

Understanding the Risks and Opportunities of the Comprehensive Care for Joint Replacement Model

Sept. 24, 2015



Program: Seminar:	3 – 4 p.m. EDU 1569W	Location:	In person option: 760 Alexander Road, Princeton, NJ		
		Fee:	Member:	In person: Dial In:	<pre>\$ 59/person \$149/connection</pre>
			Non-Member:	In person: Dial In:	<pre>\$ 99/person \$199/connection</pre>

PROGRAM OVERVIEW:

The Centers for Medicare and Medicaid Services (CMS) announced the Comprehensive Care for Joint Replacement (CCJR) model on July 9. This model constitutes a mandatory shift to episodebased payment for certain lower extremity joint replacement services in specific regions throughout the country. The model requires inpatient facilities to take financial risk for a broad range of services that could be furnished to Medicare beneficiaries within a 90-day period following certain joint replacements.

Under the model, retrospective reconciliation will compare the actual spending on CCJR episodes to the predetermined target price. If actual spending is below the target, hospitals stand to receive an additional payment. If actual spending is above the target, hospitals will be required to repay CMS for overages. In order to succeed under CCJR, a key requirement is developing an understanding of the patterns of care in the 90 days after hospital discharge. Much of the savings within CCJR episodes will be in this 90-day post-acute period where there is substantial variation in utilization and cost across beneficiaries.

The Webinar will provide an overview of the key features of the CCJR model, review examples of possible savings opportunities and demonstrate how to estimate the potential effect CCJR will have on your practice pattern and revenue cycle.

OBJECTIVES:

- 1. Define the key features of the new Comprehensive Care Joint Replacement model
- 2. Review examples of possible savings opportunities
- 3. Demonstrate how to estimate the potential effect CCJR will have on practice patterns and revenue cycle.

TARGET AUDIENCE:

Chief executive officers, chief financial officers, chief administrative officers, chief medical officers, additional c-suite staff, medical staff directors, orthopedic administrators, reimbursement staff.

FACULTY:

PAMELA PELIZZARI, **MPH**, is a healthcare consultant with the New York office of Milliman. She specializes in the development and management of episode-based payment methodologies. She joined the firm in 2014. Pelizzari has a broad background in integrated delivery system administration and healthcare payment reform. She has worked in both clinical and payer settings and has experience in alternative risk contracting strategies.

Pelizzari has particular expertise in analysis of healthcare claims and the development of episodebased payment definitions and benchmarking methodologies. She also has experience implementing both prospective and retrospective payment methodologies, including developing gainsharing methodologies, claims adjudication techniques, and quality monitoring programs.

Prior to joining Milliman, Pelizzari served as a senior technical advisor at CMS. She was responsible for developing and implementing novel payment methodologies to transform healthcare delivery and payment nationwide. Pelizzari played a key role in designing the national Bundled Payments for Care Improvement initiative, with thousands of participants nationally. She also led the development of an oncology episode-based payment model as well as other specialty physician-focused bundled payment models. Previously, Pelizzari worked at an academic medical center, building consensus for redesigning care delivery among diverse stakeholders including physicians, administrators, and patient advocates.

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