Hospital Quality Reporting

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

Voluntary Reporting Data Submission of the THA/TKA PRO-Based Performance Measure Question and Answer Summary Document

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The following document provides actual questions from audience participants. Webinar attendees submitted the questions and subject-matter experts previously provided some responses during the live webinar. The questions have been edited for grammar and the answers have been updated for improved clarity since the live webinar.

Measure Overview

Question 1: **Can you explain the rationale for singling out inpatients from outpatients? Our understanding is that elective total knee arthroplasty (TKA) and total hip arthroplasty (THA) are not on the Medicare inpatient only list. The number of patients that qualify for inpatient is negligible in our organization and only for unexpected post-operative complications.**

CMS adopted the THA/TKA Patient-Reported Outcome Performance Measure (PRO-PM) not only in the inpatient setting through the Hospital Inpatient Quality Reporting (IQR) Program, but also in the outpatient setting through the Hospital Outpatient Quality Reporting (OQR) Program, and the Ambulatory Surgical Center Quality Reporting (ASCQR) Program.

In previous final rules, CMS announced that hip and knee procedures were being removed from the Inpatient Only Procedure list and added to the outpatient and ASC covered procedures lists. As a result, the volume of THA and TKA procedures for Medicare beneficiaries aged 65 years and older have been increasing in outpatient settings, including Hospital Outpatient Departments (HOPDs) and ASCs. In the calendar year (CY) 2024 Outpatient Prospective Payment System (OPPS)/ASC final rule, the THA/TKA PRO-PM was adopted into the Hospital OQR and ASCQR Programs using the same specifications finalized in the Hospital IQR Program with modifications to include procedures performed in the HOPD and ASC settings.

CMS encourages hospitals and ASCs to begin collecting PRO data on outpatient THA/TKA patients beginning with CY 2025 procedures for voluntary reporting to prepare for future mandatory reporting.

Details of the implementation of the outpatient THA/TKA PRO-PM included in the Hospital OQR Program can be found on pages 81979–81992 and 82006–82009 of the CY 2024 OPPS/ASC final rule. Similar details for the ASCQR Program can be found on pages 82028–82036 and 82041–82045 of the CY 2024 OPPS/ASC final rule.

Question 2: **When will resources for ASCs be available?**

THA/TKA PRO-PM resources for the ASCQR Program will be publicly posted on QualityNet in early 2025. We recommend you review the Comparison of THA/TKA PRO-PM in IQR, OQR & ASCQR Programs factsheet available here: https://qualitynet.cms.gov/inpatient/measures/THA_TKA/resources

Question 3: **How do you get patient support to complete the surveys?**

We encourage hospitals to tell patients that their responses can help them, and their doctor make the best possible decisions about their care. Patient responses will be used to evaluate the quality of care at their hospital compared to other hospitals and can encourage quality improvements. In the future, patient responses will also help other patients having THA/TKA procedures view and compare hospital results.

Hospitals can also customize and share with their patients the THA/TKA PRO-PM Patient Brochure on QualityNet.

Question 4: **Do we submit data for all patients or Medicare patients only?**

Hospitals should submit PRO data for Medicare Fee-for-Service (FFS) patients aged 65 and older with an elective primary THA/TKA procedure. If you are unsure if a patient is eligible for the measure cohort, you can still submit their PRO data, and CMS will determine their eligibility. Please note that ineligible patients will not be considered in the measure calculation or response rate calculations.

Question 5: **Does Medicare have to be the primary payer to be included?**

Patients with Medicare FFS as primary, secondary, or even tertiary insurance are included in the cohort. For example, if the patient had private insurance as the primary and Medicare FFS as the secondary, they will be included in the cohort.

Question 6: **Are Medicare Advantage patients included?**

Medicare Advantage patients are not eligible for inclusion in the current THA/TKA PRO-PM cohort.

Question 7: **If the patient had Medicare FFS preoperatively but had Medicare Advantage postoperatively, should they complete the postoperative survey?**

Yes, your hospital should still collect and submit the patient's postoperative PRO data in order for that patient to be included in the final measure cohort and be considered complete data for the response rate calculation.

For the measure in the Hospital IQR Program: As long as the patient was enrolled in Medicare FFS Part A during the index admission for an eligible THA/TKA procedure, as well as enrolled in Medicare FFS Parts A and B for the 12 months prior to the date of the index admission, the patient will be counted towards the THA/TKA PRO-PM cohort.

For the measure in the Hospital OQR and ASCQR Programs: As long as the patient was enrolled in Medicare FFS Part A and B during the index admission as well as for the 12 months prior to the date of the index admission for an eligible THA/TKA procedure, the patient will be counted towards the THA/TKA PRO-PM cohort.

Question 8: **Our hospital performs very few THA/TKA cases, is there a threshold volume for participation?**

Currently there is no case minimum for the THA/TKA PRO-PM across the Hospital IQR, OQR, and ASC programs. Participating hospitals with at least one eligible THA/TKA procedure would be eligible for voluntary or mandatory reporting of the THA/TKA PRO-PM. The THA/TKA PRO-PM does not have an exclusion based on the volume of procedures done for the eligible procedure time-period to be applied to the 50% threshold.

During voluntary and mandatory reporting, hospitals are encouraged to submit any PRO data they have in order to integrate PRO data collection into their workflow, gain experience with the measure, and gain experience with the data submission in the *Hospital Quality Reporting (HQR) Secure Portal*.

Given the THA/TKA PRO-PM will be mandatory across programs, CMS encourages hospitals/providers to collect the required patient-reported outcome (PRO) data for Medicare Fee-for-Service (FFS) beneficiaries undergoing eligible elective, primary THA/TKA procedures across the inpatient, outpatient, and ASC settings. Please be aware that these programs will have voluntary reporting in advance of mandatory reporting so that hospitals/providers have time to integrate data collection into their clinical workflows and have time to get experience with this data submission. .

Question 9: **Are the Hospital OQR Program specifications the same as the Hospital IQR Program specifications?**

Yes, the measure specifications are the same across the Hospital IQR, Hospital OQR, and ASCQR Programs with these few exceptions:

- The outpatient-level measure also excludes discontinued procedures (i.e., procedures started but not completed).
- The outpatient-level measure uses current procedural terminology (CPT) codes to define the measure cohort while the inpatient-level measure uses International Classification of Diseases (ICD)-10 codes. The intended population is the same: elective, primary THA/TKA procedures.

The other measure specifications (the PRO data required for collection, timing of PRO data collection, definition of the substantial clinical benefit improvement thresholds, measure calculation approach, required data elements to be considered in the response rate calculation, etc.) are the same. Hospitals/facilities are encouraged to refer to the publicly available THA/TKA PRO-PM specifications for the Hospital IQR Program on QualityNet as they prepare for implementation of the THA/TKA PRO-PM in the Hospital OQR Program. The measure specifications and resources can be found on QualityNet.

More information on the THA/TKA PRO-PM measure specifications for the Hospital OQR and ASCQR Programs will be publicly posted on QualityNet at a later time. If you are interested, details of the implementation of the THA/TKA PRO-PM included in Hospital OQR Program can be found on pages 81979–81992 and 82006–82009 and the ASCQR Program can be found on pages 82028–82036 and 82041–82045 of the CY 2024 OPPS/ASC final rule. Hospitals/facilities are encouraged to begin collecting PRO data on outpatient and ASC procedures performed during the CY 2025 voluntary reporting period, to prepare for future mandatory reporting beginning in CY 2028.

Question 10: **For the Use of Chronic Narcotics on slide 10, does this pertain to patient-reported information only? Can this be patient-reported with physician review? Can a medical assistant collect this information? Should we collect the Use of Chronic Narcotics in a preoperative appointment, the day of surgery, or other? Does it not matter if it is collected within the 90-day window? How are hospitals collecting this information? Is it patient reported, from medical**

records/clearances, from Prescription Drug Monitoring Programs, pharmacy records or a combination of those?

The "use of chronic (greater than or equal to 90 days) narcotics," with response options of Yes or No, is defined as the consumption of any daily or regularly intermittent dose of opioids (morphine equivalent) for a minimum of 90 days prior to surgery. The intention of this data element is to identify patients who have severe pain before undergoing their THA/TKA procedures so that it can be accounted for in the risk model. This data element does not pertain to the patient's lifetime usage of opioids, but specifically to the 90-day period leading up to their THA/TKA procedure. Various examples of opioids include, but are not limited to, the following:

- Hydrocodone (Vicodin, Lortab, Norco)
- Hydromorphone (Dilaudid and Exalgo)
- Morphine
- Oxycodone (OxyContin, Percocet, and Endocet)
- Codeine (Tylenol with Codeine #3)
- Fentanyl
- Tramadol
- Methadone
- Suboxone

This data element must be collected 0–90 days before a patient's elective primary THA/TKA procedure. When the clinical care team anticipates the patient's continued opioid usage until surgery results in the patient having been taking opioids for at least 90 days by the time of their procedure, this data element should be reported as a Yes. Additionally, it's important for providers to gather data that reflects overall opioid usage, not solely opioids used for joint pain.

It is important to clarify that this data element cannot only be patient reported; however, the provider can ask the patient to confirm the medication information in the medical record. This data element should be assessed by the provider to evaluate the timing of opioid usage and whether a patients' medication is an opioid. Providers should use information from the medical record/EHR (such as medication history or pharmacy records, if available) or other sources available to them (such as Prescription Drug Monitoring Programs) to assess whether a patient has been taking opioids for at least 90 days before their THA/TKA procedure.

We leave it to individual surgeons or healthcare providers (clinicians interacting with the patient/the patient's medical record) to determine

whether the patient's medication is an opioid and whether very short replacement opioid use (including dosage and frequency) warrants coding as chronic opioid use for the purposes of collecting this variable.

For the purposes of collecting this variable, hospitals should rely on collection of data elements by those personnel who they determine can accurately assess and record the information required. These personnel include licensed providers (physician [MD or DO], physician assistant [PA], nurse practitioner [NP], advanced practice registered nurse [APRN], etc.), but they may reasonably include other practitioners. Hospitals should follow state regulations and/or reasonable clinical judgment, if applicable, to determine which personnel can discontinue medications within their scope of practice, evaluate whether a medication is an opioid, and determine whether the patient is taking the medication for 90 days.

For more information about narcotic (or opioid) classification and schedules, please visit https://www.dea.gov/drug-information/drug-scheduling.

Additional guidelines for the Chronic Narcotic Use data element can be found under Question 27 in the 2024 THA/TKA PRO-PM FAQ document available on CMS' QualityNet website.

Question 11: **Will the submitted Procedure Date and Procedure Type data elements be linked and validated with an ICD-10-PCS procedure on the claim?**

Yes. CMS will validate the submitted procedure date and procedure type using claims data. CMS uses the following variables to link the submitted PRO data to eligible claims data: Provider Number (CMS Certification Number [CCN]), Medicare Beneficiary Identifier (MBI), date of birth, date of procedure, procedure type, survey type, and date of admission.

Question 12: **On slide 10, can you clarify if both the starred and non-starred data fields are required to be submitted to meet data completeness requirements?**

It's recommended your hospital submit all the data listed on slide 10. The data elements that are starred are required for CMS to consider it a complete case and count it toward data submission requirements.

For more information on data submission requirements, please see the Response Rate Requirement and Calculation document and Question 34 of the 2024 THA/TKA PRO-PM FAQ on QualityNet.

Question 13: **Are Mode of Collection and Person Completing the Survey required fields? Will we receive an error if those fields are not submitted?**

Mode of Collection and Person Completing the Survey are not required fields for the submission to be accepted in the HQR system, nor are they required for CMS to consider it a complete case and count it towards data submission requirements. For data submission in the HQR system, only four variables must be complete/in range for a patient; otherwise, that record will be rejected from the file you are submitting. These include CCN, MBI, procedure type, and procedure date. The procedure date must be in range.

If a hospital leaves a data element blank (or submits invalid/out-of-range information) for other data elements (such as Mode of Collection and Person Completing the Survey), your hospital will receive an error message. However, you will still be able to submit those records to the HQR system even with the error message; the HQR system will not reject the data file. Please be aware that there is no Not Reported option for a data element; instead, please leave the data element blank.

You can find details about the error messages for the HQR system in both the preoperative and postoperative Data Submission Edits documents on QualityNet.

Question 14: **Will CMS provide a report of the MBIs or eligible patients that are included in the measure to allow us to cross-check our data?**

Currently, CMS does not provide a report of the MBIs or eligible patients before hospitals submit preoperative PRO data.

Since hospitals will need to collect PRO data before coding or claim types are determined for an eligible elective, primary THA/TKA, we recommend identifying eligible patients for PRO data collection using the clinical criteria included in the "Who do I collect PRO data on?" factsheet on QualityNet. Hospitals are encouraged to submit all the PRO data they have on THA/TKA patients.

CMS evaluates all the cohort inclusion/exclusion criteria after PRO data submission and will provide hospitals confidential reports with information on their cohorts, including why patients did not meet the cohort criteria and their PRO data submissions. Hospitals can see the list

of eligible patients in their confidential reports on the HQR platform the spring after they submit preoperative and postoperative data.

Question 15: **Wouldn't the patient have to have Medicare FFS to have an MBI? If we are using a surgical registry to gather data, how will CMS assign a MBI?**

Every person with Medicare has been assigned an MBI. Your hospital could use a surgical registry to collect PRO data on all eligible THA/TKA patients (beyond the Medicare FFS population) and then during data submission could filter and submit data for patients with Medicare FFS if your registry has a field for insurance. Please note, MBI is a required field in the HQR system and is a required data element for the definition of complete data. If your hospital submits PRO data for all THA/TKA patients (beyond the Medicare FFS population), patients without an MBI would not be saved in your PRO data submission. If you have a question about how to find a patient's MBI in your registry data, we recommend connecting with your registry or if you have other questions about MBI, we suggest connecting with your billing department. You might also consider reaching out to your Medicare Administrative Contractor (MAC) for questions about identifying a patients' MBI. To locate your MAC, refer to https://www.cms.gov/MAC-info.

Question 16: **If a patient completes components of the preoperative survey on different preoperative dates but completes all the required data needed within 90 days of their surgical procedure, what date is entered as the survey collection date?**

CMS allows for flexible data collection. If a hospital is collecting PRO data on multiple days during the preoperative data collection timeframe (0–90 days prior to the procedure), please submit the date the hip disability and osteoarthritis outcome score (HOOS), joint replacement (JR.) or knee disability and osteoarthritis outcome score (KOOS), JR. was collected for the Date of Collection data element.

Question 17: **Would we still submit the data if the patient answered the preoperative survey and then their procedure was rescheduled for outside of the 90-day window, or would they be excluded?**

For the purposes of the THA/TKA PRO-PM, preoperative PRO and patient- or provider-reported risk variable data must be completed 0–90 days prior to the actual procedure date (when the procedure occurs). If the procedure date changes and the previously collected data falls outside

of this 0–90-day window, the preoperative PRO and patient- or provider-reported risk variable data should be collected again. Your hospital can review the previously collected questions with the patient 0–90 days before the rescheduled procedure to confirm the responses and can update the responses if any of the patient-reported data has changed.

Question 18: **What happens if you collect the preoperative data, but the patient does not follow up for the postoperative visit to collect this information? Would we still submit postoperative responses if the preoperative survey was not completed?**

Even if the patient does not follow up for the postoperative visit, your hospital can reach out to the patient through other mechanisms to ask them the questions via telephone, patient portal, or mail, for example.

CMS acknowledges that some patients may choose to not provide answers to some or all questions. CMS encourages hospitals to ask patients to respond to the questions to the best of their ability, to work with their patients to help them understand the importance of PRO data collection, and to help them understand how collection will help to promote improvement in their care and care for other patients with similar backgrounds.

If a patient does not complete a required data element, they would be considered in the hospital's denominator of the data submission requirement calculation. To account for potential challenges in obtaining postoperative PRO data, CMS only requires hospitals to collect and submit complete preoperative data with matching complete postoperative data for at least 50 percent of eligible THA/TKA procedures for mandatory reporting in the Hospital IQR and OQR Programs or at least 45 percent for the ASCQR Program. If a patient completed the postoperative PRO data but not the preoperative PRO data, your hospital/facility should still submit the postoperative PRO data.

CMS encourages hospitals to submit all PRO data they have to integrate PRO data collection into your workflow, gain experience with the measure, and gain experience with the data submission in the HQR system.

Question 19: **Are we able to submit postoperative surveys now for procedures performed during the July 1, 2023, through June 30, 2024, performance period?**

Currently, hospitals can only submit postoperative PRO data for procedures performed January 1, 2023, through June 30, 2023. These data had to be submitted by September 30, 2024.

In terms of inpatient THA/TKA procedures performed between July 1, 2023, through June 30, 2024, please be aware that postoperative PRO data must be collected 300 to 425 days after the procedure (between April 26, 2024, through August 29, 2025). Hospitals will be able to submit postoperative PRO data for these procedures next summer and the data submission deadline is September 30, 2025.

Question 20: **How should hospitals obtain these data if the physician offices are not part of the hospital system or under a different CCN?**

It is encouraged for hospitals or ASCs to work with physician offices to share the PRO data (for example by leveraging EHRs or other digital health information exchange). Your hospital would then be responsible for the submission of the data to CMS. While PRO-PMs require providers to integrate data collection into clinical workflows, this integration provides an important opportunity for patient-reported outcomes to inform clinical decision making and benefit patients by engaging them in discussions about potential outcomes. Further, CMS believes that clinicians, providers, and hospitals should determine practices that avoid duplication across care settings. CMS will continue to monitor data collection burden during the voluntary reporting periods.

Importantly, the THA/TKA PRO-PM was developed for the hospital and ASC settings. Its goal is to promote collaboration and shared decision-making between patients and providers across the full spectrum of care. Given that the procedure is taking place at the hospital or ASC, it is important for the hospital or ASC to collect and track quality information and trends from patients related to the care they received at the hospital or ASC. CMS acknowledges that hospitals will need to determine the mode of data collection that works for their clinical workflows and patient population. CMS encourages hospitals to use interoperable PRO data collection processes best suited to them.

Question 21: **Do we scan in the PRO data as part of the medical record?**

We encourage hospitals to integrate the PRO data in the patients' medical record, however, the PRO data submitted to CMS does not have to come directly from the medical record.

Timelines

Question 22: **Will the outpatient cohort voluntary and required reporting periods be the same as the inpatient reporting periods?**

Currently the inpatient and outpatient reporting periods are different. The inpatient THA/TKA PRO-PM voluntary reporting periods started before the outpatient voluntary reporting periods. The first voluntary reporting period for the outpatient THA/TKA PRO-PM begins with CY 2025 procedures.

You can find more information on the reporting periods for the THA/TKA PRO-PM for both settings in the Comparison of THA/TKA PRO-PM in Hospital IQR, OQR, and ASCQR Programs resource on QualityNet.

Question 23: **Are we able to submit the preoperative PRO data for the data collection period that started on April 2, 2024, to CMS now?**

We believe you are referencing the preoperative PRO data collection period between April 2, 2024, through June 30, 2025, for inpatient procedures. Please note that this data collection period is for procedures performed from July 1, 2024, through June 30, 2025. The submission period for these data is not currently open. Hospitals will submit preoperative PRO data for these procedures in Summer 2025 (ending on September 30, 2025).

You can refer to Table 1 on the QualityNet THA/TKA PRO-PM Overview page to view the data collection, procedure periods, and data submission deadlines for the voluntary reporting periods and first mandatory reporting period.

Question 24: **If a hospital has not started collecting preoperative data, should the patient complete a retroactive survey, or should we just begin as soon as possible?**

No data should be collected retroactively because preoperative PRO data must only be collected 0 to 90 days prior to a procedure. However, your hospital is encouraged to collect their postoperative PRO data 300 to 425 days after their procedure (even if no preoperative PRO data were collected).

In terms of the procedure period from July 1, 2024, through June 30, 2025 (first mandatory reporting period for the inpatient measure): if your hospital has not started collecting preoperative PRO data your hospital is encouraged to start now to gain experience with the PRO data collection and data submission to meet the data submission requirements for the Hospital IQR Program.

Question 25: **How many hospitals submitted data during the first voluntary preoperative period and what was the median response completion rate? When will the overall response rate from the first voluntary reporting period be available?**

During the first voluntary reporting preoperative PRO data period, 89 hospitals submitted over 6,800 PRO data records with at least one eligible patient. Nearly 60 percent of these PRO submissions were incomplete. For example, they were missing HOOS, JR., KOOS, JR., or risk variables. Hospital preoperative response rates ranged from 0 percent to 100 percent with a resulting median response rate of 37 percent.

Hospitals submitted the postoperative PRO data for the first voluntary reporting period this year (by September 30, 2024), and CMS anticipates providing hospitals confidential feedback reports on their overall response rates in Spring 2025. CMS will publicly report overall response rates for participating hospitals in Summer 2025.

CMS encourages all hospitals to participate in the current and upcoming data submission for voluntary reporting and CMS expects additional hospitals/facilities will participate in the second voluntary reporting period for the Hospital IQR Program and the upcoming voluntary reporting periods for the Hospital OQR and ASCQR Programs.

Question 26: **Can you explain the differences between the voluntary reporting period versus the mandatory reporting period? Is it required to submit voluntary data before submitting the mandatory data?**

Hospitals are not required to participate in the voluntary reporting periods. However, hospitals are encouraged to participate in one or more voluntary reporting periods in advance of mandatory reporting to become familiar with the measure specifications, data collection, and data submission before public reporting. Hospitals will receive confidential feedback reports with information on PRO data response rates and measure results during the voluntary reporting periods to further learn about the measure and performance. Hospitals/facilities are required to participate in mandatory reporting.

During mandatory reporting, hospitals/facilities will be held to the program-specific data submission requirements. Hospitals/facilities that fail to meet the reporting requirement when mandatory reporting begins for the Hospital IQR, Hospital OQR, or ASCQR Programs are at risk for receiving a reduction in their Medicare fee-for-service Annual Payment Update (APU) in the applicable fiscal year.

You can find more information on the reporting periods for the THA/TKA PRO-PM in the Comparison of THA/TKA PRO-PM in Hospital IQR, OQR, and ASCQR Programs resource on QualityNet.

Question 27: **What year will mandatory reporting be required?**

Hospital IQR Program:
The mandatory reporting for the Hospital IQR Program begins with the FY 2028 payment determination. The eligible procedure period is from July 1, 2024, to June 30, 2025.

Hospitals will submit the preoperative data in 2025 and postoperative data in 2026. Hospitals will receive their confidential feedback reports and measure results will be publicly reported in 2027. Details can be found in Table 1 on the THA/TKA PRO-PM Overview page on QualityNet.

Hospital OQR and ASCQR Programs:
Mandatory reporting for the Hospital OQR and ASCQR Programs begins with the CY 2031 payment determination. The eligible procedure period is from January 1, 2028, to December 31, 2028. HOPDs/ASCs will submit the preoperative data in 2029 and postoperative data in 2030. Hospitals/ASCs will receive their confidential feedback reports and measure results will be publicly reported in 2031.

Question 28: **How will CMS know if a case is not completed due to a death? Will the percentage be adjusted for expired patients?**

The THA/TKA PRO-PM excludes patients who died within 300 days of their procedure and does not consider them in cohort for measure calculation, as only patients with complete preoperative and postoperative data are included in the measure score calculations. The THA/TKA PRO-PM also does not consider patients who died within 300 days of their procedure in the denominator of the data submission calculation. CMS determines through the Medicare administrative claims data or the Medicare Enrollment Database whether an eligible THA/TKA patient died within 300 days of their procedure. Therefore, your hospital would not need to submit any data on the date of death.

Currently, the THA/TKA PRO-PM does not exclude patients who die during the postoperative data collection window (300 – 425 days post-surgery) from the denominator of the data submission calculation since they were alive at the start of the postoperative PRO data collection window. If a patient, due to death or any other reason, does not have postoperative PRO data submitted, then this patient is not included in the measure score calculation because an improvement score cannot be calculated.

Question 29: **Are the preoperative and postoperative submissions scored individually or are both assessments required for meeting the threshold?**

In terms of the data submission requirement: CMS evaluates whether a patient has a complete preoperative survey, a complete postoperative survey, and complete matched preoperative and postoperative surveys (overall response rate). Hospitals must have complete preoperative data with matching complete postoperative data for 50 percent of their eligible THA/TKA patients (who met the measure cohort criteria) as a minimum amount of data for mandatory reporting in the Hospital IQR and OQR Programs. ASCs must have complete preoperative data with matching complete postoperative data for at least 45 percent of their eligible THA/TKA patients (who met the measure cohort criteria) as a minimum amount of data for mandatory reporting in the ASCQR Program.

Information on the calculation of response rates can be found in the Response Rate Requirement and Calculation document on QualityNet. Regarding HOOS, JR. or KOOS, JR. survey scoring, the preoperative PRO data and postoperative PRO data are submitted separately, and CMS separately scores these surveys. CMS includes the preoperative survey score in the confidential feedback reports following preoperative PRO data submission. Once postoperative PRO data are submitted, hospitals will be able to see the preoperative and postoperative HOOS, JR. and KOOS, JR. scores in their postoperative confidential feedback reports as well as whether the patient met the measure outcome, the substantial clinical benefit improvement thresholds.

Question 30: **Will publicly reported data include scores that show the patient's perception of their improvement?**

Beginning with data from the mandatory reporting, CMS will publicly report measure scores and overall response rates starting in 2027. Hospitals will also receive confidential feedback reports prior to public

reporting that include results from the reporting period. CMS will not publicly report measure scores during the voluntary reporting periods.

The goal of the THA/TKA PRO-PM is to capture the patient's self-assessment of their pain and function and measure their improvement following their THA/TKA. The THA/TKA PRO-PM utilizes the patient's voice in the measure outcome and directly captures the results of their THA/TKA. Specifically, patients must answer questions related to their joint pain and functioning using the HOOS, JR. and KOOS, JR. surveys as well as other questions, such as mental health and back pain. The measure score is a risk-adjusted improvement rate based on the HOOS, JR. and KOOS, JR. surveys.

Data Submission

Question 31: **Are we required to submit 100 percent of all procedures performed? If hospitals don't meet the 50 percent data completeness threshold, will they fail the Hospital IQR requirements and not be eligible for the Hospital Value-Based Purchasing (VBP) Program?**

No, hospitals are not required to submit PRO data for 100 percent of all procedures performed. However, CMS encourages hospitals to submit as much data as possible to help meet the Hospital IQR Program data submission requirement (and future Hospital OQR and ASCQR Programs). The Hospital IQR Program requirement for the THA/TKA PRO-PM is as follows: Hospitals must collect and submit complete preoperative data with matching complete postoperative data for 50 percent of their eligible THA/TKA patients (who met the measure cohort criteria) as a minimum amount of data for mandatory reporting in the Hospital IQR Program. Hospitals that fail to meet the 50 percent Hospital IQR Program reporting requirement when mandatory reporting begins are at risk for receiving a reduction in their APU in FY 2028. During voluntary reporting, there is no impact on APU.

Those hospitals that fail to meet program requirements are subject to a one-fourth reduction of the applicable percentage increase in their APU for the applicable fiscal year. Although the THA/TKA PRO-PM is not included in the Hospital VBP Program, hospitals that are subject to a payment reduction under the Hospital IQR Program are excluded from the Hospital VBP Program.

Question 32: **Are third-party vendors allowed to submit data on our behalf?**

Third-party vendors are allowed to submit the THA/TKA PRO-PM data on behalf of a hospital if they have an active Vendor Identification (ID) in the HQR system and the appropriate vendor types assigned to that ID.

As CMS has no contractual agreements with third-party vendors, we do not provide a list of vendors who have Vendor IDs or what measure(s) that they are able to submit on behalf of their clients.

Question 33: **What is the process for becoming a vendor for collecting and submitting data on behalf of hospitals?**

For assistance in becoming a vendor, contact Inpatient and Outpatient Healthcare Quality Systems Development and Program Support at inpatientsupport@hsag.com.

Question 34: **If we report these data to the American Joint Replacement Registry (AJRR), do we also report data to the Hospital IQR Program? Will AJRR export these data to CMS? Does our submission for the final Comprehensive Care for Joint Replacement (CJR) submission count for this, or do we have to do a separate submission for the Hospital IQR Program?**

Because CMS does not have access to and will not pull any data from AJRR, a hospital would need to submit their PRO data directly to CMS. If a hospital elects to use a third party (like a registry or other vendor) to submit its measure data for the Hospital IQR Program, the hospital will need to complete a process to authorize the other party to submit on its behalf within the HQR system.

Voluntary PRO data submission for the Center for Medicare and Medicaid Innovation CJR Model does not count towards the THA/TKA PRO-PM in the Hospital IQR Program. Data submission for the CJR Model occurs via the Managed File Transfer (MFT) and hospitals must submit more data elements for the CJR Model than are required for PRO data submission to the Hospital IQR program. Because these are separate efforts, hospitals must submit their PRO data directly to CMS via the HQR System for the voluntary reporting of the THA/TKA PRO-PM in the Hospital IQR Program.

Please note that the voluntary PRO data and risk variable collection in CJR follow separate CJR requirements. There are fewer data elements required for the THA/TKA PRO-PM compared to the voluntary PRO and risk variable collection in CJR. Your hospital can participate in both CJR and TKA/THA PRO-PM voluntary efforts.

You can refer to Table 1 on the QualityNet THA/TKA PRO-PM Overview page to view the data collection, procedure periods, and data submission deadlines specific to the THA/TKA PRO-PM in the Hospital IQR Program.

For more information on data submission of the THA/TKA PRO-PM:

- The preoperative and postoperative PRO data submission templates and list of required PRO data elements are on QualityNet: https://qualitynet.cms.gov/inpatient/measures/THA_TKA/resources
- If you are unfamiliar with submitting the THA/TKA PRO-PM data to the HQR system, we recommend viewing this video tutorial: https://www.youtube.com/watch?v=luvNCbTlKu0&list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy&index=35

CMS previously hosted webinars regarding the THA/TKA PRO-PM and data submission:

- The August 2023 webinar reviews the measure, implementation plans, and preoperative data submission. Slides/recording: https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2023-events/iqr8323/
- The September 2024 webinar reviews the measure and postoperative data submission. Slides/recording: https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/2024-events/iqr091124/

Question 35: **Can a hospital use a combination of data submission methods? For example, can hospitals use comma-separated values (CSV) and manual data entry?**

Yes, a hospital could use a combination of CSV and manual entry and a combination of extensible markup language (XML) and manual data entry.

Question 36: **Is there a CSV template we can download from QualityNet?**

Yes, you can find the current preoperative and postoperative CSV templates, as well as other technical specifications, on QualityNet under the THA/TKA Resources tab.

Question 37: **Are there paper forms available for the collection of the required preoperative and postoperative questions?**

Currently, PDFs of some of the PROMs are available online. Please see the links available in the "What Data Should I Collect Factsheet" available on QualityNet at: (https://qualitynet.cms.gov) > Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources. .

If you are looking for all of the questions and response options for each PROM and patient-reported and provider-reported risk variables, please note you can find the complete list of required preoperative and postoperative data elements, including their questions, response options, and timing of collection, available in the Required PRO Data to Submit Excel file on QualityNet.

Question 38: **When submitting the data, are we able to enter through the manual "data form" individually as they come in or is it better to do a file upload and do it all at one time?**

When the data submission period is open, hospitals can submit using the data form, file upload, or both. Please note the manual data form is for a single procedure at a time.

For Manual Data Entry in the HQR system, during the data submission period, you can log into the HQR system. Navigate to Data Submissions and use the Data Form on the PRO-PM tab.

Question 39: **Can you clarify if we should submit files by each provider (each individual CCN), or can we use one CSV file to submit all the data for multiple CCNs? When submitting a CSV or XML file, is it one file per patient or one file per program?**

CSV files should be submitted by CCN (hospital) for each program. All the patient surveys from a single CCN should go in one CSV file. You will submit one XML file for each patient survey.

Question 40: **Are we able to submit both the preoperative and postoperative data in the same file?**

Yes, you can submit both preoperative and postoperative data in the same CSV file for the performance periods that have open submission periods in the HQR system. For example, postoperative surveys for Voluntary

Reporting-1 can be submitted in the same CSV file as the preoperative surveys for Voluntary Reporting-2.

Question 41: **Should we submit outpatient data along with inpatient data if we are not 100 percent sure of the patient's status? If CMS is determining eligibility for the Hospital IQR or OQR Programs, how do we learn the correct program ahead of time?**

Yes. If you're not sure whether a patient is inpatient or outpatient, you can submit the patient's PRO data for the Hospital IQR Program and Hospital OQR Program to give your facility the best possible opportunity for meeting the Hospital IQR Program requirements and Hospital OQR Program requirements. CMS will determine whether the procedure qualifies as inpatient or outpatient. CMS will provide information on the data submissions and cohort in confidential feedback reports (released in Spring 2025 for the Hospital IQR Program).

Since hospitals will need to collect PRO data before coding or before claim types are determined for an eligible elective, primary THA/TKA, we recommend identifying eligible patients for PRO data collection using the clinical criteria included in the Who do I collect PRO data on? factsheet on QualityNet. Hospitals are encouraged to submit all the PRO data they have on THA/TKA patients.

CMS will evaluate final action Medicare administrative claims data after PRO data are submitted to identify eligible inpatient THA/TKA procedures or eligible outpatient THA/TKA procedures. CMS will provide confidential feedback reports to hospitals that submit data or have any eligible procedures and will outline the eligible patient population in these reports.

Question 42: **Are patients admitted as an outpatient or observation patients included in the Hospital IQR Program, or is it only patients who have an inpatient admissions status?**

No, observation-only and outpatient procedures are not included in the THA/TKA PRO-PM implemented in the Hospital IQR Program (which is a CMS quality program focused on the inpatient setting). The THA/TKA PRO-PM included in the Hospital IQR Program only considers patients who underwent an inpatient elective primary THA/TKA procedure. However, outpatient elective primary THA/TKA procedures are included in the THA/TKA PRO-PM in the Hospital OQR Program.

CMS uses final action Medicare administrative claims data to identify eligible inpatient THA/TKA procedures. If a procedure is billed as an inpatient and has a Part A Medicare claim, it will be included in the pool of Medicare claims we evaluate for measure calculation. Importantly, patients who are scheduled as outpatient but convert to inpatient (billed as a Medicare Part A claim) are included in the inpatient THA/TKA PRO-PM if they meet other eligibility requirements. Hospitals should include these patients in their PRO data submission for the Hospital IQR Program and Hospital OQR Program if uncertain.

Hospitals are encouraged to begin collecting preoperative PRO data on outpatient procedures in anticipation of voluntary reporting beginning with CY 2025 procedures so your facility will be prepared for future mandatory reporting. Details to implement the outpatient THA/TKA PRO-PM in the Hospital OQR Program are on pages 81979 through 81992 and 82006 through 82009 of the CY 2024 OPPS final rule. Additional implementation details can be found in the Hospital OQR Specifications Manual available here: https://qualitynet.cms.goutpatient/specifications-manuals, and the ASCQR Specifications Manual available here: https://qualitynet.cms.gov/asc/specifications-manuals. Additional resources will be available on QualityNet in early 2025.

Question 43: **What is the definition of inpatient? Some patients are scheduled as outpatients and stay one night.**

The THA/TKA PRO-PM included in the Hospital IQR Program only considers patients who undergo an inpatient elective primary THA/TKA procedure. CMS uses final action Medicare administrative claims data to identify eligible inpatient THA/TKA procedures. This means that if a procedure is billed as an inpatient and has a Part A Medicare claim, it will be included in the pool of Medicare claims we evaluate for measure calculation.

If a patient underwent their procedure as an outpatient (same day, observation, short stay) and the procedure was billed as an outpatient, they would not be eligible for the hospital-level THA/TKA PRO-PM included in the Hospital IQR Program.

However, outpatient elective primary THA/TKA procedures are included in the THA/TKA PRO-PM in the Hospital OQR Program. CMS uses final action Medicare administrative claims data to identify eligible outpatient THA/TKA procedures.

If a procedure is billed as an outpatient and has a Part B Medicare claim, it will be included in the pool of Medicare claims we evaluate for measure calculation.

If you are unsure if a patient is outpatient or inpatient, you should collect and submit their PRO data to give your facility the best possible opportunity for meeting the Hospital IQR Program and Hospital OQR Program requirements. While outpatient procedures are not included in the THA/TKA PRO-PM implemented in the Hospital IQR Program, outpatient elective primary THA/TKA procedures are included in the THA/TKA PRO-PM in the Hospital OQR Program as mentioned above. Hospitals are encouraged to begin collecting preoperative PRO data on outpatient procedures in anticipation of voluntary reporting beginning with CY 2025 procedures so your facility will be prepared for future mandatory reporting.

Question 44: **If a patient is admitted one day prior to their surgery for coagulation regulation but they are considered elective for the surgical procedure, are these patients included or excluded from the inpatient measure?**

There is no cohort exclusion criterion related to coagulation regulation. Provided the patient met the coding criteria for the measure and all cohort inclusion/exclusion criteria, the patient would be included in the measure cohort. Therefore, your hospital should collect and submit their PRO data. You can find information on the THA/TKA PRO-PM measure cohort in the Measure Methodology Report and the supplemental files (outlining the coding requirements for the cohort) available on the QualityNet THA/TKA PRO-PM Methodology page.

Question 45: **If patients have bilateral same-day procedures, will they have two procedure codes on the same claim, thus rendering them excluded? Will we submit the worse postoperative survey like we do for the preoperative surveys?**

Bilateral procedures are not excluded from the measure cohort; there is no exclusion if a patient has two eligible procedure codes on the same claim. For example, if the patient has both a left hip and a right hip replacement during the same hospitalization, this bilateral procedure will be considered an eligible procedure.

In the event of a bilateral procedure performed on both hips or both knees during the same hospitalizations, hospitals will only need to collect and submit one set of PRO data. Patients should be guided to provide

responses to the patient-reported pain in non-operative lower extremity

For the submitted PRO data for a bilateral procedure, hospitals could collect and submit a single set of PRO data for the patient, or you can choose either left or right for the procedure type (P_Type) response. CMS uses administrative claims data to identify the measure cohort (eligible procedures). CMS will match the submitted PRO data with the claims and thus will be able to identify bilateral procedures. If a hospital would like to submit more than one set of PRO data for a bilateral procedure, they can do so, and they should indicate the procedure type (e.g., left hip) with the P_Type variable. Please note bilateral procedures are only included in the measure cohort once.

Question 46: **If an uploaded file with preoperative or postoperative data has a missing data element, can you find the survey in the HQR data form and complete it so it will count towards your percentage of patients you have submitted data for?**

Yes. If your file was accepted and not missing any critical data elements that are required to save a file in the HQR system, then you will see that survey in the HQR system and would be able to go into the submission and fill in any missing responses. However, if the file is missing a critical data element, such as the patient's MBI, then that file would not be accepted to the HQR system, and you would need to add in MBI and reupload the file.

Importantly, the calculation of whether a patient has complete preoperative and complete matched postoperative PRO data to count towards the 50 percent data submission requirement occurs during measure calculation, which happens after preoperative and postoperative PRO data are submitted to CMS. Information on meeting the data submission requirements in voluntary and mandatory reporting would be included in confidential feedback reports after postoperative PRO data are submitted.

Question 47: **Would a survey count if the patient did not complete all the survey questions? For example, the patient completed all patient reported responses but left one column blank.**

As long as the patient completed the required preoperative data elements and postoperative data elements used in the definition of complete data (listed below), they would be included in the numerator of the overall

response rate and thus count towards the data submission requirement. However, if a patient was missing a data element included in the definition of complete data, then the patient would be considered as having incomplete data and would not be considered in the numerator of the overall response rate (not count towards the data submission requirement).

CMS evaluates whether each patient has complete preoperative PRO data and matching complete postoperative PRO data (to include them in the measure outcome calculation and the data submission requirement). If a patient does not have complete preoperative PRO data and matching complete postoperative PRO data, they will not count towards the data submission requirement and may affect your hospital's APU.

The variables required to be considered "complete" data are listed below. These are required preoperative data elements that must be collected 0 to 90 days before elective THA/TKA procedure.

THA Patients: HOOS, JR.

TKA Patients: KOOS, JR.

Mental Health Subscale items from either Patient-Reported Outcomes

Measurement Information System (PROMIS)-Global or Veterans Rand (VR)-12 Health Literacy

Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint

Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question Body Mass Index or Height/Weight

Use of Chronic Narcotics

Medicare Provider Number (i.e., CCN)

MBI

Date of Birth

Date of Procedure

Procedure Type

Survey Type

Date of PRO Data Collection

- Generic PROM Version

Required postoperative data elements must be collected 300 to 425 days following the THA/TKA procedure:

- THA Patients: HOOS, JR.
- TKA Patients: KOOS, JR
- Medicare Provider Number (i.e., CCN)
- MBI
- Date of Birth
- Date of Procedure
- Procedure Type
- Survey Type
- Date of PRO Data Collection

Question 48: **If the patient has dementia and is unable to complete the questionnaires, would they be excluded? If not, how should these cases be handled?**

The THA/TKA PRO-PM has no cohort exclusion for patients with dementia. If a patient is not able to respond to the survey questions themselves and needs the assistance of another individual (e.g., a caregiver, spouse, family member, power of attorney), then the surrogate could respond to the survey questions on behalf of the patient.

When a surrogate is a respondent, for the Person Completing the Survey data element, the response option should be listed as "surrogate." Overall, the patient or the surrogate should be encouraged to answer every question to the best of their ability. However, if someone (a patient or a surrogate) cannot answer a question, then that question should be left blank.

Question 49: **How do we input responses if the patient checks more than one answer for a question on a paper survey?**

In the scenario you describe, hospitals are encouraged to confirm with the patient a single response to each question. If a patient is unsure about how to answer a question, please have them select one. Please note, the HQR platform will only accept a single response per question and only a single response per question would be used in the measure calculation.

Question 50: **If the status is "partially accepted" because of missing patient reported answers, is the file still completely accepted? Are "partially accepted" files saved if they are not missing any of the required critical data element fields or does it have to be "complete" to be saved?**

A partially accepted CSV file means some of the records in the file were accepted and some were rejected. The accepted records will save if the file was submitted as a production file upload and not as a test. The rejected records will not save to the system.

To determine which records were accepted and which were rejected, see the message on the error report. The row of the file that is rejected will start with 'Rejected - ….".

Question 51: **If one data element is missing (one question is not answered by the patient), does this patient fall in the denominator only, in both the numerator and denominator, or excluded from the denominator?**

If a patient is missing a data element that is required in the list of complete data elements, then they have incomplete data. Patients with incomplete data would not be included in the numerator of the overall response rate but would be included in the denominator of the overall response rate (provided they met other measure cohort inclusion/exclusion criteria).

Information on the calculation of response rates can be found in the Response Rate Requirement and Calculation document available on QualityNet.

Question 52: **How should we address an electronic survey where a patient has skipped a question?**

It is acceptable for hospitals to review the submitted data and connect with patients and ask them to respond to the remaining questions. CMS

acknowledges that some patients may choose to not provide answers to some or all questions.

CMS encourages hospitals to ask patients to respond to the questions to the best of their ability and to work with patients to help them understand the importance of PRO data collection and how it will help to promote improvement in care. Hospitals can customize and share with their patients the THA/TKA PRO-PM Patient Brochure on QualityNet.

To account for potential patient refusal and missing data, CMS only requires hospitals to collect and submit complete preoperative data with matching complete postoperative data for 50 percent of eligible inpatient THA/TKA procedures as a minimum amount of data for mandatory reporting requirements in the Hospital IQR Program and Hospital OQR Program and 45 percent for the ASCQR Program.

Question 53: **If a file has blanks in the responses, will it be rejected or considered No Response?**

If any of the four required variables are missing or out of range, your file will be rejected from the HQR system. The four variables include the CCN, MBI, Procedure Type, and Procedure Date. The Procedure Date must be in range.

Beyond these four variables, if a hospital leaves any PRO data patient- or provider-reported variable, matching variables, or PROM-related data elements blank (or submits invalid/out-of-range information), your hospital will receive an error message. You will still be able to submit those records to the HQR system even with the error message. Please be aware there is no 'No Response' or 'Not Reported' option for a data element; instead, the data element should be left blank. You can find details about the error messages for the HQR system in the Edits documents available on QualityNet.

If a hospital submitted no PRO data for the patient, CMS would consider that as no response. If a patient is missing one or multiple PRO data elements, CMS considers this as incomplete data.

We also recommend reviewing this video tutorial to view steps to submit THA/TKA PRO-PM data in HQR: https://www.youtube.com/watch?v=luvNCbTlKu0&list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy&index=35.

Question 54: **What is the difference between incomplete data versus no response? Do both count against us?**

There is no difference between incomplete and no response in terms of the calculation of the data submission requirements. Please note patients with incomplete data and no response would not be included in the numerator of the overall response rate (not count towards the data submission requirement), but they would be included in the denominator (provided they met other measure cohort inclusion/exclusion criteria). CMS evaluates whether each patient has complete preoperative PRO data and matching complete postoperative PRO data to include them in the measure outcome calculation and data submission requirement).

Question 55: **Can you explain the nonresponse bias? We are calling patients after surgery to obtain postoperative HOOS, JR. and KOOS, JR. results, but patients do not always answer the phone. We are concerned about our collection rate of the surveys after surgery. In the future, will CMS consider attempts to contact patients?**

While incomplete cases are not used to calculate the measure outcome, they are used in the statistical approach used to address potential non-response bias. Using inverse probability weighting, weights for responders, incomplete responders, and non-responders across all hospitals are calculated and applied to the hierarchical risk model to calculate hospital measure scores.

This approach considers the patient characteristics of all eligible THA/TKA patients to address potential non-response bias.

For more information on the approach to potential non-response bias, please see Section 2.7.1 of the Measure Methodology Report on QualityNet.

Currently, there is no data element related to attempts to contact patients.

Question 56: **If we do not perform THA and TKA procedures, do we enter zeros in HQR?**

If your hospital does not perform any THA or TKA procedures during the eligible procedure periods, you do not need to submit anything in the HQR system.

Question 57: **Are critical access hospitals (CAHs) required to report this measure?**

CAHs are not required to submit this measure for either the Hospital IQR or OQR Programs. However, CMS encourages CAHs to voluntarily submit the data.

HQR System

Question 58: **When doing a vendor authorization in the HQR system, what do I look for under the Administration page?**

Under Administration, a hospital/facility user will find the Vendor Management option where the user can authorize a vendor to submit data on their behalf. Similarly, if you are a vendor under Administration, you can find the Provider Authorization option for checking which hospitals or facilities have set up authorizations with your organization in HQR.

Question 59: **Are data submission instructions and vendor authorizations with screenshots available for download?**

Some steps are outlined in slides 29-49 of the webinar presentation. There is also a YouTube video for how to submit data. There are no instructions for completing vendor authorizations at this time. We intend to provide information for vendor authorizations on QualityNet in the future.

Question 60: **If you submit a file, can you edit the record manually?**

Yes. If the file was accepted, you would be able to edit it up until the submission deadline. If the file was rejected by the HQR system, then you won't be able to edit it manually because it will not be stored.

If the file was rejected, you have two options. You can enter that survey manually in the data form by clicking Add Patient Survey, or you can correct the rejected file. You can correct the rejected file based on the error messages received and your feedback report, and try to upload it again until it's accepted. Once accepted, then you could edit the data via the data form.

Question 61: **Once our data are accepted in the HQR system, are we able to export a patient-level copy of the data in a table?**

Currently, only the individual patient-level portable document format (PDF) can be exported.

Question 62: **Is it acceptable to upload the data monthly? Since the submission is for a fiscal year, do we submit quarterly if we use XML files?**

Data can only be uploaded to the HQR system during the open submission period (typically July through and September each year). You can submit at whatever cadence you wish during that submission period.

Question 63: **If the file contains data elements that are not required for that submission and we receive an error message, should we remove those data elements before we submit it? For example, can we submit a postoperative survey that also contains preoperative data?**

If the record has been accepted and meets the specifications, then you would not need to edit or remove the data elements that were not needed. The error message is an informational edit telling you that the data element(s) were not saved in the HQR system as they were not needed.

Question 64: **How do we correct files that are being rejected due to CCN formatting? The rejection says less than 10 digits and numbers only, which is what we are submitting.**

If the number in the file is all numbers and has no extra spaces or symbols, verify that the CCN in the file is a valid CCN and that you have access to that CCN in the HQR system. If you continue to have issues submitting then contact the CCSQ Support Center.

Question 65: **If the preoperative data were submitted last September under the Test tab, and if the next round of voluntary data are submitted on time, will we receive feedback on that data even though we submitted incorrectly last year?**

Yes, hospitals that submit data to the Production tab for the current data submission period will receive confidential feedback reports in Spring 2025 outlining their eligible cohort and data submissions.

If data were submitted via the Test tab only last year, they were not included in the data pool that CMS uses for measure calculation. Therefore, data would not be in the confidential feedback reports.

Question 66: **Do we submit separate reports/files for each hospital in a healthcare system, all with different CCNs, or are we able to submit them altogether?**

You will need to submit them separately for each hospital CCN in a healthcare system at this time.

Question 67: **In the HQR system, is there a different location for submitting the data for the Hospital OQR Program?**

CMS is still developing HQR system updates for the Hospital OQR Program THA/TKA PRO-PM submissions, and the location will be similar. You will likely submit Hospital OQR Program data under the same tab as Hospital IQR Program data. Instructions will be available on QualityNet once the OQR interface is finalized.

Question 68: **Can you review the THA/TKA PRO-PM resource locations?**

Resources for the THA/TKA PRO-PM are on QualityNet: https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources or Methodology

Analogous resources for the Hospital OQR and ASCQR measure will be available in early 2025. However, the specifications for the two measures are the same, with only a few modifications to capture procedures for the HOPDs and ASCs (discussed in the response to Question 9). These can also be found within Appendix C of the Hospital OQR Specifications Manual available here: https://qualitynet.cms.gov/outpatient/specifications-manuals, and the ASCQR Specifications Manual available here: https://qualitynet.cms.gov/asc/specifications-manuals.

Question 69: **Which Listserv has alerts for updated resources and communications related to THA/TKA PRO-PM?**

CMS sends out communications for the Hospital Quality Programs, including the THA/TKA PRO-PM, through the various program Listerves (e.g., HIQR Notify, ASCQR Notify, and HOQR Notify). If you have not already done so, please subscribe to the appropriate Listservs on QualityNet at https://qualitynet.cms.gov/listserv-signup.