



# **Voluntary Reporting Data Submission of the THA/TKA PRO-Based Performance Measure**

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## **Hospital Inpatient and Outpatient Quality Reporting Programs**

**September 11, 2024**

# Speakers

## **Kristina Burkholder, MS, CAS**

Lead, Measure Implementation and Stakeholder Communication  
Hospital Outcome Measure Development,  
Reevaluation, and Implementation Contractor

## **Colleen Toby**

Product Manager, Access and Submissions  
Hospital Quality Reporting Application Development Organization

## **Moderator**

## **Donna Bullock**

Project Lead, Hospital Inpatient Quality Reporting (IQR) Program  
Inpatient and Outpatient Healthcare Quality Systems Development  
and Program Support

# Purpose

This presentation will provide participants with an overview of the Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) implementation, timeline, and data submission for the following:

- Fiscal year (FY) 2025 voluntary reporting of postoperative data and FY 2026 voluntary reporting of preoperative data under the Hospital Inpatient Quality Reporting (IQR) Program
- Voluntary reporting for CY 2025–2027 of preoperative and postoperative data under the Hospital Outpatient Quality Reporting (OQR) Program

Note: THA/TKA PRO-PM is also in the Ambulatory Surgical Center Quality Reporting Program. Additional guidance will be provided in the future.

# Objectives

Participants will be able to understand the following:

- Measure implementation timeline
- Measure preoperative and postoperative data submission process
- Measure technical specifications and file format expectations
- Resources for voluntary and mandatory reporting

# Acronyms and Abbreviations

<b>APU</b>	annual payment update	<b>ID</b>	identification	<b>PRO-PM</b>	Patient-Reported Outcome-Based Performance Measure
<b>BMI</b>	body mass index	<b>IQR</b>	Inpatient Quality Reporting	<b>PROMIS</b>	Patient-Reported Outcome Measurement Information System
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>JR</b>	joint replacement	<b>SILS2</b>	Single Item Literacy Screener
<b>CSV</b>	comma-separated values	<b>KOOS</b>	knee disability and osteoarthritis outcome score	<b>THA</b>	total hip arthroplasty
<b>FY</b>	fiscal year	<b>MBI</b>	Medicare Beneficiary Identifier	<b>TKA</b>	total knee arthroplasty
<b>HARP</b>	Health Care Quality Information System Access Roles and Profiles	<b>OQR</b>	Outpatient Quality Reporting	<b>VR-12</b>	Veterans Rand-12
<b>HOOS</b>	hip disability and osteoarthritis outcome score	<b>PDF</b>	portable data format	<b>XML</b>	extensible markup language
<b>HQR</b>	Hospital Quality Reporting	<b>POA</b>	present on admission		
<b>ICD</b>	International Classification of Diseases	<b>PROM</b>	Patient-reported Outcome Measure		

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## **Measure Overview**

# Measure Overview

Goal: Measure a patient's improvement after a THA/TKA procedure based on their self-assessment of pain and function

- Promote collaboration and shared-decision making between patients and providers across the full spectrum of care.
- THA/TKA procedures are commonly performed in the Medicare population.
- PRO-PM incorporates the patient's self-assessment of pain and function directly in the measure outcome.
- Patient-centered measurement aligns with CMS's Meaningful Measures.
- Inpatient hospitals can participate in two voluntary reporting periods prior to mandatory reporting, and outpatient hospital departments can participate in three voluntary reporting periods prior to mandatory reporting.

# Inpatient Cohort Eligibility

## Inclusion Criteria ✓

- Medicare Fee for Service Part A & B for 12 months prior to date of admission and Part A during the index admission,
- Aged 65 or older,
- Patients discharged alive from non-federal short-term acute care hospital,
- Patients undergoing unilateral or bilateral inpatient elective primary THA/TKA procedures, does not include patients undergoing partial or revision, fracture, bony metastasis, or mechanical complications.

## Exclusion Criteria ✗

- Patients with staged procedures, defined as more than one elective primary THA or TKA performed on the same patient during distinct hospitalizations during the measurement period,
- Patients who die within 300 days of the procedure,
- Patients who are discharged against medical advice,
- Patients with a principal diagnosis code of COVID-19 or with a secondary diagnosis code of COVID-19 and as present on admission (POA) on the index admission claim,
- Patients with more than two THA or TKA procedure codes on their index hospitalization claim.

# Outpatient Cohort Eligibility

## Inclusion Criteria ✓

- Medicare Fee For Service Part A & B for 12 months prior to date of admission and during the index admission,
- Aged 65 or older,
- Patients undergoing unilateral or bilateral outpatient elective primary THA/TKA procedures, does not include patients undergoing partial or revision, fracture, bony metastasis, or mechanical complications

## Exclusion Criteria ✗

- Patients with staged procedures, defined as more than one elective primary THA or TKA performed on the same patient during distinct hospitalizations during the measurement period
- Patients whose procedure discontinued
- Patients who die within 300 days of the procedure
- Patients with more than two THA or TKA procedure codes

Resources will be made available for the THA/TKA PRO-PM for the Hospital OQR Program on QualityNet in the future.

# Definition of Complete Data

To meet the requirements for the Hospital IQR and OQR Programs, hospitals must submit data fields that are not missing, in range, and in a valid format for all the following data elements:

 Data Element Type	 Preoperative Data Elements	 Postoperative Data Elements
Patient-Reported Outcome Measures (PROMs)	THA patients: HOOS, JR ★ TKA patients: KOOS, JR ★	THA patients: HOOS, JR ★ TKA patients: KOOS, JR ★
Patient- or - Provider Reported Risk Variables	Mental Health Subscale items from either PROMIS-Global or VR-12 ★  Health Literacy (SILS2) ★  Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint ★  Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question ★  BMI or Height/Weight ★  Use of Chronic Narcotics ★ 	N/A
Matching Variables	Medicare Provider Number ★ MBI ★ Date of Birth ★ Date of Procedure ★ Procedure Type ★ Survey Type ★ Date of Admission	Medicare Provider Number ★ MBI ★ Date of Birth ★ Date of Procedure ★ Procedure Type ★ Survey Type ★ Date of Admission
PROM-related Variables	Date of PRO Data Collection ★ Mode of Collection Person Completing the Survey Generic PROM Version ★	Date of PRO Data Collection ★ Mode of Collection Person Completing the Survey N/A

# When Are Data Collected?

THA/TKA PRO-PM required PRO data collection before and after surgery:

- Preoperative PRO data collection: 90–0 days before eligible THA/TKAs
- Postoperative PRO data collection: 300–425 after eligible THA/TKAs

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## **Measure Implementation Timeline**

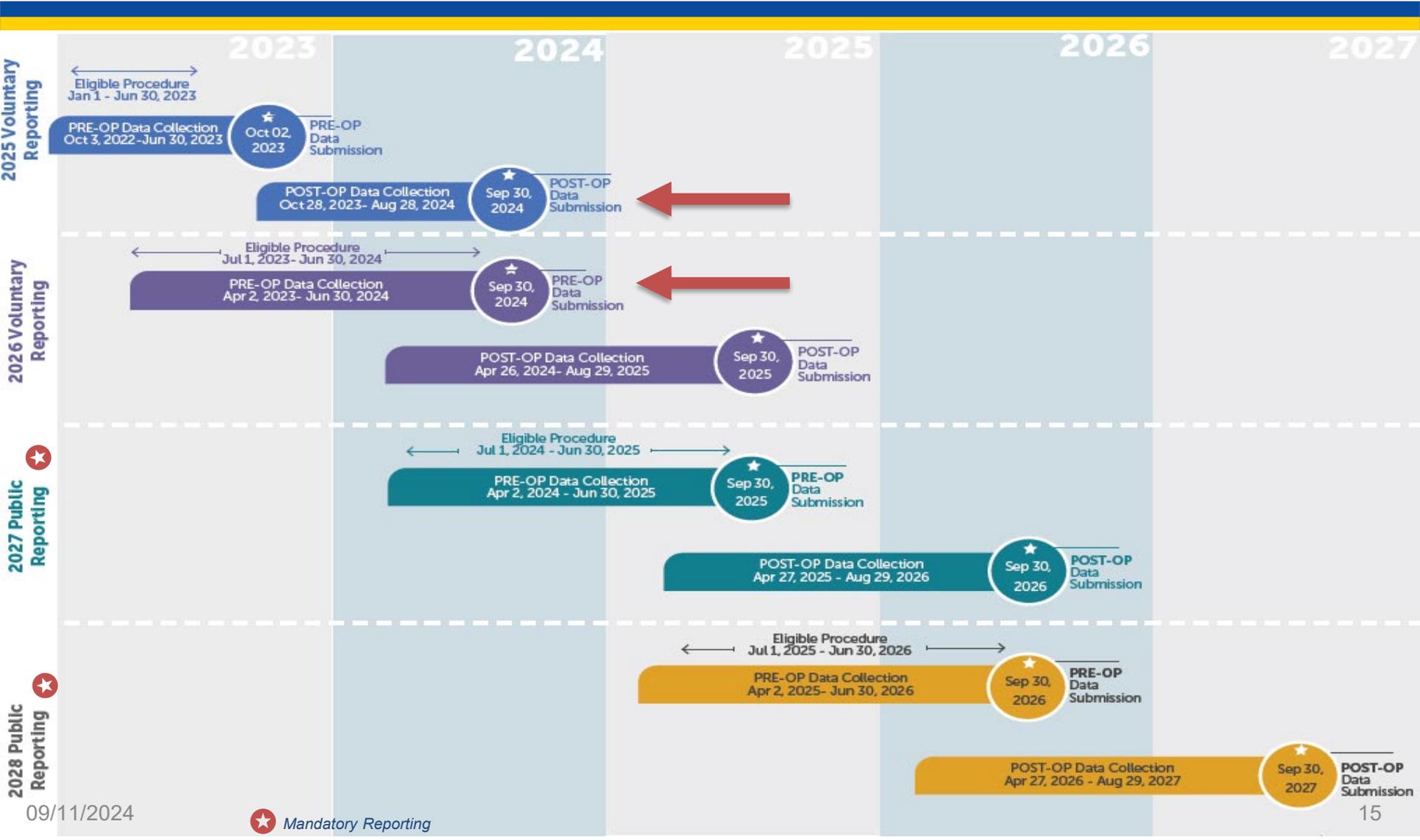
# Plans for Voluntary Reporting

- Participation in either voluntary reporting period will not impact a hospital's payment under the Hospital IQR or OQR Programs.
- Hospitals will receive confidential feedback reports prior to public reporting.
- CMS will publicly report:
  - An indication of hospital participation.
  - Hospital response rates.
    - Preoperative response rates will be public for the first year of voluntary reporting. Future years will be the [overall response rates](#). The overall response rate is the number of eligible THA/TKA procedures with complete, matched preoperative and postoperative PRO data submitted divided by the number of eligible THA/TKA procedures performed.

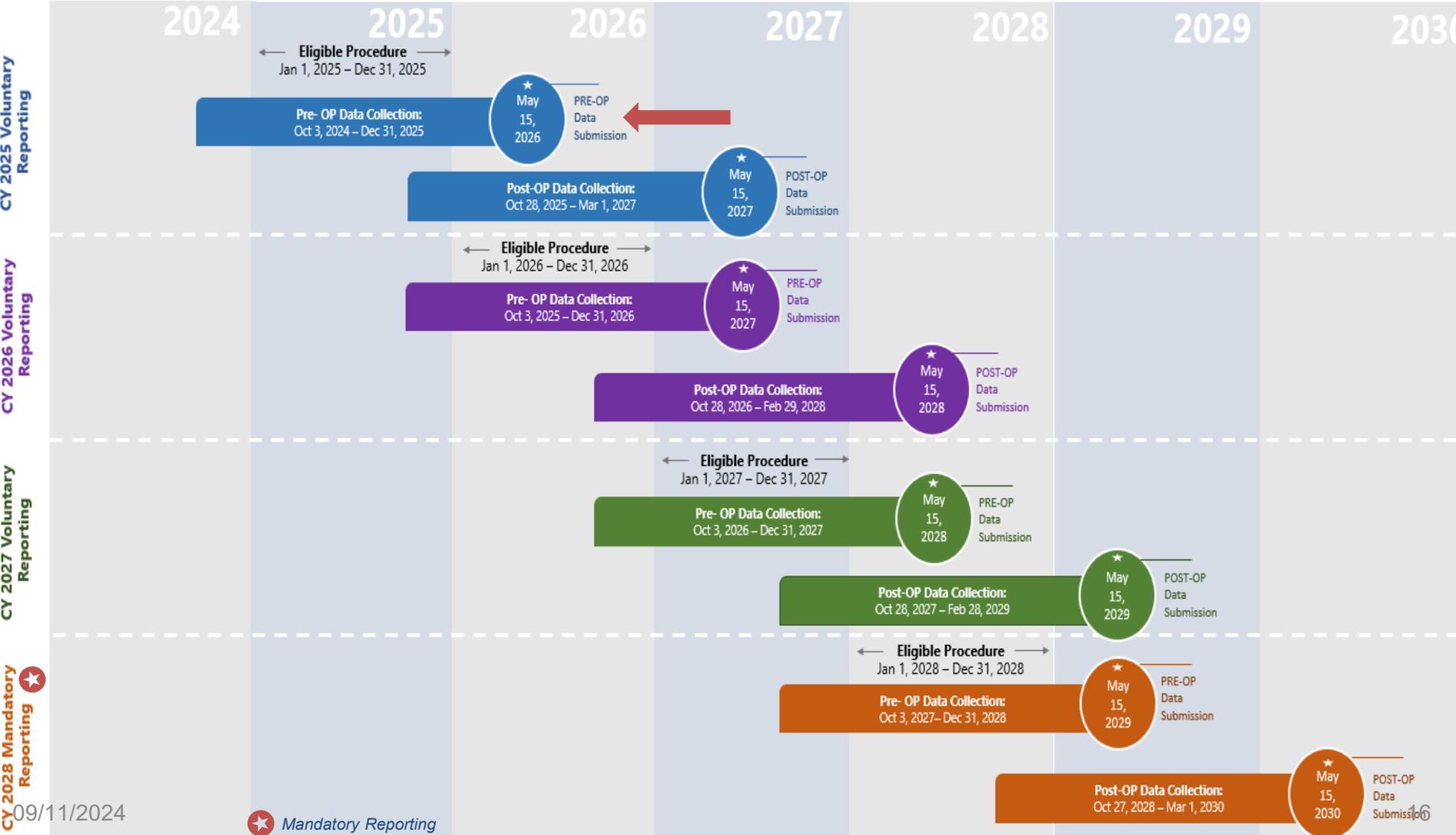
# Plans for Mandatory Reporting

- All eligible hospitals are required to participate in mandatory reporting, or they are subject to a reduction in their applicable annual payment update (APU) for the Hospital IQR and OQR Programs.
- Hospitals must submit complete preoperative PRO data with matching complete postoperative PRO data for at least 50% of their eligible elective THA/TKA patients. Hospitals that fail to meet the 50 percent threshold for the Hospital IQR or OQR Program reporting requirement when mandatory reporting begins will receive a reduction in their APU in fiscal year 2028 or calendar year 2031, respectively.
- Hospitals will also receive confidential feedback reports prior to public reporting.
- CMS will publicly report inpatient hospital (IQR) measure results and overall response rates starting in 2027.
- CMS will publicly report outpatient hospital (OQR) measure results and overall response rates starting in 2030.

# Hospital IQR Program Timeline



# Hospital OQR Program Timeline



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## **Measure Data Submission**

# Who Can Submit

- Currently data submission is only available for hospitals submitting data for voluntary reporting in the Hospital IQR Program.
  - Postoperative PRO data for procedures occurring January 1, 2023–June 30, 2023
  - Preoperative PRO data for procedures occurring July 1, 2023–June 30, 2024
- OQR program note: Data submission for preoperative PRO data for procedures occurring January 1, 2025 to December 31, 2025 ends May 15, 2026.
- Hospitals have the flexibility to submit data directly to CMS or use an external vendor or registry to submit to data CMS.

# IQR Data Submission File Format Options

- Hospitals and external entities will use the Hospital Quality Reporting (HQR) system, which allows multiple submission options:
  - Comma-Separated Value (CSV)
  - Extensible Markup Language (XML)
  - Manual data entry
- Hospitals must use the relevant templates for preoperative or postoperative data submission.

# CSV

1	CCN	MBI	S_TYPE	P_TYPE	DOB	PROC_DT	COLLECTION_DT	ADMSN_DT	GEN_PROM	COLLECTION_MD	RESPOND	HLTH_LITERACY	BMI	HEIGHT	WEIGHT	NARCOTIC_USE	OTHER_JOINT_PAIN	BACK_PAIN	HOOSJRQ1_STAIRS	HOOSJRQ2_WALKING	HOOSJRQ3_RISING	HOOSJRQ4_E	
2																							
3																							
4																							
5																							
6																							
7																							

# XML

## Sample XML of Postoperative PRO Data Submission

```
<SURVEY>
  <CCN>123456</CCN>
  <MBI>1AC0D12EF34</MBI>
  <S_TYPE>2</S_TYPE>
  <P_TYPE>3</P_TYPE>
  <DOB>01011970</DOB>
  <PROC_DT>01012023</PROC_DT>
  <COLLECTION_DT>10282023</COLLECTION_DT>
  <ADMSN_DT>01012023</ADMSN_DT>
  <COLLECTION_MD>0</COLLECTION_MD>
  <RESPONDER>0</RESPONDER>
  <KOOSJR>
    <KOOSJRQ1_STIFF>0</KOOSJRQ1_STIFF>
    <KOOSJRQ2_TWIST>1</KOOSJRQ2_TWIST>
    <KOOSJRQ3_STRAIGHTEN>2</KOOSJRQ3_STRAIGHTEN>
    <KOOSJRQ4_STAIRS>3</KOOSJRQ4_STAIRS>
    <KOOSJRQ5_UPRIGHT>4</KOOSJRQ5_UPRIGHT>
    <KOOSJRQ6_SITTING>0</KOOSJRQ6_SITTING>
    <KOOSJRQ7_BENDING>1</KOOSJRQ7_BENDING>
  </KOOSJR>
</SURVEY>
```

## Sample XML of Preoperative PRO Data Submission

```
<SURVEY>
  <CCN>123456</CCN>
  <MBI>1AC0D12EF34</MBI>
  <S_TYPE>1</S_TYPE>
  <P_TYPE>1</P_TYPE>
  <DOB>01011970</DOB>
  <PROC_DT>01012023</PROC_DT>
  <COLLECTION_DT>10032023</COLLECTION_DT>
  <ADMSN_DT>01012023</ADMSN_DT>
  <GEN_PROM>1</GEN_PROM>
  <COLLECTION_MD>0</COLLECTION_MD>
  <RESPONDER>0</RESPONDER>
  <HLTH_LITERACY>0</HLTH_LITERACY>
  <BMI>40</BMI>
  <HEIGHT>170</HEIGHT>
  <WEIGHT>100</WEIGHT>
  <NARCOTIC_USE>0</NARCOTIC_USE>
  <OTHER_JOINT_PAIN>0</OTHER_JOINT_PAIN>
  <BACK_PAIN>1</BACK_PAIN>
  <HOOSJR>
    <HOOSJRQ1_STAIRS>0</HOOSJRQ1_STAIRS>
    <HOOSJRQ2_WALKING>1</HOOSJRQ2_WALKING>
    <HOOSJRQ3_RISING>2</HOOSJRQ3_RISING>
    <HOOSJRQ4_BEND>3</HOOSJRQ4_BEND>
    <HOOSJRQ5_LYINGINBED>4</HOOSJRQ5_LYINGINBED>
    <HOOSJRQ6_SITTING>0</HOOSJRQ6_SITTING>
  </HOOSJR>
  <VR_12>
    <VR_12Q4a_ACCOMPLISH>1</VR_12Q4a_ACCOMPLISH>
    <VR_12Q4b_CAREFUL>2</VR_12Q4b_CAREFUL>
    <VR_12Q6a_CALM>3</VR_12Q6a_CALM>
    <VR_12Q6b_ENERGY>4</VR_12Q6b_ENERGY>
    <VR_12Q6c_DOWN>5</VR_12Q6c_DOWN>
    <VR_12Q7_SOCLACT>1</VR_12Q7_SOCLACT>
  </VR_12>
</SURVEY>
```

# Manual Entry

< Back

**THA/TKA post operative patient survey**

**Patient Information**

**Medicare Identification (MBI) \***  
No dashes or spaces

COTESTPLHA2

**Procedure Type \***

2 - Right Hip Replacement

**Date of Birth**

01/01/1970

**Date of Eligible Procedure**

01/01/2023

**Date of Survey Collection**

06/03/2023

**Date of Admission to Anchor Hospitalization**

01/01/2023

**Mode of Collection**

0 - Paper

# PRO Data Elements to Submit

 Data Element Type	 Preoperative Data Elements	 Postoperative Data Elements
Patient-Reported Outcome Measures (PROMs)	THA patients: HOOS, JR ★ TKA patients: KOOS, JR ★	THA patients: HOOS, JR ★ TKA patients: KOOS, JR ★
Patient- or - Provider Reported Risk Variables	Mental Health Subscale items from either PROMIS-Global or VR-12 ★  Health Literacy (SILS2) ★  Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint ★  Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question ★  BMI or Height/Weight ★  Use of Chronic Narcotics ★ 	N/A
Matching Variables	Medicare Provider Number ★ MBI ★ Date of Birth ★ Date of Procedure ★ Procedure Type ★ Survey Type ★ Date of Admission	Medicare Provider Number ★ MBI ★ Date of Birth ★ Date of Procedure ★ Procedure Type ★ Survey Type ★ Date of Admission
PROM-related Variables	Date of PRO Data Collection ★ Mode of Collection Person Completing the Survey Generic PROM Version ★	Date of PRO Data Collection ★ Mode of Collection Person Completing the Survey N/A

Required Variables for submission to be considered complete: ★
 Provider Reported Variables: 
Patient-Reported Variables: 

# Common Scenarios

- Setting for Procedure
- Bilateral Procedures
- Missing Data Elements

# Settings for Procedures

- THA/TKA procedures completed as an outpatient are not eligible for the Hospital IQR Program measure cohort, and procedures completed as an inpatient are not eligible for the Hospital OQR Program measure cohort.
  - Hospital IQR Program: Evaluates Medicare Part A claims for eligibility
  - Hospital OQR Program: Evaluates Medicare Part B claims for eligibility
- Although the collection of PRO data for outpatient procedures is not required for the Hospital IQR Program measure, we acknowledge it may be easier for hospitals to collect PRO data on outpatient procedures, given the difficulty identifying outpatient versus inpatient procedures in advance.
- For the highest chances of meeting APU, collect and submit PRO data for all THA/TKA patients when in doubt.

# Bilateral Procedures

- Bilateral procedures (performed on both hips or both knees on the same day) are included in the measure cohort.
- In the event of a bilateral THA/TKA (performed on both hips or both knees) during the same hospitalization/encounter, hospitals will only need to collect and submit one set of PRO data, including one response for the Hip Disability and Osteoarthritis Outcome Score (HOOS), Joint Replacement (JR) or the Knee Disability and Osteoarthritis Outcome Score (KOOS), JR, for that patient preoperatively and postoperatively.
- Patients should be guided to provide responses to the patient-reported pain in non-operative lower extremity joints risk variable and all HOOS, JR and KOOS, JR data based on the most severe joint pain or limited functioning.

# Missing Data Elements



## Complete Data

- Included in measure cohort
- Included in measure outcome
- Included in non-response bias approach
- Considered as complete data for the Hospital IQR and OQR Program APU



## Incomplete Data

- Not included in measure cohort
- Not included in measure outcome
- Included in non-response bias approach
- Does not qualify as complete data for the Hospital IQR and OQR Program APU



## No Response

- Not included in measure cohort
- Not included in measure outcome
- Included in non-response bias approach
- Does not qualify as complete data for the Hospital IQR and OQR Program APU

For more calculation details, including the non-response bias approach, please see Section 2.7.1 of the Methodology Report on QualityNet: [https://qualitynet.cms.gov/inpatient/measures/THA\\_TKA/methodology](https://qualitynet.cms.gov/inpatient/measures/THA_TKA/methodology)

# Missing Data Elements

- You can submit cases with incomplete data (leave responses blank).
- Your hospital will not have an opportunity to submit data after the data submission deadline.
- If you submit 2 files with data for the same patient survey for the same procedure on the same date, only the most recent file will be retained.

**Colleen Toby**

Product Manager, Access and Submissions

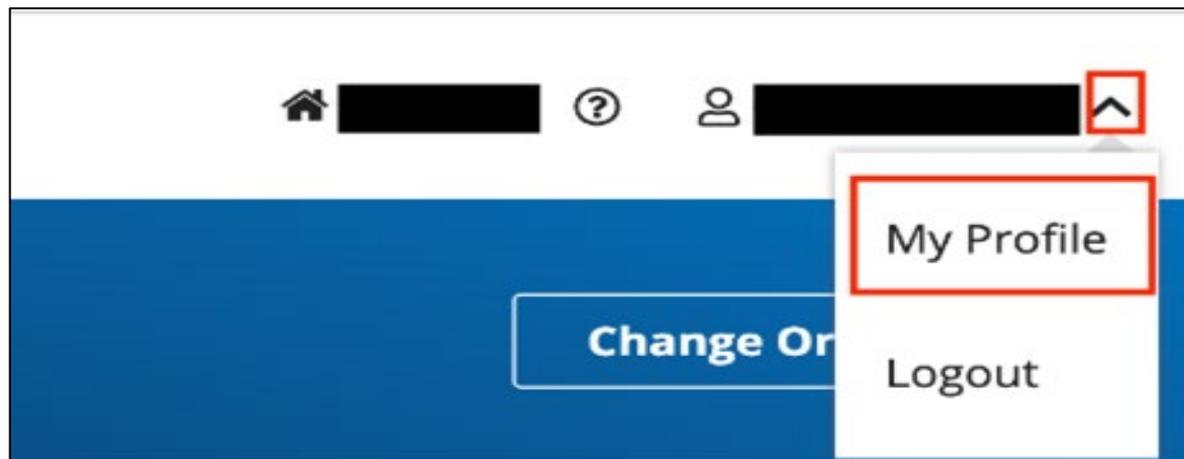
Hospital Quality Reporting Application Development Organization

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## **Measure Data Submission in HQR**

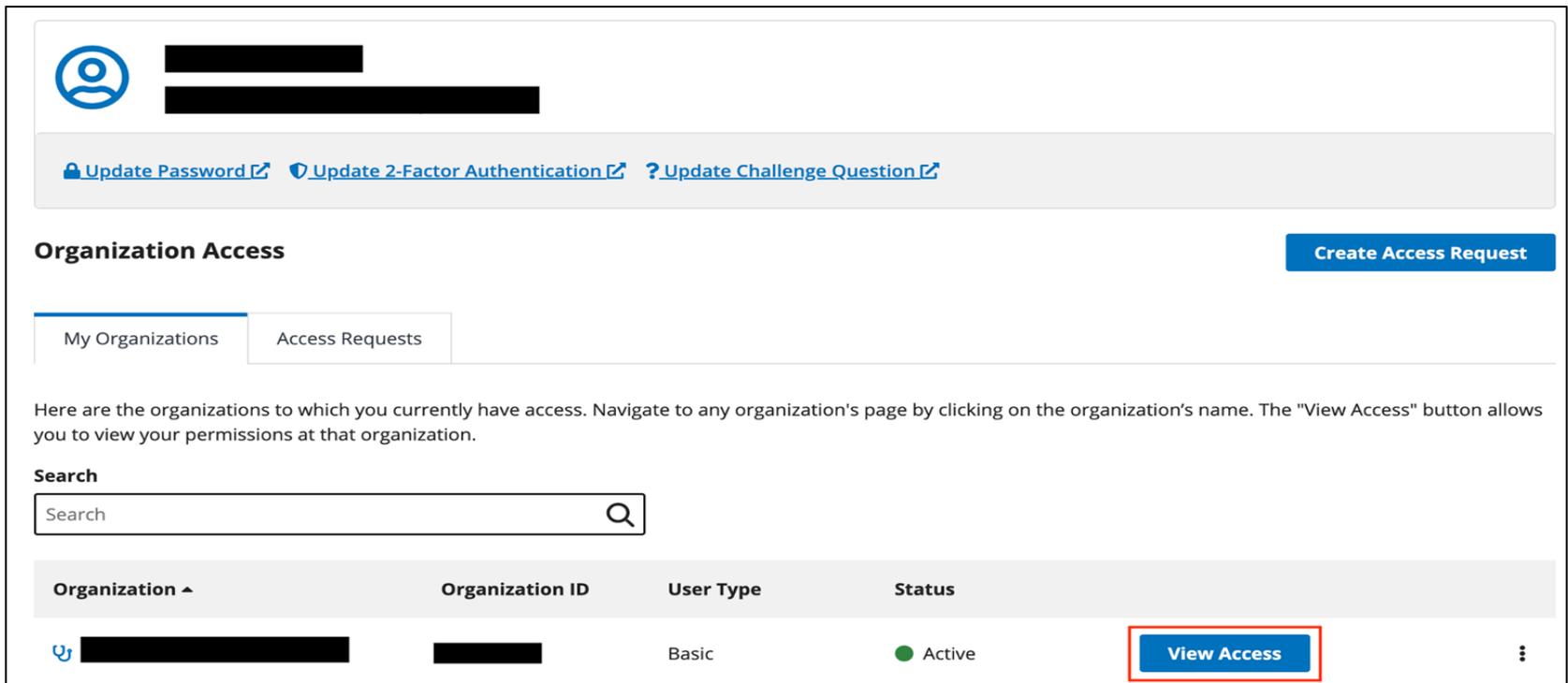
# Verify User Permission

1. Log in to HQR via the Health Care Quality Information System Access Roles and Profiles (HARP) at <https://hqr.cms.gov>.
2. In the top right corner, click the arrow by your name and select My Profile.



# Verify User Permission

3. Scroll down to your list of organizations. Click View Access next to the organization submitting THA/TKA data.

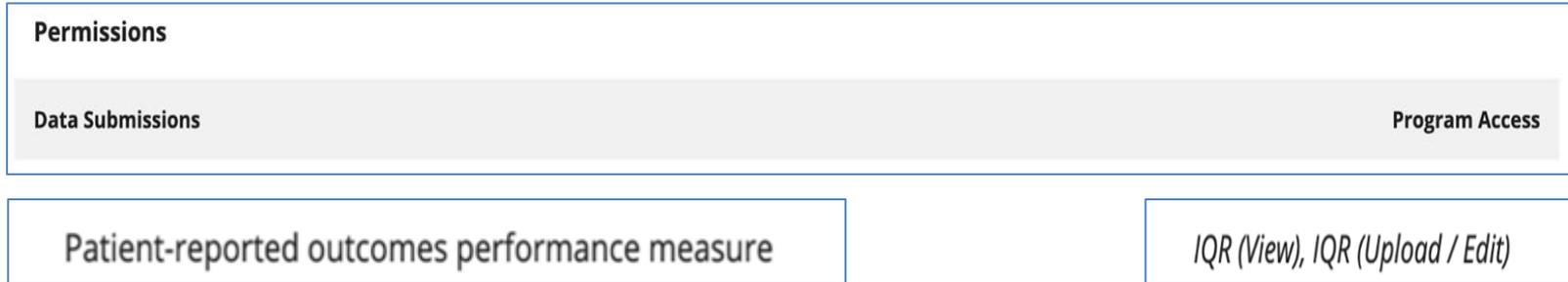


The screenshot shows a user profile interface. At the top left is a user icon and name. Below it are three links: "Update Password", "Update 2-Factor Authentication", and "Update Challenge Question". The "Organization Access" section has a "Create Access Request" button. Below this are two tabs: "My Organizations" (selected) and "Access Requests". A paragraph explains that the page shows organizations with access and that the "View Access" button shows permissions. A search bar is present. At the bottom is a table with columns: Organization, Organization ID, User Type, Status, and a "View Access" button (highlighted with a red box) and a menu icon.

Organization	Organization ID	User Type	Status	
 [Redacted]	[Redacted]	Basic	Active	<a href="#">View Access</a> 

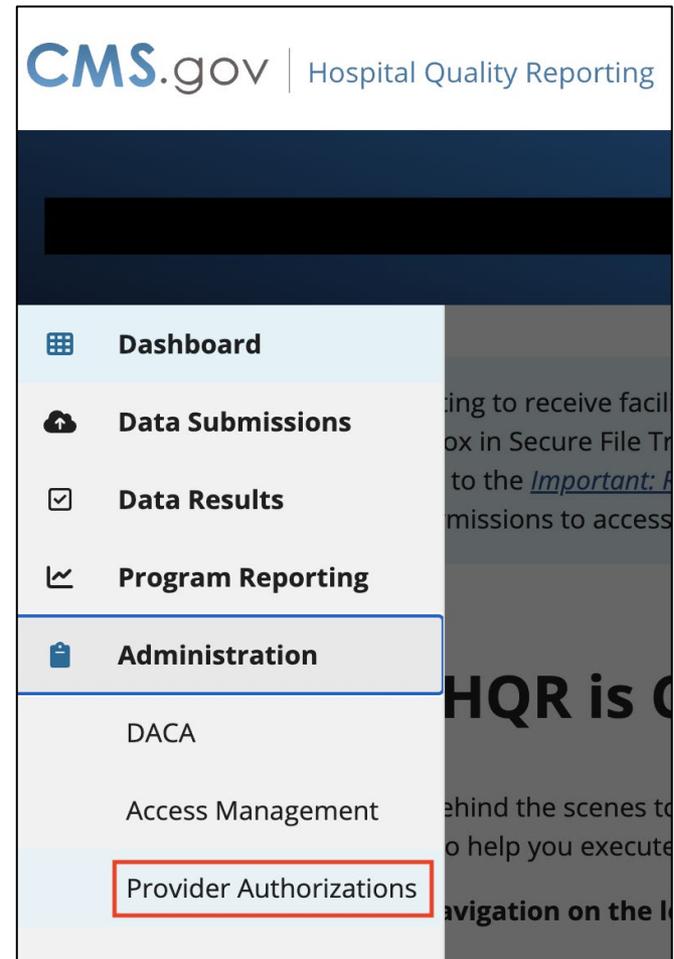
# Verify User Permission

4. Scroll down to the Data Submissions section. Look for the Patient-Reported Outcomes Performance Measure to ensure that IQR (Upload/Edit) is under Program Access.



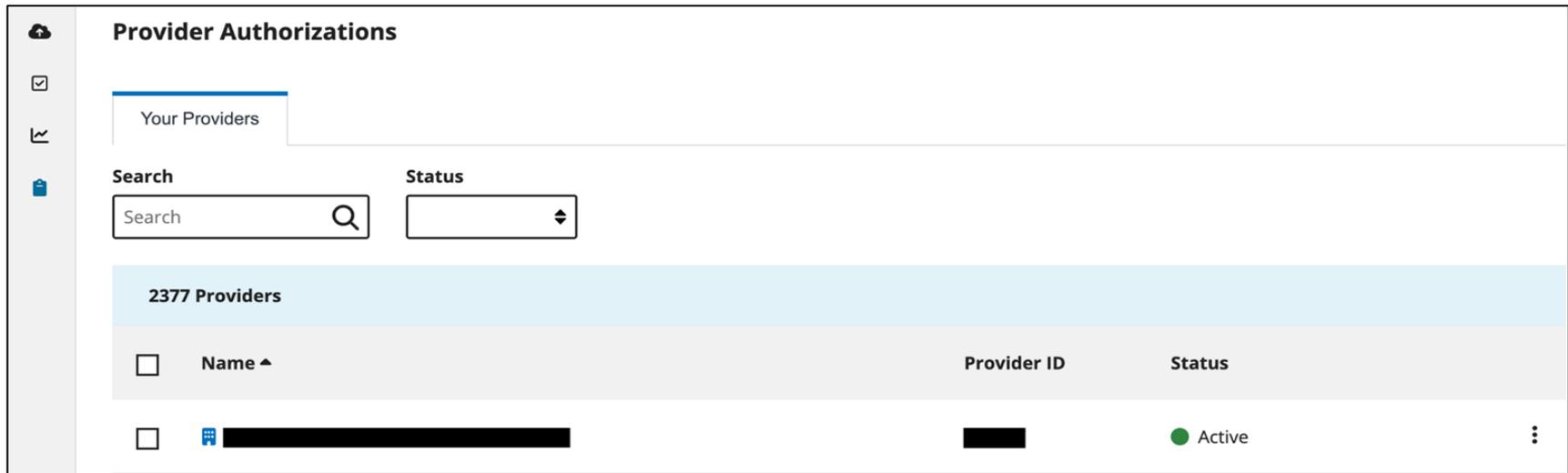
# Verify User Permission

5. If you are a vendor or registry submitting on behalf of a provider, navigate to the Provider Authorizations page under Administration.



# Verify Vendor Authorization

Select the provider in the Your Providers table to view the authorizations. In the Data Submissions section, look for the Patient-Reported Outcomes Performance Measure role and ensure that Inpatient Quality Reporting (IQR) has active Measure Access for THA/TKA.



The screenshot displays the 'Provider Authorizations' interface. At the top, there is a 'Your Providers' tab. Below it, there is a search bar and a 'Status' dropdown menu. The main content area shows a table with 2377 providers. The table has columns for 'Name', 'Provider ID', and 'Status'. The first row shows a provider with a redacted name, a redacted Provider ID, and a status of 'Active' (indicated by a green dot).

<input type="checkbox"/>	Name ▲	Provider ID	Status
<input type="checkbox"/>			<span style="color: green;">●</span> Active

# Verify Vendor Authorization

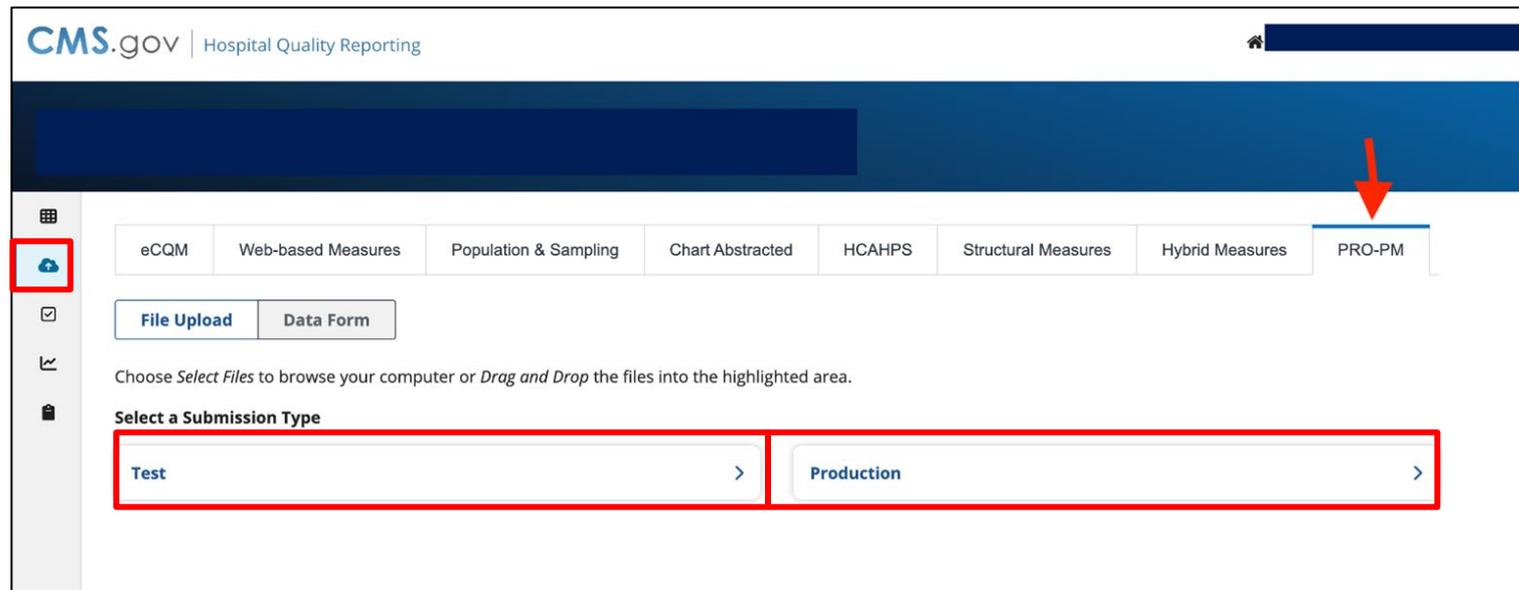
Permissions	
<b>Data Submissions</b>	
<b>Chart Abstracted</b>	<b>Measure Access</b>
Inpatient Quality Reporting (IQR)	<i>None</i>
Outpatient Quality Reporting (OQR)	<i>None</i>
<b>DACA</b>	<b>Measure Access</b>
Inpatient Quality Reporting (IQR)	<i>None</i>
<b>eCQM</b>	<b>Measure Access</b>
Inpatient Quality Reporting (IQR)	<i>None</i>
<b>HCAHPS (File Upload)</b>	<b>Measure Access</b>
Inpatient Quality Reporting (IQR)	<i>None</i>
<b>Patient-reported outcomes performance measure</b>	<b>Measure Access</b>
Inpatient Quality Reporting (IQR)	<i>THA/TKA (Edit/Upload)</i>

# File Upload Submission Steps

1. Login to HQR via HARP: <https://hqr.cms.gov>
2. In the left-hand navigation panel, select Data Submissions.

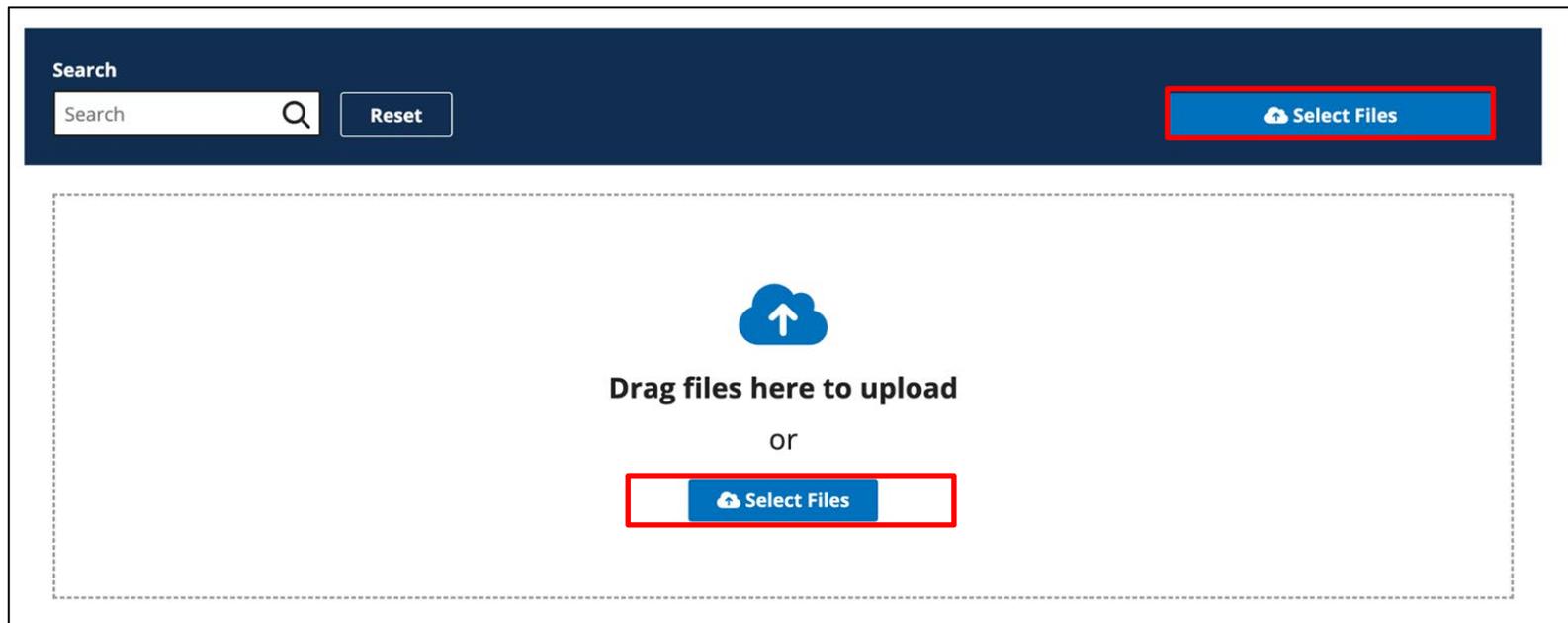
# File Upload Submission Steps

3. If you have the Data Submissions Patient-Reported Outcomes Performance measure role, you will be able to see and select the PRO-PM tab.
4. Select Test or Production file upload.



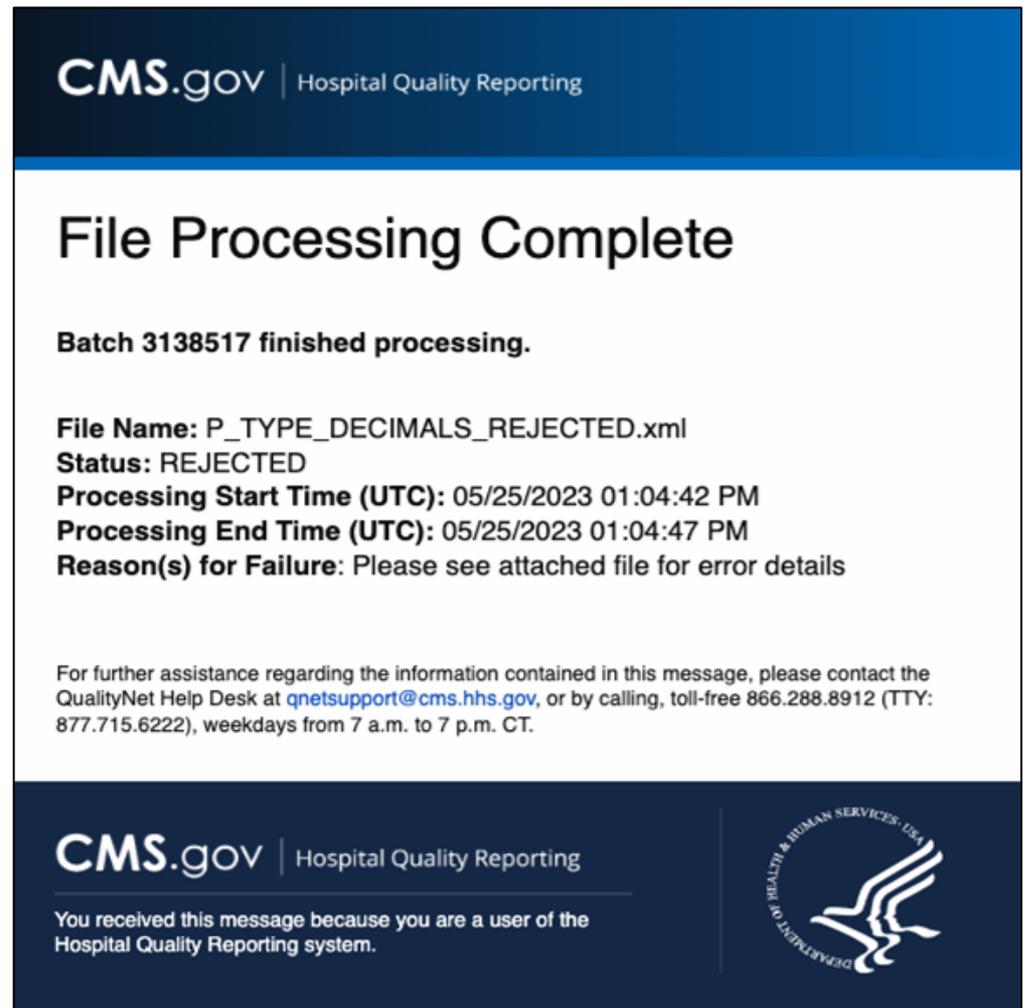
# File Upload Submission Steps

5. Drag and drop your ZIP, CSV, or XML file.  
Click Select Files to browse your machine's files.  
Select your ZIP, CSV, or XML file to upload to HQR.



# File Upload Submission Steps

When file processing completes, you will receive an email. The email will contain an attachment of any informational messages or errors regarding your files.



The screenshot shows an email notification from CMS.gov regarding Hospital Quality Reporting. The subject is 'File Processing Complete'. The message states that Batch 3138517 has finished processing. It provides details for a rejected file: 'P\_TYPE\_DECIMALS\_REJECTED.xml'. The status is 'REJECTED'. The processing start time (UTC) is 05/25/2023 01:04:42 PM, and the processing end time (UTC) is 05/25/2023 01:04:47 PM. The reason for failure is to see the attached file for error details. At the bottom, there is contact information for the QualityNet Help Desk and the CMS.gov logo.

**CMS.gov** | Hospital Quality Reporting

## File Processing Complete

**Batch 3138517 finished processing.**

**File Name:** P\_TYPE\_DECIMALS\_REJECTED.xml  
**Status:** REJECTED  
**Processing Start Time (UTC):** 05/25/2023 01:04:42 PM  
**Processing End Time (UTC):** 05/25/2023 01:04:47 PM  
**Reason(s) for Failure:** Please see attached file for error details

For further assistance regarding the information contained in this message, please contact the QualityNet Help Desk at [qnetsupport@cms.hhs.gov](mailto:qnetsupport@cms.hhs.gov), or by calling, toll-free 866.288.8912 (TTY: 877.715.6222), weekdays from 7 a.m. to 7 p.m. CT.

**CMS.gov** | Hospital Quality Reporting

You received this message because you are a user of the Hospital Quality Reporting system.



# File Upload Submission Steps

You can also download a file accuracy report from the File Upload table. Click the Download link in the last column in the file table next to each file uploaded.

Batch File Name	Batch ID	File Size	Upload Date ▾	Uploaded By	Status ⓘ	Errors
 POST_LEFT_HOO...csv	3003418	385 bytes	7/30/2024	[REDACTED]	✓ Accepted	 Download
 POST_LEFT_HOO...csv	3003407	385 bytes	7/29/2024	[REDACTED]	✓ Accepted	 Download

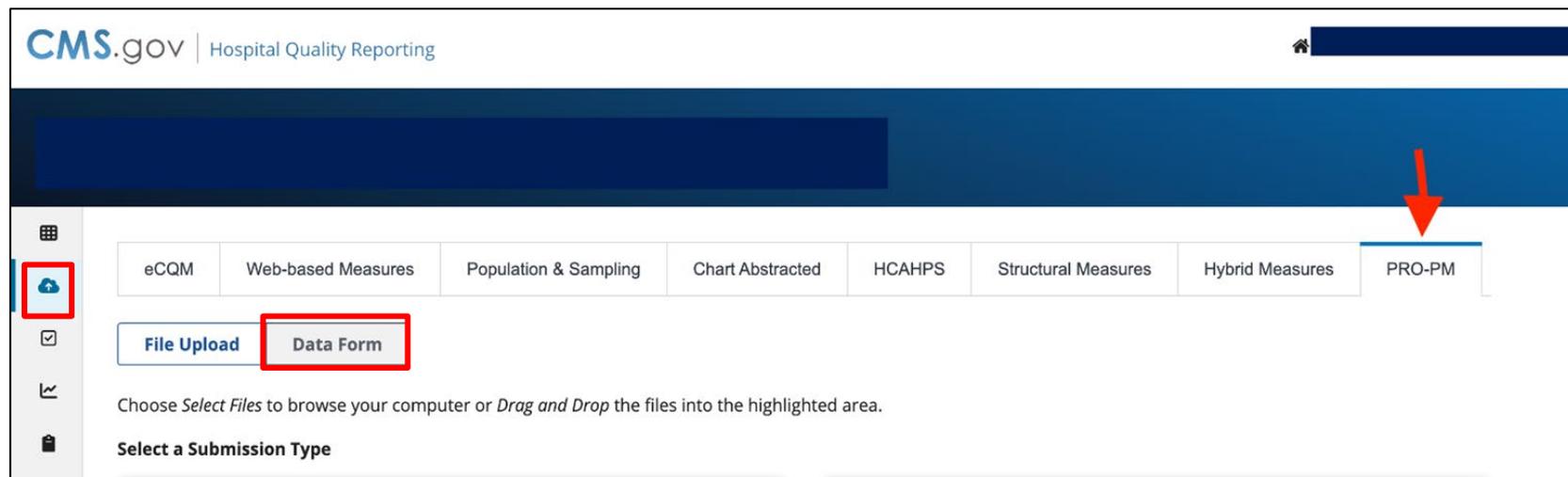
# File Upload Submission Steps

If any critical error messages are on the report and you have a status other than Accepted, your file was rejected from HQR. You will need to correct your file(s) and submit again until you get a status of Accepted.

FileName	CCN	BatchID	UploadDate	UploadedBy	Status	ErrorDetails
THA_TKA_Pre_FY25.xml	XXXXXX	1111111	07/01/2023	TESTProvider	REJECTED	Missing Medicare Beneficiary Identifier (MBI) Enter 11-digit MBI.

# Manual Data Form Submission Steps

1. In left hand navigation panel, select Data Submissions.
2. If you have the Data Submissions Patient-Reported Outcomes Performance measure role, you will be able to see and select the PRO-PM tab
3. Click Data Form.



# Manual Data Form Submission Steps

4. Click on THA/TKA Surveys Launch Data Form.

The screenshot displays a web application interface for data submission. At the top, there is a horizontal menu with tabs for different submission methods: eCQM, Web-based Measures, Population & Sampling, Chart Abstracted, HCAHPS, Structural Measures, Hybrid Measures, and PRO-PM. Below this menu, there are two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted in blue. Below the buttons, a message states: 'You have selected Data Form submission. You can choose a different method at any time.' Underneath, the heading 'Select the Data Form' is followed by a list of options. The first option, 'THA/TKA surveys', is highlighted with a red rectangular box. To the right of this option is a button labeled 'Launch Data Form' with a green arrow icon.

# Manual Data Form Submission Steps

5. Click the Start button for the 2025 reporting year.

[< Data Submissions](#)

**Patient-reported outcome performance measure**

Reporting Period: 2025

CMS Certification Number: [REDACTED]  
Performance Period: 01/01/2023 - 06/30/2023  
Pre-operative submission period: 07/15/2023 - 10/02/2023  
Post-operative submission period: 06/01/2024 - 09/30/2024

**⚠ Two data sets are currently open for submission:**

- For reporting period 2026, submit pre-operative data by September 30, 2024 ([Submit here](#)).
- For reporting period 2025, submit post-operative data **on this page** by September 30, 2024.

**THA/TKA pre-operative surveys (voluntary)**

Total hip arthroplasty and total knee arthroplasty

⚠ Not Submitted • **Closed**

---

**THA/TKA post-operative surveys (voluntary)**

Total hip arthroplasty and total knee arthroplasty

⚠ Not Submitted • **Open**

**Start**

# Manual Data Form Submission Steps

6. Complete one data form at a time per patient survey.  
Address any errors while filling out the form and click Submit.

**THA/TKA post operative patient survey**

**Medicare Identification (MBI) \***  
No dashes or spaces

**Procedure Type \***

**Date of Birth**

**Date of Eligible Procedure \***

**Date of Survey Collection**

**Date of Admission to Anchor Hospitalization**

**Amount of hip pain in the last week going up or down stairs**

**Amount of hip pain in the last week walking on an uneven surface**

**Degree of difficulty in the last week due to your hip when rising from sitting**

**Degree of difficulty in the last week due to your hip when bending to the floor/picking up an object**

**Degree of difficulty in the last week due to your hip when lying in bed (turning over, maintaining hip position)**

**Degree of difficulty in the last week due to your hip when sitting**

**Submit** **Cancel**

# Manual Data Form Submission Steps

7. After submitting one survey, the survey table appears. This table lists all the surveys submitted for this provider thus far. View each one by clicking on the hyperlinked MBI. Each survey can also be edited, deleted, or exported as a PDF from this table by clicking on the utility menu indicated with three dots. You can choose to add another survey by clicking Add patient survey or return to the PRO-PM index page to switch between postoperative and preoperative submissions by clicking the back button in the top left corner.

< PRO-PM index page

### THA/TKA post-operative surveys

Search

MBI, procedure type, and procedure date

2 patient surveys

<input type="checkbox"/>	MBI	Procedure Type	Procedure Date	Updated
<input type="checkbox"/>	<a href="#">FAKEMBI1234</a>	2 - Right Hip Replacement	06/01/2023	08/19/24 9:29 AM
<input type="checkbox"/>	<a href="#">FAKEMBI2345</a>	3 - Left Knee Replacement	01/01/2023	08/19/24 9:28 AM

« Previous 1 Next »

Edit   
Export   
Delete

Help improve HQR. Participate in user feedback >

# Manual Data Form Submission Steps

8. You can switch reporting periods by changing the year in the Reporting Period dropdown.
9. Click the Start button for the 2026 reporting year.

< Data Submissions

Patient-reported outcome performance measure

CMS Certification Number: [REDACTED]

Performance Period: 07/01/2023 - 06/30/2024

Pre-operative submission period: 06/01/2024 - 09/30/2024

Post-operative submission period: 07/2025 - 09/2025 (expected)

Reporting Period: 2026

**⚠ Two data sets are currently open for submission:**

- For reporting period 2026, submit pre-operative data **on this page** by September 30, 2024.
- For reporting period 2025, submit post-operative data by September 30, 2024 ([Submit here](#)).

**THA/TKA pre-operative surveys (voluntary)**

Total hip arthroplasty and total knee arthroplasty

⚠ Not Submitted • **Open**

**THA/TKA post-operative surveys (voluntary)**

Total hip arthroplasty and total knee arthroplasty

Expected to open July 2025

Start

# Manual Data Form Submission Steps

10. Complete one data form at a time per patient survey. Address any errors while filling out the form and click Submit.

THA/TKA pre-operative patient survey

**Medicare Identification (MBI) \***  
No dashes or spaces

**Procedure Type \***

**Date of Birth**

**Date of Eligible Procedure \***

**Date of Survey Collection**

**Date of Admission to Anchor Hospitalization**

**Generic PROM Version**

**During the past 4 weeks, did you not do work or other activities as car emotional problems (such as feeling depressed or anxious)?**

**How much of the time during the past 4 weeks have you felt calm and**

**How much of the time during the past 4 weeks have you had a lot of e**

**How much of the time during the past 4 weeks have you felt downhea**

**During the past 4 weeks, how much of the time has your physical heal with your social activities (like visiting with friends, relatives, etc.)?**

**Submit** **Cancel**

# Manual Data Form Submission Steps

11. After submitting one survey, the survey table appears. This table lists all the surveys submitted for this provider thus far. View each one by clicking on the hyperlinked MBI. Each survey can also be edited, deleted, or exported as a PDF from this table by clicking on the utility menu indicated with three dots. You can choose to add another survey by clicking the Add patient survey button or return to the PRO-PM index page to switch between postoperative and preoperative submissions by clicking the back button in the top left corner.

< PRO-PM index page

### THA/TKA pre-operative surveys

Search

MBI, procedure type, and procedure date

6 patient surveys

Add patient survey

<input type="checkbox"/>	MBI	Procedure Type	Procedure Date	Updated
<input type="checkbox"/>	<a href="#">1U97HQ7XJ74</a>	4 - Right Knee Replacement	11/20/2023	06/17/24 4:43 PM
<input type="checkbox"/>	<a href="#">1QD8ED6WX58</a>	3 - Left Knee Replacement	11/06/2023	06/17/24 4:43 PM
<input type="checkbox"/>	<a href="#">1PY5A09DN60</a>	4 - Right Knee Replacement	11/15/2023	06/17/24 4:43 PM
<input type="checkbox"/>	<a href="#">7VN7W31DN39</a>	2 - Right Hip Replacement	11/01/2023	06/17/24 4:21 PM

## **Kristina Burkholder, MS, CAS**

Lead, Measure Implementation and Stakeholder Communication

Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor

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## **Resources**

# PRO-PM Resources on QualityNet

## PRO Data Collection Fact Sheets

### Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) Voluntary Reporting: Key Information and Resources

**Overview:**

- The goal of the hospital-level THA/TKA PRO-PM (Distinct Quality Forum (DQF) #3559) is to measure improvement in patients' self-reported pain and functional status prior to and after their elective, primary THA/TKA.
- The hospital-level THA/TKA PRO-PM is the first-ever PRO-PM to incorporate the patient's perspective directly in the measure outcome, with the intention of promoting collaboration and shared decision-making between patients and providers across the full spectrum of care.
- Centers for Medicare and Medicaid Services (CMS) plans to implement the THA/TKA PRO-PM through phased implementation, with two voluntary reporting periods in 2025 and 2026, followed by mandatory public reporting in 2027.
- Data collection for the first round of Voluntary Reporting for the measure will begin in Fall 2025. All hospitals eligible for the reporting Quality Reporting (QR) Program are encouraged to participate in the Voluntary Reporting periods.
- Ongoing Monitoring Reporting in 2027: successful submission of PRO data will support hospitals' Annual Payment Update (APU) in the QR Program. CMS recommends hospitals collect and submit complete data on more than 100 other eligible measures. By hospitals to maximize the potential for them to be successful in meeting the 2027 QR reporting requirements. Hospitals that fail to meet the reporting requirements will receive a reduction in their APU in Fiscal Year (FY) 2028.

**Benefits of Participating in Voluntary Reporting**

- Receive hospital-level feedback on performance
- Provide an opportunity to test PRO data submission via CMS before public reporting
- Improve patient care and receive enhanced reports with information on PRO data response rates and measure results

### Who Do I Collect PRO Data on?

The figures below list the eligible criteria which hospitals should use to determine patient eligibility for patient-reported outcome (PRO) data collection for the hospital-level Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM). Some hospitals will collect PRO data before International Classification of Diseases (ICD-10) billing codes are determined for eligible elective, primary THA/TKA, or non-emergency identifying eligible patients for PRO data collection using the figure below.

**Eligible for PRO Collection**

**Not Eligible for PRO Collection**

Download information regarding the measure collection on the CMS Data to Go! for the Medicare Reimbursement Report available on QualityNet.

### What is the PRO-PM Timeline?

The timeline below highlights important dates for data collection and submission associated with the eligible elective, primary THA/TKA procedures for the upcoming voluntary and mandatory reporting periods of the total hip arthroplasty/total knee arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM).

October 17th data submission deadline date for a non-emergency orthopedic surgery. These dates apply to all hospitals in the next business day.

### What Data Should I Collect?

The hospital-level THA/TKA PRO-PM (Distinct Quality Forum (DQF) #3559) Patient-Reported Outcome-Based Performance Measure (PRO-PM) requires collection of preoperative and postoperative patient-reported data to track the patient's self-reported pain and functional status. The PRO-PM allows hospitals to collect and submit for each patient for the measure can be found below.

Data Element Type	Preoperative Data Elements	Postoperative Data Elements
Required Data Elements	<ul style="list-style-type: none"> <li>Age</li> <li>Gender</li> <li>Insurance Type</li> <li>ICD-10 Procedure Code</li> <li>ICD-10 Diagnosis Code</li> <li>ICD-10 Discharge Code</li> <li>ICD-10 Discharge Status</li> <li>ICD-10 Discharge Date</li> <li>ICD-10 Discharge Time</li> <li>ICD-10 Discharge Location</li> <li>ICD-10 Discharge Reason</li> <li>ICD-10 Discharge Source</li> <li>ICD-10 Discharge Type</li> <li>ICD-10 Discharge Subtype</li> <li>ICD-10 Discharge Subcategory</li> <li>ICD-10 Discharge Subcode</li> <li>ICD-10 Discharge Subcode 2</li> <li>ICD-10 Discharge Subcode 3</li> <li>ICD-10 Discharge Subcode 4</li> <li>ICD-10 Discharge Subcode 5</li> <li>ICD-10 Discharge Subcode 6</li> <li>ICD-10 Discharge Subcode 7</li> <li>ICD-10 Discharge Subcode 8</li> <li>ICD-10 Discharge Subcode 9</li> <li>ICD-10 Discharge Subcode 10</li> <li>ICD-10 Discharge Subcode 11</li> <li>ICD-10 Discharge Subcode 12</li> <li>ICD-10 Discharge Subcode 13</li> <li>ICD-10 Discharge 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**Where can I find more information?**

- QualityNet
- QualityNet Helpdesk
- QualityNet Support Center
- QualityNet Support Portal
- QualityNet Support Email
- QualityNet Support Phone
- QualityNet Support Chat
- QualityNet Support Video
- QualityNet Support Webinars
- QualityNet Support Training
- QualityNet Support Documentation
- QualityNet Support Knowledge Base
- QualityNet Support Community
- QualityNet Support Forum
- QualityNet Support Blog
- QualityNet Support Newsletters
- QualityNet Support Events
- QualityNet Support Conferences
- QualityNet Support Seminars
- QualityNet Support Workshops
- QualityNet Support Webinars
- QualityNet Support Conferences
- QualityNet Support Seminars
- QualityNet Support Workshops

### How and When Can Patient-Reported Outcome (PRO) Data be Collected?

The Center for Medicare and Medicaid Services (CMS) supports flexibility in collecting PRO data. Hospitals can collect PRO data using methods that align with their clinical workflow and patient preferences. Before any new collecting PRO data, please review the following information:

PRO data collection is available in 2025 and 2026 for an eligible elective, primary THA/TKA procedure. Patients benefit most when patients, providers, and other staff work together to ensure that the data collection process is as easy as possible for the patient. The data collection process should be designed to be as simple as possible for the patient. The data collection process should be designed to be as simple as possible for the patient. The data collection process should be designed to be as simple as possible for the patient.

## Methodology Report & Supplemental File

## Measure Fact Sheet

### Hospital-level Total Hip Arthroplasty/ Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) Fact Sheet

The goal of a hospital-level THA/TKA PRO-PM is to measure improvement in patient self-reported pain and functional status prior to and after their elective, primary THA/TKA procedure. The hospital-level THA/TKA PRO-PM is the first-ever PRO-PM to incorporate the patient's perspective directly in the measure outcome and promote collaboration and shared decision-making between patients and providers across the full spectrum of care.

**Who is included in the measure?**

- Patients who are enrolled in Medicare fee-for-service (FFS) and are aged 65 years or older.
- Patients who are undergoing an elective inpatient total hip arthroplasty (THA) or total knee arthroplasty (TKA) procedure, including inpatient same day procedure.
- Patients who are not undergoing simultaneous revision of implanted prostheses.
- Patients who are not undergoing orthopedic surgery in an emergency setting.

**What is included in the measure?**

- Preoperative patient-reported pain and functional status.
- Postoperative patient-reported pain and functional status.
- ICD-10 procedure code.
- ICD-10 diagnosis code.
- ICD-10 discharge code.
- ICD-10 discharge status.
- ICD-10 discharge date.
- ICD-10 discharge time.
- ICD-10 discharge location.
- ICD-10 discharge reason.
- ICD-10 discharge source.
- ICD-10 discharge type.
- ICD-10 discharge subtype.
- ICD-10 discharge subcategory.
- ICD-10 discharge subcode.
- ICD-10 discharge subcode 2.
- ICD-10 discharge subcode 3.
- ICD-10 discharge subcode 4.
- ICD-10 discharge subcode 5.
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- ICD-10 discharge subcode 99.

## FAQs

### Total Hip Arthroplasty/ Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM): Frequently Asked Questions (FAQs)

Hospital Inpatient Quality Reporting Program

The content included in this document aims to assist hospitals participating in 2025 Voluntary Reporting and 2026 Voluntary Reporting in order to prepare to meet requirements for the 2027 Mandatory Reporting period/ fiscal year (FY) 2028 payment determination in the Hospital Inpatient Quality Reporting Program (IHQR) for the THA/TKA PRO-PM.

**Page 01: Measure Background**

- Overview
- Voluntary Reporting

**Page 02: Measure Specifications**

- Measure Cohort
- Measure Outcome
- Missing Data & Penalization/Response Bias Adjustment

**Page 03: Implementation**

- Data Collection
- PRO Data Elements
- Data Submission
- Reporting Requirements
- Accessing Your Results & Public Reporting
- Hospitals Without Results

**Page 04: Additional Information & Resources**

- Resources
- Other
- List of Acronyms and Commonly Used Terms

## Patient Brochure

### Patient Guide: Total Hip Arthroplasty and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)

Learn about how you, as a patient, can help improve the quality of Total Hip and Total Knee Arthroplasty procedures at (insert hospital name) and across the nation.

## Data submission

Measure Year	Start Date	End Date	Reporting Period	Reporting Method	Reporting Frequency	Reporting Status	Reporting Type	Reporting Location	Reporting Source	Reporting Date	Reporting Time	Reporting Location	Reporting Source	Reporting Date	Reporting Time
2025	10/01/2025	08/31/2026	2025-2026	Voluntary	Quarterly	Active	PRO-CP	QualityNet	QualityNet	10/01/2025	08/31/2026	QualityNet	QualityNet	10/01/2025	08/31/2026
2026	10/01/2026	08/31/2027	2026-2027	Voluntary	Quarterly	Active	PRO-CP	QualityNet	QualityNet	10/01/2026	08/31/2027	QualityNet	QualityNet	10/01/2026	08/31/2027
2027	10/01/2027	08/31/2028	2027-2028	Mandatory	Quarterly	Active	PRO-CP	QualityNet	QualityNet	10/01/2027	08/31/2028	QualityNet	QualityNet	10/01/2027	08/31/2028

# Hospital IQR Program Measure Questions

Please submit questions to the [QualityNet Question and Answer Tool](#) using the following steps:

1. Access the QualityNet tool [here](#). (It opens in new browser tab.)
2. In the drop-down menu, select IQR-Inpatient Quality Reporting as the Program Type.
3. Select Hip/Knee PRO-PM in the Topic field.
4. Complete all other mandatory fields and the CAPTCHA.
5. Click on Submit Question.

To properly handle inquiries, please reference the specific measure(s) and program(s) to which your questions relate.

Voluntary Reporting of the THA/TKA PRO-Based Performance Measure

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## **Question and Answer Session**

# Continuing Education Approval

This program has been approved for one [continuing education credit](#) for the following boards:

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

**Note:** To verify continuing education approval for any other state, license, or certification, please check with your licensing or certification board.

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