

DEFINITION OF ATTRIBUTION-ELIGIBLE BENEFICIARY FOR THE COMPREHENSIVE CARE FOR JOINT REPLACEMENT (CJR) MODEL UNDER THE QUALITY PAYMENT PROGRAM

This document explains how an attribution-eligible beneficiary is defined for the Advanced APM track of the Comprehensive Care for Joint Replacement (CJR) Model solely for purposes of making Qualifying APM Participant (QP) determinations in the Quality Payment Program.

The definition of an attribution-eligible beneficiary for each Advanced APM is intended to identify, for inclusion in the denominator of the QP threshold calculations, only the patients and associated payments that could potentially be attributed to an APM Entity in an Advanced APM, and thus could also appear in the numerator of the QP threshold calculations. For many Advanced APMs, attribution is based on evaluation and management (E&M) claims; therefore, E&M claims are the basis for the standard definition of an attribution-eligible beneficiary. However, some specialty-focused or disease-specific APMs have attribution methodologies that are not based on E&M claims. When attribution within an APM is not based on E&M claims, CMS can establish an alternative attribution basis that considers the methodology the Advanced APM uses for attribution so that the attributed beneficiary population would truly be a subset of the attribution-eligible population.

The table below compares the standard definition of attribution-eligible beneficiary under the Quality Payment Program and attribution under the CJR Model rules.

QPP Definition for Attribution-Eligible Beneficiary	CJR Model Beneficiary Attribution Rules
<p>Attribution-eligible beneficiary means a beneficiary who during the QP Performance Period¹:</p> <ul style="list-style-type: none"> (1) Is not enrolled in Medicare Advantage or a Medicare cost plan; (2) Does not have Medicare as a secondary payer; (3) Is enrolled in both Medicare Parts A and B; (4) Is at least 18 years of age; (5) Is a United States resident; and (6) Has a minimum of one claim for evaluation and management services furnished by an 	<p>Under the CJR Model, a beneficiary's episode is attributed to a CJR Participant Hospital if the beneficiary meets the following criteria²:</p> <ul style="list-style-type: none"> (1) Must be enrolled in Medicare Parts A and B; (2) Must not be eligible for Medicare on the basis of end-stage renal disease. (3) Must not be enrolled in any managed care plan (for example, Medicare Advantage, Health Care Prepayment Plans, cost-based health maintenance organizations).

¹ 42 CFR § 414.1305.


² This list comes from a summary of the beneficiary inclusion criteria in 42 CFR 510.205, and discussion throughout the Medicare Program; Comprehensive Care for Joint Replacement Payment Model for Acute Hospitals Furnishing Lower Extremity Joint Replacement Services final rule dated Nov. 24, 2015.

eligible clinician who is in the APM Entity for any period during the QP Performance Period or, for an Advanced APM that does not base attribution on evaluation and management services and for which attributed beneficiaries are not a subset of the attribution-eligible beneficiary population based on the requirement to have at least one claim for evaluation and management services furnished by an eligible clinician who is in the APM Entity for any period during the QP Performance Period, the attribution basis determined by CMS based upon the methodology the Advanced APM uses for attribution, which may include a combination of evaluation and management and/or other services.

- (4) Must not be covered under a United Mine Workers of America health plan;
- (5) Must have Medicare as their primary payer.
- (6) Must have been discharged from a CJR Participant Hospital under 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);
- (7) Must not be aligned to certain Accountable Care Organizations that incorporate prospective alignment and downside risk.

As the table above shows, beneficiary attribution under the CJR Model is based on discharges from a CJR Participant Hospital under MS-DRG 469 or 470, and not on E&M claims. The standard definition of an attribution-eligible beneficiary would exclude certain attributed beneficiaries who do not necessarily receive any E&M services from eligible clinicians who are affiliated practitioners with the CJR Model as part of the episode of care. For instance, not all CJR beneficiaries receive an E&M service from their orthopedic surgeon. Our analysis of claims data shows that many beneficiaries attributed to a CJR Participant Hospital do not receive E&M services from eligible clinicians that are affiliated practitioners with a CJR Participant Hospital. Therefore, in accordance with the definition of an attribution-eligible beneficiary in our regulation at section 414.1305, in the CJR Model, the attributed beneficiaries are not a subset of the standard definition of the attribution-eligible beneficiary population, and an alternative definition of an attribution-eligible beneficiary for purposes of the Quality Payment Program is appropriate.

The alternative definition of an attribution-eligible beneficiary described below factors in the CJR Model attribution rules and ensures that all services furnished within CJR Model episodes are captured in the QP threshold calculation. For the CJR Model, attribution-eligible beneficiaries include all beneficiaries served by the eligible clinician who is an affiliated practitioner with the CJR Participant Hospital, rather than just those beneficiaries who receive E&M services from such an affiliated practitioner. This alternative definition of an attribution-eligible beneficiary for purposes of the CJR Model meaningfully distinguishes those eligible clinicians who are affiliated practitioners with a CJR Participant Hospital and deliver a significant portion of their services through the Advanced APM Track of the CJR Model from those who are not and do not do so.



For purposes of attribution under the Quality Payment Program, the beneficiary does not need to be a CJR attributed beneficiary. The definition of an attribution-eligible beneficiary for the CJR Model for purposes of the Quality Payment Program is a beneficiary who during the QP Performance Period:

- (1) Is not enrolled in Medicare Advantage or a Medicare cost plan;
- (2) Does not have Medicare as a secondary payer;
- (3) Is enrolled in Medicare Parts A and B;
- (4) Is at least 18 years of age;
- (5) Is a United States resident; and
- (6) Is furnished covered professional services by an eligible clinician affiliated with a CJR Participant Hospital.