



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

**Voluntary Reporting of the Hospital-Level
THA/TKA PRO-Based Performance Measure
Presentation Transcript**

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Donna Bullock: Good afternoon! Welcome to today's event, *Voluntary Reporting of the Hospital-Level THA/TKA PRO-Based Performance Measure*.

My name is Donna Bullock. I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, and I will be the moderator for today's webinar. Before we begin, I would like to make a few announcements. This program is being recorded. In the upcoming weeks, this recording, along with a transcript of the presentation and a question-and-answer summary, will be posted to the Quality Reporting Center website. That is www.QualityReportingCenter.com. If you registered for this event, a link to the slides was sent to you a few hours ago. If you did not receive that email, you can download the slides during the webinar, using the link shown in the Chat section. You can also download them from the Quality Reporting Center website. This webinar has been approved for one continuing education credit. Additional information will be provided at the end of this event. As we move through the webinar, if you have questions, please type them into the Ask a Question window. Be sure to include the slide number associated with your question. We will answer questions as time allows after the event. Our speakers today are Kristina Burkholder, the Measure Implementation and Stakeholder Communication Lead with the Hospital Outcome Measure Development, Reevaluation, and Implementation Contractor. Also, Coleen Toby is the Product Manager, Access and Submissions, for the Hospital Quality Reporting Application Development Organization.

The purpose of today's event is to provide participants with an overview of the Hospital-Level THA/TKA Patient-Reported Outcome-Based Performance Measure implementation, timeline, and data submission process.

At the conclusion of the event, participants will be able to understand the following: the measure overview, the measure implementation timeline, the measure data submission process, the measure technical specifications and file format expectations, and the resources for voluntary reporting.

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Here is a list of some of the acronyms and abbreviations that we will use during today's presentation.

I would now like to turn the presentation over to Kristina Burkholder. Kristina, the floor is yours.

Kristina

Burkholder:

Thank you, Donna. 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 and a reminder about implementation plans before going into details about data submission.

The goal of the measure is to assess a patient's improvement after hip or knee surgery, and this is done 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. This is the first ever PRO-PM of its kind, and it incorporates patient self-assessment into the measure outcome. This measure aligns with CMS's Meaningful Measures Framework, and hospitals can participate in two voluntary reporting periods prior to mandatory reporting.

Which patients should you be collecting your PROs on? The Hospital-Level Hip/Knee PRO-PM includes patients who are Medicare Fee for Service and are 65 years or older. The patient should be undergoing an elective inpatient, total hip or knee replacement procedure, either unilateral or bilateral in the same hospitalization. The procedure is not a revision, doesn't include a partial replacement or resurfacing, and is not a result of a mechanical complication. The patient does not have a femur, hip, or pelvic fracture, or certain types of cancers. While the measure cohort is calculated based off ICD-10 codes, the flowchart depicted here on Slide 8 can help you identify eligible patients prior to the procedure. While your hospital only needs to submit PROs for 50 percent of your eligible procedures, it is recommended that you collect and submit more PROs to increase your chances of success.

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You'll need to collect and submit several data elements for the calculation of the Hip/Knee PRO-PM. You'll need to collect either the HOOS Jr. for hip patients or KOOS Jr. for total knee patients, both pre-operatively and post-operatively. You'll need to collect several risk variables pre-operative only. These include several mental health survey questions from either the VE-12, Promise Global, Health Literacy question, BMI, or height and weight, narcotic use, and patient pain reported in the non-operative joint and back. In order to match the PRO data that you're submitting claims, you also need to submit several additional variables, like your hospital's CCN, the patient's MBI, date of birth, procedure date, procedure type, whether it's right or left, hip or knee, and admission date. These variables are submitted pre- and post-operatively. Lastly, you'll need to submit several PRO-related variables, such as the date the PRO data were collected, the mode of collection, the person completing the survey, and which version of the mental health Survey you used.

The pre-operative data from the previous slide should be collected anywhere from 90 days before the surgery to the day of the procedure. Post-operative data should be collected 300 to 425 days after the procedure. That wraps up the quick overview of the measure and data collected for the Hip/Knee PRO-PM .If you'd like additional information about the measure, please see the previous voluntary reporting webinar from September 2022 or the measure methodology report available on QualityNet.

Now, I will go over the implementation timeline.

CMS finalized a phased implementation approach for the Hip/Knee PRO-PM in the fiscal year 2023 IPPS rule.

Based on stakeholder feedback, there are two voluntary periods prior to implementation in the Hospital IQR Program, starting in fiscal year 2028.

For payment determination in fiscal year 2028, hospitals will need to submit matched pre- and post-operative PRO data or at least 50 percent of their eligible hip and knee procedures.

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It's recommended that your hospital collect more than 50 percent pre-operative data to help your hospital be successful, as post-operative data may not be able to be collected on every one of those patients due to things like the patient moving for example. Hospitals will receive response rates and measure score information once the post-operative data submitted, during voluntary reporting, as applicable. While the measure scores will be confidential, hospital participation in voluntary reporting and response rates will be publicly available during voluntary reporting.

Slide 13 depicts a figure of the dates for Voluntary Reporting 1, Voluntary Reporting 2, and the start of mandatory reporting. These dates include the performance period, pre- and post-operative data collection windows, and respective submission deadlines. For the 2025 voluntary reporting period, or Voluntary Reporting 1, this uses only six months of data. The procedures are performed from January 1, 2023, to June 30, 2023, with the pre-operative data collection starting last fall in October 2022. It just ended on June 30, 2023. Mandatory Reporting 1 of pre-operative data is highlighted in the red box here. That's what you'll be submitting now until October 2, 2023. We recommend that your hospital try to submit the data before the deadline so you have sufficient time to make any corrections if needed. The post-operative data collection window will be later this fall from October 28, 2023, to August 28, 2024. Those data will need to be submitted by September 30, 2024. The Voluntary Reporting 2 performance period just started July 1, 2023, and will go to June 30, 2024. If your hospital hasn't started collecting data for Voluntary Reporting 1, you have now the opportunity to begin with Voluntary Reporting 2. Pre-operative data collection goes from April 2023, earlier this spring, all the way to June 30, 2024. As you can see, you'll be submitting your post-operative data from Voluntary Reporting 1 and your pre-operative data from Voluntary Reporting 2 at the same time, by September 30, 2024. At the bottom of the graphic, there in teal, you can see the first year of mandatory reporting, which uses procedures performed from July 1, 2024, to June 30, 2025.

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Now, we'll discuss who can submit data and the different file formats, along with some common questions about what data to submit.

So, who can submit the PRO data? Hospitals have the flexibility to either submit the data themselves or have a vendor submit the data on their behalf.

Hospitals or vendors will submit data via the Hospital Quality Reporting, or HQR, platform. Hospitals can submit their PRO data via a CSV file, an XML file, or enter their data manually via web form.

The first option shown here is the CSV file. If you open the template in Excel, this is how the file would look. Note, if you do populate the CSV file using Excel, please keep in mind that the CSV files do not contain formatting, like Excel files do. So, you'll have to keep that in mind and lookout for leading 0s, dropping, and making sure you keep track of the formatting. Please do save the file as a CSV file if you are entering using the Excel app.

Here is an example of an XML file.

Lastly, your hospital can submit via manual entry.

As a reminder, you'll only be submitting pre-operative data for this first voluntary reporting period. Data submission ends by October 2. Your hospital will be sending patient-level information of patient reported outcome measures. That's either the HOOS or KOOS. These include risk variables, like health literacy, and matching variables, like the date of birth, and additional PROM data related to the mode of data collection.

Next, I'll walk through a couple of situations you may encounter when entering your patient data.

For the hospital level Hip/Knee PRO-PM, outpatient procedures are not included in the measure cohort. Recently, the measure was proposed to be adopted in both the [Hospital] OQR and ASCQR Programs. For more details, please see the calendar year 2024 OPSS rule.

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Although outpatient data are not required as yet, CMS does understand that it may be easier to collect inpatient and outpatient PRO data. If you're unsure if a patient would be considered outpatient or inpatient, send the PRO data you've collected, and CMS will determine its eligibility.

Your hospital may also have patients who have had a bilateral procedure, or, say, a right and left hip replacement on the same day. These patients are included in the measure. You can submit the data for the bilateral procedure as one entry.

As you are submitting the PRO data for your patients, you may have some cases where there are missing data. You can think of the data bucketed into three bins. One, the first bucket, is complete data. These data are included in the measure cohort and calculation of the outcome and would count towards your APU. Bucket 2 would be incomplete data. Say you were able to collect some information from a patient, but you are missing some other variables, such as the Health Literacy Survey. This would be considered incomplete. This patient would not be included in the measure cohort or in the outcome. However, they would be included in the calculation of the non-response bias. So, if you have partially filled out information for our patient, you can submit that to CMS, and that would be included as part of the non-response bias weighting. However, these incomplete records would not count towards your facility's APU. Lastly, no response is similar to the incomplete data; these patients are not included in the cohort or the outcome, and they do not count towards your APU. However, they would be included in the non-response bias weighting.

Now, I'll hand this over to Colleen to go over how to submit your data in the HQR platform.

Colleen Toby: Thank you, Kristina. I am Colleen Toby, Product Manager for Access and Submissions at the Hospital Quality Reporting Application Development Organization.

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I am now going to demonstrate how to submit your THA/TKA pre-operative data in the Hospital Quality Reporting System. This demonstration will take place in the test environment. Any organizations you see in data submitted as part of this demonstration is for testing purposes only and not real. You can refer to slides 25 through 43 as a summary of my demonstration, as needed.

Start by navigating to HQR.CMS.gov to log in to HQR. Enter your user ID and password from your HARP account, and click on Login. If you are not set up to access HQR, or you are having issues logging in, you can click on the Having Trouble Logging In link.

Next, you will have to select your two-factor authentication method using the drop-down box. Then, you click Next. Enter the code that you receive, and click Next.

Once you have successfully logged into HQR, you will end on the dashboard page. When submitting these data for the first time, you should check that you have the correct permissions to submit data. To do this, click on the arrow by your name in the top right-hand corner. Then, click My Profile.

Scroll down to view the organizations that you have access to and select the one that you were using to submit the data.

Click on View Access. To submit THA TKA PRO-PM data in HQR, you will need to have the role for Data Submissions for the Patient-Reported Outcomes Performance Measure for the [Hospital] IQR Program with at least the Upload/Edit permissions level. If you are a Security Official of your organization in HQR, you should have this role automatically. If you are a basic user, you will need to request a change in access that your SO will approve, or your Security Official can grant you this role directly themselves. Once you've confirmed that you have the role, then you can submit data.

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Unless you are a vendor or registry, you need to check your provider authorizations. If you are a vendor or registry, you should check that the provider for which you are submitting these data has authorized you to do so in HQR. You can do this by navigating to the Provider Authorization screen under Administration in the side navigation menu. Click on your provider to view their access. Under Data Submissions, you will need the Patient-Reported Outcome Performance Measure role for the [Hospital] IQR Program with active THA/TKA measure access with the Upload/Edit permission level. If you do not see the access, contact your provider to have them set it up. If it is there, then you are all set to begin submitting data.

Using the left-hand side menu, select Data Submissions. You will see different tabs based on your permissions. If you have the Data Submissions Patient-Reported Outcomes Performance Measure role, you will see the PRO-PM tab. Click on this tab.

You can submit this measure via file upload or data form. There are buttons here for both options. With File Upload as the default select option. If you want to submit files, you need to select their submission type, Test or Production. Test files are for practice, and they do not count towards your submission to the [Hospital] IQR Program. Production files do count towards your submission. I'm going to demonstrate uploading a Production file, so I'm going to click Production.

Files can be uploaded by dragging and dropping the file onto the table or by clicking the blue Select Files button.

If uploading a zip file, ensure that your zip file does not contain any directories or zip files within it to prevent delays in processing. I'm going to upload an XML file for this demonstration.

Once the file has been uploaded successfully, it will appear at the top of the File Upload table. Once it completes processing, the Download link in the Errors column will become enabled.

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If this link is not enabled, your file has not completed processing. You will know that your file has done processing when it has either an Accepted, Rejected, or Partially Accepted status, which applies to CSVs only. You will also receive an email, once your file is done processing, notifying you of your file's status. Once the link is enabled, click Download to download a CSV of your file's errors to your machine.

Open the report to view the errors the system found with your file. Some errors are informational and will not cause your file to be rejected. While others are critical, and they will cause your file to be rejected. For more information on which errors are informational and which are critical, refer to the File Upload Edit Messages document on QualityNet. Let's review the error report for the file it just uploaded.

On this error report, you see the file name of the file I uploaded, the CCN, batch ID, upload date, the organization that uploaded, status, and some errors. If there is more than one error, it will display in multiple rows on this report. You can see my file was accepted, but it has an error since the procedure date was in the incorrect format. My XML file had a date without leading 0s. It was just one character for the month. Since that date does not follow this format, the date will not be stored in the system. However, my file was accepted, so the rest of the survey data will be stored in the system. If your file is rejected, it's not stored in the system at all because it had a critical error, and that error would be listed on the report. If your file has a status of Partially Accepted, that means it is a CSV file, and at least one of the rows was rejected, and the rest was accepted. That rejected row will not be stored in the system until you correct it, but the rest of the accepted rows will be stored in the system.

There are multiple options available for correcting any rejected submissions, partially accepted submissions, or accepted submissions that have some errors.

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It can be corrected via file upload by correcting the bad file and keeping the four key data elements the same. Those four key data elements are MBI, CCN, survey type, and procedure type. Then, you correct the bad data and upload the file again. That will overwrite your existing submission for that patient survey. You can also edit it manually in the data form.

I'm now going to show you how to access the data form and view or edit your THA/TKA submissions using the data form. To access the data form, you will want to scroll back up and find that Data Form toggle. Click on it.

Click THA/TKA Surveys.

This will take you to the Patient-Reported Outcome Performance Measure Index page. You can select the applicable submission period and the fiscal year drop-down. For now, it only contains 2025. You can see there is an open submission period and that, for our pre-operative surveys for THA/TKA, there are currently two surveys submitted in the system. If no surveys have been submitted, there will be a Start button that takes you directly to a blank data form that is ready for you to fill up. If you already have surveys submitted, maybe from a file upload or from previous data form submissions, you will see the Survey Count and the View button. Click View to view these surveys in more detail.

On this page, you can view all the surveys submitted thus far across all submission methods. There is a search bar for searching for specific surveys, by MBI, procedure type, or procedure date. You can just type in your search criteria, and hit Enter. The table will adjust to your result.

You can click the Reset button to reset the table. You can also sort the surveys in the table by clicking on the headers. At default, this table is sorted by the last updated survey. So, this first item here is from the file I just uploaded.

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You can sort by different columns by clicking on them, once for descending or twice for ascending. You can delete your surveys in this table either individually by clicking the three dots to the right to access the utility menu and then selecting Delete. This will permanently delete the survey from your submission. The only way to recover it would be to submit it again via file upload or data form. So, do not delete this unless you are serious. You can click Cancel to not delete it. You can delete multiple surveys at once by selecting the check boxes, or you can delete all of them by selecting the check box in the top-left corner. Then, I click Delete. I'm not going to delete this right now, but, if you wanted to, you could click Delete.

You can edit surveys directly in this data form by either clicking the blue hyperlink MBI or the three dots on the right to access the Edit button in the utility menu.

This will take you to a data form with the data filled out from your previous submission, whether it was a file upload or a data form. I can just change a value in here, and click Submit. That value is now changed for my submission. You can also add a new survey by clicking on the blue Add Patient Survey button.

This will give you a blank data form. A few things about this data form: There are two required fields. The MBI field and the Procedure Type field at the bottom need to be filled out before this survey can be successfully submitted. The Procedure Type field and the Generic PROM Version field are both dynamic when you select Procedure Type.

The applicable HOOS or KOOS questions will appear, then it is the same for the Generic PROM Version. The applicable PROM Version will appear based on your selection. There's also a warning modal that pops up, letting you know that you have missed responses, if you tried to submit without those missed responses.

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I'm going to fill in my MBI here, so that I can submit this survey and show you the missing survey responses pop-up, letting you know that your survey may not be able to be used to calculate measure outcomes since it's missing some applicable data. You can either click Enter Missing Responses to go back and enter them, or you can click Submit and submit the survey. Here it is at the top as my most recent updated survey.

So, just to reiterate, everything listed in this table is your confirmed submission of THA/TKA pre-operative surveys for this provider. They can be edited or added via file upload, whether it's an XML or CSV file, as well as here via the data form. They can be deleted only at the screen via the data form. Any changes that you make via either method should save here, and you can view the total submission here on this screen.

To drive this point home, I'm going to fix the file I uploaded previously. I'm going to fix that procedure date. As you can see, it's not here because, remember, it was in a bad format. I will upload a file with a fixed procedure date and then come back and show you that the date is visible in the data form.

I'm going to navigate back to File Upload by clicking the Back buttons up at the top and then selecting Production. I'm going to select my file.

This time, I'm going to do a CSV file. Now, this CSV file has the same MBI, CCN, survey type, and procedure type as the XML file I uploaded earlier. So, it doesn't matter that it's a different format. Those key elements are the same, so the data will overwrite that survey stored in the system.

So, it was accepted. I'm going to check the error report really quickly. You can see it says: No errors found. So, now I'm going to go look in the data form by scrolling up and clicking Data Form THA/TKA Surveys. I have three because we added a new one. I'm going to click View.

Then, this MBI appears, the one that I added, and you can see there's now a procedure date here. Then, you can even open it up, and see the date of the eligible procedure. That concludes my demonstration. I will now pass it back to Kristina.

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Kristina

Burkholder:

Thanks, Colleen. Now, I'm going to go over some resources on QualityNet that are available to your hospital at this time.

In order to find the resources, you can go to QualityNet, Hospital Inpatient Measures, and click Learn More for the Hip/Knee PRO-PM, as seen here.

On the Resources tab, you can find multiple resources, such as fact sheets describing the topics covered today, such as the timeline, who to collect data on, how to collect the data, as well as the methodology report, and a brochure you can give to patients to let them know about the importance of participation, and information about the surveys.

You will also find resources discussed today, such as the XML file template, the CSV file template, as well as instructions, and the PRO data elements, or data dictionary, which describes what variables to submit and the formatting of those variables.

You'll also find an edits document, which will contain common error messages you may encounter while you're uploading your data file to the portal.

If your hospital has questions, you can submit them via the QualityNet Q&A Tool. Select IQR Program and Hip/Knee PRO-PM in the Topic list. Now, on to Donna for the Q&A session.

Donna Bullock:

Thank you, Kristina. We will now have an opportunity to answer a few questions on the air. Our first question refers to slide number 8. Does this measure include bilateral TKAs?

Kristina

Burkholder:

This is Kristina. Yes, the measure does include bilateral procedures in the measure cohort.

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I did see another question out there about what people should enter for P type for bilateral procedures. So, again, hospitals should submit their hip and knee PRO data for bilateral procedures, and you only need to submit one. So, say you have a right hip and a left hip. For P type, you can choose either right or left hip, and we will match the data. If you are uncertain what to enter, just enter both rows for left hip and for right hip with all the same values for all of the elements. We'll make sure that the data are accurately collected. Thank you.

Donna Bullock: Thanks, Kristina. Here's our next question. The PROMIS survey has 10 questions, but only questions 2, 4, 5, and 10 were included on the template set out. Do we only need those four questions for submission?

Kristina Burkholder: Yes, that's correct. So, for the Hip/Knee PRO-PM measure, only the mental health related question, those four questions, 2, 4, 5, and 10, which comprise the mental health subscale are required for the voluntary and mandatory reporting of this measure.

Donna Bullock: Thanks very much, Kristina. Here's our next question. Is it too late to participate in the 2026 voluntary reporting? We will not have pre-operative data for the entire span of time. We would just now be starting with the pre-operative data collection.

Kristina Burkholder: That's a great question. No, it is not too late to start participating. We strongly encourage hospitals to participate in voluntary reporting, even if you have not started. You're still in the pre-operative data time frame. This will give your hospital the opportunity to get experience with both data collection within your facility and submission prior to mandatory reporting. Hospitals will be able to submit their pre-op PRO data for those procedures for Voluntary Reporting 2, so eligible procedures that started on July 1, 2023, all the way to June 30, 2024, and you'll be sending that data in the summer of 2024. Again, there's no penalty for how much data that you submit for voluntary reporting. So, we definitely encourage that.

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Donna Bullock: Thanks, Kristina. Here's our next question. Can some data be submitted by CSV and other data manually entered, or does all data for a patient need to be submitted in the same format?

Colleen Toby: This is Colleen. So, you are able to submit some data via multiple formats as long as you have the four required data elements in your submission. Those are the CCN, MBI survey type, and procedure type.

Donna Bullock: Thank you, Colleen. Our next question: Is the manual form individually done for each patient, while we can have separate rows in CSV format?

Colleen Toby: This is Colleen again. So, the manual data form represents one patient's procedures survey. The CSV would have one row for each patient survey, so then you could include multiple patients if you have multiple rows in that one CSV file.

Donna Bullock: Thank you. Here's our next question. If we decide to submit the data manually, how many times can they be submitted to QualityNet?

Colleen Toby: You can submit and resubmit as many times as you need during the open submission period as long as you keep those four data elements the same. Every time you upload, your data will be overwritten with the latest data that you've submitted.

Donna Bullock: Thank you, Colleen. Here's our next question. Is there a minimum number of completed surveys, pre and post matched, needed in order to avoid a penalty?

Kristina

Burkholder: This is Kristina. For voluntary reporting, there is no minimum required. Hospitals are encouraged to submit at least 50 percent in order to prepare for mandatory reporting. For mandatory reporting, in 2027, hospitals must collect and submit 50 percent of eligible complete pre-operative patient-reported outcome data with matching post-operative data as a minimum amount for meeting your hospital's APU in the Hospital IQR Program.

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- Donna Bullock:** Thanks, Kristina. Here's our next question. Can you edit data? Can you edit in the data form, even if you submit by CSV?
- Colleen Toby:** This is Colleen, Yes, you can. You should be able to find surveys from your CSV in your data form, and then you can edit them by clicking on that blue hyperlinked MBI.
- Donna Bullock:** Thanks, Colleen. Can you verify that a zip file of XML files will be allowed for submission?
- Colleen Toby:** Yes, you will be able to submit zip files of XML files.
- Donna Bullock:** We're waiting for our next question. What data elements are used for succession management for data submissions in HQR?
- Colleen Toby:** These would be the XML, sorry, the CCN, yield, MBI, the survey type, and the procedure type.
- Donna Bullock:** OK. Thank you. Where can I view my file feedback in HQR?
- Colleen Toby:** This is Colleen. Your file feedback in HQR can be viewed in the File Upload page under that download link that appears next to your file in the Error column.
- Donna Bullock:** Thank you. What methods am I able to use to submit THA/TKA PRO-PM data to HQR?
- Colleen Toby:** This is Colleen again. The XML file, CSV file, or data form are the three methods that you can use to submit.
- Donna Bullock:** Thank you. Here's our next question. Is this only for inpatient coded patients, or does this include outpatient Medicare patients?
- Kristina Burkholder:** Great question. We did see a couple of questions about whether this was inpatient or outpatient.

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So, currently, the Hip/Knee PRO-PM measure that is going to be implemented for the [Hospital] IQR Program is only for inpatient Medicare Fee for Service patients. So, it will not include outpatient Medicare Fee for Service patients at this time. We do want to note that CMS recently published the calendar year 2024 OPSS proposed rule, which is now available, which does propose that CMS may be collecting outpatient Medicare Fee for Service data for the Hip/Knee PRO-PM measure, and we do encourage hospitals to take a look at that. It is available on the *Federal Register* at this time.

Donna Bullock: Thank you. Here's our next question. Will we be able to submit a PROMIS 10 and the HOOS on separate lines for the same patient procedure time point, as long as they have the same essential four data elements, or, if a new row comes in, will the existing incomplete PRO be overridden?

Colleen Toby: This is Colleen. So, that's a good point, A new row if they are with the Promise 10, but not the HOOS/KOOS, would overwrite the previous one. So, the latest submission for those four data elements is the goal as taken. So, you can submit via multiple methods, but if you don't include everything from your previous submission, it will get overwritten.

Donna Bullock: Thanks, Colleen. The next question: Will vendors be able to upload the files?

Colleen Toby: This is Colleen. If your vendor has been authorized by the provider and has the appropriate role, they should be able to upload files.

Donna Bullock: Thank you. We're waiting for another question to come in. Just a moment. Here's our next question. If my file was accepted, does that mean my hospital met CMS's reporting requirements? I think I was on mute when I asked that question, so let me ask it again.

Kristina

Burkholder: This is Kristina. I was trying to get off mute. That's a really great question.

Hospital Inpatient Quality Reporting (IQR) Program

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

So, when the hospitals are submitting their data, both during voluntary reporting, but more importantly, later during mandatory reporting, when, as Colleen demonstrated, when you submit your data, you may get an accepted or rejected file. The accepted file submission means that CMS received your data and was able to save the file that you uploaded. You should definitely take a look at those error messages to identify what CMS accepted and if there's any issues with the file. However, just because the file was accepted, it does not mean that you met your mandatory reporting requirements per the [Hospital] IQR Program. You will find that out later when you get your preview period, and you see your results and how many submissions were accepted and matched to eligible claims.

Donna Bullock: Thank you, Kristina. I believe we're almost out of time for live questions, but we do have one more that just came in. Where can we find the approved HOOS and KOOS?

Kristina

Burkholder: Great question. You can find all of the HOOS and KOOS, information about the other data elements, as well as a data dictionary, which includes all these elements, the response options, and the timing of data collection. This is all going to be available on QualityNet. You can find this on QualityNet.cms.gov, under Hospitals-Inpatient, Measures, THA/TKA PRO-PM, and on the Resources tab. You'll be able to find a bunch of resources there about data submission, as well as pre- and post-operative data collection and what data elements to submit.

Donna Bullock: Thank you, Kristina. That is all the time that we have for live questions.

This webinar has been approved for one continuing education credit. If you registered for the webinar, you will receive an email that includes the survey link and other continuing education information within 24 hours. If you attended the event, but did not register, please obtain this email from someone who did register, and you can use it. You can obtain detailed information about our continuing education processes on the QualityNet website. Just click the link on this slide. This concludes today's presentation. Thank you so much for attending. Enjoy the rest of your day.