Hospital Inpatient Quality Reporting (IQR) Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

July 2025 Public Reporting HSRs: Hybrid, Claims-Based, and THA/TKA PRO-PM Measures Presentation Transcript

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Donna Bullock: Hello, and welcome to today's event: *July 2025 Public Reporting HSRs: Hybrid, Claims-Based, and THA/TKA PRO-PM Measures*. My name is Donna Bullock, and I will be the moderator for today's event. Before we begin, I would like to make a few announcements. If you registered for today's event, we emailed you a link to the slides a short time ago. If you did not get this link, the slides are available on the Quality Reporting Center website. That's www.QualityReportingCenter.com. During this event, you can download the slides by clicking the Handouts link. This webinar is being recorded. The recording and a transcript of the event will be available on the Quality Reporting Center website in the near future. Unfortunately, due to the length of today's webinar, we were unable to include a live Q&A session. If you have questions that were not answered by the information presented, please send them to the QualityNet Question and Answer Tool. Information about how to submit your questions will be provided a little bit later in the webinar. This event has been approved for one continuing education credit. More information will be provided at the end of the presentation.

The speakers for today's event are Manjiri Joshi, Measure Implementation and Stakeholder Communication Lead with the Hospital Outcome Measure Development, Revaluation, and Implementation Contractor; Christina Burkholder, Measure Implementation and Stakeholder Communication Lead, also with Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor; and Mike Miller, Public Reporting Claims-based Measures Delivery Manager with the Hospital Quality Reporting Application Development Organization.

The purpose of today's event is to provide an overview of the hospital-specific reports, or HSRs, for the hybrid measures, claims-based measures, and the THA/TKA PRO-PM.

At the conclusion of today's webinar, participants will be able to understand hybrid and claims-based measure reporting and results; understand the criteria, timeline, and reporting of the THA/TKA PRO-PM; understand the response rates, calculations, and the voluntary

reporting results for the THA/TKA PRO-PM; access and review the HSRs; and submit questions related to the public reporting preview period.

This slide displays a list of acronyms that may be referenced during the webinar.

Now, we will briefly touch on the July 2025 publicly reported measures.

This slide includes the measures that will be publicly reported and the discharge periods.

The July Public Reporting HSRs became available on May 14, 2025. The preview period is May 15 through June 13.

Step-by-step information about how to access your HSR is provided on this slide. If you cannot view your report, please contact the CCSQ Service Center for assistance at qnetsupport.cms.hhs.gov or (866) 288-8912.

Confidential reports can be used to evaluate your hospital's performance, improve your PRO data collection processes, and prepare for mandatory reporting.

If you have any questions about the measures or HSRs, please submit them using the QualityNet Question and Answer Tool. More information is provided on this slide. I will now turn the presentation over to Manjiri.

Manjiri Joshi: Hello, everyone. I am Manjiri Joshi, and I'm the claims-based and hybrid implementation lead today. Today, I will be presenting on the 2025 hybrid and claims-based measure overview.

So, on this slide, you're seeing the national results for mortality, readmission, and complication for 2025 measures. Please note that the payment measures are now removed from claims-based reporting. Here on the slide, if you see on the left-hand side, you will see the list of measures. The column in the middle will list the 2025 national results, and, on the right-hand side, it depicts the change in the national rate from last year. That is from 2024 to 2025.

This column tells you whether the rates increased, decreased, or remain the same. Here, the green denotes the increase; red denotes the decrease; and no change is in black. Now, let's look at the results. For mortality measures first, the 2025 national results ranged from 2.6 percent for CABG to 16.2 percent for pneumonia mortality. In 2025, we have experienced an overall decrease in national mortality rate. Now, let's look at the readmission measures. The national observed readmission rates this year range from about 4.8 percent for total hip/knee replacement readmissions to around 19.7 percent for heart failure readmissions. With the exception of hip/knee replacement and HWR claims only, which increased slightly, all the national readmission results have decreased from about 0.1 percent to 0.4 percent points. Now, looking at the complication measure, the national rate for hip/knee complication measure is 3.6 percent, and that has increased by 0.1 percentage points since last year.

So, on this slide, we will go over the details of the measure reporting for hybrid and claims-based measures. As you all know, all claims-based measures are publicly reported. Now, starting summer of 2025, CMS will publicly report results for hybrid measures based on claims data only on the CMS Public Reporting website. For hybrid measures for fiscal year 2026, there is voluntary reporting of CCDE and linking variables, a result of which the annual payment determination of Hospital IQR Program will not be affected. For a preview of hybrid measure results, hospitals will receive results based on claims data only. For those hospitals who have voluntarily submitted the CCDE and linking variable data, they will receive results on claims, CCDE, and linking variables. Some hospitals are in process to receive an updated HSRs for hybrid measures right now. The original HSRs that were received on May 14 had the CCDE value missing for excluded patients even though they were correctly submitted for those patients. This had resulted in an incorrect percentage of successfully linked vital signs and successfully linked laboratory test results to be calculated and displayed on the HSRs. If you have any further questions regarding this, please reach out to the CCSQ Service Center at qnetsupport.cms.hhs.gov.

Now, we will look at the hybrid measures overview. For both hybrid measures, that's the Hybrid HWR, the Hybrid Hospital-Wide Readmission, and Hybrid HWM, the Hybrid Hospital-Wide Mortality, we use claims data and CCDE from EHR, electronic health records, for measure calculation. Now, let's look at the Hybrid HWR. For the outcome, the measure counts a hospitalization as a readmission if it is unplanned, occurs within 30 days of discharge from a qualifying index admission, is to a short-term acute facility, and is for any cause, not just those that appear related to the initial admission. For risk adjustment, the measure accounts for how sick patients are using demographic and clinical variables found in the claims data. The measure uses the CCDEs from EHRs that are the six vital signs and seven laboratory test results. Now, let's look at the Hybrid HWR outcome. For that, the measure counts immortality as a death from any cause within 30 days of index admission date. For risk adjustment, the measure accounts for how sick patients are using demographic and clinical variables found in claims data. The measure uses following CCDEs from EHR, and those are the four vital signs and six laboratory test results.

Here we talk about proposed modification for fiscal year 2028 reporting requirements. In fiscal year 2026, the IPPS rule issued on April 11, 2025. In that, CMS proposed to reduce the number of required CCDEs and to lower the required percentage of discharges meeting the CCDE and linking variable thresholds. Then, that will begin from the 2028 fiscal year payment determination. Any questions or comments regarding that, the stakeholders are encouraged to submit by June 10 at 5 p.m. That's basically today by 5 p.m.

Here, this is a slide that lists all the hybrid measure resources. On this slide, you will see, on the left, the name of the resources. On the center column is the description of those resources. On the right, there are links that take you to those resources. So, here we have the 2025 Hybrid HWM measure update and specification report. There is also an HWM measure update and specification report. We have a user guide that provides instruction to interpret HSRs.

Then, we have key resource and update documents, FAQs, Frequently Asked Questions about all the hybrid-related measures, then the Electronic Clinical Quality Improvement Resource Center.

This slide has all the resources similar to hybrid measures for claims-based measures. Here, again, on the left, you will see the list of all claims-based measure resources. On the right, you will see the description of it along with the link for where those resources are located. The claims-based measure resources include clinical classification software, commonly known as the CCS-MAC; the measure update and specification reports; the historical public reporting timeline; HSR User Guides or HUGs for those HSRs; condition category crosswalks; POA, that's the Present on Admission codes; measure fact sheet; and Frequently Asked Questions.

So, here on the left you see Download the Resource Table here. It's a hyperlink. If you click on it, it will take you to a summary table which lists all the resources to the claims-based measure resources that we just saw. There are also other useful resources and videos which are on the right that navigate you and help you go through the HSRs and EDAC measures. That is all I have. Thank you.

Kristina Burkholder: Thank you, Manjiri. 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 provide you with a brief refresher on the measure, a reminder about implementation plans, before discussing response rate and measure calculations, as well as a summary of the voluntary reporting results.

The goal of the measure is to assess a patient's improvement after a total hip/knee replacement. This first-of-its-kind PRO-PM empowers hospitals to make history by prioritizing patient voices. The measure aligns with CMS's Meaningful Measures Framework. Inpatient hospitals have the opportunity to participate in two voluntary reporting periods prior to mandatory reporting.

The hip/knee PRO-PM assesses patient improvement in pain and physical functioning after surgery based on their own self-assessment of pain and physical functioning. It does this by comparing a patient's post-operative scores with their pre-operative scores. Patient's pain and physical functioning are assessed prior to surgery via the HOOS and HOOS, JR Survey, as well as several additional variables or risk factors, such as back pain, that may impact their scores. Then, 300 to 425 days after surgery, patients are given the HOOS or KOOS, JR Survey again to assess how their pain and physical functioning have changed. This is why it's so important to have both complete pre- and post-operative data for the same patients. If we don't have both, we're unable to calculate the patient's improvement.

On slide 23, we have the reporting timeline for the hospital-level hip/knee PRO-PM. The HSR your hospital received in May contains information regarding the pre- and post-operative data from Voluntary Reporting 1 or 2025 Voluntary Reporting of eligible procedures occurring from January 1, 2023, to June 30, 2023, also noted here in blue. New for this year, your hospital's HSR will also have the overall response rate as well as the measure score, if feasible to calculate. Your facility received the Voluntary Reporting 2, or 2026, using procedures performed July 1, 2023, to June 30, 2024, noted here in purple. Since Voluntary Reporting 2 only has pre-op data, you received an interim HSR with preliminary results for your cohort and pre-op response rate. As a reminder, data submission for post-operative data for Voluntary Reporting 2, as well as pre-operative data submission for the first mandatory reporting, will begin this summer. PRO data submission ends September 30, 2025. Failure to meet reporting requirements will impact your facility's fiscal year 2028 payment. Post-operative data collection for the first mandatory reporting period has begun. Your facility should have started collecting post-operative data. Additionally, pre-operative data for mandatory reporting for fiscal year 2029 or patients who have had hip/knee procedures occurring July 1, 2025, to June 30, 2026, has begun, as shown here in yellow. It's very important to collect your pre-operative data.

There are two voluntary reporting periods. The first voluntary reporting period has been completed with both pre- and post-operative data submitted for patients who have had a procedure between January 1, 2023, and June 30, 2023. Your hospital received your HSR in May. This summer, an indication of participation and the VR1 overall response rate will be publicly reported on Care Compare to highlight hospitals who chose to participate. The second voluntary reporting period is underway with interim HSRs for all the pre-op results going out to providers in May. No information from VR2 will be made public in 2025. After post-operative data is submitted this summer, hospitals will receive their final HSRs in the spring of 2026, with the overall response rate for Voluntary Reporting 2 being publicly reported in the summer of 2026. As a reminder, there is no impact to the [Hospital] IQR Program APU for voluntary reporting. Mandatory reporting for fiscal year 2028, using patients who would have a procedure July 1, 2024, to June 30, 2025, is underway. Hospitals will submit the pre-op data this summer and receive their interim pre-op HSRs in the spring of 2026. After post-op data are submitted in 2026, hospitals will receive their final HSRs in the spring of 2027. This will include hospitals measure results, or the RSIR, and the overall response rates. These will be made public in the summer of 2027. Eligible hospitals that fail to meet the 50 percent reporting requirement will receive a reduction in their APU for fiscal year 2028.

On slides 25 and 26, I'll review which patients are in the cohort or eligible for PRO data collection. Patients must have a qualifying unilateral or bilateral elective primary total hip or total knee procedure performed during the measurement period. I'll describe this further on the next slide. Patients must be 65 years or older and have a Medicare Fee for Service Part A and B for 12 months prior and Medicare Fee for Service Part A during index submission. Medicare Fee for Service does not need to be the primary payer. The measure excludes patients who are discharged against medical advice, die within 300 days, have a staged procedure during the measurement period, are diagnosed with COVID-19, or have both a hip and knee procedure during the hospitalization. For more details, you can see the methodology report on QualityNet.

Primary elective procedures do not include patients who have had a fracture, partial or revision procedure, a mechanical complication, certain cancers, or transferred from another acute care facility. For more details, you can find the ICD-10 codes in the 2025 and 2026 supplemental files posted on QualityNet.

As I mentioned earlier, it's important have both complete pre- and post-op data for the same patients. On this slide, you can see the list of variables required. To meet the [Hospital[IQR Program requirements, 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 patients who have a hip procedure pre-operatively and post-operatively. You'll need to collect several risk variables pre-operatively only. These include several mental health survey questions from either the VR12 or the PROMIS-Global, the health literacy question, BMI, or height and weight, narcotic use, and patient-reported pain in the non-operative joint, as well as back. In order to match your PRO data that you're submitting to claims, you also need to submit several additional variables like your hospital CCN; the patient's MBI, not the HIC number; date of birth; procedure date; procedure type, such as whether it's a right or left hip or knee procedure; and admission date. These variables are submitted pre- and post-operably. Lastly, you will need to submit several PROM-related variables, such as the date the PRO data were collected, the mode of collection, the person completing 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 PRO data collection blank, you will not receive credit for that PRO submission.

In the next few slides, I'll be describing the steps used to your hospital's response rate.

On slide 29, we depict the steps used to determine the response rate and the measure score.

After your facility submits pre- and post-operative PRO data, these data are matched to claims. Claims data are used to identify eligible as well as additional risk factors used in measure calculation. Your reports will contain your eligible patients, noting that this is not final for the interim pre-op only reports, as patients who die within 300 days after the procedure are excluded, and insufficient time has passed at the time of preparing these reports. These interim reports only include the pre-operative PRO data submitted, as well as the pre-operative response rate. Next, we identify complete cases. Lastly, for VR1, we calculate the overall response rate and measure score, if feasible.

Over slides 30 to 33, I'll walk through how the response rate is calculated using the example hospital. On this slide, we have patients that are in the eligible cohort and some that are excluded for this hospital. This hospital has six eligible patients: Pat, Elena, Ashaya, Sean, Dom, and Zane. These patients met the eligibility criteria described on previous slides. This hospital also has one excluded patient, Fred. This patient could be excluded for numerous reasons. They could have had an outpatient procedure; they were under 65; or they left against medical advice.

On this slide in yellow, we have the pre-operative data of submission for this hospital. Sean, Zane, Elena, and Ashaya all have complete pre-operative data submitted and count towards the pre-operative response rate of 67 percent. Pat is in the cohort, but he did not have complete data. Say the health literacy variable was missing. So, Pat does not count towards the pre-operative response rate numerator, but he is included in the denominator. Tom had no pre-operative data submitted, and he also does not count towards the numerator. Fred, however, had complete pre-operative data, but Fred does not count because he is not eligible. Let's say this is because Fred was an outpatient procedure. This is how the response rate is calculated for pre-operative PRO data. Your HSRs will identify which PRO records are included and which are not, if possible.

In your patient-level downloadable CSV file, there's a column called Inclusion/Exclusion Indicator, which will tell you which patients are included in the denominator of the response rate.

In blue, you have post-operative data submission from Pat, Zane, Elena, and Aishaya. They all have complete post-operative data and count towards that post-operative response rate of 67 percent. Dom and Sean had no post-operative data submitted, so they do not count. While Fred had complete post-operative data, Fred was excluded from the response rate calculation because Fred did not have an eligible procedure.

For Voluntary Reporting 1 and future reporting years, once CMS has post-op data, the overall response rate will be calculated. This overall response rate will be used for payment determination, once this is mandatory in fiscal year 2028. This image puts the pre- and post-op together. In yellow, we have the pre-op, in blue the post-operative data submission, and in green the overall response rate, or which eligible patients had both pre- and post-operative data. For the overall response rate, Zane, Elena, and Aishaya all count since they all had complete pre-op data and complete post-op data.

This hospital's overall response rate is 50 percent, and they would meet the requirements. Pat had complete post-op data; however, he had incomplete pre-op data, so he did not count towards the overall. Dom did not have any pre- or post-op data submitted. While Sean had complete pre-op data, there was no post-op data submitted. So, he does not count towards the numerator of the response rate. Lastly, while Fred had complete pre- and post-operative data, Fred did not count as Fred had an ineligible procedure. In your CSV files, there are columns such as Column Q or counts towards the overall response rate to help you understand which patients were included in the response rate and which were not.

Over the next few slides, I'll describe how the measure is calculated.

For the hip/knee PRO-PM, the measure score is a risk-standardized improvement rate, or RSIR, representing the proportion of patients who had a substantial improvement after their total hip or knee replacement procedure. This score accounts for patient case mix, waiting for potential non-response, and comparing to hospitals nationally. Included in the score are several components that I'll be describing in greater detail.

They include what the substantial clinical benefit is, risk adjustment, and the non-response bias.

At the patient level, we evaluate whether patients achieve substantial clinical benefit, or SCB. This is improvement between pre-operative and post-operative assessments on the HOOS, JR for THA patients or the KOOS, JR for TKA patients. This threshold is different for hip and knee patients. For hip patients, they need improvement or difference in their pre- and post-op scores of 22 points. For knee patients, it's 20 points. The SCB does not impact APU. Only the data submission or the overall response rate I described earlier will impact APU for fiscal year 2028.

Similar to other claims-based measures and some eCQMs, the hip/knee PRO-PM risk adjusts to account for different patient factors at the time of admission so that hospitals treating sicker patients are fairly compared. Risk factors like age and comorbidities can affect patient outcome. This measure is unique in that it utilizes both risk variables from the claims, like osteoarthritis, and patient-reported or provider-reported variables like back pain and health literacy. You can find these variables in your HSR. These variables were chosen based on expert input and analysis to determine which risk factors have relationships with improvement outcome.

To address potential non-response bias, we incorporate stabilized inverse probability weighting, or IPW, in the measure calculation. The IPW method gives higher weight to patients who are less likely to respond and less weight to patients who are more likely to respond. This considers characteristics of all eligible patients, regardless of completeness. Weights for responders, incomplete responders, and non-responders across all hospitals are incorporated into the calculation of the RSIRs.

This measure uses a hierarchical risk model for calculation of the risk standardized improvement rate, or RSIR. The model includes the patient level outcome or that substantial clinical benefit, risk adjustment, and the IPW into the calculation of the weighted predicted improvement rate and the weighted expected improvement rate.

This is then multiplied by the National Average Improvement Rate to standardize the scores to then get your hospital's RSIR. For more details about the calculation, please see Section 2.2.6 of the Measure Updates and Specifications Report posted on QualityNet.

Your measure score, or RSIR, represents the proportion of hip and knee patients who met the SCB threshold after adjusting for patient case mix, waiting for non-response, and comparing to hospitals nationally. In this example, this hospital's RSIR is 62 percent. Higher RSIRs indicate better performance and higher quality of care.

There are many ways your facility can utilize the RSIR from Voluntary Reporting 1 in future reports. You can identify patterns of success and areas of improvement to refine your processes at your hospital. You can use these results to demonstrate your commitment to quality care, building trust, and sharing with patients. You can use the RSIR to drive critical decisions and inform your decisions about surgery, treatment plans, and patient conversations. You can compare your RSIR to national results, as well as state. You can implement focusing on strategies for discharge planning, recovery, patient education, and care transition and coordination. You can also engage patients by involving them in shared decision-making to implement practices to improve pain and functioning after surgery. You can even share the data with patients to set realistic expectations about surgery.

Now, I'll describe some of the results from voluntary reporting.

Voluntary reporting provides a great opportunity for facilities to learn, grow, test, innovate, and figure out what works best for their facility prior to mandatory reporting. It gives hospitals time to incorporate PRO data collection into their clinical workflows. It provides an opportunity to test PRO data submission before mandatory reporting. CMS uses the information to make refinements to data collection, submission, and reevaluation of the measure.

Hospitals receive confidential feedback reports with information on PRO data response rates and measure results. Hospitals can ask questions and learn about the measure specifications. Hospitals are not required to submit data for pre- or post. Hospitals are not required to submit complete data for all of the variables if they are unable to collect them. This is a great opportunity for hospitals to work and test out how to incorporate the data into their work flows and get information and feedback on the data they submitted.

In Voluntary Reporting 1, over 100 facilities participated in some fashion; 21 hospitals participated in pre-op only, and 25 participated in post-op only. There were 72 hospitals who participated in both pre- and post-operative data submission, and 57 hospitals had at least one matched pre- and post-op PRO submission for an eligible hip/knee procedure. Then, 42 hospitals have at least one complete matched pre- and post PRO submission for an eligible hip/knee procedure.

For hospitals with enough data to be included in the measure calculation, the overall response rates seen here range from 5 percent to 100 percent, with over half of the hospitals meeting the 50 percent response rate threshold.

On this slide, we have the distribution of measure scores or RSIRs for Voluntary Reporting 1. These scores range from 47 percent to 82 percent, with an average score of 69 percent. These RSIRs for Voluntary Reporting 1 will not be publicly reported.

We also looked at missingness for Voluntary Reporting 1 pre- and post-operative data. Hospitals included in these graphs were from hospitals who had at least one patient match to an eligible claim. For pre-op, a little over half of the eligible PRO data submitted were missing a required data element, and 47 percent of PRO were missing a risk variable, and 30 percent were missing HOOS or HOOS, JR. Note that these will not add up as some PRO data were missing both the risk factor and the HOOS or HOOS, JR. For post-operative data, a little over half were missing the outcome or required variable.

We also looked at the missingness between VR1 and VR2 pre-op data. We see large decreases in missingness as hospitals are figuring out how to incorporate data collection into their workflows. In blue, we have VR1 percent missingness for eligible PRO records. In yellow is the VR2. In the box to the right is the percentage point difference. Note, it may seem like there are small discrepancies in the percents, but these are due to rounding. For VR2 pre-op, less than half are missing any required variable. This is roughly a 10-percentage point reduction from VR1. Closer to 40 percent are missing any risk variable for VR2, and only 20 percent are missing a complete HOOS or KOOS, JR Survey for VR2.

There are many ways to improve response rates for your facility, encouraging your patients and helping them understand the importance. We heard from patients that they are more willing to complete the survey if they know that their information will help other patients like them. CMS has created a customizable patient brochure that facilities can edit and distribute to their patients as part of educating them about the survey and when they'll be asked to complete the information and how. CMS supports flexibility in PRO data collection that works best for your needs and your workflow. Some facilities collect via a vendor, some in the office at the doctor's appointment, and some via a patient platform. Many send automated reminders or include collection as part of the patient education class. Patients can provide responses on paper, electronically, or over the phone. Also, be sure to review your HSR to see who you collected data on and if there were any errors in your submission, such as values out of range or missing, like collection date.

In your HSR, you'll get a summary-level report containing information on PRO data submission, matching to claims, completeness, response rate, and, for VR1, the measure score, if feasible to calculate. You will also get a procedure-level CSV file with information on your cohort, individual-level data completeness, and, for VR1, information on meeting the SCB. For VR1, you will also get a case-mix summary file of your patients.

There are many resources available on QualityNet to your hospital to support collection and submission of PRO data.

There are numerous fact sheets, the reporting timeline, what data to collect, who to collect on, how and when to collect, and how the response rate is calculated. There are also FAQs, data submission template, instructions, and the brochure you can customize for your patients. New for this year is the 2025 AUS report and the VR1 supplemental file. In the future, CMS will be posting additional information on the Chronic Narcotic Ise risk variable, as many providers have had questions about this. I'll now hand it over to Mike to discuss your hospital's HSRs in greater detail.

Mike Miller: Thank you. In this section, we'll cover what's included in the HQR Measure Details web page and some of the content in the IQR HSRs. Please note, I will not be going over every IQR HSR dashboard or .csv, but, if you have questions about a specific sections which are not covered in the webinar, we will go over the process for submitting questions later on in the presentation.

A great resource for questions or getting started with using these reports is the HSR User Guide or HUG for short. The HUG is available as an export from the new dashboard reports or, for those without access to these reports, users can find them on QualityNet by going to the link on this slide.

Changes to this year's IQR/PR reports include the legacy reporting method of providing details in an Excel document with multiple tabs has been replaced with User Interface, or UI. It's a dashboard, and we'll show some examples of those dashboards later on in the webinar. For 2025, the IQR/PR Payment measure, including data for AMI, heart failure, pneumonia, and total hip/ knee was removed by the rule. Therefore, they will be missing from the new dashboards for this release.

Each of the Public Reporting dashboards follow the same basic structure for consistency with expandable subsections per web page that provide the following information: your hospital's measure results and distribution of state and national performance categories.

In a change for this year, the detailed patient-level and case-mix comparison information will be available as a downloadable, not .csv, file. This .csv file can be opened as an Excel workbook for review, but it will not have the same formatting as the legacy Excel HSRs. This format has been provided to allow facilities to load the data into a database for their own review and data analytics. Let's take a look at the new dashboard format and go over some of the changes.

In this slide, we are looking at the EDAC AMI measure, and we've expanded the first accordion so that we can view the hospital's information. As you can see, the page displays the same information that was included in the legacy Excel workbook, only now it has this cleaner dashboard. Some points of interest on the page are marked with blue arrows. Starting at the top of the page, there is a page header that will follow you down the page no matter how many accordions are open. This will allow you to quickly reference what measure you are viewing, and it also works as a quick link to go to the top of the page or to follow the breadcrumbs back to a previous page rather than having to scroll back to the very top of the page. Moving down the page to the next arrow, we see a blue banner that replaces the legacy footnotes in the Excel pages. The HUG that is available through the export and the QualityNet web page further details the use of these banners and the symbols associated with them.

Here we see the State and National Results accordion open and the banner has followed us down the page. As with the hospital's performance in the previous slide, the same information provided on the first few tabs of the legacy Excel reports have been moved to this one expandable web page.

To export this report for offline viewing and for use in other data analytics, click on the Export Bundle button and chose from one of these options. The first is a bundle of a PDF file of the dashboard, a HUG, and .csv files. The .CSV files are separated into two basic types. There are performance .csv and patient-level data .CSVs. The performance .csv file is a flat file of the data displayed on the dashboard. This file is intended to simplify the transfer of any of the data in the dashboard for other analytical review by facilities.

It can be ingested into larger databases, or the fields can be copied from and pasted into other internal reporting. The patient-level data can be multiple .csv files, depending on the measure. These .csv files are similar to the discharge-level tabs or case-mix tables on the old Excel reports. The other two choices in the Export Bundle button are the PDF only or just the .csv only. Let's take a look.

Here is an example of the performance and patient-level .csv downloads. They will be downloaded to your local computer as a .zip file. Once you export them, they will display similarly to this screenshot. You can see here that, as well as the dashboard data, also known as the performance data, each of the legacy tables is still provided, but now they are in a file type that can be loaded into a larger database for more detailed review. Please note, the list of .csv will differ from measure to measure. For example, there could be distribution, case mix, or complication details .csv. Each of the .csv and how to use the data are detailed in the HUG that will be exported with these files.

Looking back at the content of the dashboard, the landing page displays performance results for your hospital. Of note, many of the footnote explanations of the old Excel values have been replaced by inline notes and hover text. The dashboard provides the same information that the legacy Excel report did including the performance category that will be reported on Hospital [Care] Compare, the number of eligible discharges included in the measure, your hospital's rate for each measure, and the interval estimates that were used to define the performance category that was assigned to your hospital. For comparison, national values are also provided.

A quick note regarding the THA/TKA PRO-PM dashboard. Much like last year, if your hospital did not participate in the voluntary reporting process, you will see that on the top of the page. As with the updated IQR reports, the arrows on the right-hand side of the THA/TKA PRO-PM page will expand the section for both performance overview and submission information for both your hospital and the national results.

Now, let's go over some commonly asked preview report questions and how you can ask your questions on behalf of your facilities.

Questions can be submitted to QualityNet Inpatient Question and Answer Tool found on QualityNet. The URL and navigation guide is listed here, and this information is also provided in each of the HSRs.

The .csv and PDF downloads contain personally identifiable information, or PII, and protected health information, or PHI. Any disclosure of PHI should only be in accordance with, and to the extent permitted by, the HIPAA Privacy and Security Rules and other applicable law. Emailing such data is a security violation. If you have questions on transmitting data, please contact the QualityNet Help Desk. As a rule of thumb, use the ID number found within the .csv downloads when referring to the contents of the report.

The review and corrections process does not allow hospitals to submit additional corrections related to the underlying claims data used to calculate the rates nor add new claims to the data extract used to calculate the rates. CMS cannot regenerate the reports for this period to reflect corrected claims. So, if your facility submitted a corrected claim after October 21, 2024, the corrected claim will not be included in these measure results. Because claims data are generated by the hospital itself, hospitals in general always have the opportunity to review/correct their data prior to their data being pulled for these reports. When there are differences between cases in the downloadable reports and the internal records of the hospital, it has been found that the discrepancy is usually due to corrections sent after the date the data were pulled from the claims warehouse. That concludes my topics for the webinar, and I'll pass it back to the next presenter.

Donna Bullock: 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.