THA/TKA PRO-PM Overview and Data Submission

Hospital Inpatient Quality Reporting Program
Hospital Outpatient Quality Reporting Program
Ambulatory Surgical Center Quality Reporting Program

August 25, 2026

Purpose

This presentation will provide overview of the Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) implementation, data submission, reports, and resources.

Objectives

Participants will be able to understand the following:

- Measure implementation timeline
- Measure preoperative and postoperative data submission process
- Measure technical specifications and file format requirements
- Differences between the inpatient and outpatient/ambulatory surgical center programs
- Resources for reporting

Speakers

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Lead, Measure Implementation and Stakeholder Communication
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Reevaluation, and Implementation Contractor

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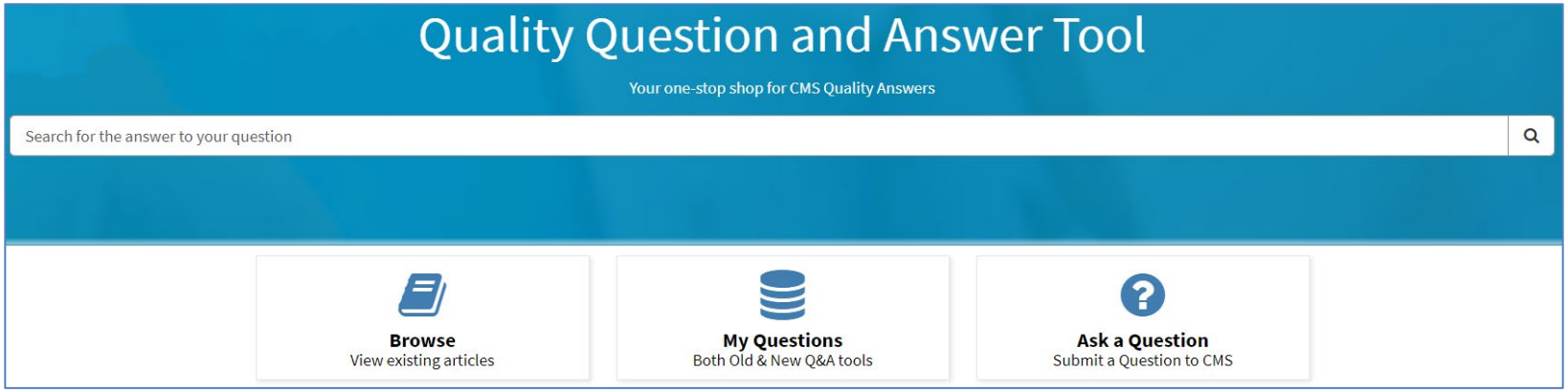
Hospital Quality Reporting Application Development Organization

Webinar Questions

Please submit questions related to the THA/TKA PRO-PM measure to the Quality Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa



Acronyms and Abbreviations

APU	Annual Payment Update	HQR	Hospital Quality Reporting	Pre-op	preoperative
ASC	Ambulatory Surgical Center	HSR	Hospital-specific report	PRO-PM	Patient Reported Outcome Performance Measure
BMI	body mass index	IQR	Inpatient Quality Reporting	PROM	Patient Reported Outcome Measure
CAPTCHA	Completely Automated Public Turing test to tell Computers and Humans Apart	JR	joint replacement	RSIR	Risk-Standardized Improvement Rate
CMS	Centers for Medicare & Medicaid Services	KOOS	knee injury and osteoarthritis outcome score	SILS2	Single-Item Literacy Screener 2
CSV	comma-separated value	MBI	Medicare Beneficiary Identifier	THA	total hip arthroplasty
CY	calendar year	N/A	not applicable	TKA	total knee arthroplasty
FFS	Fee for Service	OQR	Outpatient Quality Reporting	VR	Voluntary Reporting
FY	fiscal year	PDF	Portable Document Format	VR-12	Veterans Rand 12
HARP	Health Care Quality Information Systems Access Roles and Profile	POA	present on admission	XML	Extensible Markup Language
HOOS	hip disability and osteoarthritis outcome score	Post-op	postoperative		

Hospital IQR Quality Reporting Program Reporting Requirements

- Hospitals with 25 or more elective, primary THA/TKA procedures must submit complete preoperative PRO data and complete matched postoperative PRO data for 50% or more eligible procedures.
- Hospitals with less than 25 eligible procedures will not be penalized for not submitting 50% complete matched preoperative and postoperative PRO data for their eligible procedures.
- If your hospital has already collected the PRO data and/or if your hospital is uncertain if they have 25 or more eligible procedures for a given procedure period, your hospital is encouraged to submit the PRO data to CMS.

THA/TKA PRO-PM Overview and Implementation

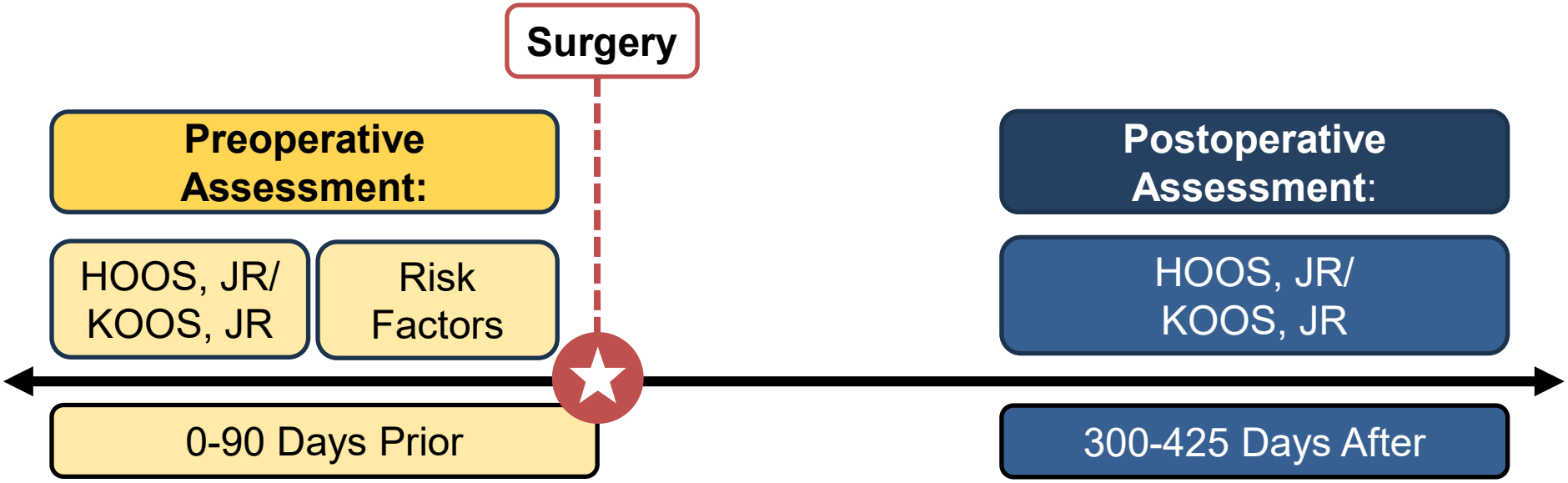
Kristina Burkholder, MS, CAS
Measure Implementation and Stakeholder Communication Lead
Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor

THA/TKA PRO-PM Background

- Development for the THA/TKA PRO-PM began in 2013 and later utilized data collected from the CJR model for testing and CBE endorsement.
- Goal: Measure a patient's improvement after a THA/TKA based on their self-assessment of pain and function and promote collaboration and shared decision-making between patients and providers across the full spectrum of care.
- This PRO-PM advances patient-centered care and supports hospitals to prioritize patient voices.

THA/TKA PRO-PM Overview

The THA/TKA PRO-PM assesses a patient's improvement in pain and physical functioning following elective, primary total hip or knee replacement.



Please refer to measure specifications in the 2025 Measure Updates and Specifications Report on QualityNet's THA/TKA PRO-PM Methodology page: https://qualitynet.cms.gov/inpatient/measures/THA_TKA/methodology

HOOS, JR = Hip Disability and Osteoarthritis Outcome Score for Joint Replacement
KOOS, JR = Knee Injury and Osteoarthritis Outcome Score for Joint Replacement

Definition of Complete Data

To meet the reporting requirement, hospitals must submit complete preoperative and matched complete postoperative data that are not missing, in range, and in a valid format for all starred elements.

Data Element Type	Preoperative Data Elements	Postoperative Data Elements
Patient-Reported Outcome Measures (PROMs)	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 ★	N/A
	Health Literacy (SILS2) ★	
	Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint ★	
	Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question ★	
	BMI or Height/Weight ★	
	Use of Chronic Narcotics ★ *	
Matching Variables	Medicare Provider Number ★	Medicare Provider Number ★
	MBI ★	MBI ★
	Date of Birth ★	Date of Birth ★
	Date of Procedure ★	Date of Procedure ★
	Procedure Type ★	Procedure Type ★
	Survey Type ★	Survey Type ★
	Date of Admission	Date of Admission
PROM-related Variables	Date of PRO Data Collection ★	Date of PRO Data Collection ★
	Mode of Collection	Mode of Collection
	Person Completing the Survey	Person Completing the Survey
	Generic PROM Version ★	N/A

Required variables for submission to be considered complete: ★

Provider-Reported Variables:

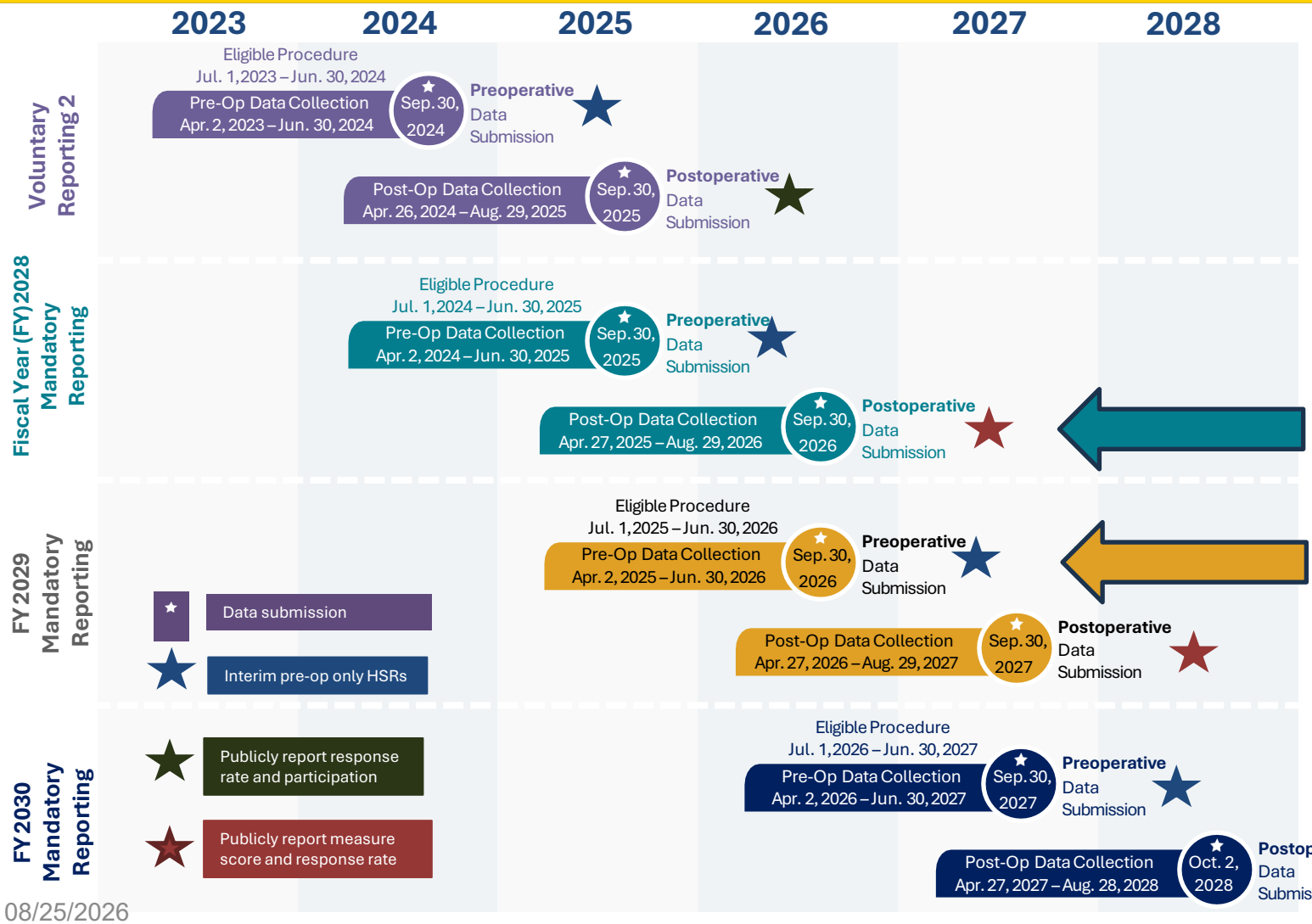
Patient-Reported Variables:

* The provider reports this data element after confirming medication and frequency with the patient.

Data Collection

- CMS supports flexibility in PRO data collection.
- Hospitals/facilities are encouraged to work with providers to collect the PRO data for hospital submission to CMS.
- Hospitals/facilities can utilize their preoperative PRO data hospital-specific reports (HSRs) to learn which patients met the interim measure cohort to help identify the types of patients eligible for future data collection/data submission (slide 33).

Hospital Inpatient-Level THA/TKA PRO-PM Timeline



Disclaimer:
* If data submission start/end dates fall on a weekend/ public holiday, these dates may shift to the next business day.

Mandatory Reporting Schedule

	Mandatory Reporting
Procedure Dates	FY 2028: July 1, 2024 – June 30, 2025 FY 2029: July 1, 2025 – June 30, 2026
Public Reporting	Measure results (Risk-Standardized Improvement Rate or [RSIRs]) and overall response rates (Summer 2027 & 2028).
Payment	Eligible hospitals failing to meet the 50% reporting requirement may be at risk for receiving a reduction in their Annual Payment Update (APU) beginning in FY 2028.*
Confidential Reports	Provided before public reporting begins in 2027 & 2028 (preoperative interim reports in Spring 2026 and 2027).

* Hospitals with less than 25 eligible inpatient elective, primary THA/TKA procedures (as determined by CMS review of hospitals' claims) will not be penalized for not submitting complete preoperative PRO data matched to complete postoperative PRO data for 50% of their eligible procedures.

Hospital Inpatient Quality Reporting (IQR) Program Eligible Procedures

Inclusion Criteria

Procedures for patients:

- Who are undergoing unilateral or bilateral inpatient elective, primary THA/TKA procedures
- With procedure dates in range of the performance period
- Who are enrolled in Medicare Fee for Service (FFS) Part A & B for 12 months prior to date of the index admission and Part A during the index admission
- Who are aged 65 or older
- Who are discharged alive from non-federal short-term acute care hospital

Exclusion Criteria

Procedures for patients:

- With staged procedures, defined as more than one elective, primary THA or TKA performed on the same patient during distinct hospitalizations during the procedure period
- Who die within 300 days of the procedure date*
- Who are discharged against medical advice
- Who are transferred in from another acute care facility for the THA/TKA procedure
- Who undergo simultaneous THA and TKA procedures (a THA and a TKA procedure during same index admission)

* If the patient is alive on day 300 and met all other cohort criteria, the patient would be eligible for the measure cohort.

The complete cohort inclusion/exclusion criteria is found in Section 2.2.1 of the 2025 THA/TKA PRO-PM Annual Updates and Specification Report available on QualityNet at: QualityNet > Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology.

Elective Primary THA/TKA Procedures

Elective, primary THA/TKA procedures are defined as those THA/TKA procedures without the following:

- Fracture of the pelvis or lower limbs coded in the principal or secondary discharge diagnosis fields on the index admission claim
  - Periprosthetic fractures must be additionally coded as present on admission (POA) to disqualify a THA/TKA from cohort inclusion, unless exempt from POA reporting
- A concurrent partial hip or knee arthroplasty procedure
- A concurrent revision, resurfacing, or implanted device/prosthesis removal procedure
- Mechanical complication coded in the principal discharge diagnosis field on the index admission claim
- Malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm coded in the principal discharge diagnosis field on the index admission claim

Please refer to the International Classification of Diseases-10 codes found in the supplemental files available on QualityNet at: QualityNet > Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology.

Staged Procedures

Staged procedures are defined as more than one inpatient elective, primary THA or TKA performed on the same patient during distinct hospitalizations during the procedure period. The THA/TKA PRO-PM is calculated separately for the Hospital IQR and Hospital Outpatient Quality Reporting (OQR) Programs. Procedures would only meet the staged procedure exclusion if both procedures were eligible inpatient procedures (IQR Program) or eligible outpatient procedures (OQR Program).

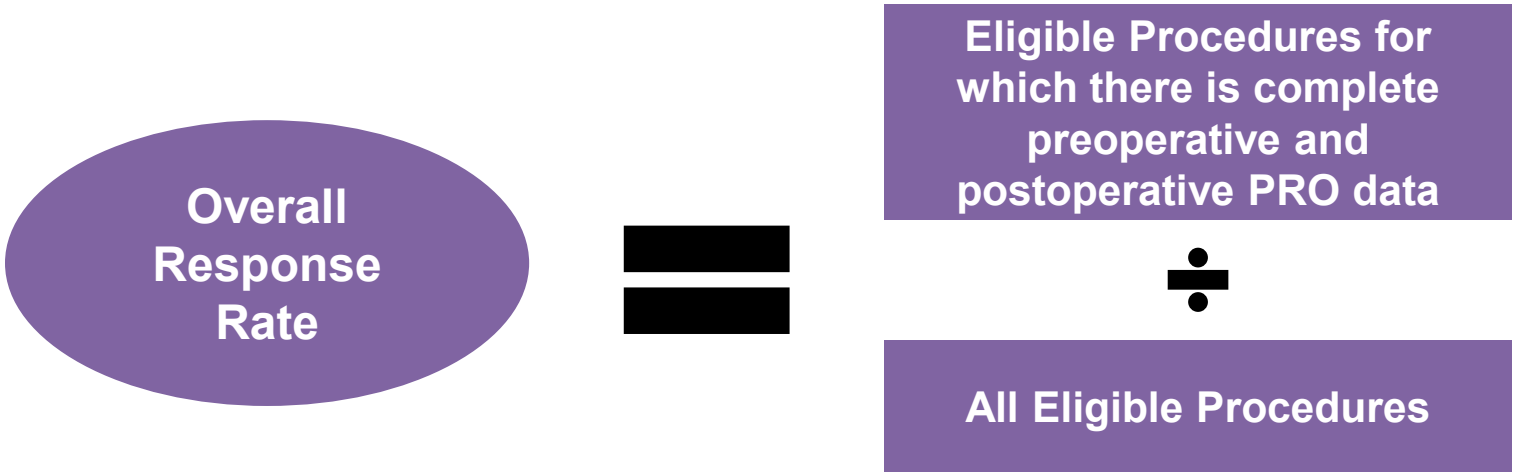
Determining Whether Procedures Meet the Staged Procedure Definition

Example Scenario	First Procedure Type & Date	Second Procedure Type & Date	Cohort Eligibility
A	THA* on 7/10/2024	THA* on 10/10/2024	Both excluded (met the staged procedure criteria)
B	THA* on 7/10/2024	THA on 10/10/2024 (concurrent fracture)	Only first procedure on 7/10 included (second procedure excluded due to fracture)
C	THA* on 5/14/2025	TKA* on 7/10/2025	Both included (they are performed in separate procedure periods)
D	TKA* on 3/14/2025	TKA on 5/10/2025 (outpatient)	Only first procedure on 3/14 included (second procedure on 5/10 not counted as eligible in the Hospital IQR Program since it is an outpatient procedure)

*Indicates eligible inpatient elective, primary procedure

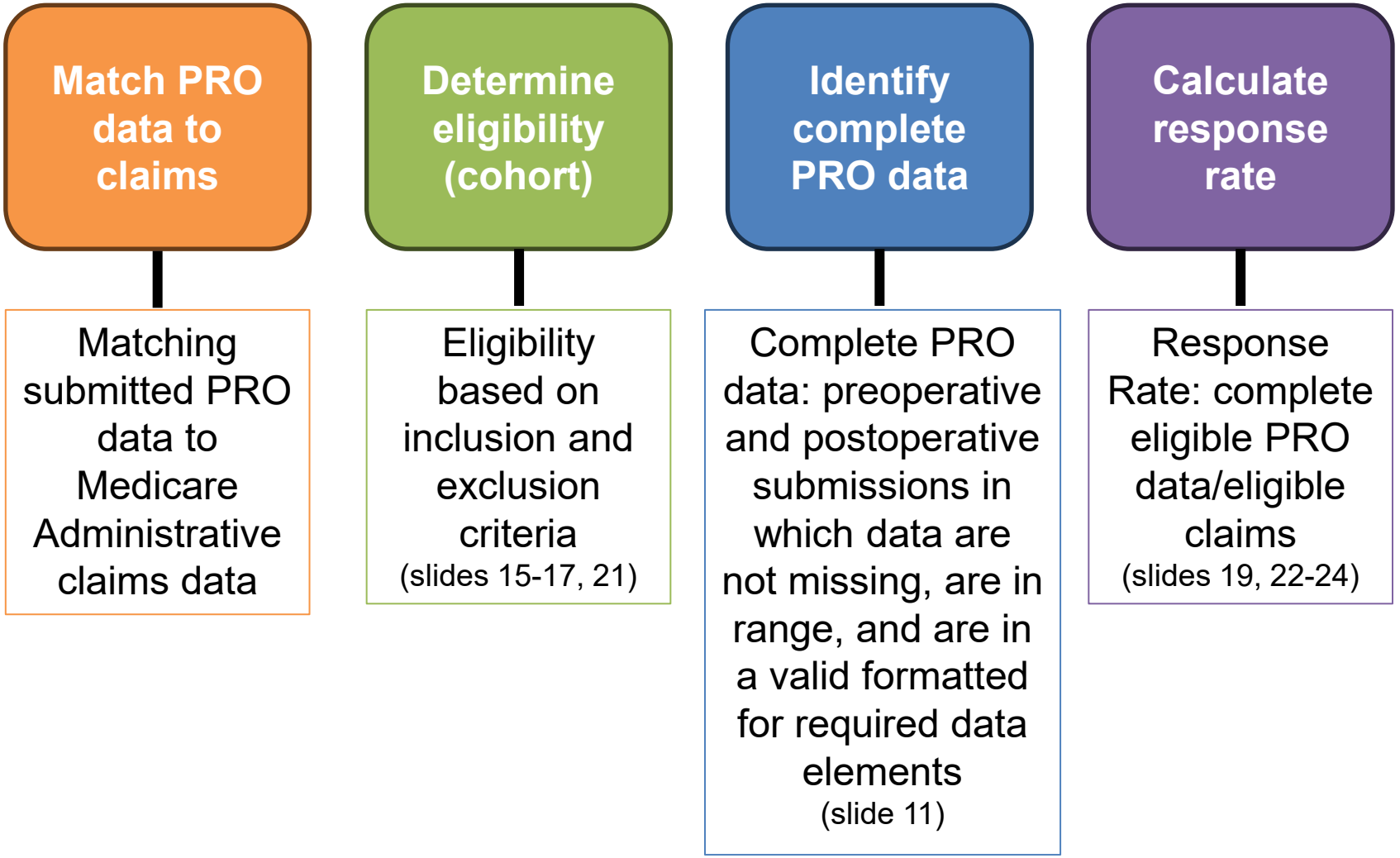
THA/TKA PRO-PM Response Rates

Overall Response Rate Calculation



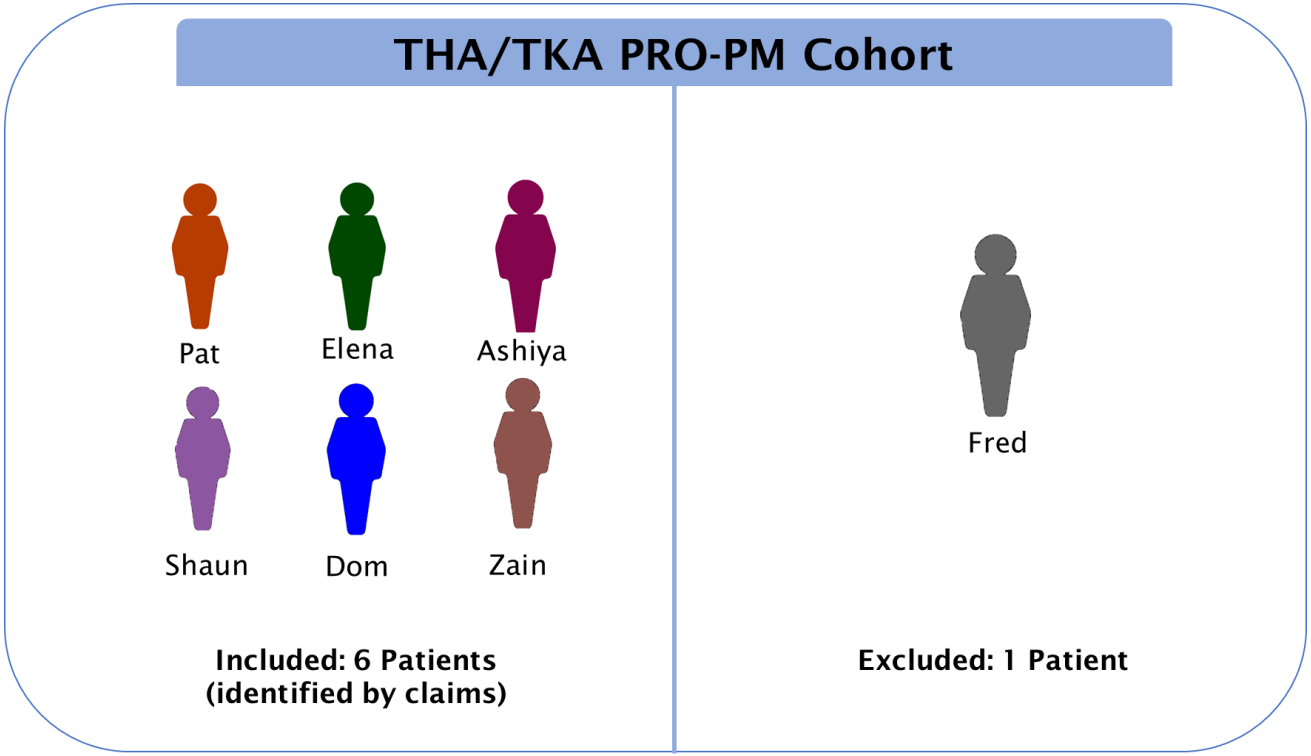
More information on how CMS calculates response rates for the THA/TKA PRO-PM can be found in the "Response Rate Requirement and Calculation" Fact Sheet on QualityNet at:
QualityNet > Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources.

Steps to Determine Response Rate

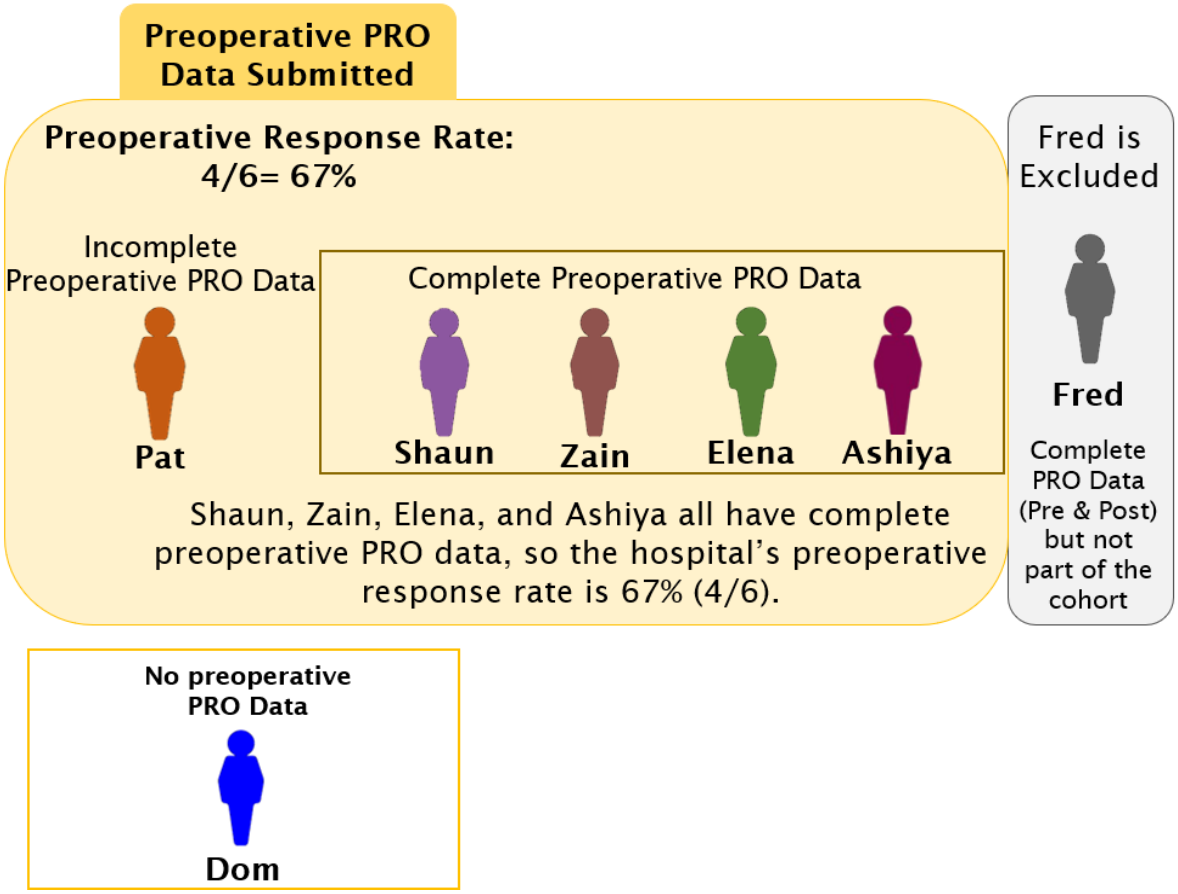


Determine Eligibility (cohort)

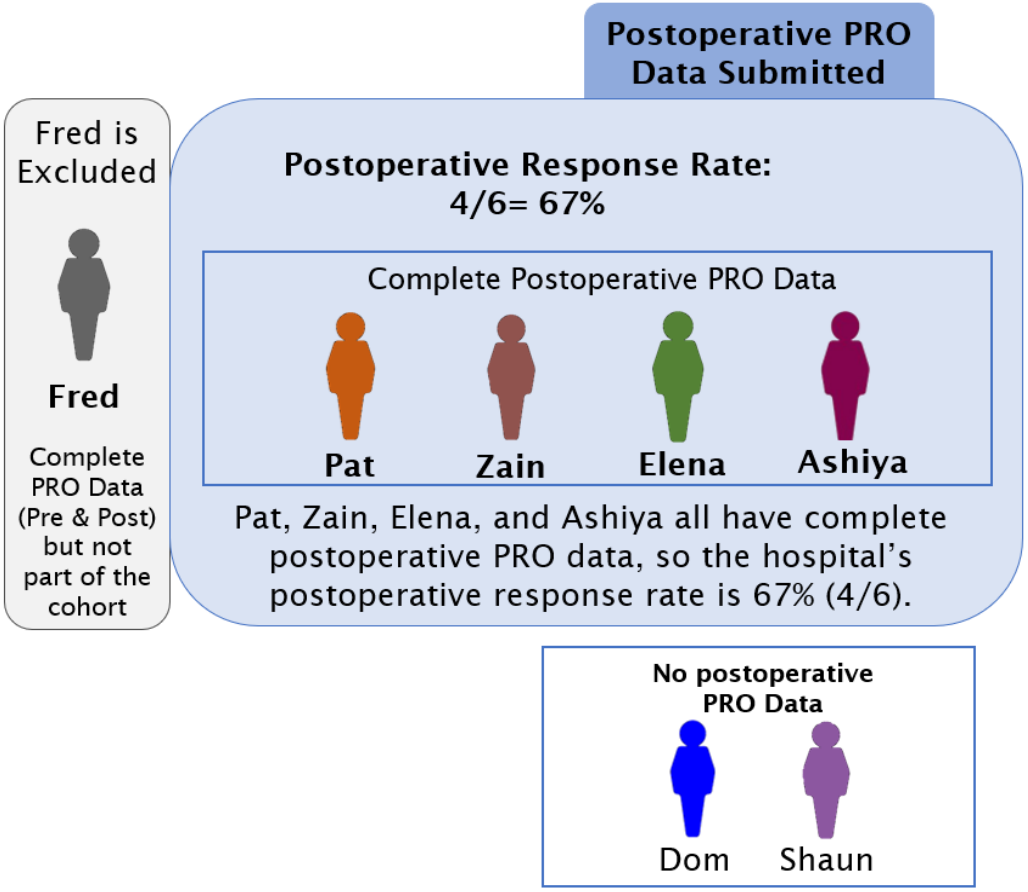
Eligibility based on inclusions and exclusion criteria.



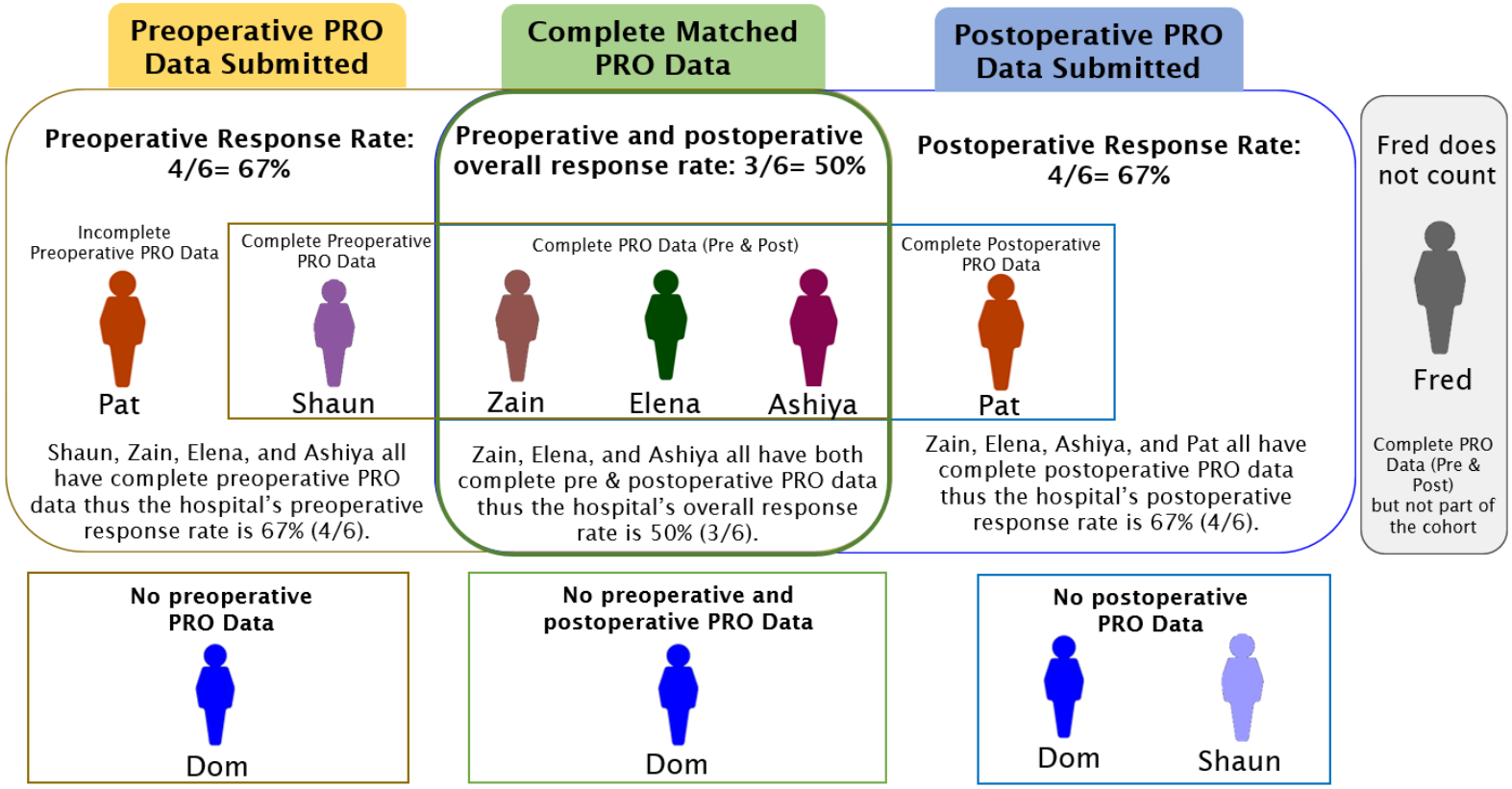
Preoperative Response Rate Calculation



Postoperative Response Rate Calculation



Overall Response Rate Calculation



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

Strategies to Improve Response Rates

CMS encourages hospitals to **ask patients to respond to the best of their ability.**

Help patients understand the importance of PRO data collection for improving care by using Patient Reported Outcome Measure data in clinical-decision making with patients.

Educate patients about data collection before the procedure and during recovery, along with periodic reminders, using the patient brochure.* ★

CMS supports **flexibility in PRO data collection** methods to fit clinical workflows and patient needs.

Utilize the **HSRs to track PRO data requirements (slides 33 and 34)**.

Patient Guide: Total Hip Arthroplasty and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)

*Please see the PRO-PM Patient Brochure for information hospitals may share with patients. The "How and When can Patient-Reported Outcome (PRO) Data be Collected?" factsheet show methods hospitals/clinicians can use to collect PRO data: THA/TKA PRO-PM Resources page on QualityNet

★Now available in Spanish

Measure Data Submission

THA/TKA PRO-PM Submission Details

- Currently data submission is only available for hospitals submitting data for the Hospital IQR Program.
  - Postoperative PRO data for procedures occurring July 1, 2024–June 30, 2025
  - Preoperative PRO data for procedures occurring July 1, 2025–June 30, 2026
- Hospital OQR and ASC program note: Data submission for preoperative PRO data for procedures occurring January 1, 2025–December 31, 2025, ended May 15, 2026.
- Hospitals have the flexibility to submit data directly to CMS or use an external vendor or registry to submit to data CMS.

What if my hospital has no eligible THA/TKA procedures?

Zero procedures

- Hospitals participating in the Hospital IQR Program which do not perform any inpatient elective, primary THA/TKA procedures during an eligible procedure period do not need to submit data for that period.
- There is no attestation or zero denominator exemption form for a hospital participating in the Hospital IQR, OQR, and ASC Programs to fill out within the Hospital Quality Reporting (HQR) system if it does not perform inpatient elective, primary THA/TKA procedures.

Inpatient THA/TKA PRO-PM HSRs

Hospital-Specific Reports

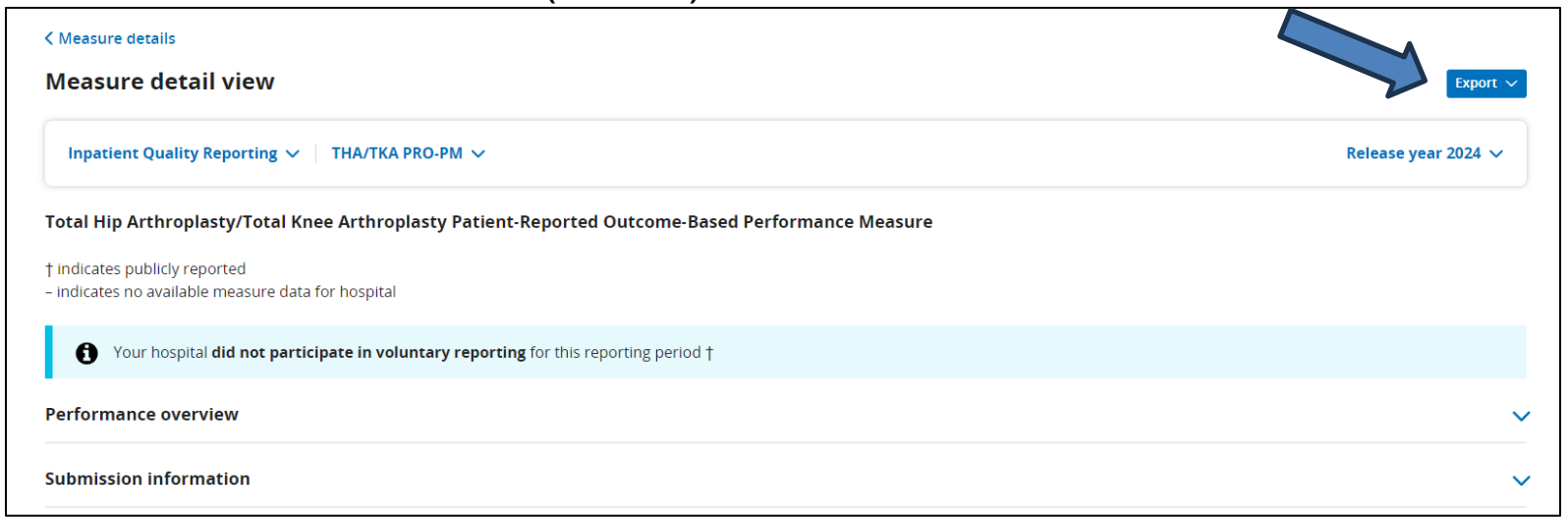
- Each spring CMS provides hospitals with HSRs which include Medicare FFS administrative claims data and PRO data that CMS used to calculate a hospital's overall response rate and final measure results. CMS provides the data for the hospital's interim preoperative PRO data submission.
- Hospitals can 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.

Hospital-Specific Reports: Preview Period

Hospitals are provided 30 days to preview their results and submit questions before reporting those results on the data catalog on Data.cms.gov (also known as the Provider Data Catalog) and the Compare tool on Medicare.gov.

Accessing HSR in HQR

- HSRs can be accessed directly from the HQR system. (A login is required.)
- Log into the HQR system using your Health Care Quality Information Systems Access Roles and Profile (HARP) ID.



You can view hospital-level performance data

- On the Measure detail dashboard of the HQR system.
- As downloadable comma-separated value (CSV) files with your hospital's patient-level data.
- As downloadable portable document format (PDF) file.

To download your hospital's patient- or performance-level CSV files and performance-level PDFs, select Export and choose the option you prefer.

HSR: Finding your Response Rate Denominator

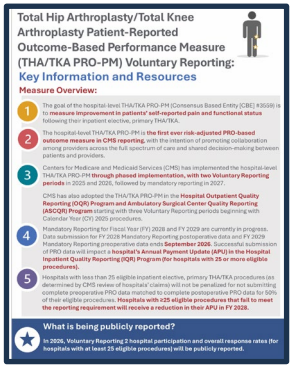
- Go to the Performance Overview section of the measure details information on a hospital's **Total Eligible Claims** (response rate denominator).
- Within the discharge-level HSR, procedures are included in the denominator of the response rate:
  - Patients with a value of 0 in the Inclusion/Exclusion Indicator column.
- The final denominator will be available in HSRs in spring 2027 (for FY 2028 mandatory reporting).

HSR: Finding Your Response Rate Numerator

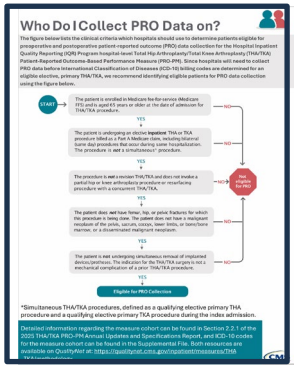
- Go to the Performance Overview section of the measure details information on a hospital's **Complete PRO Data Matched to Eligible Claims** (response rate numerator).
- Within the discharge-level HSRs, procedures included in the numerator of the response rate (those which matched to an eligible claim, met all cohort criteria, and had complete PRO data):
  - Counts Towards Preoperative Response Rate (Yes/No): Yes (for Interim HSR for FY 2028 mandatory reporting)
  - Counts towards overall response rate (Yes/No): Yes (for Final HSR for Voluntary Reporting 2)

Resources

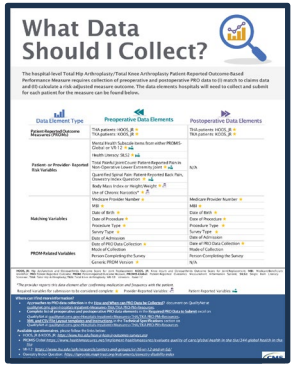
Key Information and Resources



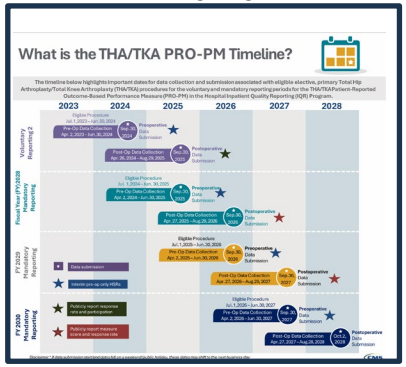
Who Do I Collect PRO Data On



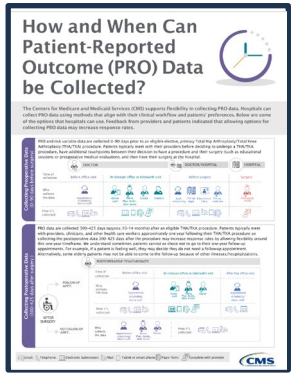
What Data Should I Collect



PRO-PM Timeline

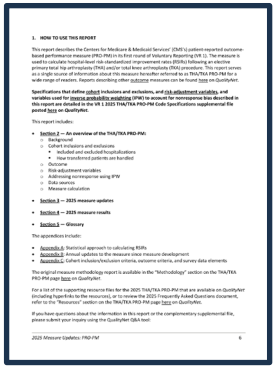


How/When Can PRO Data Be Collected

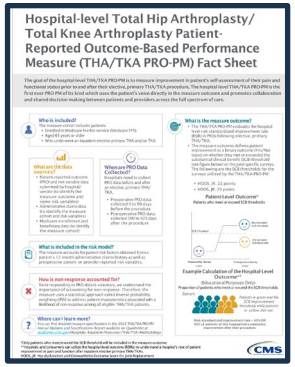


Narcotic Use Fact Sheet

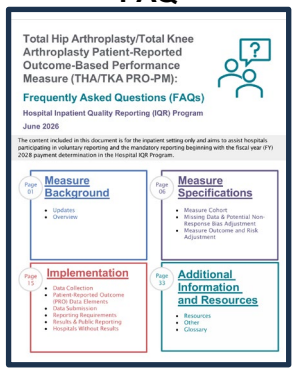
Annual Updates and Specifications Report/ Supplemental File



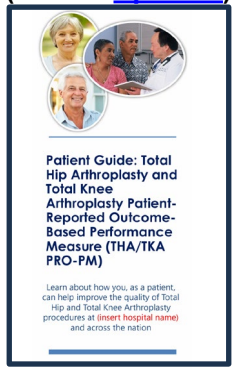
PRO-PM Fact Sheet



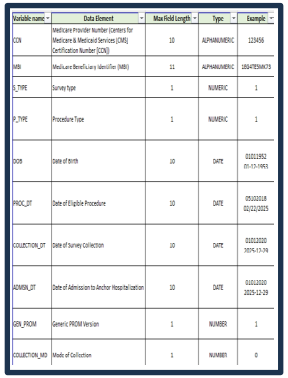
PRO-PM FAQ



Patient Brochure (Now in Spanish)



Data Submission



[Available at QualityNet > Inpatient > Measures >THA/TKA PRO-PM]

Outpatient THA/TKA PRO-PMs Overview and Implementation

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

Outpatient THA/TKA PRO-PMs Overview

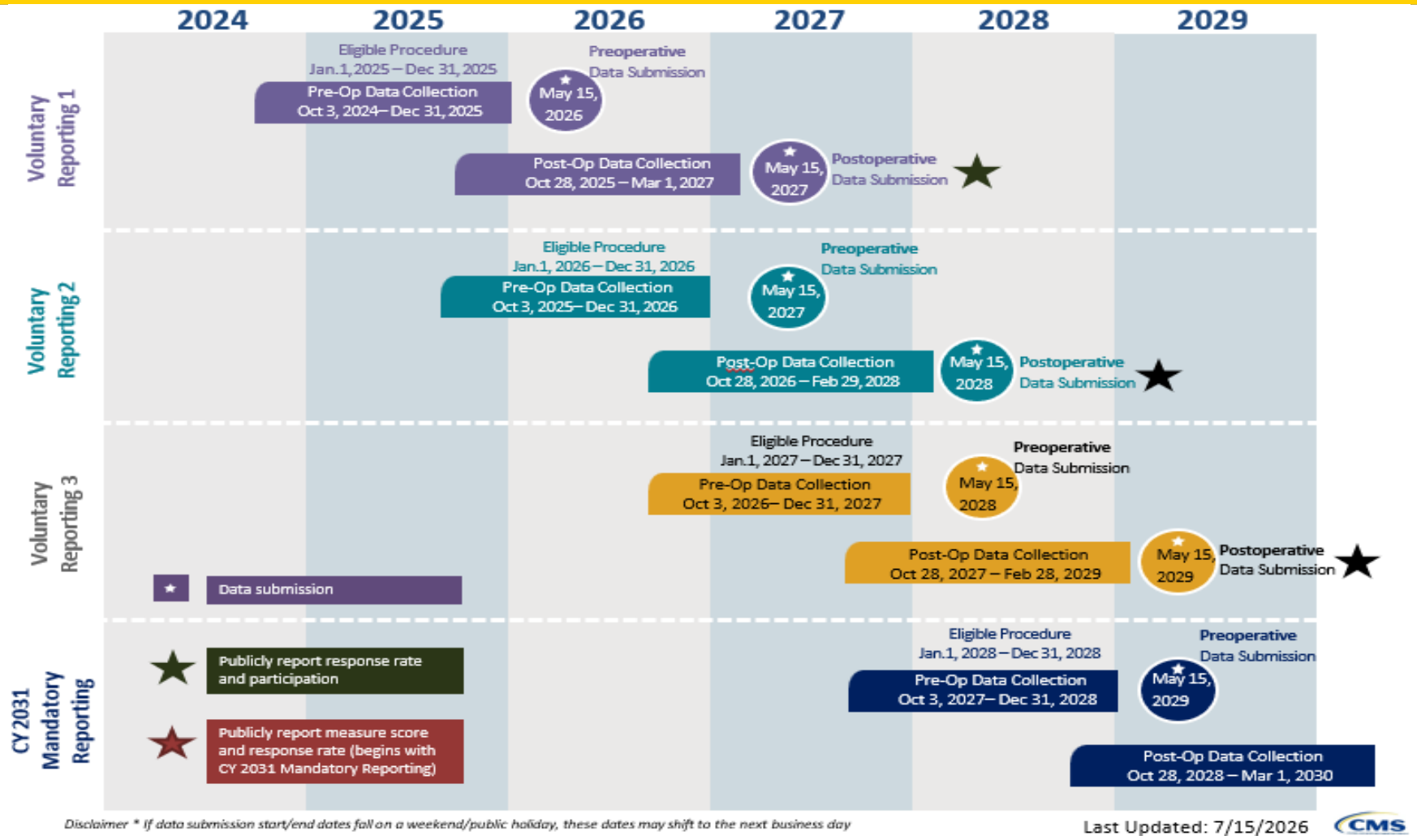
- Specifications, data submission, and reporting match the inpatient THA/TKA PRO-PM but apply to procedures performed in outpatient settings:
  - Hospital Outpatient Departments for Hospital OQR
  - Ambulatory Surgical Centers (ASCs) for ASC Quality Reporting
- Throughout the presentation, key differences with the Hospital IQR Program measure will be denoted through highlighted text.

Outpatient THA/TKA PRO-PMs Cohort Eligibility

Inclusion Criteria*	Exclusion Criteria
• Enrolled in Medicare FFS Part A & B for 12 months prior to procedure • Enrolled in Medicare FFS Part A & B on the date of procedure • Aged 65 or older • Patients discharged alive from a hospital outpatient department • Patients undergoing unilateral or bilateral outpatient elective primary THA/TKA procedures (defined below) • Procedure dates in range of the performance period	• Patients with staged procedures, defined as more than one elective primary THA or TKA performed on the same patient during distinct hospitalizations during the procedure period • Patients who die within 300 days of the procedure • Patients who are discharged against medical advice • Patients with more than two THA/TKA procedure codes on their outpatient claim • Patients who undergo simultaneous procedures (THA and TKA procedures during the same index admission)

* To promote greater alignment with the measure's description (as well as the corresponding IQR measure, CMS recently updated the Current Procedural Terminology/Healthcare Common Procedure Coding System codes used as inclusion criteria by removing 27446 from the cohort. The codes that remain are 27130 and 27447.

Hospital OQR and ASC Quality Reporting Program Timeline



*Disclaimer * If data submission start/end dates fall on a weekend/public holiday, these dates may shift to the next business day*

Last Updated: 7/15/2026 CMS

Outpatient THA/TKA PRO-PMs Voluntary and Mandatory Reporting Plans

Data Periods	Voluntary Reporting (VR) Period 1	Voluntary Reporting Periods 2 & 3	Mandatory Reporting Period 1
Procedure Dates	Calendar Year (CY) 2025: January 1–December 31, 2025	VR2: Calendar Year (CY) 2026: January 1–December 31, 2026 VR3: Calendar Year (CY) 2027: January 1–December 31, 2027	Calendar Year (CY) 2028: January 1–December 31, 2028
Public Reporting	• Provided during CY 2028 • Indication of participation and/or preoperative data response rates • No measure results	• Provided during CY 2029 for VR2 and CY 2030 for VR3 • Indication of participation and/or overall response rates (preoperative and postoperative data submission) • No measure results	• Provided during CY 2031 • Measure results (Risk-Standardized Improvement Rate or RSIR) and overall response rates included
Payment	No impact on Annual Payment Update (APU) for Hospital OQR or ASC Quality Reporting	No impact on APU for Hospital OQR or ASC Quality Reporting	Eligible hospitals/facilities failing to meet the reporting requirement may receive a reduction in their APU in CY 2031*
Confidential Reports	• Provided during CY 2028 • Submission results on matching to inform data submission quality	• Provided during CY 2029 for VR2 and CY 2030 for VR3 • Submission results on matching to inform data submission quality • Will calculate measure performance if feasible	• Provided during CY 2031 • Measure results (RSIR) included • Submission results on matching to inform data submission quality

* Hospitals/facilities with fewer than 25 eligible outpatient elective, primary THA/TKA procedures (as determined by CMS review of hospitals' claims) will not be penalized for not submitting sufficient complete preoperative PRO data matched to complete postoperative PRO data. Sufficient complete data submission is 50% of eligible procedures for Hospital OQR and 45% of eligible procedures for ASC Quality Reporting.

Outpatient THA/TKA PRO-PMs Response Rates and Measure Data Submission

Data Collection for Outpatient THA/TKA PRO-PMs

- This matches the inpatient THA/TKA PRO-PM.
  - Same definition of completeness of data (including required elements for submission)
  - Same timeframe for data collection periods, both preoperative (90–0 days prior) and postoperative (300–425 days afterwards)
- During mandatory reporting hospitals/facilities with at least 25 eligible procedures must submit complete preoperative PRO data with matching complete postoperative PRO data for a percentage of their eligible elective THA/TKA patients:
  - 50% complete matching preoperative and postoperative data in Hospital OQR
  - 45% complete matching preoperative and postoperative data in ASC Quality Reporting

Data Currently Collected

- Data collection only applies to procedures occurring during Voluntary Reporting Periods 1 & 2.
  - Postoperative PRO data for procedures occurring January 1, 2025–December 31, 2025 (reminder: collected 300–425 post-procedure)
  - Preoperative PRO data for procedures occurring January 1, 2026–December 31, 2026 (reminder: collected 90–0 pre-procedure)
- The submission deadline for both these PRO data periods is **May 15, 2027**. Additionally, this date carries over to future performance years.
  - Preoperative PRO data for first mandatory period (procedures occurring January 1, 2028–December 31, 2028) can be collected from October 3, 2027–December 31, 2028 (depending on date of procedure)
- File submission can be done the same was as IQR (by hospital/facility or vendor, same file formats accepted).

Outpatient THA/TKA PRO-PMs Resources

Additional Resources

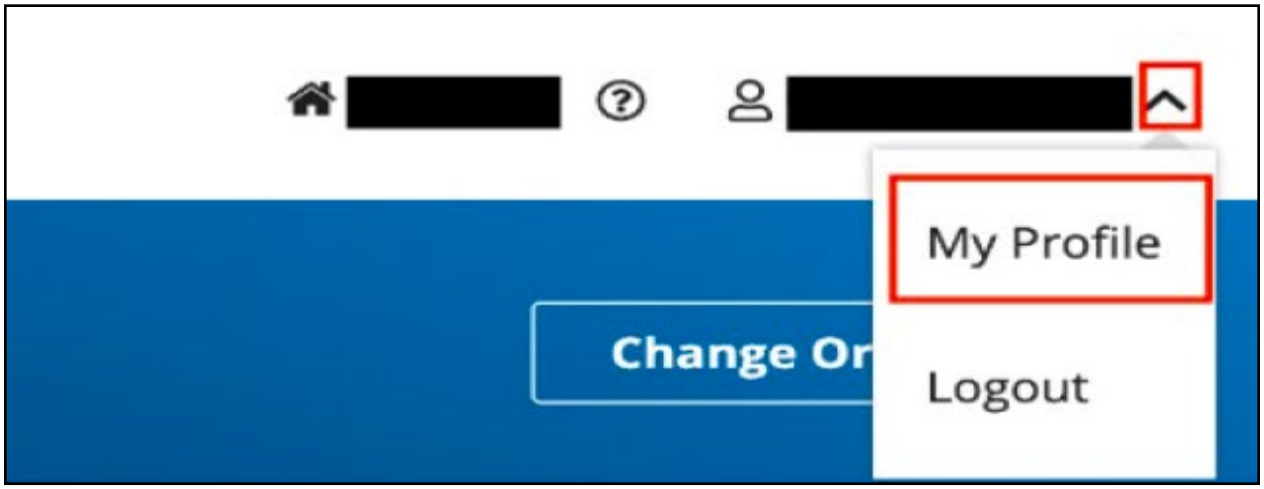
- An identical set of resources is available at these locations:
  - Hospital OQR: QualityNet > Outpatient > Measures > PRO-PMs
  - ASC Quality Reporting: QualityNet > ASCs > Measures > PRO-PMs
- QualityNet Question and Answer Tool instructions:
  1. Access the QualityNet tool here. (It opens in new browser tab.)
  2. In the drop-down menu, select OQR - Outpatient Quality Reporting or ASC–Ambulatory Surgical Centers - Quality Reporting as the Program Type.
  3. Select Hip/Knee PRO-PM in the Topic field.
  4. Complete all other mandatory fields and the CAPTCHA.
  5. Click on Submit Question.
- To properly handle inquiries, please reference the specific measure(s) and program(s) to which your questions relate.

Measure Data Submission in HQR

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

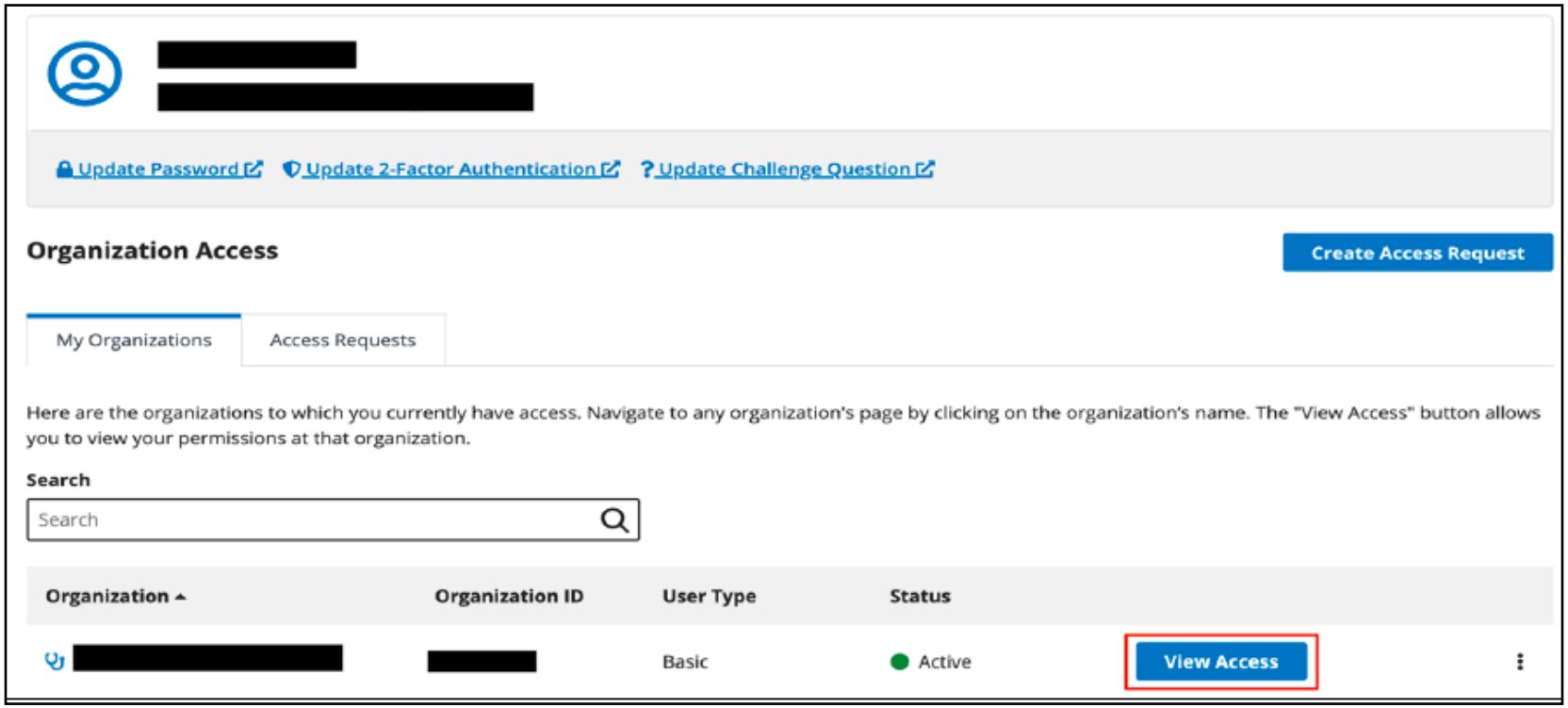
Verify User Permission

1. Log in to HQR via HARP: https://hqr.cms.gov.
2. In the top right corner, click the arrow by your name and select My Profile.



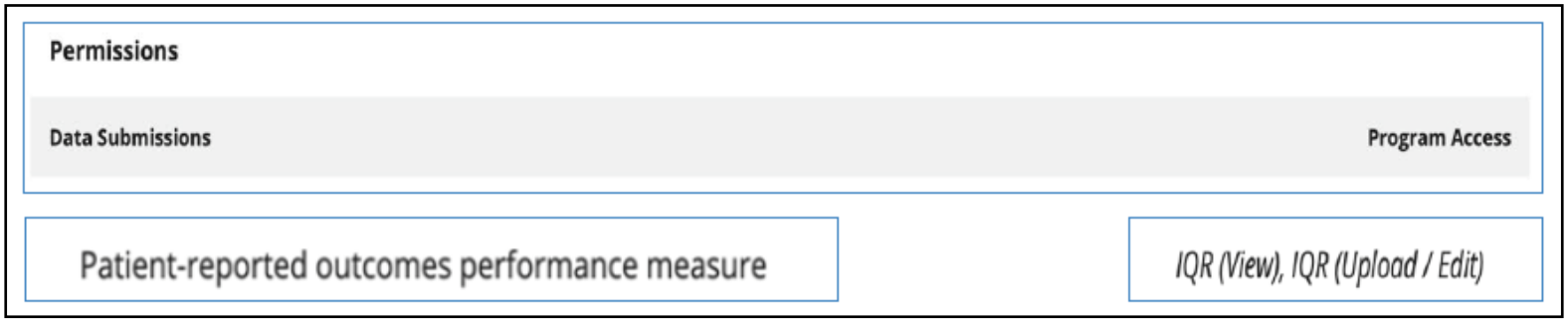
Verify User Permission

3. Scroll down to your list of organizations. Click View Access next to the organization submitting THA/TKA data.



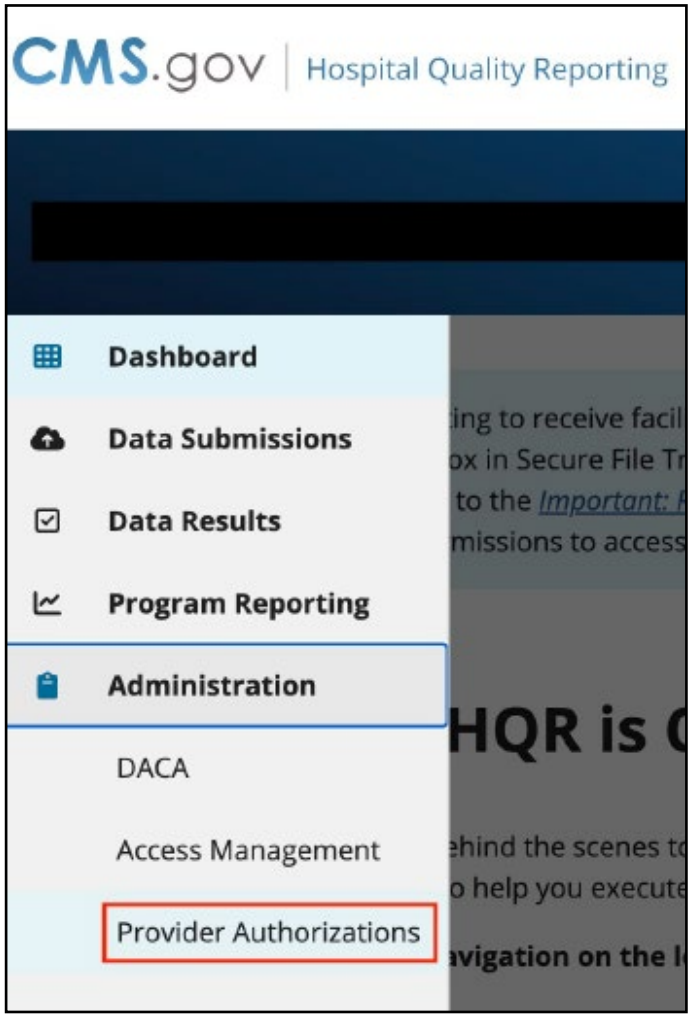
Verify User Permission

4. Scroll down to the Data Submissions section. Look for the Patient-reported outcomes performance measure to ensure the program you are looking to submit for has (Upload/Edit) under Program Access.



Verify User Permission

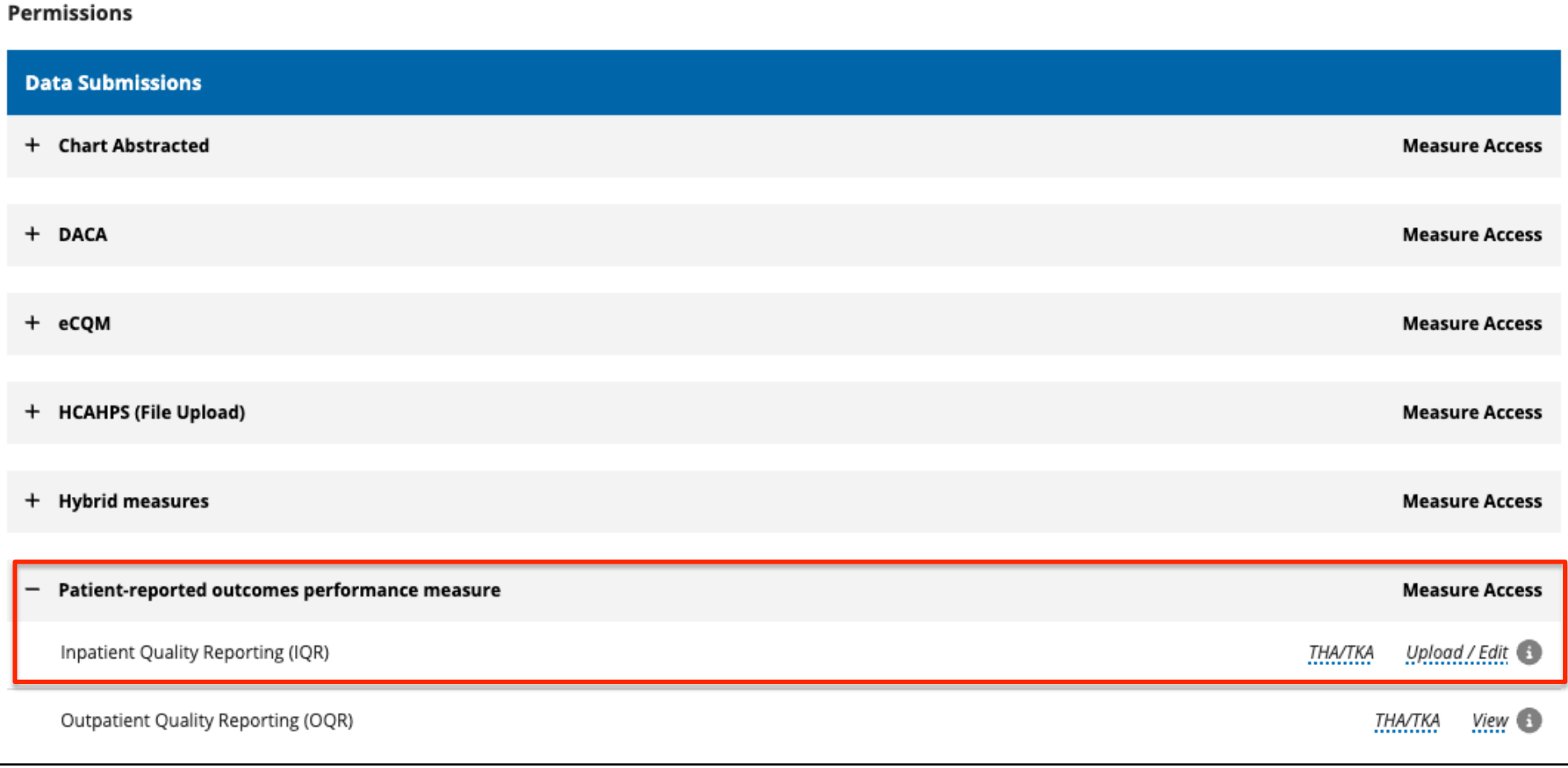
5. If you are a vendor or registry submitting on behalf of a provider, navigate to the Provider Authorizations page under Administration.



Verify Vendor Authorization

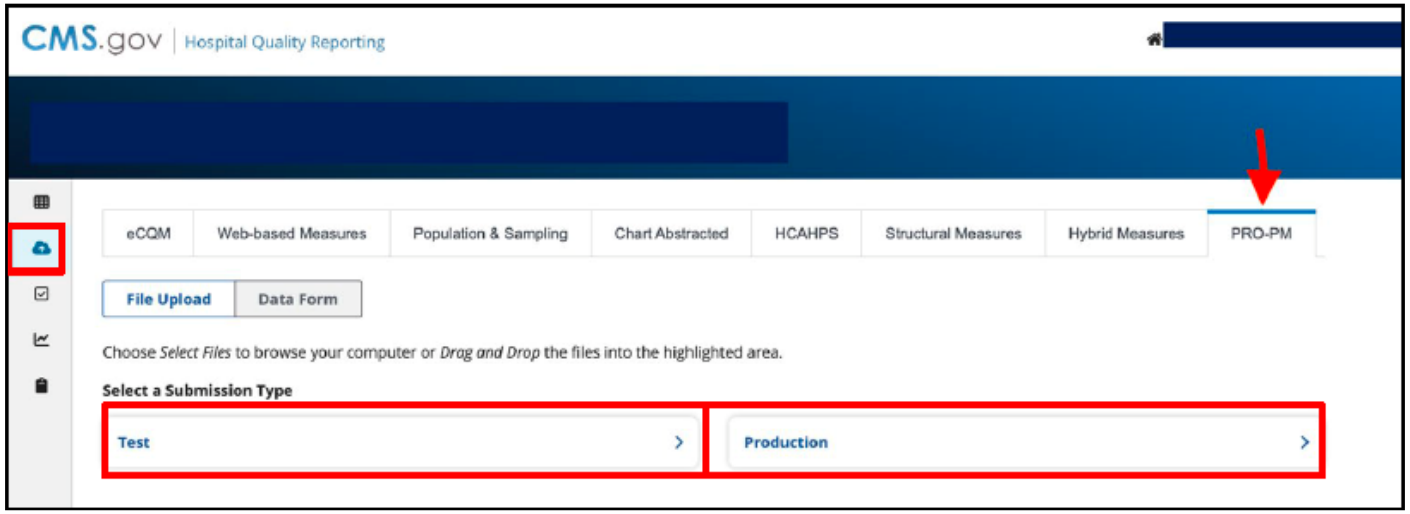
Select the provider in the Your Providers table to view the authorizations. In the Data Submissions section, look for the Patient-reported outcomes performance measure role and ensure that the program you will be submitting data for has active measure Access for THA/TKA.

Verify Vendor Authorization



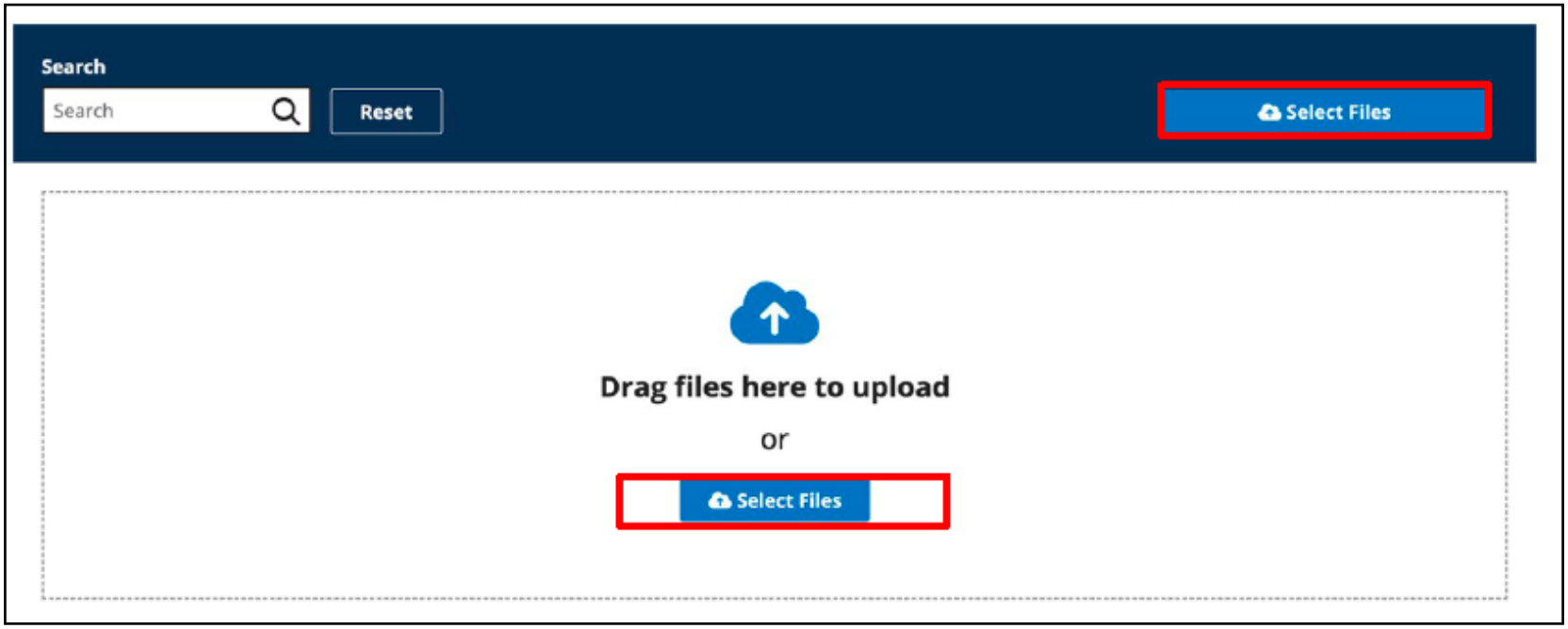
File Upload Submission Steps

1. Login to HQR via HARP: https://hqr.cms.gov
2. In the left-hand navigation panel, select Data Submissions.
3. If you have the Data Submissions Patient-Reported Outcomes Performance measure role, you will be able to see and select the PRO-PM tab.
4. Select Test or Production file upload.



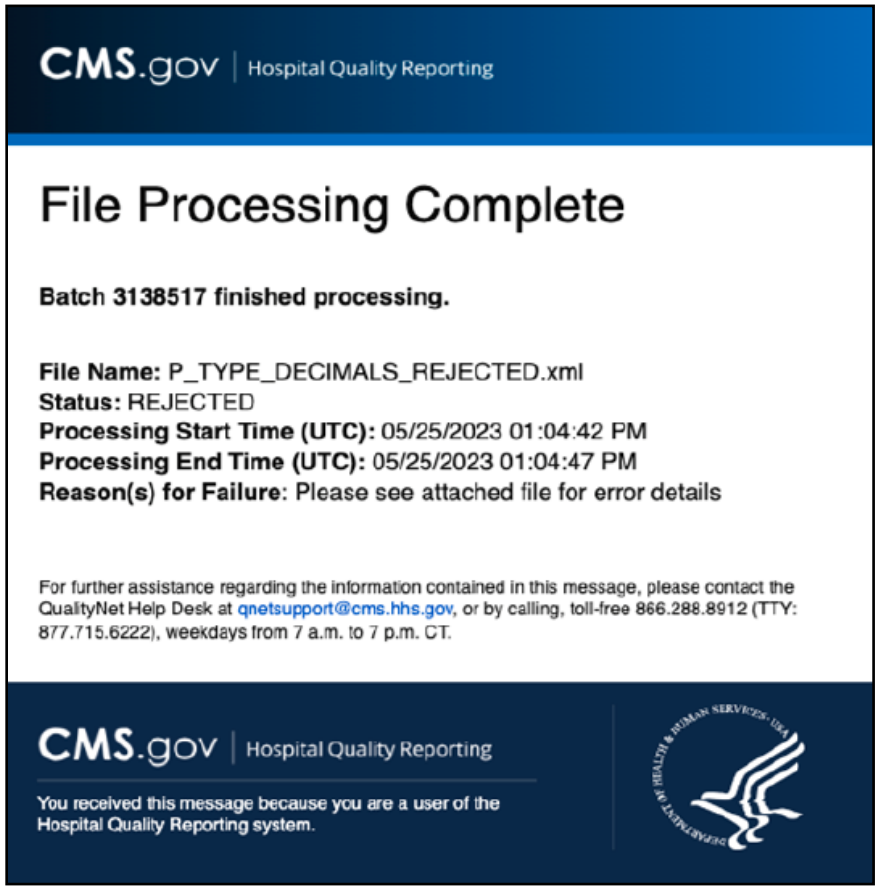
File Upload Submission Steps

5. Drag and drop your ZIP, CSV, or Extensible Markup Language (XML) file. Click Select Files to browse your machine's files. Select your ZIP, CSV, or XML file to upload to HQR.



File Upload Submission Steps

When file processing completes, you will receive an email. The email will contain an attachment with any information, messages, or errors regarding your files.



CMS.gov | Hospital Quality Reporting

File Processing Complete

Batch 3138517 finished processing.

File Name: P_TYPE_DECIMALS_REJECTED.xml
Status: REJECTED
Processing Start Time (UTC): 05/25/2023 01:04:42 PM
Processing End Time (UTC): 05/25/2023 01:04:47 PM
Reason(s) for Failure: Please see attached file for error details

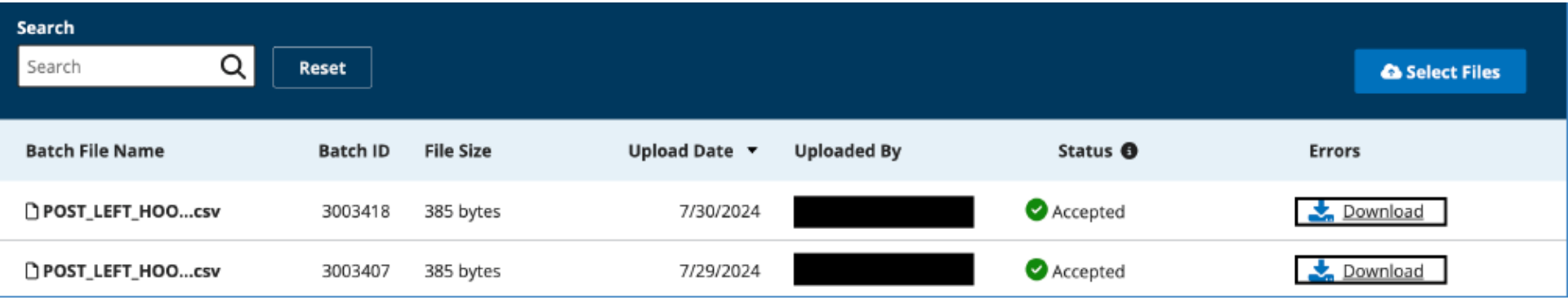
For further assistance regarding the information contained in this message, please contact the QualityNet Help Desk at qnetsupport@cms.hhs.gov, or by calling, toll-free 866.288.8912 (TTY: 877.715.6222), weekdays from 7 a.m. to 7 p.m. CT.

CMS.gov | Hospital Quality Reporting

You received this message because you are a user of the Hospital Quality Reporting system.

File Upload Submission Steps

You can also download a file accuracy report from the File Upload table. Click the Download link in the last column in the file table next to each file uploaded.



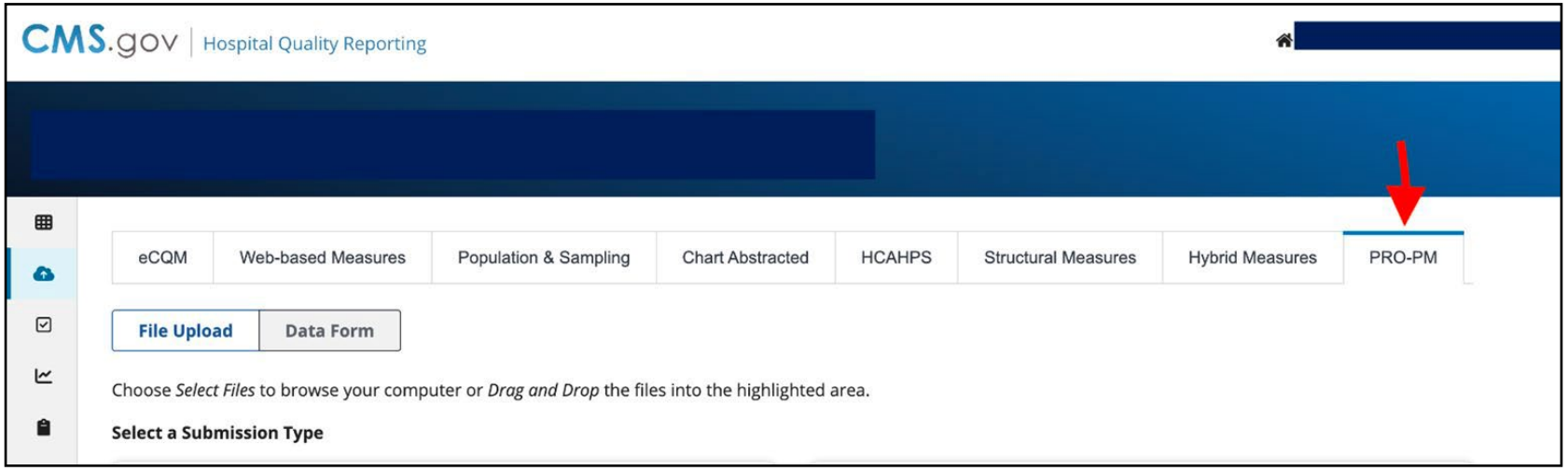
File Upload Submission Steps

If any critical error messages are on the report and you have a status other than Accepted, your file was rejected from HQR. You will need to correct your file(s) and submit again until you get a status of Accepted.

FileName	CCN	BatchID	UploadDate	UploadedBy	Status	ErrorDetails
THA_TKA_Pre_FY25.xml	XXXXXX	1111111	07/01/2023	TESTProvider	REJECTED	Missing Medicare Beneficiary Identifier (MBI) Enter 11-digit MBI.

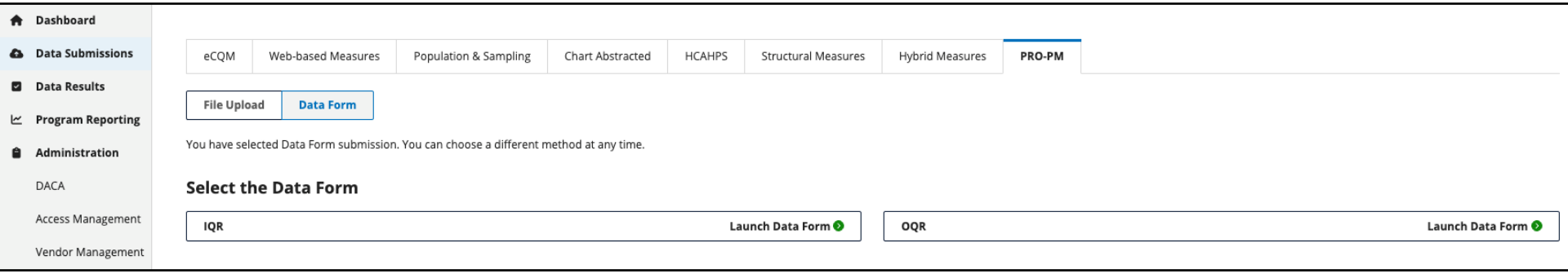
Manual Data Form Submission Steps

1. In the left-hand navigation panel, select Data Submissions.
2. If you have the Data Submissions Patient-Reported Outcomes Performance measure role, you will be able to see and select the PRO-PM tab.
3. Click Data Form.



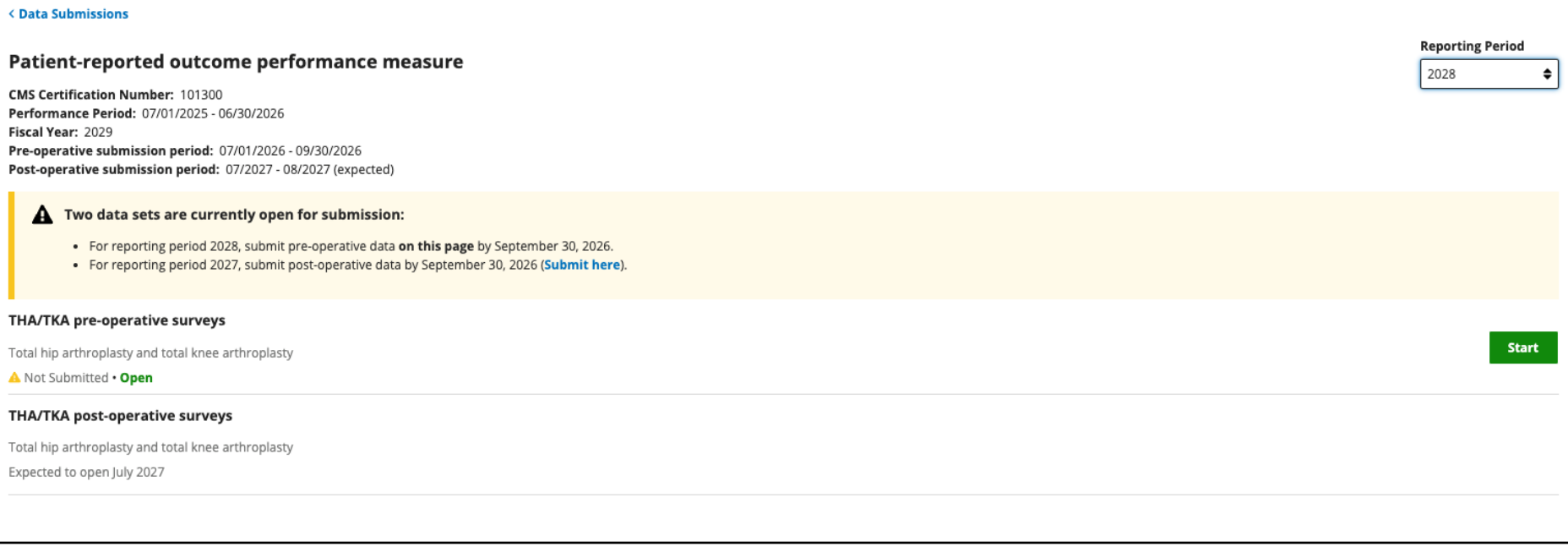
Manual Data Form Submission Steps

4. Click on IQR beneath Select the Data Form.



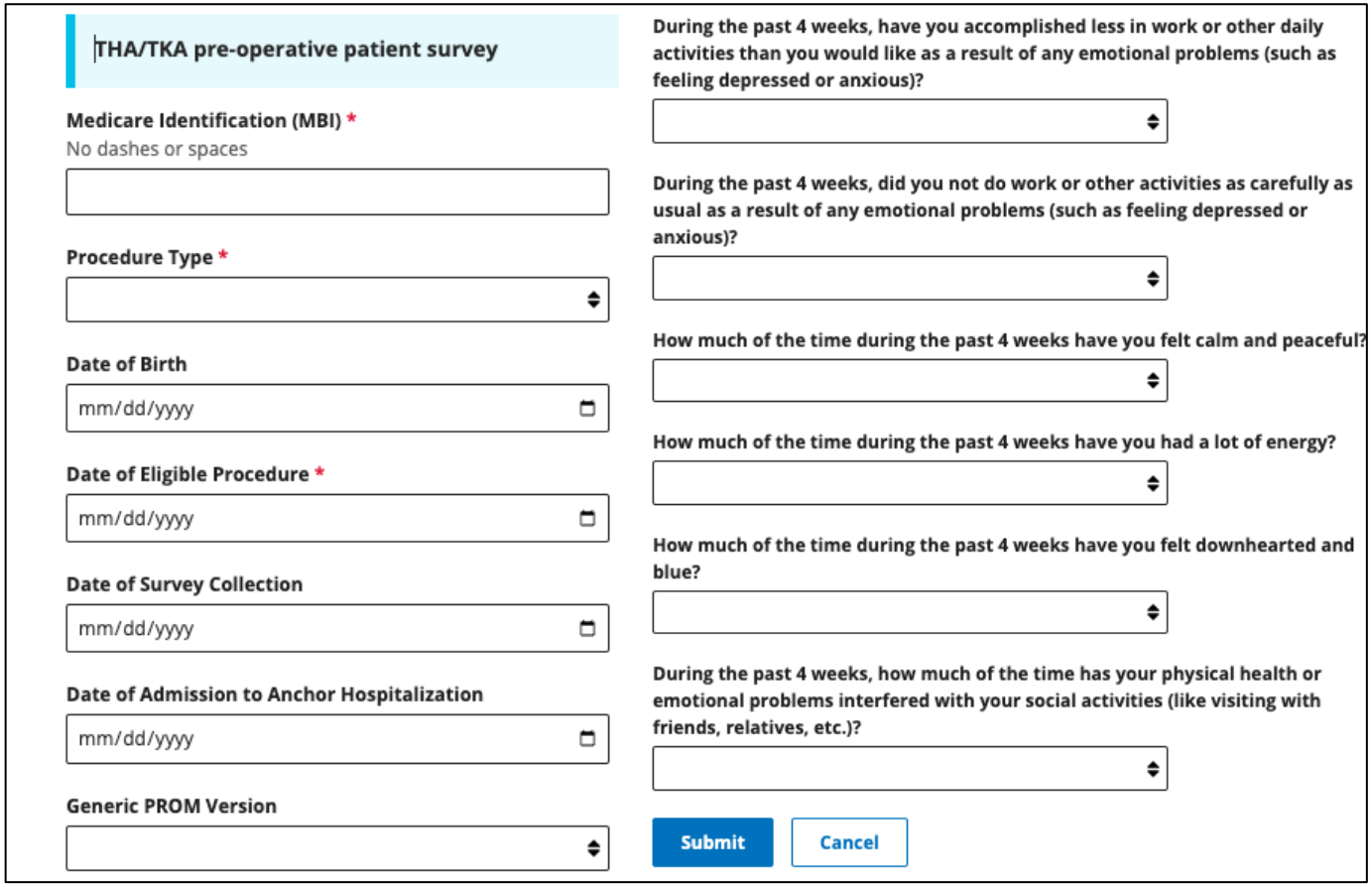
Manual Data Form Submission Steps

5. Click the Start button for the 2028 reporting year.



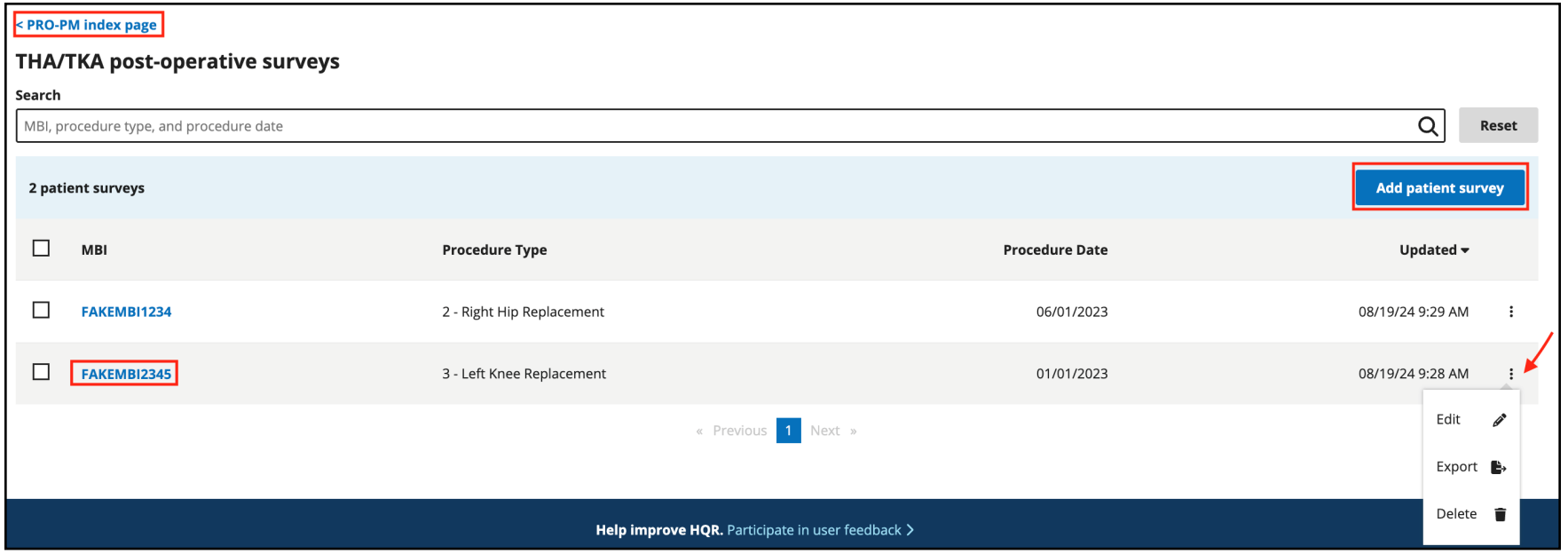
Manual Data Form Submission Steps

6. Complete one data form at a time per patient survey. Address any errors while filling out the form and click Submit.



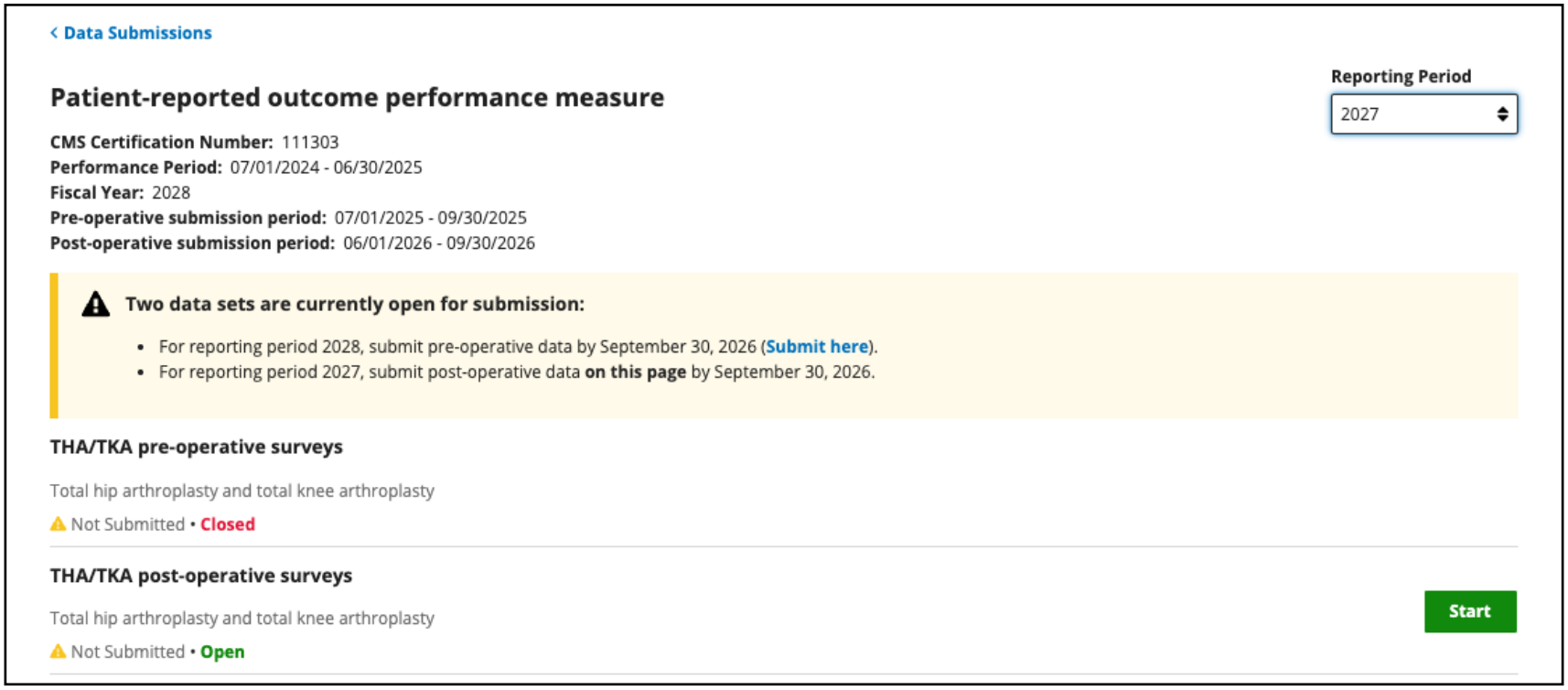
Manual Data Form Submission Steps

7. After submitting one survey, the survey table appears. This table lists all the surveys submitted for this provider thus far. View each one by clicking on the hyperlinked MBI. You can edit, delete, or export as a PDF each survey from this table by clicking on the utility menu indicated with three dots. You can add another survey by clicking Add patient survey or return to the PRO-PM index page to switch between postoperative and pre-operative submissions by clicking the back button in the top left corner.



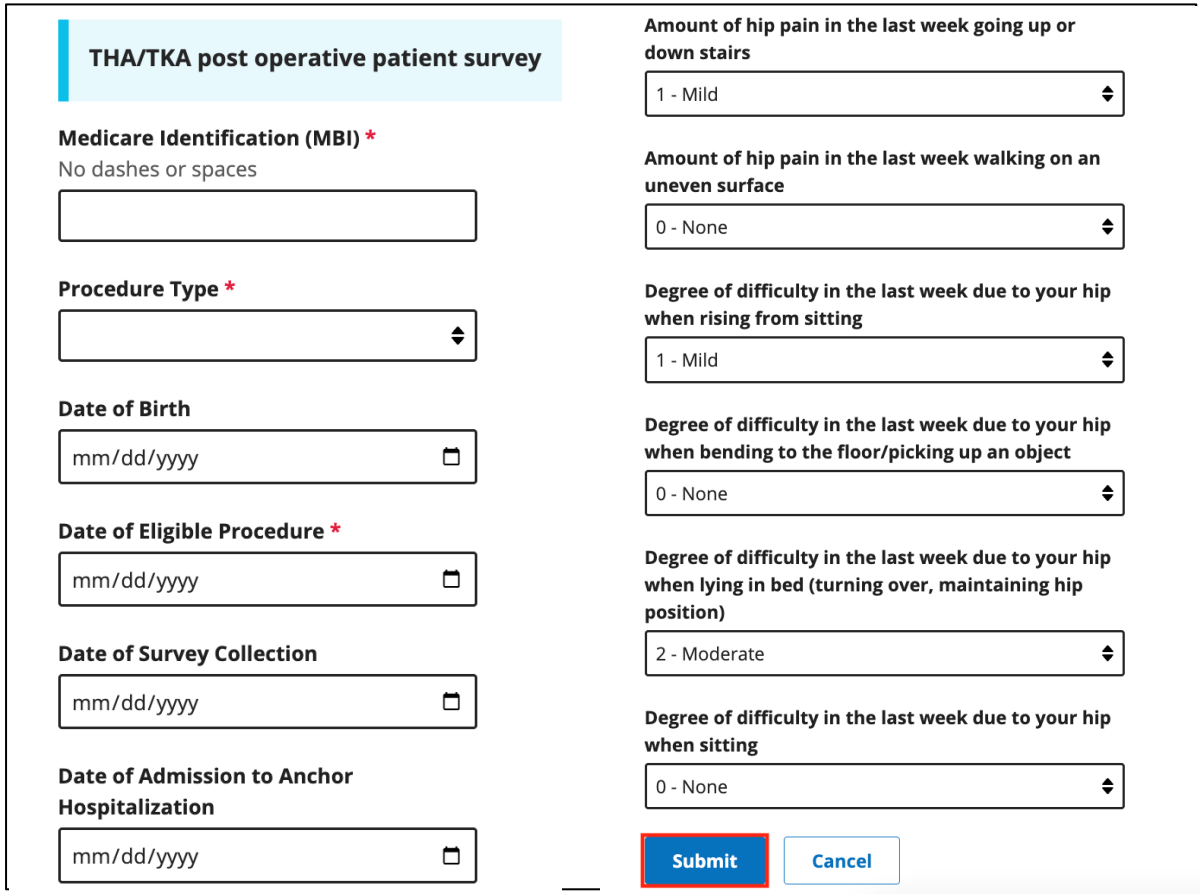
Manual Data Form Submission Steps

8. You can switch reporting periods by changing the year in the Reporting Period dropdown.
9. Click the Start button for the 2027 reporting year.



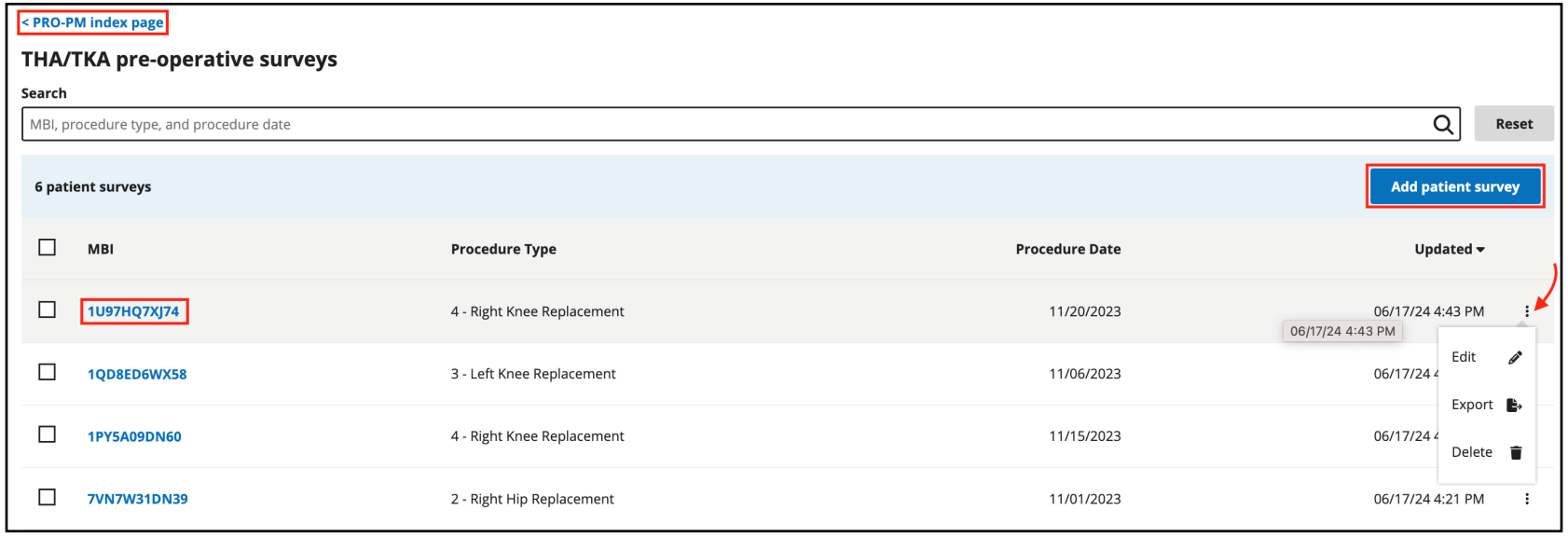
Manual Data Form Submission Steps

10. Complete one data form at a time per patient survey. Address any errors while filling out the form and click Submit.



Manual Data Form Submission Steps

11. After submitting one survey, the survey table appears. This table lists all the surveys submitted for this provider thus far. View each one by clicking on the hyperlinked MBI. You can edit, delete, or export as a PDF each survey from this table by clicking on the utility menu indicated with three dots. You can add another survey by clicking the Add patient survey button or return to the PRO-PM index page to switch between postoperative and pre-operative submissions by clicking the back button in the top left corner.



Question Submission Platform for Specific Questions

Data Submission (HQR system) Questions

- For questions regarding the HQR system, including questions regarding user roles, accessing reports, data upload, and troubleshooting file errors, please contact the Center for Clinical Standards and Quality Service Center Service Center at (866) 288-8912 or QNetSupport@cms.hhs.gov.

Hospital IQR Program Measure-Specific Questions (Measure Methodology or Implementation)

- Access the QualityNet Question & Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- Select IQR- Inpatient Quality Reporting under the Program field
- Select Hip/Knee PRO-PM under the Topic field

Hospital IQR Program-Specific Questions (which hospitals are eligible for the Hospital IQR Program, APUs, etc.)

- Access the QualityNet Question & Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- Select IQR- Inpatient Quality Reporting under the Program field
- Select General Information under the Topic field

Hospital OQR Program and ASC Quality Reporting Program-Measure Specific Questions

- Access the QualityNet Question & Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- Select OQR- Outpatient Quality Reporting or ASC- Ambulatory Surgical Centers Quality Reporting Program under the Program field
- Select Hip/Knee PRO-PM under the Topic field

Questions

Continuing Education Approval

This program has been approved for continuing education credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

Thank You

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