



Hospital Value-Based Purchasing (VBP) Program

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

July 2024 Public Reporting Claims-Based Measure Hospital-Specific Report Overview Question and Answer Summary Document

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Question 1: Where can I find information on the Area Deprivation Index (ADI) and other disparity method stratifications?

All information on CMS disparity method confidential reporting can be found on QualityNet. Updates for 2024 disparity methods are located at <https://qualitynet.cms.gov/inpatient/measures/disparity-methods/methodology>. Factsheets and FAQs are located at <https://qualitynet.cms.gov/inpatient/measures/disparity-methods/resources>.

Question 2: How can hospitals use disparity method results to improve the quality of care for their patients with these social risk factors?

Hospitals will receive their disparity method results in their Hospital-Wide Readmission (HWR), Readmission, and Mortality Hospital-Specific Reports (HSRs). These HSRs will have results for both Within- and Across-Hospital Disparity Methods for each stratum. If differences in care do exist for patients with these social risk and demographic variables, hospitals can develop strategies to reduce those differences.

Question 3: Do HSRs show the same data that will appear on Care Compare on [Medicare.gov](https://www.medicare.gov) or in the payment programs?

CMS provides HSRs for claims-based measures (CBMs) that will be publicly reported in July 2024 on Care Compare. Hospitals may preview their measure results prior to the public reporting of the results. Separate HSRs or reports will be provided specifically for each of the value-based purchasing programs. On Care Compare, CMS provides results for publicly reported measures, which are different from the Hospital VBP Program measure results. The difference in the national rates between the publicly reported measures and Hospital VBP Program measures can be attributed to the different hospitals participating in the programs. The outcome specifications for the Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) complication measure as included in July 2024 public reporting differ from the outcome specifications as included in the fiscal year (FY) 2025 Hospital VBP Program. Specifically, the measure as included in July 2024 public reporting defines the mechanical complication outcome using 26 additional International Classification of Diseases (ICD)-10-Clinical Modification (CM) codes that the measure as included in the FY 2025 Hospital VBP Program does not utilize.

Question 4: When does the July 2024 Public Reporting preview period end?

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All review and correction requests must be submitted by June 4, 2024.

Question 5: We are having trouble downloading our HSR from the Hospital Quality Reporting (HQR) system.

If you experience issues accessing your HSR from HQR or requesting/reviewing your Health Care Quality Information Systems Access Roles and Profile permissions, contact the Center for Clinical Standards and Quality Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912.

Question 6: Does the THA/TKA Patient-Reported Outcome (PRO)-Performance Measure (PM) include outpatient procedures?

The THA/TKA PRO-PM in the Hospital Inpatient Quality Reporting (IQR) Program only includes inpatient procedures. Patients who are scheduled as outpatient but are converted to inpatient and billed as a Medicare Part A claim, would be included in the measure, as long as they meet other eligibility requirements.

If you are unsure if a patient is outpatient or inpatient, you should collect and submit their PRO data to give your facility the best possible opportunity for meeting the Hospital IQR Program requirements. While outpatient procedures are not included in the Hospital IQR Program, outpatient elective primary THA/TKA procedures are included in the THA/TKA PRO-PM in the Hospital Outpatient Quality (OQR) Reporting Program. Voluntary reporting for the Hospital OQR Programs begins with calendar year 2025 procedures.

Question 7: When I select Program Reporting, there is no option for Claims Based Measures. I am a Security Official. Why don't I see the option?

That link now reads as "Measure Detail". It replaced the legacy Claims-Based Measures tab. When you click on the Measure Details link, you will see the report options as you did under the old link.

Question 8: Slide 41. If a patient does not complete pre-operative data, should we include them in the post-operative data submission?

Yes, even if the patient does not have complete pre-operative PRO data, CMS encourages hospitals to submit their post-operative PRO data. Hospitals should submit all the PRO data they have to learn about the measure, data collection, and data submission. As a reminder, patients

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with incomplete data would not be included in the response rate (50% threshold requirement) or the measure outcome calculation.

Question 9: **Are the THA/TKA PRO-PM FAQs and ICD codes in the supplemental file for use with the current pre-operative Hospital IQR Program reporting period?**

Yes, THA/TKA PRO-PM FAQs and the 2025 THA/TKA PRO-PM Code Specifications supplemental file on QualityNet can be used for the current voluntary reporting (VR) period (VR1). Please note CMS has posted data submission templates/resources for pre-operative PRO data and post-operative PRO data. These resources are available on [QualityNet](#): Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources and Methodology.

Question 10: **How can we access the CMS ADI variables? Many of our readmissions and mortality patients came from the same city, yet half indicated Yes to a high ADI.**

The ADI combines multiple socioeconomic factors such as income, education, employment, household characteristics, and housing quality to create a comprehensive index of an area's deprivation. Patient zip codes are used to determine if they live in a high ADI ($ADI \geq 85$) or not. The use of zip codes would likely account for why so many of the readmission and mortality patients came from the same city, and the differences in socioeconomic factors measured by the ADI would account for why half of the respondents indicated Yes as part of an area of high deprivation while the other half were not. For more information on the ADI, please refer to the 2024 CMS Disparity Methods materials posted on QualityNet:

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

Question 11: **To clarify, on slide 40, are Dom and Pat considered part of the six?**

Pat and Dom are included in the denominator (the six) of the pre-operative response rate; however, they are not included in the numerator of the pre-operative response rate (on slide 40). This means they do not have complete PRO data. This is because Pat had incomplete pre-operative PRO data, and Dom did not complete any pre-operative PRO data. The example hospital had a 67% pre-operative response rate because only Shaun, Zane, Elena, and Ashiya had complete pre-operative PRO data.

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Question 12: **When will THA/TKA open to submit data for the second voluntary period?**

CMS anticipates opening pre-operative PRO data submission for the second voluntary period this summer (slide 33), and hospitals must submit their data by September 30, 2024. CMS anticipates opening post-operative PRO data submission for VR2 next summer 2025, and hospitals must submit their data by September 30, 2025.

Question 13: **Did CMS already send the report with the disparity measure results?**

Yes, the disparity measure results are included in the HSRs that you received on May 6, 2024. CMS results for Within- and Across-Hospital Disparity Methods are reported confidentially this year and are available in your HWR, readmission, and mortality HSRs.

Question 14: **When will CMS release publicly reported outcome measure HSRs?**

The July 2024 Hospital IQR Program/Public Reporting HSRs (THA/TKA PRO-PM, Readmission, EDAC, Mortality, THA/TKA Comp, HWR, and Payment) were released on May 6, 2024 on the HQR website: <https://hqr.cms.gov/hqrng/login>

Question 15: **Should we use the THA TKA PRO-PM FAQs and supplemental file codes for Hospital IQR Program patients in the current mandatory pre-operative data collection period?**

CMS expects to release a supplemental file for the first mandatory period at a later date. In the interim, hospitals can use the supplemental file for the first voluntary period. The supplemental file is updated annually as part of measure reevaluation. In terms of the FAQs, the information contained is applicable for voluntary and mandatory reporting.