

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 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.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 AgencyCompare 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>.