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 Question and Answer Summary

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Plans for Implementation

Question 1: **When does mandatory reporting start?**

Mandatory reporting of Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Patient-Reported Outcome (PRO)-Performance Measure (PM) in the Hospital Inpatient Quality Reporting (IQR) Program starts with Fiscal Year (FY) 2028 payment determination. The first mandatory reporting period will include eligible procedures between July 1, 2024, and June 30, 2025. Preoperative PRO and risk variable data will be collected between April 2, 2024, and June 30, 2025, and submitted by September 30, 2025. Postoperative PRO data would be collected between April 27, 2025, and August 29, 2026, and submitted by September 30, 2026. CMS will send feedback reports to hospital in 2027, and those results would impact FY 2028 payment determination.

Question 2: **Slide 12. What impact or what penalty will hospitals receive if they do not report 50 percent of their cases? If a facility only gets matching pre- and post- responses for less than 50 percent of their cases, what impact does this have? Fifty percent completed is a very high completion rate.**

Hospitals that fail to meet the 50 percent of the Hospital IQR Program reporting requirement when mandatory reporting begins will receive a reduction in their annual payment update (APU) in FY 2028.

CMS selected the 50 percent reporting threshold after considering numerous factors and the experience of the Center for Medicare and Medicaid Innovation (CMMI) Comprehensive Care for Joint Replacement (CJR) Model participants. CMS will evaluate the reporting threshold during voluntary reporting and consider adjustments based on feedback prior to mandatory reporting, but any changes would require future rulemaking.

Question 3: **Slide 12. If there are 100 eligible patients, must we capture at least 50 patients' preoperative and postoperative surveys?**

Yes, for voluntary and mandatory reporting, if a hospital has 100 eligible THA/TKA patients, they would be required to collect and submit complete preoperative PRO data and matching postoperative PRO data for at least 50 eligible THA/TKA patients. CMS recommends hospitals collect and submit complete data on more than 50 percent of their eligible patients for hospitals to maximize the potential for them to be successful in meeting the 50 percent Hospital IQR Program reporting requirement, as some patients may not be able to be reached for postoperative data collection.

Question 4: **Slide 12. Is there a minimum volume of inpatient joint replacements to be eligible for mandatory reporting? With more of these elective procedures moving to the outpatient arena, is there any type of exclusion based on volume of procedures done for the eligible procedure time-period?**

Hospitals participating in the Hospital IQR Program with at least one eligible THA/TKA procedure would be eligible for mandatory reporting of the THA/TKA PRO-PM. The THA/TKA PRO-PM does not have an exclusion based on the volume of procedures done for the eligible procedure time-period.

Hospitals must collect and submit 50 percent of eligible, complete preoperative data with matching complete postoperative data as a minimum amount of data for mandatory reporting in the Hospital IQR Program. CMS recommends hospitals collect and submit complete data on more than 50 percent of their eligible inpatient THA/TKA patients for hospitals to maximize the potential for them to be successful in meeting the 50-percent Hospital IQR Program requirement, as some patients may not be able to be reached for postoperative data collection.

Question 5: **Slide 12. Do we still have to submit if our hospital has less than 25 cases?**

Yes, hospitals participating in the Hospital IQR Program with at least one eligible THA/TKA procedure would be eligible to submit data for voluntary and mandatory reporting of the THA/TKA PRO-PM.

Question 6: **What is the expectation for the postoperative measure if patients do not respond? Is there a certain percentage of post-op follow-ups that must be met?**

If a patient does not respond to the postoperative PRO surveys, that patient would not be included in the hospital's THA/TKA PRO-PM measure result, and this would impact the hospital's ability to reach the required 50-percent submission threshold.

Hospitals must collect and submit 50 percent of eligible, complete preoperative data with matching complete postoperative data as a minimum amount of data for mandatory reporting in the Hospital IQR Program. CMS recommends hospitals collect and submit complete data on more than 50 percent of their eligible inpatient THA/TKA patients for hospitals to maximize the potential for them to be successful in meeting the 50-percent Hospital IQR Program requirement.

Any eligible THA/TKA patient who does not respond to the postoperative PRO survey is accounted for in the statistical approach used for addressing potential non-response bias. Using inverse probability weighting (IPW), weights for responders, incomplete responders, and non-responders across all hospitals are calculated and applied to the hierarchical risk model for calculation of hospital measure scores. This approach considers the patient characteristics of all eligible THA/TKA patients to address potential non-response bias.

Refer to Section 2.7.1 of the Measure Methodology Report to learn about this approach. This report is available on QualityNet: https://qualitynet.cms.gov at
Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology

Question 7: **What happens if the PRO form is submitted, and it does not qualify? If the patient misses one question, will it still count as submitted?**

If a patient misses one question on their PRO survey, the patient would be considered as an incomplete submission. However, CMS has not yet provided guidance on how incomplete submissions will be treated when calculating Hospital IQR Program participation requirements. Please monitor future communications on the topic for more information.

Please note: any eligible THA/TKA patient who does not respond to the postoperative PRO survey is accounted for in the statistical approach used for addressing potential non-response bias. Using inverse probability weighting (IPW), weights for responders, incomplete responders, and non-responders across all hospitals are calculated and applied to the hierarchical risk model for calculation of hospital measure scores. This approach considers the patient characteristics of all eligible THA/TKA patients to address potential non-response bias.

Question 8: **If you participate in voluntary reporting (VR)-1 and VR-2, are you not reporting the same information for April and May since the reporting time overlaps?**

To clarify, the first and second voluntary reporting periods utilize distinct eligible procedure periods. (VR-1 is January 1 through June 30, 2023. VR-2 is July 1, 2023, through June 30, 2024.) Please note that hospitals would submit postoperative PRO data for procedures in VR-1 and preoperative PRO data for procedures in VR- 2 by September 30, 2024 (overlapping submission period).

You can find details on the eligible procedure periods as well as the data collection and data submission timeframes in the "What is the PRO-PM Timeline?" factsheet available on QualityNet: https://qualitynet.cms.gov at Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

Question 9: **Slide 13. Does a facility need to participate in VR-1 and VR-2 or just one?**

Hospitals can choose to participate in either or both voluntary reporting periods. CMS encourages all hospitals eligible for the Hospital IQR Program to participate in the voluntary reporting periods to get experience with the PRO data collection and submission prior to mandatory reporting.

Voluntary Reporting Overview

Question 10: **Is the measure for inpatient admissions only? Many hip and knee surgeries are now done as outpatient.**

The THA/TKA PRO-PM included in the Hospital IQR Program only includes eligible inpatient THA/TKA procedures. Therefore, outpatient THA/TKA procedures are not eligible for this measure in the Hospital IQR Program. CMS will continue to monitor the shift of these procedures towards the outpatient setting and consider adding the measure to the Hospital Outpatient Quality Reporting Program.

Although the collection of PRO data for outpatient procedures is not required at this time, we acknowledge it may be easier for hospitals to collect PRO data on both inpatient and outpatient procedures given: 1) it may be difficult to identify inpatient and outpatient procedures in advance and 2) it may be advantageous to collect PRO data on the outpatient population in the event CMS adopts the measure for the outpatient settings. Any future adoption of the measure to other settings would be announced during future rulemaking.

Question 11: **Would you include outpatient procedures at an acute care hospital?**

Outpatient procedures are not eligible for the THA/TKA PRO-PM implemented in the Hospital IQR Program.

The THA/TKA PRO-PM uses final action Medicare administrative claims data to identify eligible inpatient THA/TKA procedures. If a procedure has an eligible Part A inpatient claim, they would be eligible for this measure.

If a patient has their procedure at an acute care hospital and is billed as an outpatient, this patient would not be eligible for the measure. If a patient goes from outpatient to inpatient, if the final claim is an inpatient claim, then that patient would be eligible.

Although the collection of PRO data for outpatient procedures is not required at this time, we acknowledge it may be easier for hospitals to collect PRO data on both inpatient and outpatient procedures given: 1) it may be difficult to identify inpatient and outpatient procedures in advance and 2) it may be advantageous to collect PRO data on the outpatient population in the event CMS adopts the measure for the outpatient settings. Any future adoption of the measure to other settings would be announced during future rulemaking.

Question 12: **With CMS driving elective THA and TKA as outpatient procedures, our inpatient elective procedures have drastically reduced. Does CMS plan to change any of the THA/TKA measures (complications, readmissions, or PRO) to align with outpatient changes?**

In past rulemaking public comments and stakeholder engagements, we have heard recommendations to expand the THA/TKA PRO-PM to the outpatient setting. CMS recognizes that potential future adoption and implementation of a respecified version of the THA/TKA PRO-PM in the Hospital Outpatient Quality Reporting (OQR) Program would require sufficient numbers of procedures for each measured hospital outpatient department and ambulatory surgical center (ASC) to ensure a reliable measure score (87 FR 49255). Additional information about the inclusion of the measure in additional programs/settings or changes to the measure to accommodate changes in care patterns would occur during future measure communications.

Question 13: **Has the inclusion population been evaluated? Our providers tend to book most of our THA/TKAs in ambulatory surgery (outpatient), not as an inpatient.**

The measure developer evaluated the inclusion population of the THA/TKA PRO-PM (inpatient THA/TKA procedures). Stakeholders recommended that CMS include the THA/TKA PRO-PM in the ambulatory surgical center (ASC) setting. CMS recognizes that potential future adoption and implementation of a respecified version of the THA/TKA PRO-PM in the Ambulatory Surgical Center Quality Reporting Program would require sufficient numbers of procedures for each measured ASC to ensure a reliable measure score (87 FR 49255).

Additional information about the inclusion of the measure in additional programs/settings or changes to the measure to accommodate changes in care patterns would occur during future communications about the measure.

Question 14: **What are the hip disability and osteoarthritis outcome score (HOOS) and knee disability and osteoarthritis outcome score (KOOS)?**

The HOOS, Joint Replacement (JR) and KOOS, JR are joint-specific surveys used to evaluate THA/TKA patients' functional

status and pain. The HOOS, JR contains six questions. The KOOS, JR contains seven questions. These measures are scored on a scale between 0–100 where 0 represents total hip or knee disability and 100 represents perfect hip or knee health. You can find these surveys at https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp.

For this measure, we evaluate whether patients had a substantial clinical benefit (SCB) improvement of 22 points or more on the HOOS, JR for hip patients and 20 points or more on the KOOS, JR for knee patients between the preoperative and postoperative assessments. Stakeholders supported the use of SCB improvement thresholds for the HOOS, JR and KOOS, JR because they are: 1) understood by patients, providers, and stakeholders; 2) clinically meaningful to patients; and 3) capture variation in patient outcomes among hospitals that reflects differences in care quality among hospitals.

Question 15: **Are HOOS and KOOS the only acceptable evaluation tools?**

The THA/TKA PRO-PM requires specific data elements, including the HOOS, JR (for THA) and KOOS, JR (for TKA). The HOOS and KOOS (long form) surveys include additional questions not required for this measure and therefore do not need to be submitted. In addition to collection of the HOOS, JR or KOOS, JR preoperatively and postoperatively, the measure requires collection of the following data elements preoperatively: Mental Health Subscale items from either Patient-Reported Outcomes Measurement Information Systems (PROMIS)-Global or Veterans Rand 12-Item Health Survey (VR-12); Health Literacy (SILS2) ("How comfortable are you filling out medical forms by yourself?"); Body mass index (BMI) or height/weight; use of chronic (≥ 90 days) narcotics; Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint ("What amount of pain have you experienced in the last week in your other knee/hip?"); and Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question ("My BACK PAIN at the moment is...")

A complete list of the data elements and timing of data collection for this measure can be found in the "What Data Should I Collect" fact sheet on QualityNet: https://qualitynet.cms.gov at Hospitals – Inpatient > Measures> THA/TKA PRO-PM > Resources

Question 16: **Slide 17. Is collection only required for Medicare patients that have an inpatient hip or knee coded with Diagnosis Related Grouping (DRG) 470/469 or does the denominator include outpatient Current Procedural Terminology (CPT) codes 27447/27130 as well?**

DRG and CPT codes are not used to identify the THA/TKA PRO-PM cohort. We only evaluate inpatient hip or knee procedures by using International Classification of Diseases (ICD)-10 codes. Outpatient THA/TKA procedures are not eligible for the THA/TKA PRO-PM implemented in the Hospital IQR Program.

Question 17: **CPT codes for hip and knee outpatient and/or same day patients were added for the Comprehensive Care for Joint Replacement (CJR) specifications. Why can't they be included in this measure?**

The THA/TKA PRO-PM included in the Hospital IQR Program only includes eligible inpatient THA/TKA procedures as the Hospital IQR Program is specific to care provided in the inpatient setting. The CJR program is a separate payment model with separate requirements. Please note that the procedures eligible for PRO and risk variable data collection for the CJR program have not changed and that outpatient THA/TKA procedures have been included in the CJR program for bundling and payment.

Question 18: **Would you be able to provide a listing of the ICD-10 procedure codes or are they provided in the methodology document?**

ICD-10 codes to define the THA/TKA PRO-PM cohort will be available on QualityNet at a later date.

The "Who do I collect PRO data on?" factsheet provides information on how eligible patients are determined for patient-reported outcome (PRO) data collection for the hospital-level THA/TKA PRO-PM.

This resource is available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources.

In case it is helpful as a reference, we are sharing the location of the THA/TKA complication measure supplemental code file. Please note the elective, primary THA/TKA procedures for the THA/TKA PRO-PM align with the elective, primary THA/TKA procedures for the THA/TKA complication measure. Refer to the ICD-10 codes found in Tables 1 and 2 of the 2022 THA/TKA Complications Measure Supplemental File, available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > Complication Measures > Methodology. Please note that final codes for the THA/TKA PRO-PM cohort will be available on QualityNet in the future.

Question 19: **Are these solely claims-based measures?**

This measure is a PRO-PM, which uses both PRO data and administrative claims data. PRO and patient- and provider-reported risk variables are collected and submitted by hospitals and used in the calculation of the measure. The measure uses claims data to identify the eligible procedures and to identify additional risk variables.

Question 20: **How does CMS suggest hospitals collect data from patients?**

CMS supports flexibility in collecting PRO data. Hospitals can collect PRO data using methods that align with their clinical workflow and patients' preferences. These are some of the options that hospitals can use: email, telephone, mail, electronic submission (like a patient portal), tablets, paper form during an appointment, or visit with a care team member.

To learn more about the timing and mode of collection options, refer to the "How and When can Patient-Reported Outcome (PRO) Data be Collected?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

Question 21: **What is the recommended method for distributing these questionnaires to patients? How do you account for a patient not responding to, not completing, and not returning requested data?**

CMS supports flexibility in collecting PRO data. Hospitals can collect PRO data using methods that align with their clinical workflow and patients' preferences. These are some of the options that hospitals can use: email, telephone, mail, electronic

submission (like a patient portal), tablets, paper form during an appointment, or visit with a care team member.

To learn more about the timing of PRO data collection and mode of collection options, please refer to the "How and When can Patient-Reported Outcome (PRO) Data be Collected?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

To account for potential non-response bias, patients with no response or incomplete responses are accounted for in the calculation of hospital THA/TKA PRO-PM scores using a statistical approach called stabilized inverse probability weighting (IPW). Using IPW, weights for responders, incomplete responders, and non-responders across all hospitals are calculated and applied to the hierarchical risk model for calculation of hospital measure scores. This approach considers the patient characteristics of all eligible THA/TKA patients to address potential non-response bias.

Refer to Section 2.7.1 of the Measure Methodology Report to learn about this approach. This report is available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology

Question 22: **Why is this included in the Hospital IQR Program when these functional assessments are done pre-surgery and post-surgery in the physician's offices? It seems more appropriate for physicians or orthopedic clinics to collect these data. Why are you placing this burden on hospitals?**

The THA/TKA PRO-PM was developed for the hospital setting. Its goal is to promote collaboration and shared decision-making between patients and providers across the full spectrum of care. Given that the procedure is taking place at the hospital, it is important for the hospital to collect and track trends in patient-reported outcomes. CMS seeks to advance patient-centered measurement with as little burden as possible to both providers and patients.

CMS acknowledges that hospitals will need to determine the mode of data collection that works for their clinical workflows and patient population. CMS encourages hospitals to use PRO data collection processes best suited to them.

While PRO-PMs require providers to integrate data collection into clinical workflows, this integration provides an important opportunity for patient-reported outcomes to inform clinical decision making and benefit patients by engaging them in discussions about potential outcomes. Further, CMS believes that clinicians, providers, and hospitals should determine practices that avoid duplication across care settings. CMS will continue to monitor data collection burden and duplication during the voluntary reporting period.

Question 23: **How can we confirm 12 months of Part A and 12 months of Part B?**

Hospitals will not need to confirm a patient's Medicare Part A and Part B enrollment status for the 12 months prior to their inpatient procedure for this measure. During future measure calculation, CMS will evaluate the Medicare Fee-For-Service (FFS) Enrollment Database to confirm Part A and Part B enrollment for the measure cohort criteria.

Question 24: **What happens if a patient starts as an outpatient and converts to inpatient during the hospital stay? You would have no pre- data, only post-data if the change happens during the hospital stay. Is that why we are only required to submit for 50 percent of eligible patients?**

If a patient is converted from an outpatient to inpatient status during their hospital stay, that patient may be eligible for the THA/TKA PRO-PM cohort (provided they met all other measure inclusion/exclusion criteria). Since hospitals will need to collect PRO data before coding or claims types are determined for an eligible elective, primary THA/TKA, we recommend identifying eligible patients for PRO data collection using the clinical criteria included in the "Who do I collect PRO data on?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

The 50-percent Hospital IQR Program reporting requirement was chosen as a starting threshold based on feedback from several years of PRO data collection by CJR participating hospitals, specifically the average response rates for both preoperative and postoperative surveys collected by participating hospitals in the CJR Model.

Hospitals are not held to the 50-percent reporting requirement until mandatory reporting. CMS believes hospitals will therefore have time to develop their data collection and reporting processes. CMS will evaluate the reporting requirement during voluntary reporting and consider adjustments based on feedback prior to mandatory reporting.

Question 25: **How should we send out the preoperative questions if we do not know if the patient will become an inpatient? There are very few total joint patients that are admitted as inpatients anymore. The denominator for this measure is going to be extremely small.**

We agree that monitoring trends and transition of THA/TKA procedures to outpatient settings is important. Significant numbers of these procedures are still performed in the inpatient setting and measuring the quality of care of these procedures is important.

Since hospitals will need to collect PRO data before coding or claims types are determined for an eligible elective, primary THA/TKA, we recommend identifying eligible patients for PRO data collection using the clinical criteria included in the "Who do I collect PRO data on?" factsheet available on QualityNet at https://qualitynet.cms.gov: > Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

CMS supports flexibility in collecting PRO data. Hospitals can collect PRO data using methods that align with their clinical workflow and patients' preferences.

Question 26: **Since this is inpatient only, are the questionnaires for all hip and knee surgeries (inpatient and outpatient)? If the surgery is converted to inpatient, we will have to be prepared to submit the data. This is going to place a large tracking burden on hospitals.**

CMS's aim is to promote better collection and integration of patients' voices by incorporating PRO-PMs that are embedded into clinical workflow, easy to use, and reduce reporting burden.

Since hospitals will need to collect PRO data before coding or claims types are determined for an eligible elective, primary THA/TKA, we recommend identifying eligible patients for PRO

data collection using the clinical criteria included in the "Who do I collect PRO data on?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures THA/TKA PRO-PM > Resources.

Although the collection of PRO data for outpatient procedures is not required at this time, we acknowledge it may be easier for hospitals to collect PRO data on both inpatient and outpatient procedures given: 1) it may be difficult to identify inpatient and outpatient procedures in advance and 2) it may be advantageous to collect PRO data on the outpatient population in the event CMS adopts the measure for the outpatient settings. Any future adoption of the measure to other settings would be announced during future rulemaking.

Question 27: **Are we submitting pre- and post- data for the same patients, or are these data random pulls each time?**

Hospitals must collect and submit preoperative and postoperative PRO and risk variable data for the same patients. For example, for the first voluntary reporting period, if you had a patient with an eligible THA or TKA procedure in January 2023, your hospital would collect preoperative PRO and risk variable data for this patient 0–90 days prior to their procedure and postoperative PRO data for this patient 300 and 425 days after their procedure. Your hospital would submit their preoperative PRO data by October 2, 2023, and their postoperative PRO data by September 30, 2024. In future measure calculation, CMS would match the patients' preoperative and postoperative PRO data. You can find details on the eligible procedure periods, preoperative and postoperative PRO data collection timeframes, and data submission timeframes in the "What is the PRO-PM Timeline?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

In terms of the Hospital IQR Program reporting requirement, hospitals must collect and submit 50 percent of eligible, complete preoperative data with matching eligible, complete postoperative data as a minimum amount of data for mandatory reporting in the Hospital IQR Program. CMS recommends hospitals collect and submit complete data on more than 50 percent of their eligible inpatient THA/TKA patients for hospitals to maximize the potential for them to be successful in meeting the 50-percent Hospital IQR requirement.

Question 28: **Are critical access hospitals (CAHs) required to collect and report this measure?**

CAHs are not part of or eligible for the Hospital IQR Program. As such, they are not required to submit the measure to CMS. However, as with all other Hospital IQR Program measures, CMS strongly encourages that the CAHs use the measures and voluntarily submit the data for quality improvement.

Question 29: **Is it required to capture 100 percent of eligible cases?**

As noted in the FY 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, for mandatory reporting, the requirement is 50 percent of complete matched preoperative PRO, risk variable, and postoperative PRO data for eligible THA/TKA patients; the 50% threshold is also encouraged in voluntary reporting. CMS recommends hospitals collect and submit complete PRO data on more than 50 percent of their eligible inpatient THA/TKA patients for hospitals to maximize the potential for them to be successful in meeting the 50 percent of the Hospital IQR Program requirement.

Question 30: **Slide 18. Under the Patient- or Provider-Reported Risk Variables, are all those listed required to be completed?**

In order to meet the 50-percent Hospital IQR Program requirement, eligible THA/TKA patients must complete all of the preoperative PRO and risk variable data listed on slide 18.

Question 31: **Slide 18. How is chronic narcotic use greater than or equal to 90 days defined? For example, is it any use within 90 days versus specific day/week/month use?**

The "use of chronic (≥90 day) narcotics" variable is defined as having any daily or regular intermittent dose of morphine (or hydromorphone equivalent) for at least 90 days. These data can be collected within 90 days of the patient's elective primary THA/TKA procedure if the clinical care team expects the patient to remain on narcotics until surgery, at which time the patient will have been on narcotics for at least 90 days.

This definition intends to capture patients with severe pain requiring chronic narcotics prior to THA/TKA procedures and is somewhat subject to interpretation. We leave it to individual surgeons or healthcare providers (that is, clinicians interacting with the patient/the patient's medical record) to determine whether the medication the patient is on is a narcotic and whether very short replacement narcotic use warrants coding as chronic narcotic use for the purposes of collecting this variable. Lastly, providers should collect data that reflects overall narcotic use (or any narcotic use), not just narcotic use specific to joint pain.

Question 32: **Slide 18. Is the Health Literacy (SILS2) required?**

Yes, the Single Item Line Health Literacy Screener is a required data element for preoperative patient-reported outcome (PRO) data collection. This data element must be collected 0–90 days prior to an eligible THA/TKA procedure and is used in risk adjustment. The question is, "How comfortable are you filling out medical forms by yourself?" The response options are Not At All, A Little Bit, Somewhat, Quite A Bit, and Extremely.

Question 33: **Are eligible procedures keyed off of the surgical date (for example, a TKA on January 1), or are you expecting to collect baseline for cases as early as October 3, 2022?**

For the first voluntary reporting period, the eligible procedure window is January 1, 2023, through June 30, 2023. The THA/TKA PRO-PM requires preoperative PRO and risk variable data collection 0–90 days prior to an eligible THA/TKA procedure; therefore, the preoperative PRO data collection window starts on October 3, 2022. Procedures conducted before January 1, 2023, are ineligible for voluntary reporting given they occur prior to the eligible procedure window.

You can find details on the eligible procedure periods, data collection timeframes, and data submission timeframes in the "What is the PRO-PM Timeline?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals Inpatient > Measures > THA/TKA PRO-PM > Resources

Question 34: **Slide 20. The American Joint Replacement Registry (AJRR) just changed the postoperative PROM collection timeframe to 270–425 days. Why is Medicare not aligned with those dates?**

We have forwarded your input to the measure reevaluation team for their consideration. In development of the THA/TKA PRO-PM, the measure developer conducted extensive stakeholder engagement, a thorough literature review, and reviewed registry data capture to inform the postoperative assessment window (initially 270 to 365 days) for capture of full recovery from both THA and TKA and alignment with the typically scheduled one-year, post-surgery appointments. This was done so that the collection of postoperative data would not require an additional appointment.

Following several years of PRO data collection through the CJR Model, clinical experts expressed concern that the initial 365-day upper limit missed patients who were scheduled or rescheduled for this one-year follow-up beyond 365 days, and they strongly advocated for shifting the postoperative data collection window to better align with clinical practice and increase PRO data collection.

For more information on the rationale for a 300- to 425-day postoperative PRO data collection window, please refer to Section 2.4 of the Measure Methodology Report on QualityNet at https://qualitynet.cms.gov: Hospitals– Inpatient > Measures > THA/TKA PRO-PM > Methodology

Question 35: **Slide 22. Is there a suggestion for a social assessment for patients before PRO is filled out to help assess their possibility for success?**

For the purposes of the THA/TKA PRO-PM, there is no suggestion for a social assessment to be filled out to help assess a patient's possibility for success.

Please be aware that CMS has adopted the Screening for Social Drivers of Health measures which assess 1) whether a hospital implements screening and 2) screen positive rate for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. For more information about these measures, please refer to pages **49202-49220** of the FY 2023 IPPS final rule.

Question 36: **Slide 22. If multiple follow-up interviews occur, and more than one set of postoperative data is collected, does the hospital choose which set to submit?**

Yes. If multiple postoperative PRO surveys are collected for an eligible patient, the hospital would choose which survey to submit to CMS. Please note that multiple sets of postoperative

PRO surveys are not required for the purposes of this measure. For the postoperative PRO data collection, the THA/TKA PRO-PM requires collection of the HOOS, JR (for hip patients) or KOOS, JR (for knee patients) 300–425 days following an elective primary THA/TKA procedure.

Question 37: **Slide 24. Can you clarify what is publicly reported during the voluntary period? Is our participation only shared, or are actual scores shared?**

For voluntary reporting of the THA/TKA PRO-PM, CMS will publicly report which hospitals choose to participate in voluntary reporting and/or the percent of preoperative data submitted by participating hospitals for the first voluntary reporting period and their percent of preoperative and postoperative matched PRO data submitted for subsequent voluntary reporting periods. During voluntary reporting, CMS will share confidential feedback reports to participating hospitals. If feasible, CMS will include the hospital's risk-standardized improvement rate and other results that support an understanding of their performance. In future mandatory reporting, CMS will publicly report the measure results and response rates.

Question 38: **Slide 24. If we choose to participate in the voluntary periods, when will we receive feedback on our performance? It appears that only the preoperative data for VR-1 will be completed before the mandatory preoperative data collections begins in April 2024.**

For voluntary reporting of the THA/TKA PRO-PM, CMS will publicly report which hospitals choose to participate in voluntary reporting and/or percent of preoperative data submitted by participating hospitals for the first voluntary reporting period and their percent of preoperative and postoperative matched PRO data submitted for subsequent voluntary reporting periods.

For the first voluntary reporting period, CMS intends to provide participating hospitals with their results in confidential feedback reports in 2025. During voluntary reporting, CMS will share confidential feedback reports to participating hospitals. If feasible, CMS will include the hospital's risk-standardized improvement rate and other results that support an understanding of their performance. Please note that the first voluntary reporting period uses just six months of procedures. This allows

hospitals an opportunity to receive feedback more quickly on and improve their data collection and submission processes.

Measure Details

Question 39: **Is a patient excluded if they have only both hips replaced, or only both knees replaced, or if they have a hip and a knee done in the measurement period?**

If a patient had a bilateral procedure (both hips or both knees replaced) during the same hospitalization, they are eligible for the THA/TKA PRO-PM measure cohort. If a patient has a THA or TKA procedure during a single hospitalization and then subsequently undergoes a THA or TKA procedure during a separate hospitalization during the measurement period, this would qualify as staged procedures.

Patients with staged procedures during the measurement period are excluded from the cohort. Please refer to Section 2.3 of the Measure Methodology Report to learn about the measure cohort criteria. This report is on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology.

Question 40: **If the March 2021 methodology data elements that quote the question do not match the provided references for a specific question, which version should we use? For example, the SILS2 measure is worded differently in the 2021 Methodology Report than in the current report referenced in this presentation. Methodology: "How comfortable are you filling out medical forms by yourself?" Morris et al: "How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?" These questions are different and would likely not have the same psychometric properties. The response categories also differ.**

The health literacy question required for the THA/TKA PRO-PM is, "How comfortable are you filling out medical forms by yourself?" The response options are Not At All, A Little Bit, Somewhat, Quite A Bit, and Extremely.

CMS will post a data dictionary (which will include the questions and response options for all data elements) on its QualityNet website. In the interim, please find the data elements required for

the THA/TKA PRO-PM in the "What Data Should I Collect" factsheet on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

The tables in Appendix C of the Measure Methodology Report represent all the data elements used in measure development. For the PROMIS-Global and VR-12, only the mental health questions which comprise the mental health subscale are required for voluntary reporting and mandatory reporting. (The full survey was used in measure development.)

Question 41: **"Procedure type" is not listed in the March 2021 methodology document. What are the specifications for this element? Is it the ICD-10-Procedure Coding System (PCS) code?**

The Procedure Type variable is a designation of whether that PRO submission is for a left hip replacement, a right hip replacement, left knee replacement, or right knee replacement. This variable will ensure we match the PRO survey to the correct joint/laterality. CMS will post a data dictionary (which will include the questions and response options for all data elements) on its QualityNet website.

Question 42: **Slide 27. For inclusion criteria for this measure, is it looking at all ICD-10 codes or just the primary diagnosis code?**

The measure cohort evaluates ICD-10 diagnosis and procedure codes to define elective primary procedures.

Specific criteria (to exclude mechanical complications and malignant neoplasms) evaluate the principal discharge diagnosis, while other criteria (to exclude specific fractures) evaluate principal or secondary discharge diagnosis fields and present on admission (POA) coding for periprosthetic fractures.

Question 43: **Slide 28. Is there a list of the ICD-10 codes that apply? Is there also a list of the ICD-10 codes that qualify as exclusions?**

ICD-10 codes to define the THA/TKA PRO-PM cohort will be available on QualityNet at a later date.

The "Who do I collect PRO data on?" resource provides information on how eligible patients are determined for patient-reported outcome (PRO) data collection for the hospital-level THA/TKA PRO-PM. This resource is available on QualityNet at

https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

The elective, primary THA/TKA procedures for the THA/TKA PRO-PM align with the elective, primary THA/TKA procedures for the THA/TKA complication measure. The ICD-10 codes can be found on Tables 1 and 2 of the 2022 THA/TKA Complications Measure Supplemental File available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > Complication Measures > Methodology. Please note that final codes for the THA/TKA PRO-PM will be available on QualityNet in the future.

Question 44: **Slide 28 and 29. Is a patient excluded if they have a stroke or another condition that effects mobility and/or quality of life?**

This measure does not have an exclusion for patients that have a stroke or another condition that affects mobility and/or quality of life. The measure does risk adjust for a number of clinical factors utilizing patient- or provider-reported variables and claims data. Refer to Section 2.6 of the Measure Methodology Report for a complete list of the risk variables.

The Measure Methodology Report is available on QualityNet at https://qualitynet.cms.gov: >Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology

Question 45: **As there are a lot of exclusions, how will we know what final ICD-10 code will be applied? Should we try to gather these preoperative data elements for all hip and knee surgeries to be safe?**

Since hospitals will need to collect preoperative PRO data before determining if the ICD-10 codes for the procedure are for an eligible elective, primary THA/TKA, we recommend identifying eligible patients for PRO data collection using the clinical criteria included in the "Who do I collect PRO data on?" factsheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources. ICD-10 codes to define the THA/TKA PRO-PM cohort will be available on the QualityNet website at a later date.

Question 46: **Slide 29. If a patient had a prior titanium trochanteric fixation nail (TFN) and then needs a THA, would that case be included in the cohort?**

If a patient had a previous TFN and then needs a total hip replacement, this scenario would likely fall into the exclusion category that pertains to a concurrent implanted device/prosthesis removal procedure. Therefore, this case would not be included in the measure cohort. You can find a complete list of implanted device/prosthesis removal procedure codes in Table 2 of the 2022 THA/TKA Complications Measure Supplemental File available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > Complication Measures > Methodology

A supplemental file specific to the THA/TKA PRO-PM will become available on the QualityNet website. We refer you to the THA/TKA complication supplemental file as both measures use the same criteria to identify elective, primary THA/TKA procedures.

Question 47: **Slide 29. Is a patient excluded if they had a right total knee replacement (TKR) and then had a left TKR six weeks later, or is this referring to a patient that had a right TKR at one hospital and then went to another hospital for a left TKR?**

If a patient has an eligible right TKA followed by an eligible left TKA six weeks later, this patient would be identified as having staged procedures and would be excluded from the measure cohort. The measure excludes multiple procedures which occur during distinct hospitalizations, regardless of whether the subsequent procedure(s) occur at the same or different hospitals.

Please refer to Section 2.3 of the Measure Methodology Report to learn about the measure cohort criteria. This report is available on QualityNet at (https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology

Question 48: **Slide 29. Is the case excluded if a patient had a THA in May and a TKA later in the reporting period?**

If a patient has a THA or TKA procedure during a single hospitalization and then subsequently has a THA or TKA procedure during a separate hospitalization during the measurement period, this would qualify as staged procedures.

Patients with staged procedures during the measurement period are excluded from the cohort.

Question 49: **Slide 29. Why 300 days for the exclusion?**

We interpret your question as asking about excluding patients who die within 300 days after their THA/TKA procedure from the measure cohort. Patients who die within 300 days are unable to complete PROM data in alignment within the postoperative PROM collection timeframe and are therefore removed from the measure cohort.

Question 50: **Slide 30. How many of the risk variables are required in reporting? Do we only complete Total Painful Joint Count or Oswestry if a patient identifies it as a problem, or in all cases?**

Hospitals need to submit the following patient- or provider-reported risk variables for all eligible THA/TKA procedures. The variables must be collected 0–90 days prior to an eligible THA/TKA procedure: Mental Health Subscale items from either PROMIS-Global or VR-12; Health Literacy (SILS2) ("How comfortable are you filling out medical forms by yourself?"); BMI or height/weight; Use of Chronic (≥90 days) Narcotics; Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint ("What amount of pain have you experienced in the last week in your other knee/hip?"); and Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question ("My BACK PAIN at the moment is...")

A complete list of the data elements and timing of data collection for this measure can be found in the "What Data Should I Collect" fact sheet available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures>THA/TKA PRO-PM > Resources

Question 51: **Slide 31. Do all PROM intervals need to be complete for that submission to count towards the facility's PROMs completion rate? If preoperative data are collected, but postoperative data are not (e.g., the patient does not respond), is the patient excluded from the denominator or included with no improvement or substantial clinical benefit (SCB)? In other words, does an unavailable postoperative response hurt the hospital, or is it not applicable?**

Hospitals must submit complete preoperative and postoperative PRO data to count toward a hospital's submission requirement. If a patient has complete preoperative PRO data but is missing postoperative PRO data, the patient would be removed from the measure cohort as the patient's measure outcome could not be calculated (improvement between preoperative and postoperative assessments). In this scenario, the patient would be considered as an incomplete submission. However, CMS has not yet provided guidance on how incomplete submissions will be treated when calculating the Hospital IQR Program participation requirements. Please monitor future communications on the topic for more information.

Question 52: **Slide 31. If a patient reports a baseline score, but does not complete a one-year score, is the calculation off of total procedures, total reporting baseline, or patients reporting both?**

CMS will identify the total number of eligible procedures performed in the procedure time-period using administrative claims data. Administrative claims data will be used in calculating the proportion of total eligible procedures for which the hospital submitted PRO data.

If a patient does not complete the postoperative PRO survey, the patient would be considered as an incomplete submission. However, CMS has not yet provided guidance on how incomplete submissions will be treated when calculating the Hospital IQR Program participation requirements. Please monitor future communications on the topic for more information.

Question 53: **Slide 32: What are SCB improvement thresholds for knee/hip procedures?**

For hip patients, the SCB improvement is an increase of 22 points or more on the HOOS, JR. For knee patients, the SCB improvement is an increase of 20 points or more on the KOOS, JR.

Question 54: **Where does the 20-point increase in SCB come from? Is there literature to support those 20 points?**

The SCB thresholds were identified in analyses of published literature (Lyman S, Lee Y-Y, McLawhorn AS, Islam W, MacLean CH. What are the minimal and substantial improvements in the HOOS and KOOS and JR versions after total joint replacement? Clinical Orthopaedics and Related Research®.

2018;476(12):2432–2441), tested in measure development data, and evaluated with considerable stakeholder input.

The SCB thresholds for the HOOS, JR (22-point change) and the KOOS, JR (20-point change) are anchor-based thresholds identified by statistical analyses conducted by the developers of the HOOS, JR and the KOOS, JR. The selection of these thresholds for the THA/TKA PRO-PM best met the following criteria: 1) understood by patients, providers, and stakeholders; 2) clinically meaningful to patients; and 3) capture variation in patient outcomes among hospitals that reflects differences in care quality among hospitals.

Question 55: **Is the national goal or threshold equal to 60 percent SCB? How will CMS publicly report the metric?**

To clarify, the measure outcome uses the following SCB thresholds to measure individual patient improvement following a THA or TKA: Hip patients have a 22-point improvement threshold on the HOOS, JR. and Knee patients have a 20-point improvement threshold on the KOOS, JR.

The measure results are a hospital's risk-standardized improvement rate (RSIR), reflecting the risk-standardized proportion of eligible THA/TKA procedures for which the patient experienced SCB improvement. For future public reporting, CMS will publicly report a hospital's RSIR and response rate.

Question 56: **Are patients excluded from the denominator if they expire before 10 months post procedure? Are there any other post-procedure reasons for exclusion? For instance, if the patient is experiencing significant morbidity due to other conditions (such as a stroke or malignancy), the post-PRO may not meaningfully reflect the functional results of the procedure.**

Patients who pass away before the postoperative PRO data collection timeframe begins (300 days or 10 months after the procedure) would be excluded from the measure cohort. Patients alive when the postoperative PRO data collection timeframe begins would still be eligible for the measure cohort.

We forwarded your input, regarding patients experiencing significant morbidity due to another condition, to the measure reevaluation team for consideration.

This measure does not have an exclusion for patients who have a stroke or another condition that affects mobility and/or quality of life. The measure cohort does not include patients who have 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 for their THA/TKA procedure.

In addition, please note that the measure does risk adjust for a number of clinical factors utilizing patient- or provider-reported variables and claims data. Refer to Section 2.6 of the Measure Methodology Report for a complete list of the risk variables.

The Measure Methodology Report is available on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Methodology

Question 57: **Are patients discharged on the day of surgery excluded?**

If the patient meets all measure cohort criteria, including having an eligible inpatient THA/TKA procedure, they would be included in the measure cohort. The measure cohort does not have specific exclusion criteria for patients discharged the same day of their surgery.

Data Submission

Question 58: **Is this measure submitted as aggregated data, just numerators and denominators, or patient-level data?**

Hospitals must collect and submit PRO, risk variable, and matching data preoperatively and PRO and matching data postoperatively for every single patient. More information on the file format and data submission will be forthcoming.

Question 59: **Will this data be submitted directly to QualityNet?**

The data will be submitted through the *Hospital Quality Reporting (HQR) Secure Portal* (formerly, the QualityNet Secure Portal). More information regarding data submission will be forthcoming.

Question 60: **Should we follow the question wording and answer format specifications in the March 2021 Methodology Report (pages 75–92) for data formatting and submission?**

CMS will post a data dictionary (which will include the questions and response options for all data elements) on its QualityNet website in the future. More information regarding data submission will be forthcoming.

In the interim, the data elements required for the THA/TKA PRO-PM can be found in the "What Data Should I Collect" factsheet on QualityNet at https://qualitynet.cms.gov: Hospitals – Inpatient > Measures > THA/TKA PRO-PM > Resources

You can refer to the tables in Appendix C of the Measure Methodology Report to see the questions and responses for each data element used in measure development. For the PROMIS-Global and VR-12 only, the mental health questions, which comprise the mental health subscale, are required for voluntary reporting and mandatory reporting (while the full survey was used in measure development).

Question 61: **Can hospitals collect and report the data themselves, or must they contract with a CMS-approved vendor?**

Hospitals, as with other Hospital IQR Program measures, can either submit the data themselves or contract with a vendor of their choice to submit the data on their behalf.

If using a vendor, as with all the other IQR measures, the hospital will follow an authorization process within the HQR Secure Portal for that vendor to submit data on its behalf.

Question 62: **Does QualityNet provide a list of vendors that support PRO reporting?**

As there is no contractual agreement between CMS and vendors, there is no list of vendors identified as available to submit data to CMS.

CJR

Question 63: **How will this align with current CJR PRO collection? How does this differ from the voluntary CMS CJR program PRO survey submissions?**

Both the data collection effort in CJR and the voluntary reporting of the THA/TKA PRO-PM are aligned, but they have slight differences. The THA/TKA PRO-PM uses data similar to the data required for CJR PRO data collection. The CJR model started in April 2016. The PRO and risk variable data collection for the voluntary reporting of the THA/TKA PRO-PM starts in October 2022.

Measure cohort - Both the voluntary CJR PRO data collection and the THA/TKA PRO-PM focus on inpatient elective primary THA/TKA procedures for Medicare Fee for Service beneficiaries.

The THA/TKA PRO-PM has additional cohort exclusion criteria (staged procedures, patients who were discharged against medical advice, and patients who die within 300 days after their procedure).

PRO and risk variable elements - The THA/TKA PRO-PM requires fewer data elements than the CJR PRO data collection. It only requires the mental health questions within the mental health subscale on the PROMIS-10 or VR-12 and only requires collection of these elements preoperatively. It does not allow submission of the HOOS/KOOS subscales and instead includes the HOOS, JR and KOOS, JR surveys. It does not require race/ethnicity preoperatively.

Preoperative and postoperative PRO data collection timeframes - Both the voluntary PRO data collection in CJR and the THA/TKA PRO-PM have the same preoperative data collection timeframe: 0–90 days prior to an eligible elective primary THA/TKA. The voluntary PRO data collection in CJR postoperative PRO data collection timeframe is 270–425 days after an eligible elective primary THA/TKA procedure. The THA/TKA PRO-PM postoperative PRO data collection timeframe is 300–425 days after an eligible elective primary THA/TKA PRO-PM.

Eligible procedures and data submission timing – For THA/TKA procedures performed July 1, 2022 – June 30, 2023 CJR: Yes – PY 7. (Data submission deadlines between CJR and THA/TKA PRO-PM differ for PY 7/VR1 only.)

VR-1 for the THA/TKA PRO-PM use only data for January 1, 2023 – June 30, 2023, THA/TKA procedures. For THA/TKA procedures performed July 1, 2023 – June 30, 2024: CJR: Yes – PY 8. VR-2 for the THA/TKA PRO-PM: Yes

Reporting requirement/submission requirement - Voluntary and mandatory reporting of the THA/TKA PRO-PM: Complete preoperative and complete matched postoperative PRO data for 50 percent eligible THA/TKA patients. CJR PY 7 and 8: post-op data for eligible procedures July 1, 2021–June 30, 2022, ≥ 80 percent or ≥ 300 eligible procedures; pre-op data for eligible procedures July 1, 2022–June 30, 2023 ≥ 85 percent or ≥ 400 eligible procedures; post-op data for eligible procedures July 1, 2022–June 30, 2023 ≥ 85 percent or ≥ 400 eligible procedures; and pre-op data for eligible procedures July 1, 2023–June 30, 2024≥ 90 percent or ≥ 500 eligible procedures.

Question 64: **Is this replacing the CJR program?**

The THA/TKA PRO-PM implemented in the Hospital IQR Program is not replacing the CJR program. Your hospital can participate in both CJR and TKA/THA PRO-PM voluntary efforts.

Registries and Other Data Collection Entities

Question 65: **Our hospital belongs to the Michigan Arthroplasty Registry Collaborative Quality Initiatives (MARCQI), and they collect PROs for hip and knees. Do we collaborate with them for this information so that patients are not reviewing and duplicating these answers? Are you able to pull PRO data from the MARCQI registry?**

Hospitals can collaborate with registries to collect and submit the PRO and risk variable data for the THA/TKA PRO-PM. Hospitals or third parties (such as registries and vendors) will be able to use the *HQR Secure Portal* to submit preoperative and postoperative PRO data to CMS. Please note: If a hospital elects to use a third party (like a registry) to submit measure data for the Hospital IQR Program, the hospital will need to complete a process to authorize the other party to submit on its behalf.

Question 66: **Are you working with the American Academy of Orthopaedic Surgeons (AAOS) to obtain these data? We already submit outcomes measures to them.**

Hospitals can collaborate with registries to collect and submit the PRO and risk variable data for the THA/TKA PRO-PM. Hospitals or third parties (such as registries and vendors) will be able to use the *HQR Secure Portal* to submit preoperative and postoperative PRO data to CMS.

Please note: If a hospital elects to use a third party (like a registry) to submit its measure data for the Hospital IQR Program, the hospital will need to complete a process to authorize the other party to submit on its behalf.

Question 67: **We use PatientIQ to collect PROMs. Has CMS discussed this with vendors?**

CMS has no contractual agreements with vendors. Hospitals or vendors will be able to collect and submit the PRO and risk variable data for the THA/TKA PRO-PM. Please note: If a hospital elects to use a third party (like a vendor) to submit its measure data for the Hospital IQR Program, the hospital will need to complete a process to authorize the other party to submit on its behalf.

Question 68: **Is there any plan to leverage the American Academy of Orthopedic Surgeons American Joint Replacement Registry (AJRR) database, which collects PROMs for procedures in the same way as The Joint Commission Advanced Orthopedic Certification, or other databases to report these data to CMS?**

Hospitals can utilize registries as an acceptable form of data collection and data submission for the measure. If a hospital elects to use a third party (like a registry) to submit measure data for the Hospital IQR Program, the hospital will need to complete a process to authorize the other party to submit on its behalf.

Resources and Miscellaneous

Question 69: **Can you provide a link to the resource for this measure on the QualityNet website?**

Please see the QualityNet link here for THA/TKA PRO-PM resources.

Question 70: **Do you have the scoring algorithm available?**

We interpret your question as asking about the scoring algorithm for the HOOS, JR and KOOS, JR. Please visit https://www.hss.edu/files/HOOS-JR-Scoring-Instructions-2017.pdf for the HOOS, JR scoring instructions. Please visit https://www.hss.edu/files/KOOS-JR-Scoring-Instructions-2017.pdf for the KOOS, JR scoring instructions.

If you are asking a different question, please reach out to our team by submitting a question to the QualityNet Question and Answer Tool: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question You can send your questions directly to our team by choosing IQR- Inpatient Quality Reporting Program in the Program list and selecting Hip/Knee PRO-PM in the Topic list.

Question 71: **Will we be able to enter these data in the CMS Abstraction & Reporting Tool (CART)?**

The measure will not be available in CART.