Attachment A – CJR Collaborator Quality Selection Criteria

CMS requires DCH Regional Medical Center, as a Participant Hospital, to maintain a written set of policies for selecting providers and suppliers for sharing risks and gains as CJR Collaborators. These policies must be related to, and inclusive of, the quality of care to be delivered to CJR Beneficiaries during a CJR Episode.

Physician Group Practices, physicians and other eligible entities described in the CJR final rule that meet minimum criteria will be eligible to enter into a Collaborator Agreement with DCH Regional Medical Center. Each potential Collaborator must meet all aspects of quality criteria during the effective performance year in order to be eligible to receive any Gainsharing Payment.

CJR Collaborator Selection Criteria are as follows:

- 1. Maintain membership on DCH Health System medical staff with active privileges at Regional Medical Center and/or Northport Medical Center.
- 2. Privileged to perform surgical procedures that are grouped into MS-DRG 469/470 and meet CMS definition of CJR episode of care.
- 3. Enrolled in Medicare as a "participating physician/supplier."
- 4. Actively participate in the development and/or implementation of clinical protocols and care pathways to improve the quality of care for LEJR episodes. Active participation shall be determined by the Hospital and is defined as, at a minimum, documented evidence of collaborator review and concurrence with clinical protocols or care pathways developed to improve the quality of care for LEJR procedures. Care redesign efforts may include, but are not limited to:
 - a. Support and encourage patient attendance at DCH Joint Replacement Orientation Class (also referred to as Joint Camp) prior to surgery
 - b. Collaborate with hospital to develop and implement pre-surgical risk assessments to identify patients at high-risk of complications based on defined criteria
 - c. Collaborate with hospital to develop and implement pre-surgical interventions to optimize patient health and minimize risk of surgical complications
 - d. Collaborate with hospital staff and post-acute providers to develop shared protocols and treatment expectations for joint replacement patients