Hospital Inpatient Quality Reporting (IQR) Program

Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

THA/TKA PRO-PM
Overview and Data Submission
Presentation Transcript

Speakers

Kristina Burkholder, MS, CAS
Lead, Measure Implementation and Stakeholder Communication
Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor

Nathniel Anderson, PhD
Project Manager, Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures Contractor

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

Moderator

Candace Jackson, ADN, RN
Program Manager, Hospital IQR Program
Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

August 25, 2026
2:00 p.m. Eastern

Candace Jackson: Good afternoon. Welcome to the Total Hip Arthroplasty/Total Knee Arthroplasty Patient Reported Outcome Performance Measure webinar. My name is Candace Jackson, and I am with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team. I will be hosting today's event.

This event will provide an overview of the THA/TKA PRO-PM implementation, data submission, reports, and resources.

At the end of today's event, participants will understand the measure implementation timeline, submission process, technical specifications, file format requirements, differences among the inpatient, outpatient, and ambulatory surgical center programs, and available reporting resources.

Joining me as today's speakers are Kristina Burkholder, [Lead of] Measure Implementation and Stakeholder Communication [at the] Hospital Outcome Measure Development, Revaluation, and Implementation Contractor; Nathaniel Anderson from the Development, Revaluation, and Implementation of Outpatient Outcome Efficiency Measures Contractor; and Jackie Lavine, [Senior Project Manager] Access and Submissions at the Hospital Quality Reporting Application Development Organization.

As you are participating or listening to the webinar, if your question was not addressed during the presentation or your question was not responded to, we encourage you to submit them directly to the Quality Question and Answer Tool. You can use the link on this slide.

Here is a list of the acronyms that will be used throughout the presentation.

Before we get started, I would like to address the reporting requirements for the Hospital Inpatient Quality Reporting Program. CMS will apply a volume threshold of 25 eligible inpatient elective primary THA/TKA procedures to determine which hospitals must meet the THA/TKA PRO-PM data submission requirement for the Hospital Inpatient Quality Reporting Program.

Hospitals performing 25 or more eligible inpatient elective primary THA/TKA procedures will be required to collect and submit complete pre-operative data with matching complete post-operative data for at least 50% of their eligible inpatient elective primary THA/TKA patients who met the measure cohort criteria. Failure to do so may affect their annual payment update under the Hospital IQR Program. Hospitals with fewer than 25 eligible inpatient elective primary THA/TKA procedures can still participate in the THA/TKA PRO-PM, but they would not be required to meet the data submission requirement during mandatory reporting. Please note that these requirements do not apply to OQR or ASC since they are still in the voluntary reporting period. I will now turn the presentation over to Kristina Burkholder. Kristina, the floor is yours.

Kristina Burkholder: Thank you everyone for joining us today. I'm Kristina Burkholder, the implementation lead for the hospital-level hip/knee PRO-PM. Today, I'll be providing you with a brief refresher on the measure, a reminder about implementation plans, details about the response rate calculation, PRO data submission, utilizing the inpatient HSRs, and resources available.

Development for the hip/knee PRO-PM began in 2013 and later utilized data collected from the CJR model for testing and CBE endorsement. The goal of the measure is to assess a patient's improvement after a total hip or knee replacement. It's the first of its kind PRO-PM which empowers hospitals by prioritizing patient voices. This measure aligns with CMS's Meaningful Measures Framework.

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. Patients' pain and physical functioning are assessed prior to surgery via the HOOS and KOOS Jr. survey, as well as 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 this slide, you'll see the list of variables required. To meet the 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, seen here, indicated with gold stars. You'll need to collect either the HOOS or KOOS Jr. pre- and post-operatively. You'll need to collect several risk variables pre-operatively only. These include several mental health survey questions from either the VR-12 or PROMIS-Global, the health literacy question, BMI or height and weight, narcotic use, and patient reported pain in the nonoperative joint, as well as back. In order to match your PRO data that you're submitting to claims, you'll also need to submit several additional variables like your hospital CCN, patient MBI, date of birth, procedure date, procedure type, such as whether it's a right or left/hip or knee procedure. These variables are submitted both pre- and post-operatively. Lastly, you'll need to submit several formulated variables, such as the date the PRO data were collected and which version of the mental health survey you used. It's important that the survey collection date is in the collection window. The variables that are starring 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 date blank, you will not receive credit for that PRO submission.

For PRO data collection, hospitals have flexibility in how they collect the data. Hospitals are encouraged to work with providers. For example, if the surgeon group collects the data, the hospital can use and submit that data for this measure. Hospitals can also utilize their pre-op HSRs to learn which patients need the interim measure cohort to help identify the types of patients eligible for future collection and submission.

On slide 13, we have the reporting timeline for the hospital-level hip/knee PRO-PM.

The HSR your hospital received this year contained information regarding the pre- and post-operative data from Voluntary Reporting 2, or 2026 Voluntary Reporting, of eligible procedures occurring from July 1, 2023, to June 30, 2024, also noted here in purple. Participation and overall response rates will be publicly reported at a later date. Your facility also receives reports from the first mandatory reporting period, fiscal year 2028, using procedures performed between July 1, 2024, to June 30, 2025, noted here in teal. Since this report only has pre-op data, you received an interim HSR with preliminary results for your cohort and the pre-op response rate. As a reminder, data submission for post-operative data for mandatory reporting, as well as pre-operative data submission for the second mandatory reporting, is underway. PRO data submission ends September 30, 2026. After the post-operative data is submitted this summer, hospitals will receive their final HSRs in the spring of 2027. This will contain the overall response rate and measure scores for mandatory reporting before being publicly reported in the summer of 2027. Lastly, here in blue, data collection of pre-op data for fiscal year 2030, or procedures occurring July 1, 2026, to June 30, 2027, has begun.

This slide has a recap of the procedure dates associated with the fiscal year and what will be publicly reported as this measure moves from voluntary to mandatory reporting. Beginning next year, in 2027, CMS will also publicly report the measure scores after hospitals receive their confidential reports in the spring. Failure to meet reporting requirements will impact your facility's fiscal year 2028 payment. Please note that hospitals with less than 25 eligible inpatient elective primary, total hip/total knee procedures, as determined by CMS's review of hospital claims, will not be penalized for not submitting complete pre-operative PRO data matched to complete post-operative PRO data for 50 percent of their eligible procedures. Eligible hospitals that fail to meet the 50 percent reporting requirement will receive a reduction in their APU for fiscal year 2028.

On slides 15 to 17, 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 also be 65 years or older, have a Medicare Fee for Service Part A and Part B for 12 months prior, and Medicare Fee for Service Part A during the 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 transferred from another acute care facility, or have both a hip and knee procedure during the hospitalization. Patients who had COVID-19 are not excluded from the measure. For more details, you can see the AUS [Annual Updates and Specifications] report on QualityNet.

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

This slide provides additional details regarding the definition of staged procedures. Staged procedures are defined as more than one inpatient elective primary total hip or total knee procedure performed on the same patient during distinct hospitalizations during the procedure period. Since the measure is calculated separately for IQR and OQR, procedures would only meet the staged procedure exclusion if both procedures for either eligible inpatient procedures or eligible outpatient procedures. The table displayed has several common examples. In example A, the first procedure is an elective primary inpatient total hip replacement with an elective primary inpatient total hip replacement on the other side. Both of these procedures are excluded as they are both elective primary hip replacements in the inpatient setting and in the same measurement period. For example B, the patient had an elective primary total hip replacement in July. However, the total hip replacement in October was not an elective primary as it had a fracture.

For example C, while both hip replacements were primary elective, they are not excluded as they are in different performance periods. In the last example, D, the first total knee replacement is included since the second procedure was performed in the outpatient setting.

Over slides 19 through 24, I'll walk through how the response rate is calculated using the example hospital.

First, let's discuss how the overall response rate is calculated. In the numerator, we have the number of complete pre- and post-operative PRO data for eligible procedures. The two keywords here are complete and eligible, as CMS does not use any incomplete PRO data submitted to calculate the measure. In the denominator, CMS uses claims to determine the eligible cohort. The complete matched PRO data for eligible procedures is divided by the eligible procedures derived from claims, which is then multiplied by 100 to make a response. That equals the overall response rate.

On slide 20, we depict the steps used to determine the response rate. After a 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, knowing that this is not final for the interim pre-op only report. As patients who die within 300 days after the procedure are excluded, an insufficient time is passed at the time of preparing those reports. These internal reports only include the pre-operative PRO data submitted, as well as the pre-operative response rates. Next, we identify complete cases. Lastly, we calculate the overall response rate.

On this slide, we have an example hospital where we have patients who 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 meet 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 or they were under the age of 65.

On this slide in yellow, we have the pre-operative data 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%. Pat is in the cohort but did not count as they did not have complete data. Dom had no pre-operative data submitted and also does not count towards the numerator but is included in the denominator. Fred, however, had complete pre-operative data, but Fred does not count because he is not an eligible patient. 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.

In blue here, we detect the post-operative response rate calculation, which is similar to the pre-operative response rate calculation. Here, there is complete post-operative data submissions from Pat, Zane, Elena, and Ashaya that count towards the post-operative response rate of 67%. Dom and Sean had no post-operative data submitted, so they did not count toward the numerator. Again, while Fred has complete post-operative data, Fred was excluded from the measure as Fred did not have an eligible procedure.

Once CMS has post-operative data, the overall response rate can be calculated. This overall response rate will be used for payment determination beginning with fiscal year 2028. This image puts the pre- and post-operative together. Yellow is the pre-op. Blue is the post-operative data submission, and green is the overall response rate for which patients had both pre- and post-operative data. For the overall response rate, Zane, Elena, and Ashaya all count since they all had both complete pre- and complete post-operative data. This hospital's overall response rate is 50%. Pat, Dom, and Sean did not count towards the numerator of the response rate. Pat had complete post-op data; however, they had incomplete pre-op data. Dom did not have any pre- or post-operative data completed or submitted. While Sean had complete pre-op data, there was no post-op data submitted.

Lastly, while Fred had both complete pre- and post-operative data, Fred did not count as Fred had an ineligible procedure.

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

PRO Data Submission: In the next slides, we'll talk about an overview of the PRO data submission and what to do if your hospital has no eligible procedures.

Data submission is now open only for the Hospital IQR Program, which is open until September 30, 2026. Hospitals in the [Hospital] IQR Program will be submitting post-operative PRO data for procedures occurring July 1, 2024, to June 30, 2025, or fiscal year 2028 mandatory reporting. Hospitals will also be submitting pre-operative PRO data for procedures occurring July 1, 2025, to June 30, 2026. This is for fiscal year 2029 mandatory reporting. For the Hospital OQR and ASC [Quality Reporting] Programs, data submission for pre-operative PRO data for procedures occurring in calendar year 2025 or Voluntary Reporting 1 ended May 2026. Data submission for post-operative data will occur in spring 2027. Hospitals have the flexibility to submit data directly to CMS or use an external vendor registry to submit data to CMS.

What if your hospital had no eligible total hip or knee replacements? For these hospitals, there is no attestation or zero denominator exemption form that you will need to complete. Hospitals will not need to submit data for that period. If your hospital is unsure, or if you've collected PRO data, you are welcome to submit the data if you would like. There will be no penalty for submitting more data.

Over slide 30 to 34, I'll be discussing the inpatient HSRs your hospital received this spring and where you can find information about your hospital's response rate.

Hospitals receive two HSRs each spring, one containing the interim pre-op only HSRs and one with the final HSR containing both the pre- and post-operative PRO data. The overall response rate and the measure score is feasible to calculate. Hospital can use these detailed HSRs to identify which cases met the requirement for complete PRO data for an eligible procedure and are included in the response rate.

Hospitals are provided 30 days to preview their results and submit questions before reporting those results publicly.

Once you are logged into the HQR platform via the steps on the slide, you will be able to download the HSR including a record-level CSV file using the Export button.

To find your response rate denominator, you can go to the Performance Overview section of the measure details information on the hospital's total eligible claims. This is the response rate denominator. You can also go within the discharge-level HSR, which is that downloadable CSV file, and procedures included in the denominator of the response rate will be in there. You can filter on the inclusion-exclusion column for patients who have a value of 0. The final denominator will be available in HSRs in spring 2027 for fiscal year 2028 mandatory reporting.

To find your response rate numerator, you can go to the Performance Overview section of the measure details of a hospital's complete PRO data matched eligible claims.

This is the response rate numerator. You can also look for details in the downloadable CSV file, which includes procedures in the numerator of the response rate. So these are procedures that are matched to an eligible claim, met all the cohort criteria, and had a complete PRO data. For the pre-op only, you can see the column counts towards pre-operative response rate, Yes/No. For your overall response rate, the final HSR for Voluntary Reporting 2, you can look at the counts towards overall response rate Yes/No column, and filter on Yes.

There are many resources available on QualityNet for your hospital to support collection and submission of PRO data. There are various 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 and data submission template instructions. New for this year is the patient brochure, now available in Spanish. I'll now hand it over to Nat to discuss the outpatient total hip/knee replacement PRO-PM.

Nathaniel Anderson: Hello, everyone. My name is Nathaniel Anderson, and I'm here on behalf of the Acumen LLC, representing the outpatient measures support team. I'll be discussing the outpatient versions of the THA/TKA PRO-PM today.

There are actually two versions of the measure that I'll be speaking to today. One is a hospital-level version for procedures occurring within hospital outpatient departments, or HOPDs. This measure has been adopted into the Hospital Outpatient Quality Reporting Program, or Hospital OQR. The other is a facility-level version for procedures occurring within ambulatory surgical centers, or ASCs. This measure has been adopted into the Ambulatory Surgical Center Quality Reporting Program, or ASC Quality Reporting Program. Now both of these versions actually use the inpatient measure, which has been previously discussed, as their starting point in terms of measure specifications, data submission, and reporting. As such, much of the information from the prior section presented by Kristina will still apply, but I'll be going over it again at a high level.

However, there are a few key differences that I'll be focusing in on that are unique to the outpatient measures, and these will be denoted over the course of this section in highlighted text on the slides.

With that, we can move on to the high-level specifications. As you'll see, the general inclusion and exclusion criteria are essentially the same as for the inpatient measure. The outpatient measures focus on procedures for Medicare Fee for Service beneficiaries 65 and older with the same set of exclusions for staged or simultaneous procedures, mortality, and leaving against medical advice. However, there are a few distinctions to note. First, since the procedures that are pulled into the measure are drawn from outpatient Fee for Service claims, the measure requires the patient to have been enrolled in Part B Fee for Service at the time of the procedure. This isn't the case for the inpatient measure. However, the outpatient measure does retain the Part A coverage requirement, as information used from these claims is needed for covariate construction as part of the measure's risk adjustment. Second, because procedures are identified using Part B claims, the procedure codes used as inclusion criteria are CPT/HCPCS codes, rather than ICD-10 codes. We do want to clarify that previous documentation posted publicly has indicated that three such codes, CPT HCPCS codes, would be used for the measures cohort. CMS has recently updated this to only two codes, 27130 and 27447. CPT code 27446 was removed since it does not capture total arthroplasties, rather it indicates a partial replacement was completed.

Next, we'll move on to the reporting timeline of the measure. First, we'll start with the key difference from the inpatient measure, which is that the outpatient procedure periods operate on calendar years, which span from January 1 to December 31 of each year. You may recall that the inpatient measures performance periods run from July 1 to June 30 of the subsequent year. Next, we want to draw your attention to where we are in the current cycle.

We're right in the middle of the second voluntary reporting period, which contains procedures conducted in calendar year 2026. However, as you may also notice, we're still in the post-operative data collection period for procedures which occurred during calendar year 2025, the first voluntary reporting period. In several months' time, getting around the end of October, we'll also enter the pre-operative data collection window for procedures occurring during calendar year 2027, which is the third and final voluntary reporting period of the measure. That also means that calendar year 2028 is the first mandatory reporting period. The next thing we want to note is that the data submission deadlines for this measure are May 15th of each year. We've already passed the first pre-operative data submission deadline earlier this year. That means that for every deadline in the future, hospitals and facilities participating in this measure will submit two batches of data by the state. First, they'll submit pre-operative data for procedures occurring the year prior. Second, they'll submit post-operative data for procedures occurring two years prior. As an example to illustrate this, by May 15, 2027, hospitals and facilities will submit pre-operative data for procedures that took place in calendar year 2026, and they'll submit post-operative data for procedures that took place in calendar year 2025. This is illustrated by the green and purple circles on this date, May 15, 2027, respectively. Lastly, we'll note here that roughly a year after the post-operative data submission deadline occurs, CMS will publicly report the measure.

This next slide lays out the information I just covered in table format and includes some additional detail. The first row details the procedure dates associated with each reporting period. Again, the highlighted text here is emphasizing the usage of a calendar year window for assigning eligible procedures to their reporting year for the outpatient measures. The second row of this table details Public Reporting timelines and content. In particular, we want to note that measure results will not be displayed in voluntary reporting. Instead, CMS will share information on which hospitals participate in the measure, in other words, those which submitted PRO data for eligible procedures.

If feasible, this reporting will also include information on the matching rate itself. Once mandatory reporting begins, the measure results and response rates will be reported publicly. The third row of this table discusses impact on payment and essentially matches that of the inpatient measure. During voluntary reporting, there's no impact. During mandatory reporting, hospitals or facilities with more than 25 eligible cases that do not successfully submit enough PRO data may receive a reduction in their APU. We also want to draw your attention to the fact that that matching requirement is slightly lower for ASC Quality Reporting at 45% than it is for Hospital IQR and OQR, which is 50% for both. The last row of the table presents information associated with confidential reporting. To summarize, CMS will provide information on the results of matching to inform data submission quality during voluntary reporting periods. Additionally, CMS will calculate measure performance in voluntary reporting periods 2 and 3 if feasible.

The next section that I'll be covering discusses information associated with response rates and data submission.

Here, as well, the data collection process, including what counts as complete data, the timeframe for its collection, and how it is matched is the same for the outpatient measure as was discussed previously in the inpatient setting. Once again, we want to draw your attention to the response rate requirements, which apply once the measure goes to mandatory reporting. To restate, for hospitals and facilities with 25 eligible procedures, the overall response rate must be at least 50% for HOPDs and Hospital OQR and at least 45% in ASCs and ASC Quality Reporting. Failure to meet these thresholds during mandatory reporting may result in reductions to the hospital or facility APU associated with that year's payment determination.

As mentioned previously, data collection currently only applies to the first two voluntary reporting periods. Specifically, post-operative data may be collected for procedures occurring in calendar year 2025, assuming it is within the 300- to 425-day timeframe post-procedure.

While pre-operative data may be collected for procedures occurring in the current year, so long as it is 90-0 days before the procedure. The deadline for submitting these data is May 15 of 2027. We also want to highlight that we're nearly a year out from entering the data collection window associated with the first mandatory reporting period, which is for procedures occurring in calendar year 2028. So, this serves as a reminder that voluntary reporting is a great opportunity to build a relationship with the data collection and submission for this measure before it goes to mandatory reporting and that there are no punishments or penalties for hospitals or facilities that choose to participate during voluntary reporting.

With that, we've arrived at additional resources available for this measure.

As with the case with the inpatient measure, there are a number of additional documents, infographics, and other resources available on QualityNet, with separate versions of each available for the respective Hospital OQR and ASC Quality Reporting Programs. These materials have been recently updated on QualityNet. So, we highly encourage you to take a look through the Methodology and Resources subpages within the two links provided as you continue to familiarize yourselves with these measures for outpatient use. Additionally, we're always available to answer questions through the QualityNet Help Desk and have provided information on how to submit a question here. Thank you so much for your time and attention. We deeply appreciate your efforts in data collection to support this important measure. With that, I'll be passing it over to Jackie Lavine to cover the next section.

Jackie Lavine: Thank you, Nathan. I'm Jackie Lavine, the Senior Product Manager for Access and Submissions at the Hospital Quality Reporting Application Development Organization. I'm going to talk through how to submit your THA/TKA pre-operative survey data in the Hospital Quality Reporting System. This presentation is of the current submission process for the Hospital IQR Program. However, the Hospital OQR and ASC Quality Reporting Programs are very similar. Once you log in to hqr.cms.gov, you need to check that you have correct permissions to submit the data.

In the top right corner, click the arrow by your name and select My Profile. Scroll down to your list of organizations. After you find the organization that you'd like to submit data for, click View Access next to the organization.

Scroll down to the Data Submission section. Look for the patient-reported outcomes performance measure to ensure that the program you are looking to submit for has Upload/Edit permissions under Program Access.

If you are a vendor or a registry submitting on behalf of a provider, you will need to navigate to the Provider Authorizations page under Administration in your left side navigation.

Here, you will find the list of providers that have authorized you to submit data on their behalf. To find the provider that you want to select THA/TKA data for, click their name in the table.

You will want to confirm that under Data Submissions and Patient Reported Outcomes Performance Measure that you have measure access for THA/TKA with Upload/Edit permission for the program of submission.

After logging into hqr.cms.gov, you can also upload files to report on your THA/TKA data. From the left-hand navigation, select Data Submissions. Different tabs will appear based on the permissions you have. If you have the Data Submission Patient-Reported Outcomes Performance Measure role, you will be able to see and select the PRO-PM tab. You can select Test or Production File Upload. Test submissions are for practice and do not count towards your submission. Only the files uploaded to the Production bucket will count.

You can upload files to the HQR System by either dragging and dropping files or clicking Select File.

Once your file has completed processing, you will see either an Accepted or Rejected status in the file upload table.

You will also receive an email when file processing completes that shows you the status as well, and it contains an attachment with any information about messages or errors regarding your file.

You can also download this report from the file upload table itself. In the Errors column, once a file has completed processing, the download link will become enabled.

If there are any critical error messages on your file, the report will indicate that it has been rejected and give you details on the specific error that you need to correct. After you correct any errors in your file, you can resubmit them again to the HQR System. You will need to submit until you get a status of Accepted.

The THA/TKA measure can also be submitted by a manual data form. From your left-hand navigation, select Data Submissions. Once again, you will select the PRO-PM tab. This time, click Data Form next to File Upload.

For the program you would wish to submit data for, please select that Program Launch Data Form button.

This brings you to the Patient Reported Outcomes Performance Measure Index page. Currently, it will bring you to the 2028 reporting period where the pre-operative survey submission period is open.

If you have not submitted any surveys yet, you can click the Start button.

Once you have launched a new data form, you can fill in as many fields as applicable. You must complete all required fields denoted with a red asterisk. Once you do that, you may click Submit.

After you submit a survey, it will appear on the Survey Table screen. This table contains all surveys submitted for the provider thus far in the reporting period.

This includes both file upload and data form survey submissions. Using the three-dot utility menu on the right-hand side of the table, you can either edit a survey, export a survey, or delete a survey.

If you need to switch reporting periods, for example, to submit your post-operative survey data for the 2027 reporting period, you can use the Reporting Period dropdown in the top right hand of the screen. You can also use the Submit Here link in the banner at the top of the Index page.

If you clicked Edit on a previously submitted survey, it will bring you to the data form. Here you can edit any fields necessary and resubmit the survey. Once you have done that, click the Submit button.

Back on the survey table, you can see if the data you have changed has appeared as expected. You can continue to add surveys as necessary via manual data form entry in the Add Patient Survey button or by continuing to upload files. That concludes my presentation for today. Thank you. Back to you, Candace.

Candace Jackson: Thank you, Jackie. On this slide we are just listing all the different resources that are available out on QualityNet for your convenience. So, this is a great slide to have.

We do have time for a short Q&A session. Again, I want to remind you, though, if your question was not responded to during the presentation itself or not responded to during this Q&A session, we ask that you submit those questions to the QualityNet Q&A Tool. So, we'll go with our first question. It seems like we have a lot of questions related to the new 25 and fewer threshold. So, for that, are the 25 or more procedures submitted quarterly, yearly, or is it a monthly tally?

Kristina Burkholder: Thanks, Candace. That's a great question. Hospitals will need 25 or more eligible inpatient elective primary hip or knee procedures, and this is determined by CMS review of hospitals' claims for each reporting period or for the entire year.

Candace Jackson: Thank you, Kristina. Then, on the same 25 and under, for the 25 cases volume, are those only cases that meet the inclusion criteria for this measure, original Medicare, 65 or over, exclusions applied, etc.? So, [does] the volume exclusion not count private payers or younger patients, for example?

Kristina Burkholder: Yes, that's correct. The 25 case volume is only for procedures that meet that inclusion criteria for the measure. This volume exclusion would not include, say, younger patients or patients who have only private insurance.

Candace Jackson: Thank you. For the fiscal year 2028 reporting period, we did not have the workflow in place to submit the required data. However, when reviewing the HQR portal, I see that our denominator was only 11 eligible claims. Since this is below the 25 eligible patient threshold, does this mean we would not be subject to a penalty for not submitting the data?

Kristina Burkholder: Since your hospital only has 11 eligible claims, you will not be penalized for not submitting complete pre-operative PRO data matched to complete post-op PRO data for 50% of your eligible procedures. Now, if your hospital has already collected the PRO data or if your hospital is uncertain if you have 25 or more eligible inpatient elective primary hip or knee procedures for a given procedure period, your hospital is encouraged to submit the PRO data to CMS, and CMS will determine this as we process the data.

Candace Jackson: Thank you. Our next question: It was recently discovered that the IQR PRO-PM pre-operative surveys for July 2024 through June 2025 were inadvertently submitted to Test only. I just wanted to clarify submission for post-operative surveys for that time period is currently open. If I understand this correctly, even if we submit all post-op surveys, we will have a 0 for this submission year.

Kristina Burkholder: That's correct. Post-operative PRO data submission period is open, and that data submission period goes until September 30, 2026. It is really important that your hospital submits the PRO data via the Production tab in the HQR System. If your hospital did not submit any pre-operative PRO data or only submitted the pre-operative PRO data via the Test tab, then your response rate would be 0% for this reporting group.

Candace Jackson: Thank you, Kristina. Some general questions on the measure itself: On slide 11, the admission date was not starred. Does that mean that, if this is not reported, it will not count against our hospital?

Kristina Burkholder: That's correct. The admission date is not a required data element in the definition of complete data for the hip/knee PRO-PM. So, if a hospital does not submit admission date or had an incorrect admission date, but submits all the other required data elements, then it would not count against the hospital.

Candace Jackson: Thank you. Can we start with just pre-op data from May 2027 for the cases that are from January 1, 2026, through December 31, 2026, or must we submit a whole year's worth of data?

Kristina Burkholder: For OQR and ASC reporting, yes, you can start reporting in voluntary reporting with pre-op data for procedures occurring in calendar year 2026 at any time, and the same goes for Voluntary Reporting 3, which is for cases occurring in calendar year 2027.

Candace Jackson: Great. Thank you. Are Medicare Advantage patients included in the measure?

Kristina Burkholder: Currently, Medicare Advantage patients are not included in the hip/knee PRO-PM. CMS would communicate any changes to the cohort in advance of including additional patients such as the Medicare Advantage patients.

Candace Jackson: Is there a way to get access to all the resources shown on slide 35? When I click on any of the sheets, it brings me up to the document called 2025 Patient-Reported Outcomes Following Elective Primary Total Hip/Total Knee Arthroplasty Hospital-Level Performance Measure Updates and Specifications Report, Version 2.0.

Kristina Burkholder: Yes. All the resources are available on QualityNet. You can go www.qualitynet.cms.gov and go to Inpatient. Then, click on the measures. Then, you click on hip/knee, and then you can go to the Resources tab and all of those resources will be available there.

Candace Jackson: OK. We have time for just one more question. My health system is preparing to submit our data for the THA/TKA PRO-PM. We have several patients with two or more MBIs. Which one should we use?

Kristina Burkholder: Your hospital can submit either MBI, and CMS will be able to link those together.

Candace Jackson: Great. Thank you. That is all the time we have for the question-and-answer session. Next slide, please.

This webinar has been approved for 1.0 CEUs, and the slide directs you how to obtain your CEUs. Next slide, please.

We'd like to thank you all for joining us for today's events, and we hope that you have a great rest of your afternoon. Thank you.