model. Medicare designed this 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. [Hospital name]’s 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.

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 for an LEJR procedure. This model uses episode 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. Under the CJR model, [Hospital] can earn additional payments from Medicare if we meet the high quality goals set by Medicare, while keeping hospital costs and care spending under control. If we don’t meet these quality and cost goals, we may have to repay Medicare.

Medicare is using the CJR model to encourage [Hospital name] to work more closely with your doctors and other health care providers that help patients recover after discharge from the hospital including, but not limited to, nursing homes (skilled nursing facilities), home health agencies, inpatient rehabilitation facilities, and long-term care hospitals. If you require a stay in a Skilled Nursing Facility (SNF) to assist with your recovery from surgery and if, and only if, it is clinically appropriate, the CJR model permits [Hospital name] to discharge you to a high quality SNF sooner than the three days Medicare usually requires to cover a SNF stay.
Medicare will monitor your care to ensure you and others are receiving high quality care.

*IF APPLICABLE INCLUDE: [Hospital name] entered into financial arrangements with collaborating health care providers and suppliers who are engaged in care redesign with the hospital and who may furnish health care services to you during your episode of care. Under these arrangements, [Hospital name] may share payments received from Medicare as a result of reduced episode spending and hospital internal cost savings with collaborating providers and suppliers. [Hospital name] may also share financial accountability for increased episode spending with collaborating providers and suppliers.*

*INCLUDE EITHER:*

The following list includes health care providers and suppliers that have established a financial arrangement with [Hospital name] in order to share in financial rewards and/or losses in the CJR model: (Provide list of [Hospital name]’s CJR Collaborators).

Additionally, the following website, [Hospital’s public facing website link], includes this list of health care providers and suppliers that have established a financial arrangement with [Hospital name].

*OR*

The following website, [Hospital’s public facing website link], includes health care providers and suppliers that have established a financial arrangement with [Hospital name] in order to share in financial rewards and/or losses in the CJR model.

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.
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.

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 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 [Hospital name] at [Hospital phone number] or call 1-800-MEDICARE. You can also find additional information at https://innovation.cms.gov/initiatives/cjr.