



Hospital Inpatient Quality Reporting (IQR) Program
**Inpatient and Outpatient Healthcare Quality Systems Development
and Program Support**

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

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 IQR Program
Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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Donna Bullock: Hello. Welcome to today's event, *[Voluntary Reporting] Data Submission of the THA/TKA PRO-Based Performance Measure*. My name is Donna Bullock. I am the Hospital Inpatient Quality Reporting Program Lead for the Hospital IQR Program, Inpatient and Outpatient Health Care Quality Systems Development and Program Support. I will be your moderator for today's event. Before we begin, I would like to make a few announcements. This webinar is being recorded. The recording, a transcript of the event, and a question-and-answer summary will be available on the [Quality Reporting Center website](#) in the near future. That's www.QualityReportingCenter.com. If you registered for today's event, you received an email with a link to the slides earlier today. If you did not receive this email, you can download the slides at any time from the Quality Reporting Center website or, during the webinar, you can click the link in the handouts section. This event has been approved for one continuing education credit. More information will be provided at the end of the webinar.

Our speakers today are Kristina Burkholder, Lead, Measure Implementation and Stakeholder Communication, Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor, and Colleen Toby, Product Manager, Access and Submissions, Hospital Quality Reporting Application Development Organization.

The purpose of today's event is to provide an overview of the Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure implementation, timeline, and data submission. We will include the fiscal year 2025 voluntary reporting of postoperative data for the [Hospital] Inpatient Quality Reporting Program, the fiscal year 2026 voluntary reporting of preoperative data for the [Hospital] Inpatient Quality Reporting Program, and the calendar year 2025 through 2027 voluntary reporting of preoperative and postoperative data for the [Hospital] Outpatient Quality Reporting Program. Note, the THA/TKA PRO-PM is also in the Ambulatory Surgical Center Quality Reporting Program. Additional guidance for this program will be provided in the future.

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At the conclusion of today's event, participants will be able to understand the implementation timeline, the data submission process, technical specifications and file format expectations, and be able to locate resources available for voluntary and mandatory reporting.

This slide contains acronyms and abbreviations that we may use during today's presentation.

I would now like to turn the presentation over to our first speaker. Kristina, the floor is yours.

Kristina

Burkholder:

Thank you, Donna, and thank you everyone for joining us today. I'm Kristina Burkholder, the implementation lead for the hospital-level Hip/Knee PRO-PM. Today, I'll be providing you with a brief refresher on the measure and a reminder about implementation plans before going into details about data submission.

The goal of the measure is to assess a patient's improvement after a total hip or total knee replacement. This is done based on their own self-assessment of pain and physical functioning. It does this by comparing a patient's postoperative scores with their preoperative scores. The measure aligns with CMS's Meaningful Measures Framework. Inpatient hospitals can participate in two voluntary reporting periods prior to mandatory reporting, and outpatient hospitals can participate in three voluntary reportings prior to mandatory reporting.

On slide 8, you can see the cohort eligibility criteria for the inpatient setting. Patients must have Medicare Fee for Service Part A and B for 12 months prior and Part A during the index admission. Medicare Fee for Service does not need to be the primary payer. Patients must be 65 years old or older, discharged alive, and undergoing either unilateral or bilateral THA/TKA procedures. It does not include patients who have a partial or revision, fracture, or mechanical complication.

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The measure excludes patients who have a staged procedure during the measurement period, who die within 300 days or are discharged against medical advice, are diagnosed with COVID-19, or have more than two THA/TKA procedure codes during the hospitalization.

Slide 9 has the cohort eligibility criteria for the outpatient setting. As you can see, it's aligned with the inpatient setting. Patients must have Medicare Fee for Service Part A and B for the 12 months prior and during the index admission. They must be age 65 and older and undergoing either unilateral or bilateral THA/TKA procedures. It also does not include patients who have a partial or revision, fracture, or mechanical complication. The measure excludes patients who have a staged procedure during the measurement period, patients who have a procedure that's discontinued, or who die within 300 days. It also excludes patients who have more than two THA/TKA procedure codes during the hospitalization. Resources for the Hospital OQR Program will be on [QualityNet](#) in the future.

In order 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 of the following data elements. You'll need to collect either the HOOS, JR for THA patients or the KOOS, JR for TKA patients, both preoperatively and postoperatively. You'll need to collect several risk variables. These variables are only collected in the preoperative. These include several mental health survey questions from either the VR-12 or the PROM of the Global, the health literacy question, BMI, or height and weight, narcotic use, and patient-reported pain in the non-operative joint and back. In order to match the PRO data that you're submitting to claims, you will also need to submit several additional variables, like your hospital CCN or Medicare provider number, the patient's MBI, date of birth, procedure date, procedure type, for example, whether it's a right or left hip or knee, and the admission date. These variables are submitted both pre and postoperatively.

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Lastly, you will need to submit several PROM-related variables, such as the date the PRO data was collected, the mode of collection, person completing the survey, and which version of the mental health survey you used. The variables that are starred in yellow must be complete and valid, otherwise the PRO record you submitted will not count. So, for example, if you leave the date of PRO data collection blank, you will not receive credit for it.

The preoperative data from the previous slide should be collected anywhere from 90 days before surgery to the day of the procedure. Postoperative data should be collected 300 to 425 days after. That wraps up the quick overview of the measure and data collected for the Hip/Knee PRO-PM.

Now, I will go over the implementation timeline.

CMS finalized a phased implementation approach to the Hip/Knee PRO-PM with multiple voluntary reporting periods before mandatory reporting. For voluntary reporting, participation in voluntary reporting will not impact your payment for either IQR or OQR. Your facility will receive a confidential report prior to public reporting. Even if you didn't submit any PRO data, you will still receive a file with a list of eligible procedures. VR-1 preoperative confidential reports for the inpatient setting were made available in May. So, if you haven't seen them, you can log into the HQR platform to check it out. While the measure scores will be confidential, hospital participation in voluntary reporting and response rates will be publicly available during voluntary reporting. For the inpatient setting in 2025, CMS will publicly report if your facility participated and the overall response rate. The overall response rate is the number of eligible hip/knee replacement procedures with complete, matched preoperative and complete postoperative PRO data submitted divided by the number of eligible hip/knee procedures performed.

All eligible hospitals are required to participate in mandatory reporting, or they will be subject to a reduction in their annual payment update.

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Hospitals will need to submit matched complete pre and post PRO data for 50 percent of their eligible THA/TKA procedures. This is the overall response rate that I mentioned on the previous slide. It's recommended that your hospital collect more than the 50 percent preoperative data to help your hospital be successful, as postoperative data may not be collected on every one of those patients. Hospitals will receive response rates and measure score information once postop data is submitted during voluntary reporting as applicable. Once the measure is mandatory, your facility's measure score and overall response rate will be publicly reported beginning in 2027 for the [Hospital] IQR Program and 2030 for the [Hospital] OQR Program.

Slide 15 depicts a figure of the dates for VR-1, VR-2, and the start of mandatory reporting. These dates include the performance period, pre and postoperative data collection windows, and respective submission deadlines; 2025 VR reporting period, or VR-1, uses only six months of data. These are procedures performed between January 1, 2023, to June 30, 2023. Participating hospitals submitted this data last year. The VR-1 postoperative data is highlighted with the red arrow here. It's what you will be submitting now until September 30, 2024. We recommend that your hospital try to submit the data before the deadline, so you have sufficient time to make any corrections if needed. The postoperative data collection window occurred between October 28, 2023, to August 28, 2024. The VR-2 performance period was July 1, 2023, to June 30, 2024. Preop collection occurred from April 20, 2023, to June 30, 2024. As you can see, you will be submitting your postop data from VR-1 and your preop data from VR-2 at the same time. So, this data needs to be submitted by September 30, 2024. Most importantly, below in teal is the first year of mandatory reporting, which has already begun. Your facility must be collecting preoperative data for patients with an eligible hip or knee procedure performed from July 1, 2024, to June 30, 2025. Failure to meet the reporting requirements will impact your facility's fiscal year 2028 payment. It's very important to start collecting preoperative data if you haven't already.

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You will be submitting preop data for mandatory reporting by September 2025. Below in yellow are the dates for the second year of mandatory reporting for fiscal year 2029.

The graphic on slide 16 depicts the reporting timeline for the THA/TKA PRO-PM in the [Hospital] OQR Program. For the first voluntary reporting, here in blue, preoperative data collection for patients who have a procedure from January 1, 2025, to December 31, 2025, will begin soon. Preoperative data will be submitted by May 15, 2026. Your hospital should consider participating in Voluntary Reporting-1 to prepare for future mandatory reporting.

Over the next few slides, I'll discuss who can submit and the different file formats along with some common questions about what data to submit.

So, who can submit the PRO data? Currently, data submission is only available for hospitals submitting data for voluntary reporting in the Hospital IQR Program. As noted previously, data submission for preop for VR-1 in the [Hospital] OQR Program will occur in 2026. Hospitals have the flexibility to either submit the data themselves or have a vendor submit on their behalf. For the [Hospital] IQR program, hospital vendors will submit data via the Hospital Quality Reporting, or HQR, platform. Hospitals can submit their PRO data via CSV file, XML file, or enter the data manually in a web form. Guidance will be made available for the [Hospital] OQR Program in the future.

The first option shown here is the CSV file. If you open the template in Excel, this is how the file would look. Note, if you do populate the CSV file using Excel, please keep in mind that CSV files do not contain formatting like Excel files do.

Here's an example of the XML file.

Lastly, your hospital can submit via manual entry.

As a reminder, you will be submitting postoperative data for VR-1 and preoperative data for VR-2.

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Data submission period will end September 30, 2024. Slide 23 displays the list of variables to be submitted for both preop and postop.

Next, I'll walk through a couple of situations you may encounter while entering your patient data or submitting.

For the inpatient hospital-level Hip/Knee-PRO-PM, outpatient procedures are not included in the measure cohort, and inpatient procedures will not be included in the [Hospital] OQR Program. Although outpatient data is not required yet, it may be easier to collect both inpatient and outpatient PRO data. If you are unsure if a patient would be considered inpatient or outpatient, submit the PRO data you have collected, since you won't be able to resubmit PRO data at a later time. CMS will determine eligibility for you.

Your hospital may have patients who have had a bilateral procedure, for example, a right and a left hip replacement on the same day. These patients are included in the measure. You can submit the data for a bilateral procedure as one entry using the most severe or limited functioning.

As you are submitting the pro data for your patients, you may have some cases where there is missing data. You can think of this data bucketed into three bins. One is complete data. This data is included in the measure cohort and the calculation outcome and would count towards your APU. Two would be incomplete data. Say you're able to collect some information from a patient, but you're missing some variables such as the health literacy survey. This would be considered incomplete. This patient would not be included in the measure cohort or in the outcome. However, they would be included in the calculation of the non-response bias. So, if you have some partially filled out information from a patient, you can submit it to CMS, and that would be included in the non-response bias weighting. Incomplete records would not count towards your facility's APU. Lastly, there's no response. So, similar to incomplete data, these patients are not included in the cohort or outcome and do not count towards your APU. They would be included in the non-response bias weighting.

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During data submission, there are only a few variables that are required in your file, like NBI or a valid procedure date. For these few variables, where there is a missing value, that record would be rejected, and you would get a notification when you upload your file. For other variables that count towards the definition of a complete PRO or towards your APU, you will find that you'll be able to submit incomplete data. So, for example, if you had incomplete date of birth or an incomplete health literacy score, you could leave that field blank, and, when you submit your file, you will get a message in your error report. You can check that error log to see which fields had missing data. Your hospital will not have an opportunity to submit data after the data submission deadline. So, it's very important that you check that error log and try to submit as complete data as possible. If you submit two files with data for the same patient survey for the same procedure on the same date, only the most recent file will be retained. Now, I'll turn it over to Colleen.

Colleen Toby:

Thank you, Kristina. I am Colleen Toby, the Product Manager for Access and Submissions at the Hospital Quality Reporting Application Development Organization. I am now going to demonstrate how to submit your THA/TKA postoperative survey data in the Hospital Quality Reporting System. This demonstration will take place in the Test environment, and any organizations you see and data submitted as part of this demonstration is for testing purposes only and not real. You can refer to slides 29 through 49 as a summary of my demonstration as needed. This demonstration is of the current submission process for the Hospital IQR Program; however, the Hospital OQR Program will be very similar.

Start by navigating to hqr.cms.gov to log in to HQR. Enter your user ID and password from your HARP account, and click Login.

If you are not set up to access HQR or having issues logging in, you can click the Having Trouble Logging In link.

Next, you will have to select your two-factor authentication method. Click Next.

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Enter the code that you receive. Click Next.

Once you have successfully logged into HQR, you will land on the dashboard page. When submitting the data for the first time, you should check that you have the correct permissions to submit data. To do this, click on the arrow by your name in the upper right-hand corner of your screen and select My Profile.

Scroll down to view the organizations you have access to and click View Access next to the organization for which you need to submit data.

So, click View Access.

In order to submit THA/TKA PRO-PM data and HQR, you will need the data submissions, Patient-Reported Outcomes Performance Measure for the [Hospital] IQR or OQR Program with at least the Upload/Edit permission level. Once you confirm you have this role, then you can submit data and navigate back to the dashboard.

If you are a vendor or registry, you should check that the provider for which you are submitting this data has authorized you to do so in HQR. You can do this by navigating to the Provider Authorization screen under Administration.

Click on the provider's name to view their authorization.

Under Data Submissions, you will find the Patient-Reported Outcomes Performance Measure authorization for the [Hospital] IQR Program, and you'll see the THA/TKA measure with Upload/Edit access. The Hospital OQR Program will have an [Hospital] OQR Program row. If the measure access is not there, contact your provider to get this set up. If it is there, then you are all set up to begin submitting data.

Once you have confirmed that you have the correct role, you can begin to submit data. Using the left-hand navigation menu, click Data Submissions.

There will be different tabs based on your permissions.

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If you have the Data Submissions Patient-Reported Outcomes Performance Measure role, you will see the PRO-PM tab. Click on that tab.

You can submit this measure via file upload or data form. There are buttons here for both options. File upload will be the default selection. To submit files, you need to select a submission type of either Test or Production. Test file submissions are for practice and do not count. Production files will count towards your submission for the [Hospital] IQR or OQR Program. I'm going to select Production.

Files can be uploaded by dragging and dropping the file onto the table or by clicking Select Files. If uploading a zip file, ensure that your zip file does not contain any directories, folders, or interior zip files to prevent delays in processing. I'm going to upload a file.

Once the file has been uploaded successfully, it will appear at the top of the file upload table. Once the file completes processing, the Download Link in the error's column will become enabled. If this link is not enabled, your file is not done processing. You will also receive an email once your file is done processing containing your file's final status.

As you can see, my file was accepted. I'm going to click Download and open the CSV errors report.

It tells you the file name, your hospital CCN, the batch ID of the file, the upload date, the name of the organization that uploaded the file, its status, and if there were errors. This file has no errors found, and it was accepted.

If you look in this file upload table, I did have some files that were previously rejected. A rejected file is not stored in the system or does not count towards your program submission. It means that there were too many errors, and you need to download the report and read the errors to determine why your file failed. I'm going to show you what that looks like.

So, this is an example of an error report for a file that was rejected.

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This error message tells you why the file was rejected. In this case, the procedure date was in the wrong format, and it tells you which format it needs to be in.

If you edit the file, correct it so that the date matches this format, and re-upload to see an accepted status. Your submission would then be accepted into the system. For more information on file upload status and what they mean, you can click on the Info icon next to the status column, and you will see some definitions.

There are multiple options available for making edits to any accepted survey data. You can change it via file upload by editing the file and re-uploading as long as you keep the four key data elements the same: the CCN, MBI, survey type, and procedure type when you upload. Then, that file will overwrite any previous files with those same four values. You can also edit it manually via data form. I'm going to show you how to do that.

To access the data form, scroll back up. Click on the Data Form button, and click THA/TKA Surveys.

This will take you to the Patient-Reported Outcome Performance Measure index page. Currently, this will take you to the 2025 reporting period's index page as indicated in this top right corner. This is where the preoperative survey data was submitted last summer, and this is where the postoperative surveys for the 2025 reporting year will be submitted this summer. If you have already submitted some surveys either via file upload or data form, you will see the total survey count and a View button.

If you click View, you will be taken to the survey page. This page lists all the surveys submitted in the system for this provider and reporting period thus far. This includes file upload submissions and previous data form submissions. You can edit an existing survey by clicking on either the hyperlinked MBI or by clicking on the utility menu, which is indicated by the three dots to the right of each survey, and then clicking Edit.

This takes you to a data form of the survey that you uploaded.

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You can make any change that you need to make. I'm going to change the data procedure to January 2 and then scroll down and click Submit.

You can now see my procedure date was changed. You can also export the individual survey to a PDF from the three-dot utility menu. You can also delete that survey.

When you delete, this will permanently delete this from the system, and the survey will no longer be in your submission. I'm going to cancel.

Finally, you can add a new survey from this screen manually by clicking Add Patient Survey.

This will take you to an empty data form where you can manually enter your THA/TKA postoperative survey data.

When you select your procedure type, the applicable HOOS or KOOS questions will appear at the bottom. I'm going to fill this out really quickly, and I will click Submit.

My survey was submitted, and you can see it at the top of the survey table. Now, if you need to submit for 2026 preoperative surveys, you can go back to the index page via the arrow back buttons in the top left side of the screen.

If you go to that reporting period drop down, you will see the 2026 reporting period is there.

If you click on that, it will take you to the 2026 Patient-Reported Outcome Performance Measure submission page. The preoperative survey submission period is open. You can click Start to take you to a brand-new data form. I'm going to click Back.

If you had some surveys submitted already, they would be there, and you would see that View button as well. I have not uploaded any preop surveys yet, so I see Start.

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To get back to 2025, you can either click the Submit Here in the banner, or you can navigate from the dropdown for the reporting period again. I'm going to click Submit here.

To get back to File Upload, you can click the Data Submissions back button in the top left, and you will be at the File Upload screen where you can select Test or Production. That concludes my demonstration. I will now pass it back to Kristina.

Kristina

Burkholder:

I'm going to go over some resources for the inpatient THA/TKA PRO-PM on QualityNet that are available to your hospital at this time. We anticipate similar resources to be made available for OQR at a later time.

On the Resources tab, you can find multiple resources, such as fact sheets describing the topics covered today, such as the timeline. You can find FAQs, or frequently asked questions; who to collect data on; how to collect data; the methodology report, and a brochure you can give to patients to let them know the importance of participating; and information about the surveys. You will also find resources discussed today, like the XML file template, the CSV file template, and the error report.

If your hospital still has questions about the Hospital IQR Program, you can submit them via the [QualityNet Q&A Tool](#). Select IQR Program and Hip/Knee PRO-PM from the topic list. Thanks. Now, I'll turn it back over to Donna.

Donna Bullock:

Thank you, Kristina. We now have time for a few questions we receive from the audience. You can ask your question during the webinar using the Question option. When possible, please include the slide number. If we do not get to your question today, remember, there will be a question-and-answer summary posted to the Quality Reporting Center website in the near future. That's www.QualityReportingCenter.com. All right. Let's see what our first question is.

When submitting, are we submitting for all patients or Medicare only? I think that would be a question for you, Kristina.

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Kristina

Burkholder: Thanks, Donna. So, your hospital should submit PRO data for Medicare Fee for Service patients aged 65 and older with an inpatient elective primary procedure. If you are unsure if a patient is Medicare Fee for Service, you can still submit them, and CMS will determine their eligibility.

Donna Bullock: Thank you, Kristina. Here is our next question. Our hospital does not perform THA and TKA procedures. So, do we just enter 0s in HQR?

Kristin

Burkholder: Great question. If your hospital does not perform any THA/TKA procedures, you do not need to submit anything into HQR.

Donna Bullock: Thank you. We're waiting on our next question to come up. This question pertains to slide 10. Thank you, Jamie. Can you clarify the starred versus non-starred criteria on slide 10? Are we required to submit even the non-starred data to meet data completeness requirements?

Kristina

Burkholder: Thanks. It's recommended your hospital submit all the data listed on slide 10. The data elements that are starred are required to be considered a complete case and counted toward data submission requirements.

For more information on data submission requirements, please see the response rate requirement and calculation document available on QualityNet: Hospital Inpatient Measures, THA/TKA PRO-PM, and Resources tab.

Donna Bullock: Thanks, Kristina. Here is our next question. Will the submitted *Procedure Date* and *Procedure Type* data elements be linked/validated with an ICD-10 procedure on the claim?

Kristina

Burkholder: That's correct. CMS will use procedure date, procedure type, as well as a couple other variables like MBI, admission date, and date of birth to link your PRO data submission with claims.

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Donna Bullock: Thanks, Kristina. Our next question: When will the overall response rate from the first voluntary reporting period be available?

Kristina

Burkholder: Non-financial reports, which will include the overall response rate, will be made available in spring 2025 for data that's being submitted currently, so by the end of September 2024.

Donna Bullock: Thank you, Kristina. Are critical access hospitals required to report this measure?

Kristina

Burkholder: Critical access hospitals are not required to submit this measure. However, critical access hospitals can submit data if they would like, so they can voluntarily submit it.

Donna Bullock: Thanks, Kristina. OK. this is our next question, and I think it is for Colleen. Can a hospital use a combination of data submission methods? For example, can hospitals use CSV plus manual data entry?

Colleen Toby: Yes, they can. They could also do XML plus manual data entry.

Donna Bullock: Great. Thanks, Colleen. Here's another one for, I think, Kristina. Did you say we should submit outpatient data along with inpatient data if we are not 100 percent sure?

Kristina

Burkholder: That's correct. If you're not sure whether a patient is inpatient or outpatient, you can submit it, and CMS will determine whether it is inpatient or outpatient.

Donna Bullock: Thanks, Kristina. OK. This one's kind of long. I think this is your kind of a question, Colleen. What if your file contains an error that indicates that a particular data element was not required for the survey type? Example of Row 12 S-Type equals 2 indicates postop survey, VR 1-2-Q4A Accomplish applies to the preop surveys or S-Type equals 1.

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This field was not saved. I'm thinking that's the message. Should I remove these data elements and resubmit, or is it OK to leave them?

Colleen Toby: Yes. So, that question, I believe, is referring to a person submitting includes preoperative data elements, preoperative survey only data elements I mean, in their postop file. They will get an error message that says, "Hey, this data element is for preop surveys, and you are submitting post-op surveys." It's just letting you know that that data was not saved because it has nothing, you know, it's not needed for the postop submission. Assuming that record is accepted because everything else meets the specs, you should be good, and you don't actually need to edit anything. It's just letting you know that we didn't keep that data. It's not needed for a postop submission.

Donna Bullock: Okay, good. Thanks, Colleen. This question pertains to slide 36. Is there a CSV template we can download from the HARP site or QualityNet?

Kristina

Burkholder: Yes, you can find the CSV template on QualityNet. So, if you go to QualityNet, Inpatient, THA/TKA PRO-PM, and you go to the Resources tab, you'll be able to find the template there.

Donna Bullock: Thanks, Kristina. I think this is your question also, Kristina. If patients have bilateral same-day procedures, will they have two procedure codes on the same claim, thus rendering them excluded?

Kristina

Burkholder: Great question. So bilateral procedures are included in the measure cohort. For example, if they have a left hip and a right hip replacement on the same day, they would be considered an eligible procedure. In the event of a bilateral procedure performed on both hips and both knees during the same hospitalizations, hospitals will only need to collect and submit one set of PRO data. So, one response is for the HOOS, JR or the KOOS, JR. junior. That's for both preop and postoperative data.

Donna Bullock: Thank you. Colleen, this looks like one of your questions. If you submit a file, can you edit the record manually?

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Colleen Toby: Yes, so you should be able to do that, assuming the file was accepted. If the file had errors and was rejected by the system, then you won't be able to edit it manually because it was not stored, because it had too many issues with it. So, you'll have to either enter that survey in from scratch manually in the data form by clicking that Add Patient Survey button, or you can edit your file based on the error messages you got and your feedback and your error report and try to upload it again until it's accepted. Then, you could edit the data via the data form.

Donna Bullock: Thank you. I think this one is yours as well. If you upload a file with data for the preop or postop and discover it is missing a data element, can you then find the survey in the data form and complete it, so it will count towards your 50 percent of patients submitted?

Colleen Toby: Yes. So, the same rules apply. If that missing response was not a critical data element that is required, and if your file was accepted, then, yes, you will see that survey in the data form, and you could go in and fill in any missing responses. If you're missing a critical data element like the MBI of the patient, then that file won't be accepted, and you won't be able to do that.

Donna Bullock: Thanks again. I believe this next question is for Kristina. What year would mandatory reporting be required?

Kristina

Burkholder: The mandatory reporting for the Hospital Inpatient Quality Reporting [Program] starts with fiscal year 2028. So, the eligible procedure period would be July 1, 2024, to June 30, 2025. Hospitals would need to submit preop data in 2025 and postoperative data in 2026. Hospitals will get their feedback reports and measure results in 2027. Details can be found in Table 1 on QualityNet.

Donna Bullock: Thanks, Kristina. I think this one is also yours. Does our submission for the final CJR submission count for this, or must we do a separate submission somewhere else?

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Kristina

Burkholder: So, no, your CJR submission would not count towards this. You would need to submit via the HQR platform for it to count towards the Hospital IQR Program.

Donna Bullock: Okay, excellent. Kristina, I think this one is yours also. Did I understand that Medicare does not have to be a primary payer to be included?

Kristina

Burkholder: That's correct. Patients with Medicare Fee for Service as primary, secondary, or even tertiary insurance are in the cohort. So, say they had a private insurance as the primary and Medicare Fee for Service as the secondary, they would still be included in the cohort.

Donna Bullock: Thank you. We're getting low on time allotted for questions, but we have time for just a few more. I believe this one is for you, Colleen. Once our data are finally accepted to HQR, can we export a patient-level copy of the data in a table?

Colleen Toby: At this time, we only have the individual patient-level PDF export. We are looking to improve that in the future and provide a way to export the entire table as patient level. So, thank you for this question. We will consider that as something that you want and plan that accordingly.

Donna Bullock: Thank you. This is our last question. I believe it's for Kristina. Is it mandatory to submit voluntary data before submitting mandatory data?

Kristina

Burkholder: No, hospitals are not required to submit data during the voluntary reporting period. However, it's strongly encouraged that you do submit data, so that you become familiar with how the data submission works and the data submission platform, as well as incorporating PRO data collection into your workflows and getting and receiving feedback on how you are doing with your response rate as well as the measure score.

Donna Bullock: OK. Thank you. Thank you, Colleen and Kristina, so much.

Hospital Inpatient Quality Reporting (IQR) Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

That is all the time we have for questions today. This program has been approved for one continuing education credit. If you registered for today's event, an email with the link to the survey and continuing education information will be sent to you within two business days. If you did not register for the event, please obtain this email from someone who did register. More information about our continuing education processes can be found by clicking the link on this slide.

That concludes today's presentation. Thank you for joining us. Enjoy the rest of your day.