



July 2024 Public Reporting Claims-Based Measure Hospital-Specific Report Overview

Hosted by:

**Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor**

May 29, 2024

Speakers

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Purpose

This event will provide an overview of the Hospital-Specific Reports (HSRs) for select claims-based measures (CBMs) publicly reported in July 2024. This overview will include national results, steps to access and navigate the HSR, and measure calculations.

Objectives

Participants will be able to:

- Understand ways to determine performance categories.
- Access and preview the HSR.
- Submit questions during the preview period.

Acronyms

AA	Asian American	MBI	Medicare Beneficiary Identifier
ADI	Area Deprivation Index	MFT	Managed File Transfer
AMI	Acute Myocardial Infarction	MSPB	Medicare Spending per Beneficiary
CABG	Coronary Artery Bypass Graft	NAPI	Native Hawaiian or other Pacific Islander
CBM	claims-based measure	PHI	protected health information
CCN	CMS Certification Number	PN	Pneumonia
CCSQ	Center for Clinical Standards and Quality	POA	Present on Admission
CMS	Centers for Medicare & Medicaid Services	PROMIS	Patient Reported Outcomes Measurement Information System
COPD	Chronic Obstructive Pulmonary Disease	PRO-PM	Patient-Reported Outcome Performance Measure
EDAC	Excess Days in Acute Care	PSI	Patient Safety Indicator
HARP	Health Care Quality Information Systems Access Roles and Profile	RSCR	Risk-Standardized Complication Rate
HF	heart failure	RSMR	Risk-Standardized Mortality Rate
HOOS	Hip disability and Osteoarthritis Outcome Score	RSRR	Risk-Standardized Readmission Rate
HQR	Hospital Quality Reporting	THA/TKA	Total Hip/Knee Arthroplasty
HSR	hospital-specific report	VBP	Value-Based Purchasing
HWR	Hospital-Wide Readmission	VIQR	Value, Incentives, and Quality Reporting
IQR	Inpatient Quality Reporting	VR	Veterans RAND
KOOS	Knee injury and Osteoarthritis Outcome Score		

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Measures and Notes

HSR Overview

HSRs are provided for CBMs that the Centers for Medicare & Medicaid Services (CMS) will publicly report in July 2024, so hospitals may preview their measure results prior to the public reporting of the results.

Included Measures (Part 1)

30-Day Risk-Standardized Readmission Rate (RSRR) following:

- Acute Myocardial Infarction (AMI) Hospitalizations
- Chronic Obstructive Pulmonary Disease (COPD) Hospitalizations
- Heart Failure (HF) Hospitalizations
- Pneumonia (PN) Hospitalizations
- Coronary Artery Bypass Graft (CABG)
- Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)

Please note that these measures are from different programs, such as the Hospital Readmissions Reduction Program, Hospital Inpatient Quality Reporting (IQR) Program, and Hospital VBP Program.

Included Measures (Part 2)

- 30-Day Hospital-Wide, All-Cause Unplanned Readmission (HWR)
- Measure 30-Day Risk-Standardized Mortality Rate (RSMR) measures following AMI, COPD, HF, PN, Stroke hospitalizations, and CABG
- 90-Day Risk-Standardized Complication Rate (RSCR) following THA/TKA
- Risk-Standardized Payment Measures Associated with a 30-Day Episode of Care for AMI, HF and PN
- Risk-Standardized Payment Measures Associated with a 90-Day Episode of Care for THA/TKA
- 30-Day Risk-Standardized Excess Days in Acute Care (EDAC) measures for AMI, HF, and PN
- THA/TKA Patient-Reported Outcome Performance Measure (PRO-PM)

Discharge Periods

Measures	Updated Discharge Period*
AMI, COPD, HF, Pneumonia, CABG, THA/TKA readmission	July 1, 2020–June 30, 2023
HWR measure	July 1, 2022–June 30, 2023
AMI, COPD, HF, PN, Stroke, and CABG mortality	July 1, 2020–June 30, 2023
THA/TKA complication measure	July 1, 2020–March 31, 2023*
AMI, HF, and Pneumonia payment measures	July 1, 2020–June 30, 2023*
THA/TKA payment measure	July 1, 2020–March 31, 2023*
AMI, HF, Pneumonia EDAC measures	July 1, 2020–June 30, 2023*
THA/TKA PRO-PM	January 1, 2023–June 30, 2023

*The complication, payment, and EDAC measures include a 30-day window after each index stay to identify outcomes, and the THA/TKA payment measure includes a 90-day window after each index stay to identify outcomes. Therefore, the performance periods for these measures end 30 days and 90 days, respectively, before January 1, 2020, so that no data from Quarter 1 and Quarter 2 2020 are used in the measure calculations.

Important Dates

- July 2024 Public Reporting HSRs were delivered **May 6, 2024**.
- The July 2024 Public Reporting preview period is **May 6-June 4, 2024**.

Coming Soon: Medicare Spending per Beneficiary (MSPB) HSRs

- CMS anticipates delivering the Hospital VBP Program MSPB HSRs to hospitals in May/June 2024.
- CMS will provide notification of HSR delivery through the **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and the **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Program Notification Listserve groups.
 - Sign up for those Listserve groups on QualityNet: <https://qualitynet.cms.gov/listserv-signup>

Contacts for Questions

- You can submit questions regarding the measures and the HSRs through the Question & Answer Tool on QualityNet:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- When submitting the request, select Inpatient Claims-Based Measures for the Program. Select the relevant topic (Example: Excess Days in Acute Care), and please include your hospital's CMS Certification Number (CCN).
- For issues accessing your HSR from the Hospital Quality Reporting (HQR) System or requesting/reviewing your Health Care Quality Information Systems Access Roles and Profile (HARP) permissions, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912 (TRS 711), weekdays 8:00 a.m. to 8:00 p.m. Eastern Time.
- Do **not** email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996. Any disclosure of protected health information (PHI) should only be in accordance with, and to the extent permitted by, the Health Insurance Portability and Accountability Act Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

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Receiving the HSRs

How to Access Your HSR

- A Listserve communication was sent via email to those registered for QualityNet's **HIQR Notify: Hospital Inpatient Quality Reporting (IQR) Program Notifications** and **HVBP Notify: Hospital Inpatient Value-Based Purchasing (HVBP) Program Notifications** Listserve groups to announce that reports are available no later than May 6, 2024.
- You can now download the July 2024 Public Reporting HSRs directly from the HQR System: <https://hqr.cms.gov/hqrng/login>
- The HQR System requires users to have a HARP account with access to Managed File Transfer (MFT) to log on.

Accessing Your HSR

The screenshot shows the CMS.gov Hospital Quality Reporting login interface. At the top left, the CMS.gov logo is followed by the text 'Hospital Quality Reporting'. In the top right corner, there is a 'Sign up' button. The main content area is split into two sections. On the left, there is a blue-tinted image of a doctor in a white coat sitting at a desk, with the text 'Welcome to CMS.gov Hospital Quality Reporting' overlaid. On the right, there is a 'Log in' section. It starts with the heading 'Log in' and the instruction 'Enter your HARP user ID and password'. Below this are two input fields: 'User ID' and 'Password'. Under the 'Password' field, there is a link for 'Having trouble logging in?'. Below that, a line of text states 'By logging in, you agree to the Terms & Conditions.' At the bottom of the login section, there are two buttons: 'Log in' and 'Sign up'. The footer of the page contains the CMS.gov logo and 'Hospital Quality Reporting' on the left, and a navigation menu with links for 'CMS.gov', 'QualityNet', 'Support', and 'CCSQ Support Center', along with 'Accessibility', 'Privacy Policy', and 'Terms of Use'. On the right side of the footer is the official seal of the Department of Health & Human Services, USA.

Step 1a: Log into the HQR System using your HARP account.

Accessing Your HSR

The screenshot shows the CMS.gov Hospital Quality Reporting interface. At the top left, it says "CMS.gov | Hospital Quality Reporting" and at the top right, there is a "Sign up" button. The main content area is split into two sections. On the left, there is a blue-tinted image of a doctor in a white coat sitting at a desk, with the text "Welcome to CMS.gov | Hospital Quality Reporting" overlaid. On the right, the "Two-factor authentication" section is displayed. It includes the heading "Two-factor authentication", a sub-heading "Choose an authentication method", and a dropdown menu currently showing "SMS to +1 XXX-XXX-4757". Below the dropdown, there is a link that says "Don't have access to a device? Use another method." At the bottom of this section are two buttons: "Next" and "Cancel". The footer of the page contains the CMS.gov logo and "Hospital Quality Reporting" on the left, and the Department of Health & Human Services logo on the right. A navigation bar at the bottom left lists "CMS.gov", "QualityNet", "Support", and "CCSQ Support Center", along with "Accessibility", "Privacy Policy", and "Terms of Use".

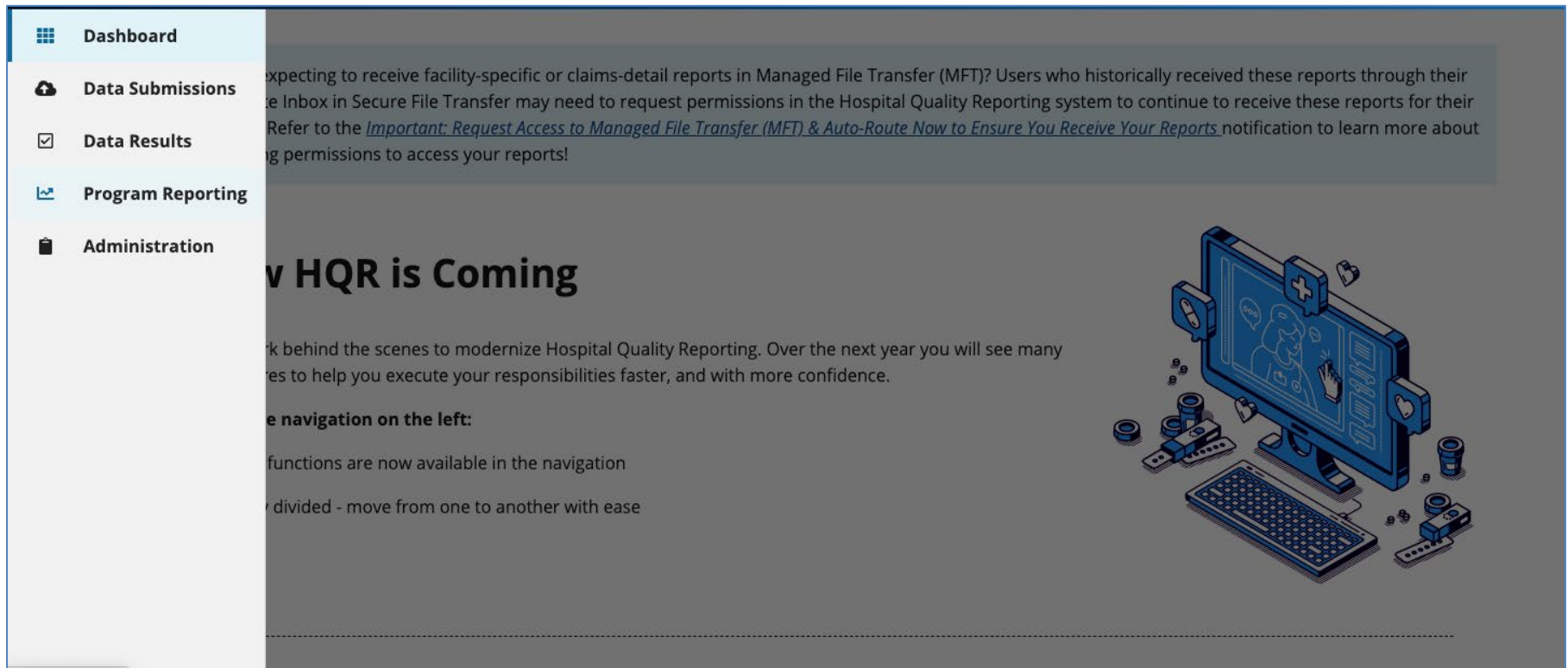
Step 1b: Choose the authentication method.

Accessing Your HSR

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Step 1c: Enter your code.

Accessing Your HSR



Dashboard

Data Submissions

Data Results

Program Reporting

Administration

...xpecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their ...e Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their ... Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about ...g permissions to access your reports!


...v HQR is Coming

...k behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many ...es to help you execute your responsibilities faster, and with more confidence.

...e navigation on the left:

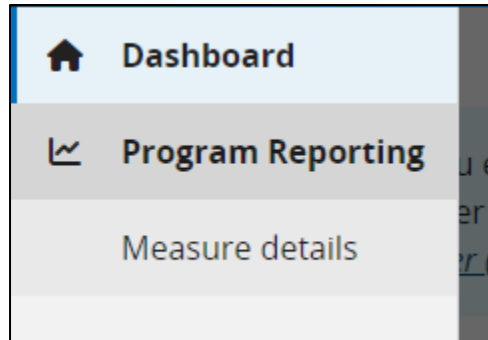
...functions are now available in the navigation

...divided - move from one to another with ease



Step 2a: Go to the navigation menu on the left side of your screen.

Accessing Your HSR



Step 2b: Select Program Reporting. Then, select Claims-Based Measures.

Accessing Your HSR

The screenshot shows a web interface for 'Measure details'. At the top, there is a navigation bar with a home icon and a back icon. Below the navigation bar, the title 'Measure details' is displayed, followed by a subtitle: 'View your Hospital Specific Reports (HSRs), Claims Detail Reports (CDRs), Facility Specific Reports (FSRs), and IPF-Specific Reports (ISRs)'. A 'Measure detail view' section is visible, containing the text 'THA/TKA, ePC-02, and ePC-07' and a right-pointing arrow. Below this, there are three filter sections: 'Release year' with a dropdown menu showing '2024', 'Program' with a dropdown menu showing 'HVBP' and a close icon, and 'Report' with a dropdown menu showing 'All reports' and a list of selected items: 'All reports' and 'HVBP'. To the right of these filters is a blue 'Export' button with a downward arrow.

Step 2c: Select the Release Year, Program (Public Reporting), and Report (HSR).

Accessing Your HSR

- You can now download the July 2024 Public Reporting HSR from the HQR System: <https://hqr.cms.gov/hqrng/login>
- The HQR System requires users to have a HARP account with access to MFT to log on.
- Follow the steps below to access your HSR in the HQR System:
 - Log into the HQR System using your HARP Account. Select Log in.
 - Choose the authentication method. Select Next.
 - Enter your code. Select Next.
 - Go to the navigation menu on the left side of your screen.
 - Select Program Reporting. Select Claims-Based Measures.
 - Select the Release Year (2024), Program (Public Reporting), and the report (HSR). Select Export.
- If your profile did have a HARP account with access to MFT permissions prior to May 6, 2024, and you cannot download your report, please contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or call (866) 288.8912.

Accessing Your Procedure-level CSV file for the TKA/TKA PRO-PM

To access your procedure-level CSV file for the TKA/TKA PRO-PM, follow the steps below in the [HQR System](#):

- Log into the HQR System using your HARP Account. Select **Log in**.
- Go to the navigation menu on the left side of your screen. Select **Measure Detail**.
- Click the **Measure Details View** option.
- Select the **IQR** option.
- Select the **THA/TKA PRO-PM** option.
- From the Measure Details View page, click the **Export** dropdown on the top right of the screen.

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July 2024 Public reporting for Claims Based Measures and Confidential Reporting for Disparity methods.

July 2024 Public Reporting CBM Results

Measure Name	National Observed Result (2024)	Change from 2023
Mortality Measures		
AMI Mortality	12.6%	0.0%
CABG Mortality	2.8%	-0.1%
COPD Mortality	9.4%	+0.2%
HF Mortality	11.9%	+0.1%
Pneumonia Mortality	17.9%	-0.3%
Stroke Mortality	13.9%	0.0%
Readmission Measures		
AMI Readmission	13.7%	-0.3%
CABG Readmission	10.7%	-0.3%
COPD Readmission	18.5%	-0.8%
HF Readmission	19.8%	-0.4%
THA/TKA Readmission	4.5%	+0.2%
Hospital-Wide Readmission	14.6%	0.0%
Pneumonia Readmission	16.4%	-0.5%
Complication Measure		
THA/TKA Complication	3.5%	+0.3%
Payment Measures		
AMI Payment	\$ 28,355	Indeterminable
HF Payment	\$ 19,602	Indeterminable
Pneumonia Payment	\$ 21,120	Indeterminable
THA/TKA Payment	\$ 22,530	Indeterminable

2024 Confidentially Reported Results: CMS Disparity Methods

Measure results stratified by patients who are Dually Eligible for Medicare and Medicaid:

- AMI Readmission
- CABG Readmission
- COPD Readmission
- HF Readmission
- Hospital-Wide Readmission
- Pneumonia Readmission
- THA/TKA Readmission
- HF Mortality
- Pneumonia Mortality

Measure results stratified by patient Race and Ethnicity:

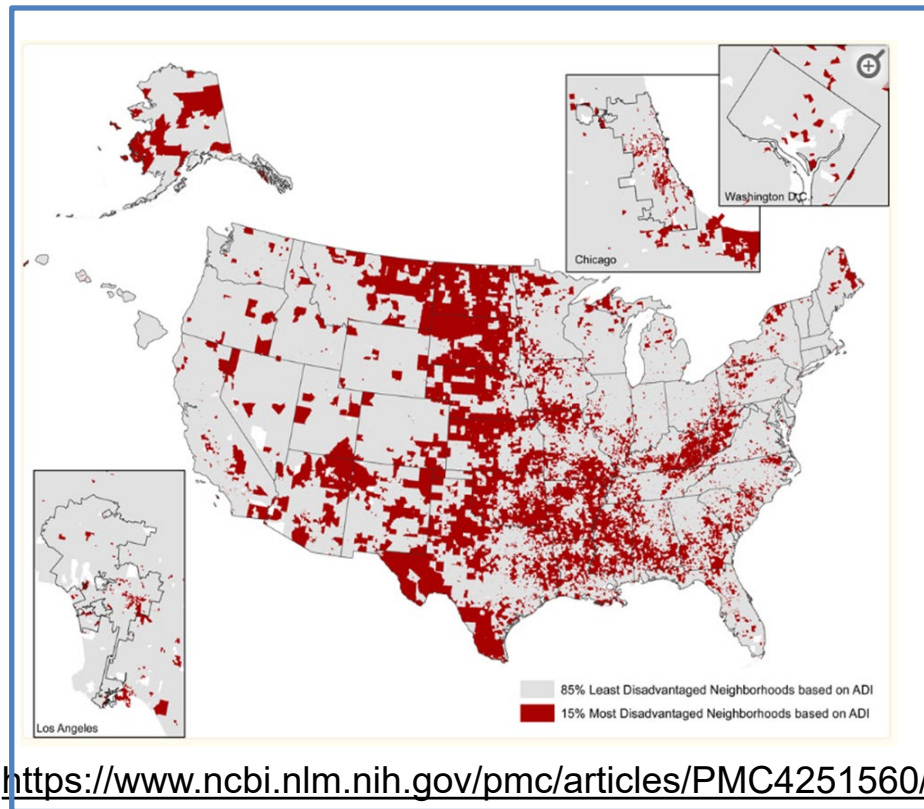
- Hospital-Wide Readmission

Measure results stratified by patient Area Deprivation Index (ADI):

- AMI Readmission
- CABG Readmission
- COPD Readmission
- HF Readmission
- Hospital-Wide Readmission
- Pneumonia Readmission
- THA/TKA Readmission
- HF Mortality
- Pneumonia Mortality

What is ADI?

- A composite of several variables indicative of an area's socioeconomic disadvantage:
 - Education (level of school, occupation, etc)
 - Employment & income (median income, etc)
 - Housing (home values, rent, etc)
 - Poverty (% in poverty, % of single parent homes, telephone, car, etc)
- Composite scores for areas are ranked 0-100 with higher scores indicating more deprivation (lower incomes, lower home values, less schooling, etc)
 - ADI \geq 85 (i.e., areas of high deprivation)
 - ADI $<$ 85 (i.e., areas of low deprivation)



Within-Hospital Method

The Within-Hospital Disparity Method measures the differences in the quality of care by comparing results for different patient social risk and demographic variables, within an individual hospital:

- Between patients who are dually eligible and patients who are non-dually eligible
- Between and patients who are White compared with and patients who are Black, Hispanic, or Asian American and Native Hawaiian or other Pacific Islander (AA and NHPI)
- Between patients living in high area deprivation index regions (ADI \geq 85th percentile) and patients not living in high area deprivation index regions (ADI $<$ 85th percentile).

For example, it answers the questions:

"Do patients living in high area deprivation index regions and who receive services at Hospital A have worse health outcomes than patients living in low area deprivation index regions and who receive services at Hospital A?"

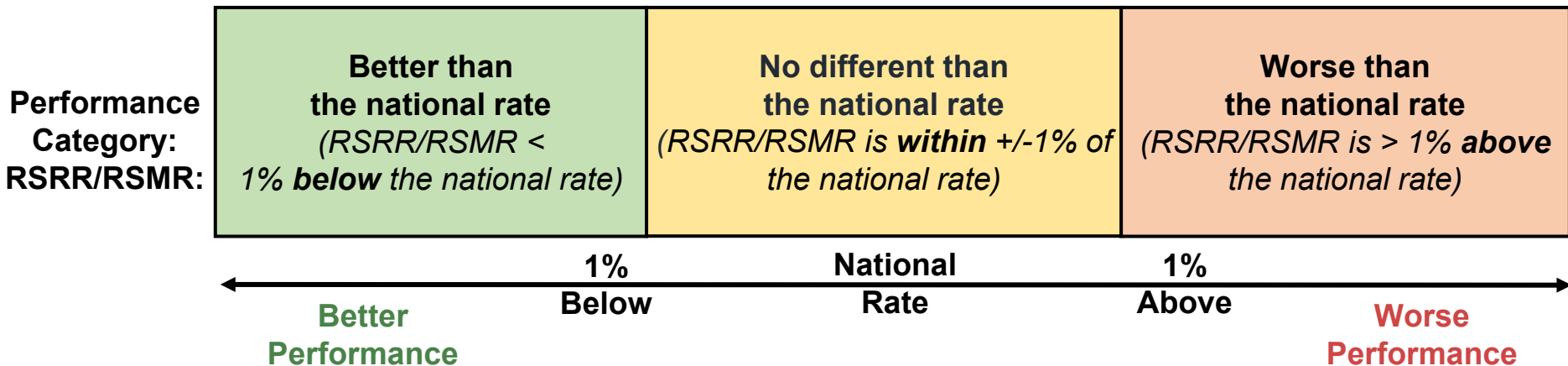


Across-Hospital Method

The Across-Hospital Disparity Method compares performance across hospitals by calculating a hospital's outcome rate separately for different patient social risk and demographic variables:

- Patients who are dually eligible
- Patients who are Black, Hispanic, or AA and NHPI
- Patients living in high area deprivation regions

Your hospital's rate is compared to the national.



2024 Claims-Based Measures Resources

[Historical Public Reporting Timeline](#)

A comprehensive timeline depicting when each measure was confidentially reported, first publicly reported, and added to the HRRP or HVBP program.

[Measure Updates and Specifications Reports](#)

Technical reports that detail 2024 measure updates, specifications, and calculations methodology for:

[Complication Measure](#)
[EDAC Measures](#)
[Mortality Measures](#)
[Payment Measures](#)
[Readmission Measures](#)

[National Distribution of Payments](#)

Graphic overview of the national distribution of payments across care settings for 2024.

[Mock Hospital-Specific HSRs](#)

Sample HSRs that contain real national results and simulated state and hospital results.

[Complication Measure](#)
[EDAC Measures](#)
[Mortality Measures](#)
[Payment Measures](#)
[Readmission Measures](#)

[HSR User Guide \(HUG\)](#)

Provides instructions for interpreting each HSR.

[Disparity Methods Confidential Reporting](#)

Resources that provide information regarding the confidential reporting of the CMS Disparity Methods, stratified by:

Area Deprivation Index
Dual Eligibility Status
Race & Ethnicity

[Condition Category Crosswalks](#)

Maps the ICD-10 codes to the condition categories (CCs).

[Frequently Asked Questions](#)

Provides 2024 measure updates and answers common questions.

[Measure Fact Sheets](#)

Highlights 2024 measure updates and provides a high-level overview of each measure.

[COVID-19 Fact Sheet](#)

Highlights impacts of the COVID-19 pandemic on the 2024 claims-based measures.

[Chartbook](#)

Data visualizations that use outcome and payment measure results to increase understanding of national hospital quality.

[POA Codes](#)

Provides information on codes always considered to be POA for claims-based measures.

[CCS Map](#)

CCS procedure and diagnosis categories are used for the assignment of always planned procedures and diagnoses, potentially planned procedures, and acute diagnoses.

2024 Claims-Based Measures Resources

[Download the 2024 Resource Table Here.](#)

Videos



[A tutorial to help hospitals navigate and interpret their HSRs.](#)



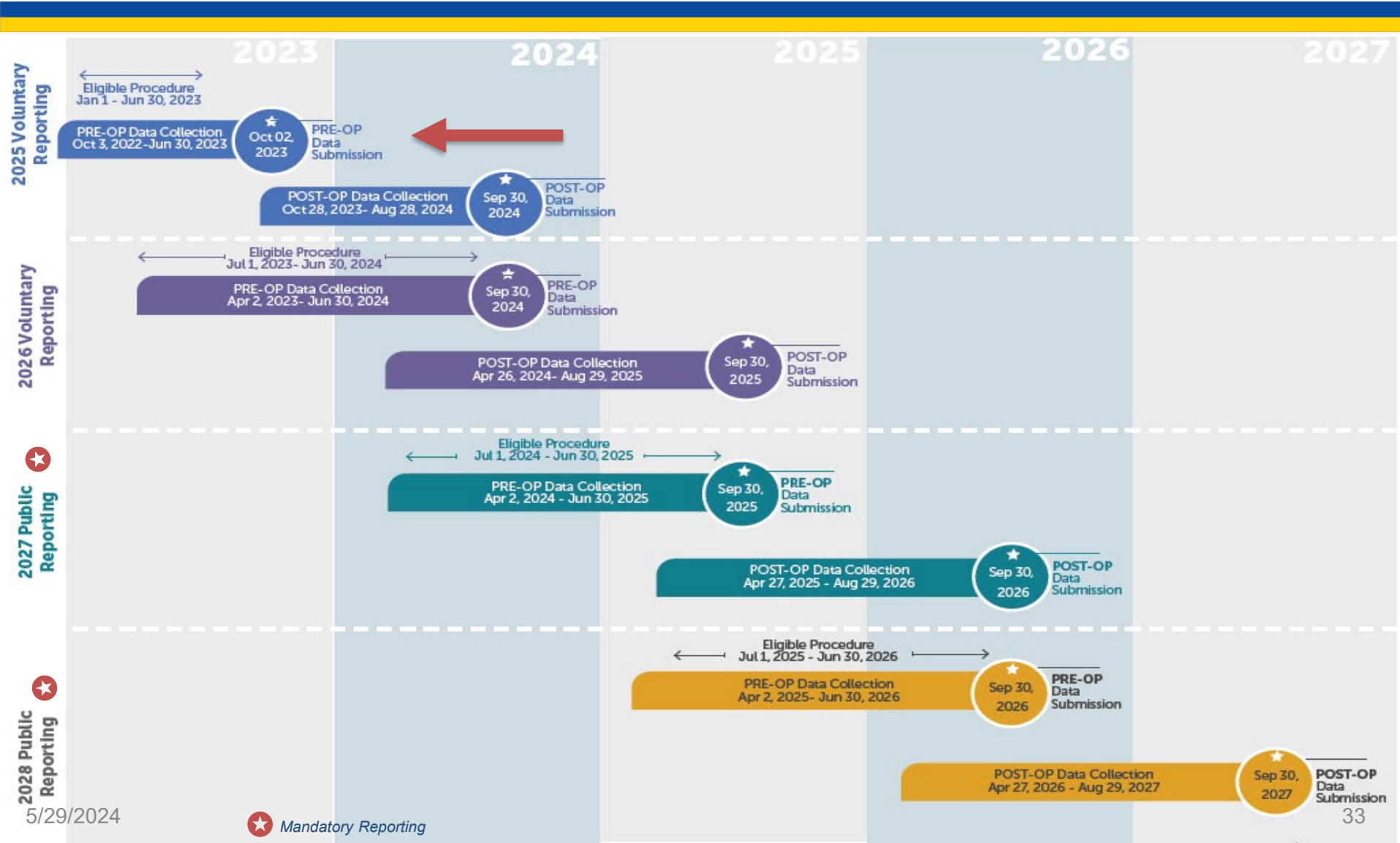
[A brief overview of the EDAC Measures.](#)

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July 2024 THA/TKA PRO-PM Results

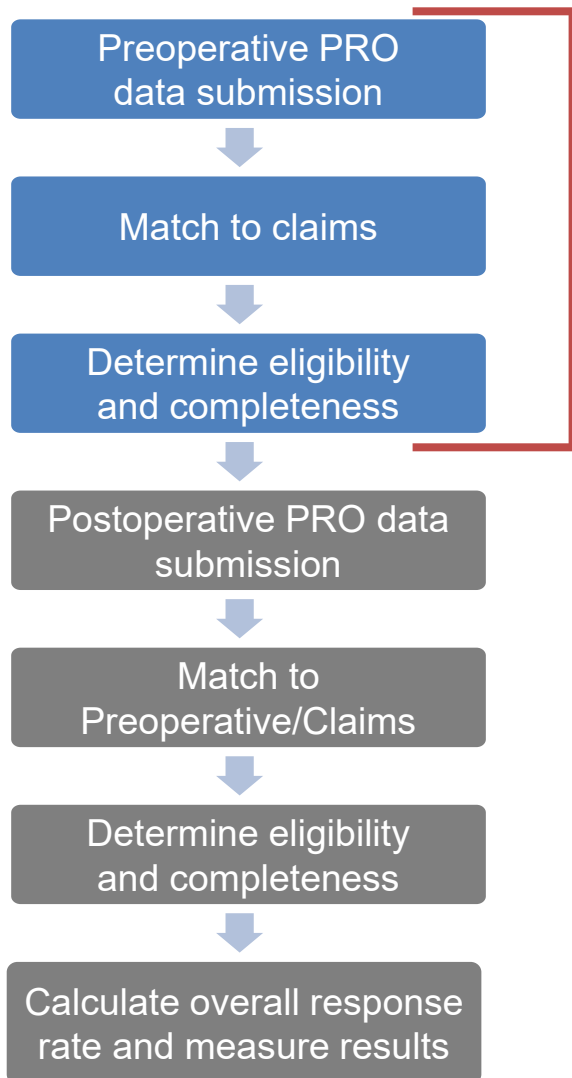
Hospital-level THA/TKA PRO-PM Timeline



Public Reporting

- Public reporting during the voluntary reporting periods will include:
 - An indication of hospital participation.
 - Hospital preoperative response rates.
 - Future years will be the overall response rates.
- These data will be posted on CMS's Compare Tool on [Medicare.gov](https://www.medicare.gov) and data catalog on [Data.CMS.gov](https://data.cms.gov).

Spring 2024 Confidential Reports



- Reports only include preoperative data:
 - Eligible cases (not final)
 - PROs submitted
 - Preoperative Response Rate
- No measure results (risk-standardized improvement rate).




Preoperative PRO Response Rate

CMS calculates your hospital's preoperative response rate using completed eligible PRO data as the numerator and claims data to determine the denominator.

$$\frac{\text{Complete preoperative PRO data}}{\text{Eligible cohort}} = \text{Preoperative response rate}$$

Definition of Complete Data

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

 Data Element Type	 Preoperative Data Elements	 Postoperative Data Elements
Patient-Reported Outcome Measures	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) BMI or Height/Weight Use of Chronic Narcotics Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question	N/A
Matching Variables	Medicare Provider Number MBI Date of Birth Date of Procedure Procedure Type Survey Type	Medicare Provider Number MBI Date of Birth Date of Procedure Procedure Type Survey Type
PROM-related Variables	Date of PRO Data Collection Generic PROM Version	Date of PRO Data Collection N/A

Cohort Eligibility

Inclusion Criteria ✓

- Medicare Fee-For-Service Part A and 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 ✗

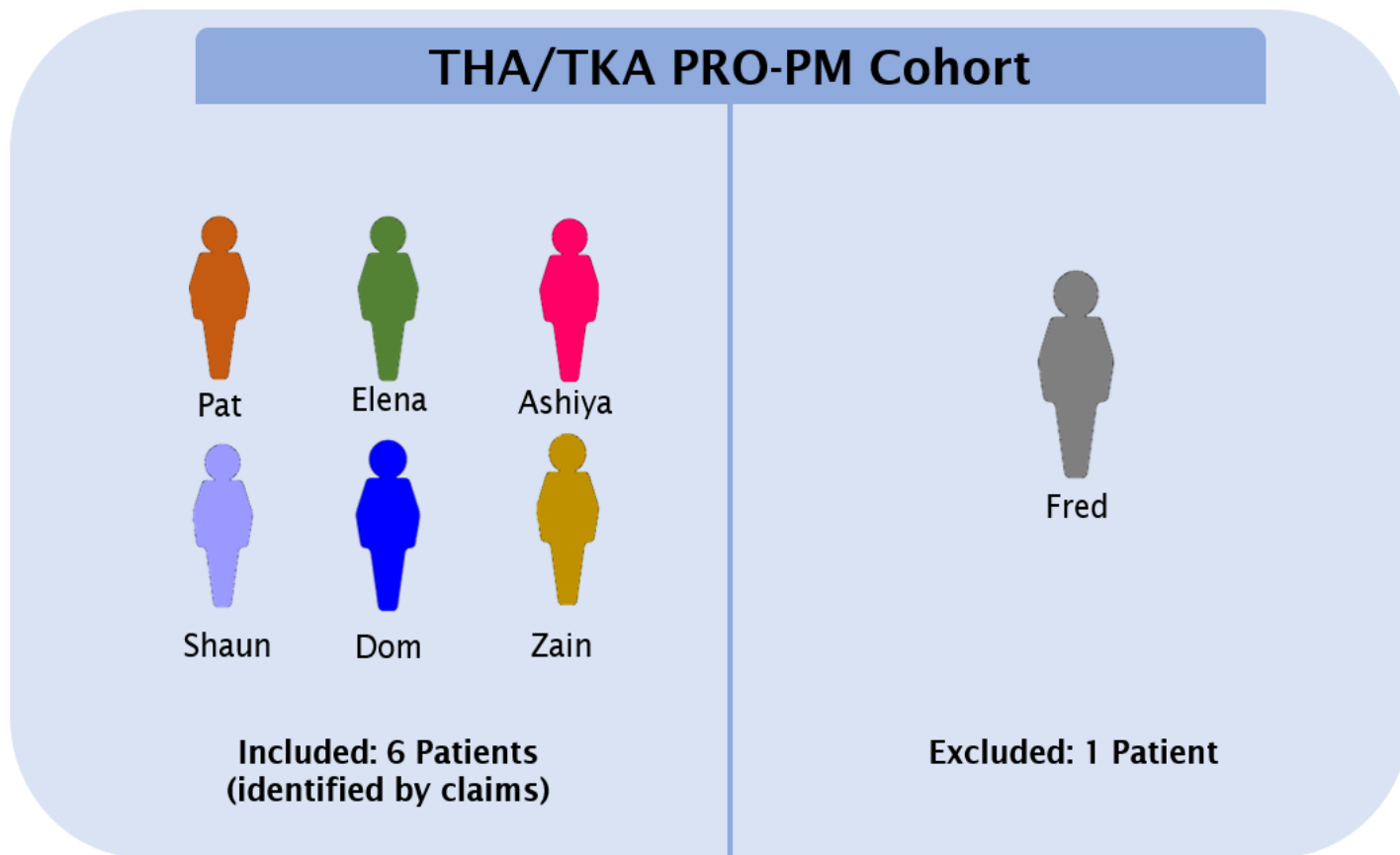
- Patients with staged procedures, defined as more than one elective primary THA or TKA performed on the same patient during distinct hospitalizations during the measurement period,
- Patients who die within 300 days of the procedure,
- Patients who are discharged against medical advice,
- Patients with 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.

Section 2.3 of the THA/TKA PRO-PM Development Methodology Report on QualityNet contains the full inclusion/exclusion criteria for the THA/TKA PRO-PM cohort. Please refer to the ICD-10 codes found in the 2025 Voluntary Reporting THA/TKA PRO-PM Supplemental File, available on QualityNet at: (<https://qualitynet.cms.gov>) > Hospitals

– Inpatient > Measures > THA/TKA PRO-PM > Resources.

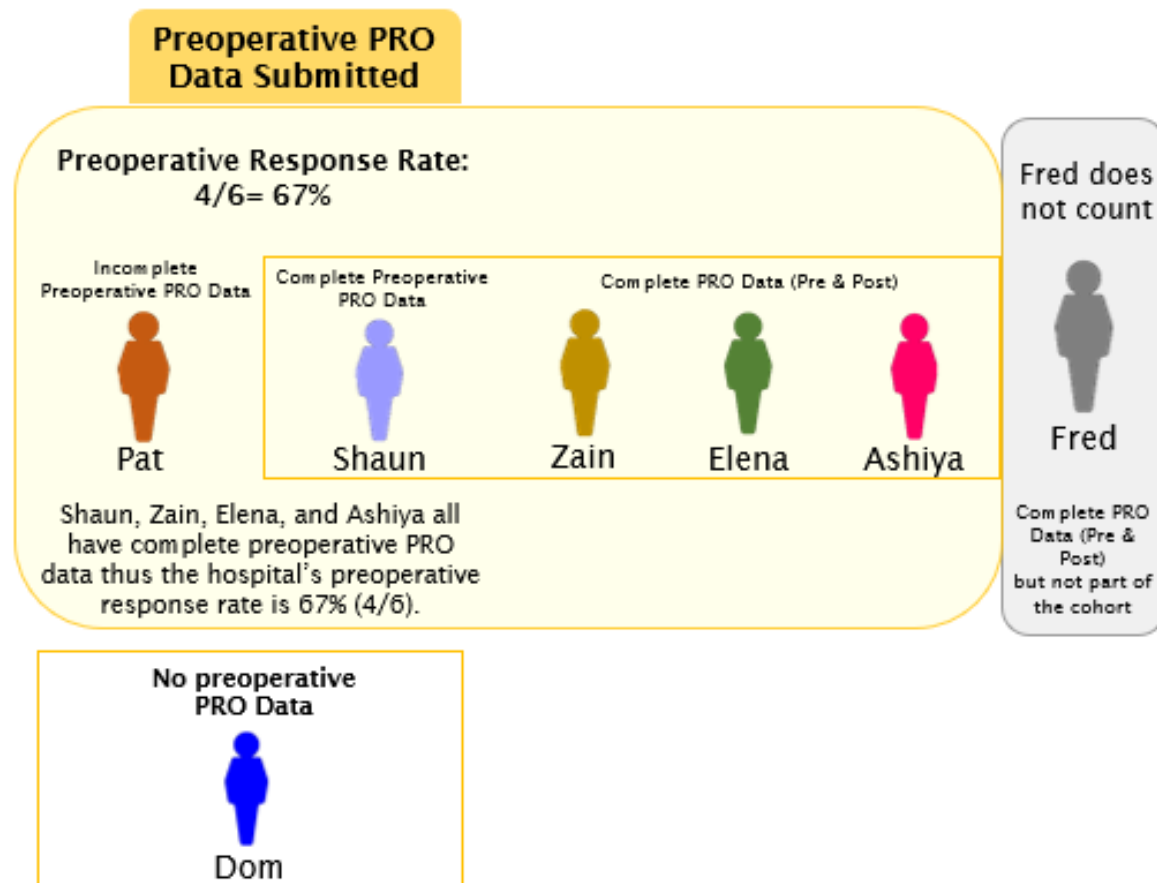
Eligible Cohort

Example Hospital's THA/TKA PRO-PM Cohort

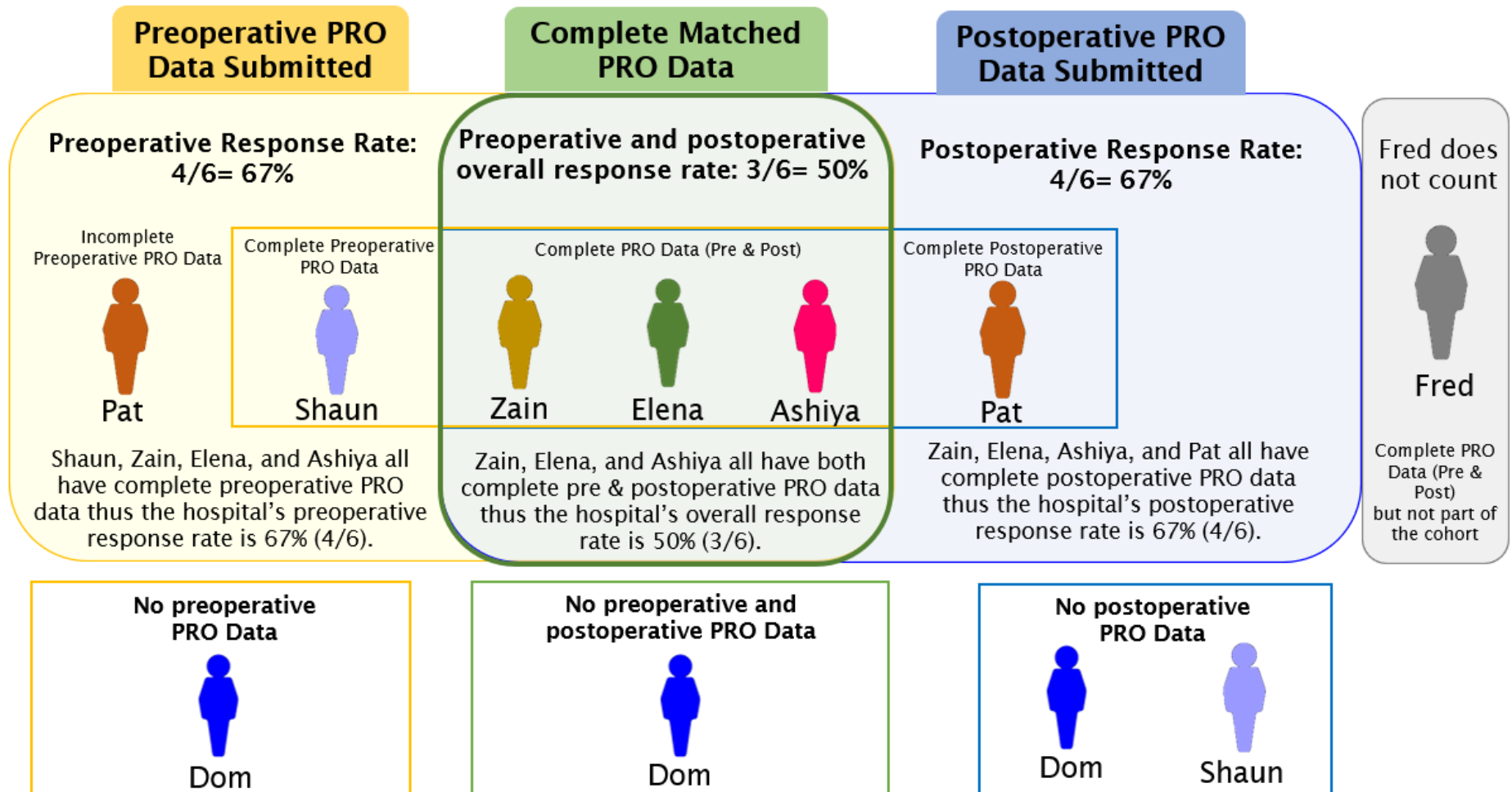


Response Rate Calculation

Example Hospital's THA/TKA PRO-PM Preoperative Response Rate



Overall Response Rate Calculation (Reported in Future)



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 highest-level THA/TKA PRO-PM (Distinction Quality Forum [DQF] #35539) is to measure improvement in patients with reported pain and functional status prior to and after their elective, primary THA/TKA.
- The highest-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 reportable Quality Reporting 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 QIP 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 QIP 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

- Measure hospitals have the opportunity to submit PRO data to CMS before public reporting.
- Providers can voluntarily test their data submission to CMS before public reporting.
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- Providers can voluntarily test their data submission to CMS before public reporting.

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 highest-level THA/TKA PRO-PM. Some hospitals will collect THA/TKA PRO-PM data on patients who are eligible for the highest-level THA/TKA PRO-PM. Some hospitals will collect THA/TKA PRO-PM data on patients who are eligible for the highest-level THA/TKA PRO-PM. Some hospitals will collect THA/TKA PRO-PM data on patients who are eligible for the highest-level THA/TKA PRO-PM.

Table 1: Medicare Coverage Eligibility for PRO Data Collection

Criteria	Eligible for PRO Data Collection
Medicare beneficiary	Yes
Medicaid beneficiary	Yes
Not a Medicare/Medicaid beneficiary	No

Table 2: Age Eligibility for PRO Data Collection

Age Group	Eligible for PRO Data Collection
18-64 years old	No
65-74 years old	Yes
75 years old and older	Yes

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).

2023 Voluntary Reporting: PRO-PM Data Collection: April 27, 2023 - August 29, 2023. PRO-PM Data Submission: August 29, 2023.

2024 Voluntary Reporting: PRO-PM Data Collection: April 27, 2024 - August 29, 2024. PRO-PM Data Submission: August 29, 2024.

2025 Voluntary Reporting: PRO-PM Data Collection: April 27, 2025 - August 29, 2025. PRO-PM Data Submission: August 29, 2025.

2026 Voluntary Reporting: PRO-PM Data Collection: April 27, 2026 - August 29, 2026. PRO-PM Data Submission: August 29, 2026.

2027 Public Reporting: PRO-PM Data Collection: April 27, 2027 - August 29, 2027. PRO-PM Data Submission: August 29, 2027.

What Data Should I Collect?

The highest-level THA/TKA PRO-PM (Distinction Quality Forum [DQF] #35539) Patient-Reported Outcome-Based Performance Measure (PRO-PM) requires collection of preoperative and postoperative patient-reported data to track changes in patients' self-reported functional status. The PRO-PM allows hospitals to collect and submit for each patient for the measure as follows:

Data Element Type	Preoperative Data Elements	Postoperative Data Elements
Required Data Elements	<ul style="list-style-type: none"> Preoperative Pain: NRS Preoperative Function: WOMAC Preoperative Satisfaction: SF-36 Preoperative Health Status: EQ-5D 	<ul style="list-style-type: none"> Postoperative Pain: NRS Postoperative Function: WOMAC Postoperative Satisfaction: SF-36 Postoperative Health Status: EQ-5D
Optional Data Elements	<ul style="list-style-type: none"> Preoperative Depression: PHQ-9 Preoperative Anxiety: GAD-7 Preoperative Quality of Life: EQ-5D Preoperative Health Status: EQ-5D 	<ul style="list-style-type: none"> Postoperative Depression: PHQ-9 Postoperative Anxiety: GAD-7 Postoperative Quality of Life: EQ-5D Postoperative Health Status: EQ-5D

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, hospitals should ensure that they have the necessary infrastructure in place to support the collection of PRO data.

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 highest-level THA/TKA PRO-PM is the first-ever PRO-PM of its kind which uses the patient's voice directly in the measure outcome and promotes collaboration and shared decision-making between patients and providers across the full spectrum of care.

Who is Included in the Measure?

- Medicare/Medicaid beneficiaries
- Age 65 years or older
- Primary THA/TKA procedure
- Elective THA/TKA procedure

What are the Data Elements?

- Preoperative Pain: NRS
- Preoperative Function: WOMAC
- Preoperative Satisfaction: SF-36
- Preoperative Health Status: EQ-5D
- Postoperative Pain: NRS
- Postoperative Function: WOMAC
- Postoperative Satisfaction: SF-36
- Postoperative Health Status: EQ-5D

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 (IQR) for the THA/TKA PRO-PM.

Page 01: Measure Background

- Overview
- Voluntary Reporting

Page 02: Measure Specifications

- Measure Cohort
- Measure Outcome
- Missing Data & Potential Adjustment Response Bias Mitigation

Page 10: Implementation

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

Page 20: 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 Type	Start	End	Reporting Period	Reporting Period	Reporting Period	Reporting Period
2025	10/1/2025	9/30/2026	Voluntary	10/1/2025	9/30/2026	10/1/2025	9/30/2026	10/1/2025	9/30/2026
2026	10/1/2026	9/30/2027	Voluntary	10/1/2026	9/30/2027	10/1/2026	9/30/2027	10/1/2026	9/30/2027
2027	10/1/2027	9/30/2028	Mandatory	10/1/2027	9/30/2028	10/1/2027	9/30/2028	10/1/2027	9/30/2028

Mike Miller

Public Reporting Claims-Based Measures Delivery Manager
Hospital Quality Report Application Development Organization

Public Reporting HSRs

HSR User Guide

The July2024_PR_HUG.pdf that accompanies the Public Reporting HSRs includes additional information about the data in the HSRs. The HSR User Guide is also available on QualityNet:

<https://qualitynet.cms.gov/inpatient/measure/mortality/reports>

Bundle and HSR Changes

The following are changes to Public Reporting and Hospital IQR Program bundles and HSRs:

- Patient Safety Indicator (PSI) HSRs will be reported in October.
- Disparity stratification by area with a high ADI is new for this year for readmission measures.
- Mortality measures now include disparity stratification by dual eligibility and ADI as well.
- PRO-PM data available as a web page summary and .csv facility level detail report.

HSR Content

Each of the Public Reporting HSRs use the same basic structure for consistency and have tabs providing the following information:

- Your hospital's measure results
- Distribution of state and national performance categories
- Discharge-level data used to calculate your hospital's measure results
- Case mix comparison of the risk factors used for risk adjusting the measures

Measure Results

Table I.1: Your Hospital's Performance on 30-Day Risk-Standardized Readmission Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Your Hospital's Comparative Performance	No different than the national rate	No different than the national rate	No different than the national rate	No different than the national rate	N/A	Number of cases too small
Total Number of Eligible Discharges (Denominator) at Your Hospital	44	77	214	158	N/A	9
RSRR at Your Hospital	13.8%	19.3%	20.5%	15.7%	N/A	4.4%
Lower Limit of 95% Interval Estimate	10.9%	15.8%	17.4%	13.0%	N/A	2.6%
Upper Limit of 95% Interval Estimate	17.1%	23.1%	23.9%	18.6%	N/A	7.1%
National Observed Readmission Rate (Numerator/ Denominator)	13.7%	18.5%	19.8%	16.4%	10.7%	4.5%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a]	8	19	48	25	N/A	0
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	18.2%	24.7%	22.4%	15.8%	N/A	0.0%
Average RSRR in Your State [a]	13.9%	19.0%	19.8%	17.0%	10.4%	3.9%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State [a]	2,252	3,336	10,709	8,732	450	898
Number of Eligible Discharges (Denominator) in Your State [a]	15,283	16,434	52,343	48,565	4,515	23,413
Observed Readmission Rate (Numerator/ Denominator) in Your State [a]	14.7%	20.3%	20.5%	18.0%	10.0%	3.8%
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation [a]	45,997	57,403	194,592	140,211	11,101	13,569
Number of Eligible Discharges (Denominator) in the Nation [a]	335,929	310,090	984,678	857,122	103,744	301,580

Distribution Tab

Table I.2: National and State Performance Categories for 30-Day Risk-Standardized Readmission Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Hospital Performance Category	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Total Number of Hospitals in the Nation with Measure Results	3,769	4,472	4,510	4,567	1,082	3,265
Number of Hospitals in the Nation that Performed Better than the National Rate	8	1	63	23	2	29
Number of Hospitals in the Nation that Performed No Different than the National Rate	1,853	2,721	3,157	3,664	888	1,793
Number of Hospitals in the Nation that Performed Worse than the National Rate	13	17	56	55	3	5
Number of Hospitals in the Nation that had Too Few Cases [a]	1,895	1,733	1,234	825	189	1,438
Total Number of Hospitals in Your State with Measure Results	153	163	163	163	34	135
Number of Hospitals in Your State that Performed Better than the National Rate	0	0	2	1	0	3
Number of Hospitals in Your State that Performed No Different than the National Rate	79	132	137	136	28	78
Number of Hospitals in Your State that Performed Worse than the National Rate	0	1	3	10	0	0
Number of Hospitals in Your State that had Too Few Cases [a]	74	30	21	16	6	54

Discharges Tab

Table I.3: Discharge-Level Information for the Readmission Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Dually Eligible [a]	High Area Deprivation Index [b]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay [c]	Inclusion/Exclusion Indicator	Principal Discharge Diagnosis of Index Stay	Unplanned Readmission within 30 Days (Yes/No) [d]
1	999999	AMI	9AA9AA9AA99	No	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I213	Yes
2	999999	AMI	9AA9AA9AA99	No	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	Yes
3	999999	AMI	9AA9AA9AA99	Yes	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	Yes
4	999999	AMI	9AA9AA9AA99	No	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	Yes
5	999999	AMI	9AA9AA9AA99	Yes	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I2111	Yes
6	999999	AMI	9AA9AA9AA99	Yes	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	Yes
7	999999	AMI	9AA9AA9AA99	No	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I2102	Yes
8	999999	AMI	9AA9AA9AA99	No	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	Yes
9	999999	AMI	9AA9AA9AA99	Yes	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	No
10	999999	AMI	9AA9AA9AA99	No	No	99999A	99/99/9999	99/99/9999	99/99/9999	0	I214	No

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission
Your Hospital's Comparative Performance	No different than the national rate	No different than the national rate
Total Number of Eligible Discharges (Denominator) at Your Hospital	44	77
RSRR at Your Hospital	13.8%	19.3%
Lower Limit of 95% Interval Estimate	10.9%	15.8%
Upper Limit of 95% Interval Estimate	17.1%	23.1%
National Observed Readmission Rate (Numerator/ Denominator)	13.7%	18.5%
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital [a]	8	19
Raw Readmission Rate (Numerator/ Denominator) at Your Hospital [a]	18.2%	24.7%

Disparity Method ADI

Table I.8: Summary of Your Hospital's Performance on the CMS Within-Hospital Disparity Method Applied to the Hospital-Level 30-Day Risk-Standardized Readmission Measures for Patients Living in High Area Deprivation Index Regions

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

NOTE: This worksheet contains confidential information that will NOT be publicly reported, but is included here for your reference.

Performance Information	AMI 30-Day Readmission	COPD 30-Day Readmission	HF 30-Day Readmission	Pneumonia 30-Day Readmission	CABG 30-Day Readmission	THA/TKA 30-Day Readmission
Your Hospital's Comparative Performance [a]	Number of cases too small	Number of cases too small	N/A	N/A	N/A	N/A
Your Hospital's Rate Difference	N/A	N/A	N/A	N/A	N/A	N/A
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital for Patients Living in High Area Deprivation Index Regions	N/A	N/A	N/A	N/A	N/A	N/A
Total Number of Eligible Discharges (Denominator) at Your Hospital for Patients Living in High Area Deprivation Index Regions	N/A	N/A	N/A	N/A	N/A	N/A
Total Number of Unplanned 30-Day Readmissions (Numerator) at Your Hospital for Patients Not Living in High Area Deprivation Index Regions	N/A	N/A	N/A	N/A	N/A	N/A
Total Number of Eligible Discharges (Denominator) at Your Hospital for Patients Not Living in High Area Deprivation Index Regions	N/A	N/A	N/A	N/A	N/A	N/A
Average Rate Difference in Your State	1.44%	1.53%	1.25%	1.28%	2.88%	1.31%
Total Number of Unplanned 30-Day Readmissions (Numerator) in Your State	2,252	3,336	10,709	8,732	450	898
Total Number of Eligible Discharges (Denominator) in Your State	15,283	16,434	52,343	48,565	4,515	23,413
Total Number of Unplanned 30-Day Readmissions (Numerator) in the Nation	45,997	57,403	194,592	140,211	11,101	13,569
Total Number of Eligible Discharges (Denominator) in the Nation	335,929	310,090	984,678	857,122	103,744	301,580

<https://qualitynet.cms.gov/inpatient/measures/disparity-methods/methodology>

Mortality Discharges Tab

Table III.3: Discharge-Level Information for 30-Day Risk-Standardized Mortality Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Dually Eligible [a]	High Area Deprivation Index [b]	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	CABG Procedure Date [c]	Discharge Date of Index Stay [d]
11543	999999	Stroke	9BA9BA9BB99	No	N/A	99999A	99/99/9999	99/99/9999	N/A	99/99/9999
11547								99/99/9999	N/A	99/99/9999
11548								99/99/9999	N/A	99/99/9999
11549								99/99/9999	N/A	99/99/9999
11552								99/99/9999	N/A	99/99/9999

Death within 30 Days (Yes/No)	Death Date	NIHSS Score [e]
Yes	99/99/9999	{0}
Yes	99/99/9999	{0}
Yes	99/99/9999	{0}
Yes	99/99/9999	{0}
Yes	99/99/9999	{0}

Death within 30 Days (Yes/No)	Death Date	NIHSS Score [e]
No	N/A	1*
No	N/A	1*
No	N/A	1*
No	N/A	1*
No	N/A	1*

Complication Discharges Tab

Table IV.4: Discharge-Level Information for the Risk-Standardized Complication Measure following THA/TKA

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 to March 31, 2023

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Additional Complication Record (Yes/No) [a]	Complication Excluded Due to COVID-19 (Yes/No) [b]
1	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
2	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
3	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
4	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
5	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No
6	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	Yes	No
7	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
8	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
9	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No
10	999999	THA/TKA	999999999A	99999A	99/99/9999	99/99/9999	99/99/9999	No	No

EDAC Discharge Level Summary of Events

Table VI.3: Your Hospital's Index Stay and Summary for the EDAC after Hospitalization for AMI, HF, and Pneumonia Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Inclusion/Exclusion Indicator	Event(s) within 30 Days Included in Measure (Yes/No)	Counted in Number of Patients Who Returned to a Hospital (Yes/No) [a]	Days from Index Discharge to First Event [b]	Number of ED Visits Counted [c]	Number of Observation Stays Counted [c]	Number of Unplanned Readmissions Counted [c] [d]
1	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	13	1	0	0
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	0	0	0	1
3	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	15	1	0	0
4	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	3	0	0	1
5	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	1	1	0	1
6	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	16	1	0	0
7	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	7	0	0	1
8	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	0	0	1	0
9	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0	Yes	Yes	8	0	0	1

EDAC Discharge Level Patient-Level Summary

Table VI.4: Your Hospital's Patient-level Summary for the EDAC after Hospitalization for AMI, HF, and Pneumonia Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Type Post-Discharge of Event [a]	Start Date of Event	End Date of Event	Event Included in Outcome (Yes/N/A-COVID Patient) [b]	Days per Event [c]
1	999999	AMI	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	1
2	999999	AMI	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	1
3	999999	AMI	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	1
4	999999	AMI	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	3
5	999999	AMI	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	Readmission	99/99/9999	99/99/9999	Yes	4
5	999999	AMI	9AA9AA9AA99	99/99/9999	99/99/9999	99/99/9999	ED Visit	99/99/9999	99/99/9999	Yes	1

Payment Discharge Level Index Stay and Summary

Total Episode Payments	Total Index Admission Payments	Index Admission: % Total Episode Payments	Index Facility Payments	Facility: % Total Episode Payments	Index Physician Payments	Physician: % Total Episode Payments	Total Post-Acute Care Payments	Post-Acute Care: % Total Episode Payments
\$13,534	\$13,534	100.0%	\$12,929	95.5%	\$606	4.5%	\$0	0.0%
\$12,780	\$11,395	89.2%	\$10,879	85.1%	\$516	4.0%	\$1,385	10.8%
\$8,456	\$5,373	63.5%	\$4,871	57.6%	\$502	5.9%	\$3,083	36.5%
\$10,763	\$7,252	67.4%	\$6,249	58.1%	\$1,003	9.3%	\$3,511	32.6%
\$27,541	\$12,401	45.0%	\$11,028	40.0%	\$1,373	5.0%	\$15,140	55.0%
\$13,075	\$13,075	100.0%	\$12,927	98.9%	\$148	1.1%	\$0	0.0%
\$22,440	\$7,355	32.8%	\$6,555	29.2%	\$800	3.6%	\$15,085	67.2%
\$16,732	\$16,669	99.6%	\$14,707	87.9%	\$1,962	11.7%	\$63	0.4%
\$11,147	\$10,892	97.7%	\$10,415	93.4%	\$476	4.3%	\$255	2.3%

Payment Discharge Level Post-Acute Care

Table V.3: Your Hospital's Index Stay and Summary for the AMI, HF, Pneumonia and THA/TKA Payment Measures (reported in 2022 Dollars)

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023 for AMI, HF and Pneumonia measures

Hospital Discharge Period: July 1, 2020 through March 31, 2023 for THA/TKA measure

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Inclusion/Exclusion Indicator
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0
16	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0
94	999999	Pneumonia	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	0

Payment Discharge Level Post-Acute Care

Table V.4: Post-Acute Care Information for the AMI, HF and Pneumonia Payment Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Note: This Microsoft Excel file contains MOCK data except for national results. Your hospital's HSR workbook contains discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any disclosure of personal identifiable information (PII) or protected health information (PHI) should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. When referring to the contents of your hospital's HSR workbook, ONLY use the ID Number associated with the claim(s) in question. Do NOT send PII/PHI in your question.

ID Number	Provider ID	Measure	MBI	Medical Record Number	Beneficiary DOB	Admission Date of Index Stay	Discharge Date of Index Stay	Care Setting
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency
2	999999	AMI	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Home Health Agency
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Non-Acute Inpatient Settings
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Observation Stay
15	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Emergency Department
16	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility
16	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician
16	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility
16	999999	HF	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Hospice
94	999999	Pneumonia	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Facility
94	999999	Pneumonia	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Readmission Physician
94	999999	Pneumonia	9AA9AA9AA99	99999A	99/99/9999	99/99/9999	99/99/9999	Skilled Nursing Facility

Case Mix Comparison

Table V.6: Distribution of Patient Risk Factors for the AMI, HF and Pneumonia Payment Measures

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 through June 30, 2023

Risk Factor	AMI Payment: Hospital	AMI Payment: State	AMI Payment: National	HF Payment: Hospital	HF Payment: State	HF Payment: National	Pneumonia Payment: Hospital	Pneumonia Payment: State	Pneumonia Payment: National
Number of Eligible Cases	13	2,604	307,632	61	5,338	782,979	142	6,638	759,790
Age (65 – 74)	23.1%	44.0%	40.5%	31.1%	32.4%	26.6%	41.5%	35.2%	31.0%
Age (75 – 84)	23.1%	40.6%	38.4%	44.3%	40.2%	38.3%	35.2%	41.0%	38.4%
Age (>=85)	53.8%	15.4%	21.1%	24.6%	27.4%	35.1%	23.2%	23.7%	30.6%
History of Coronary Artery Bypass Graft (CABG) Surgery (Select ICD-10-CM and ICD-10-PCS codes†)	8%	14%	15%	N/A	N/A	N/A	N/A	N/A	N/A
History of Percutaneous Transluminal Coronary Angioplasty (PTCA) (Select ICD-10-CM and ICD-10-PCS codes†)	15%	24%	24%	N/A	N/A	N/A	N/A	N/A	N/A
History of COVID-19 (ICD-10-CM codes U07.1, Z86.16, U09.9 and J12.82)	8%	11%	10%	16%	15%	15%	12.0%	17.9%	18.6%
Severe Infection (CC 1, 3-6)	N/A	N/A	N/A	0%	1%	1%	0.7%	2.3%	2.8%
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock (CC 2)	N/A	N/A	N/A	N/A	N/A	N/A	13.4%	21.1%	17.0%
Other Infectious Diseases (CC 7)	N/A	N/A	N/A	23%	28%	34%	29.6%	34.4%	40.2%

Complications

Detailed C Statistics Tab

Table IV.2: Number and Percent of All Eligible Admissions with Specific Complications

HOSPITAL NAME

Hospital Discharge Period: July 1, 2020 to March 31, 2023

Percent of All Eligible Admissions with Specific Complication (Number of Admissions with Specific Complication) [a]	Your Hospital [b]	State	National
AMI during index admission or within 7 days of admission [c]	0.0% (0)	0.2%	0.2%
Pneumonia during index admission or within 7 days of admission [c]	0.1% (1)	0.4%	0.6%
Sepsis/septicemia during index admission or within 7 days of admission [c]	0.1% (2)	0.3%	0.4%
Surgical site bleeding during index admission or within 30 days of admission	0.0% (0)	0.0%	0.0%
Pulmonary embolism during index admission or within 30 days of admission [c]	0.1% (2)	0.4%	0.4%
Death during index admission or within 30 days of admission	0.0% (0)	0.2%	0.3%
Mechanical complications during index admission or within 90 days of admission	0.6% (10)	1.1%	1.2%
Periprosthetic joint infection (PJI) or wound infection during index admission or within 90 days of admission	0.6% (9)	1.0%	0.8%

PRO-PM Measure detail view

Measure details

View your Hospital Specific Reports, Claims Detail Reports (CDRs), Facility Specific Reports (FSRs), and IPF-Specific Reports (ISRs).

Measure detail view

THA/TKA, ePC-02, and ePC-07

Release year ⓘ

2024

Program

Select

Report

Export

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Measure detail view

Select a program

IQR

Inpatient Quality Reporting

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Measure detail view

Select a report

THA/TKA PRO-PM

Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure

PRO-PM

[← Measure details](#)

Measure detail view

Export 

Inpatient Quality Reporting 


THA/TKA PRO-PM 

Release year 2024 

Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure

† indicates publicly reported

- indicates no available measure data for hospital

 Your hospital **did not participate in voluntary reporting** for this reporting period †

Performance overview

Submission information

 Your hospital **did not participate in voluntary reporting** for this reporting period †

Performance overview

Pre-operative summary scores	Facility	National
Average preoperative HOOS JR score Lower scores indicate poorer patient condition	--	45.99
Average preoperative KOOS JR score Lower scores indicate poorer patient condition	--	48.07
Average mental health summary score Higher scores indicate better patient condition	--	47.23

PRO-PM Participation

[← Measure details](#)

Measure detail view

Export

Inpatient Quality Reporting | THA/TKA PRO-PM

Release year 2024

Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure

† indicates publicly reported
- indicates no available measure data for hospital

Your hospital participated in voluntary reporting for this reporting period with 96.1% of PROs matched to eligible claims †

Performance overview

Submission information

Your hospital participated in voluntary reporting for this reporting period with 96.1% of PROs matched to eligible claims †

Performance overview

Pre-operative summary scores	Facility	National
Average preoperative HOOS JR score <small>Lower scores indicate poorer patient condition</small>	41.85	45.99
Average preoperative KOOS JR score <small>Lower scores indicate poorer patient condition</small>	49.25	48.07
Average mental health summary score <small>Higher scores indicate better patient condition</small>	49.27	47.23

National numbers reflect results from hospitals participating in voluntary reporting
Average HOOS JR, KOOS JR, and mental health score is for all complete PRO records you submitted that matched to eligible claims

Mike Miller

Public Reporting Claims-Based Measures Delivery Manager
Hospital Quality Report Application Development Organization

HSR Preview Period Questions

Preview Period Questions

Questions can be submitted via:

- Email to QNetSupport@cms.hhs.gov.
- CCSQ Service Center phone line at (866) 288-8912 or TTY at (877) 715-6222.
- QualityNet Inpatient [Question and Answer](#) Tool:
<https://www.qualitynet.org> > Help > Question and Answer Tools
Hospitals – Inpatient > Ask a Question
 - Program: Inpatient Claims-Based Measures
 - Select relevant topic (Example: Excess Days in Acute Care)

Please include your hospital's 6-digit CCN when submitting your request.

Submitting Preview Period Questions

Do not email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996. Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the act's Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

Underlying Claims

The public reporting preview period does **not** allow hospitals to submit corrections related to the underlying claims data, or to add new claims to the data extract used to calculate results.

July 2024 Public Reporting CBM HSR Overview

Questions

Contacts for Questions

- You can submit questions regarding the measures and the HSRs through the Question & Answer Tool on QualityNet:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- When submitting the request, select Inpatient Claims-Based Measures for the Program. Select the relevant topic (Example: Excess Days in Acute Care), and please include your hospital's CCN.
- For issues accessing your HSR from the HQR System or requesting/reviewing your HARP permissions, contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912 (TRS 711), weekdays 8:00 a.m. to 8:00 p.m. Eastern Time.
- Do **not** email HSR files or their contents. HSRs contain discharge-level data protected by Health Insurance Portability and Accountability Act of 1996. Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the Health Insurance Portability and Accountability Act Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

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