



July 2025

**Public Reporting HSRs:
Hybrid, Claims-Based, and
THA/TKA PRO-PM Measures**

Hosted by:
Donna Bullock, BSN, MPH, RN
**Inpatient and Outpatient Healthcare Quality Systems Development and
Program Support**

June 10, 2025

Speakers

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Hospital Quality Reporting Application Development Organization

Purpose

This event will provide an overview of the Hospital-Specific Reports (HSRs) for the hybrid measures, claims-based measures, and the Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA) Patient Reported Outcome-Based Performance Measure (PRO-PM) publicly reported in July 2025.

Objectives

Participants will be able to:

- Understand hybrid and claims-based measure reporting and results.
- Understand the criteria, timeline, and reporting of the THA/TKA PRO-PM.
- Understand the response rates, calculations, and the voluntary reporting results for the THA/TKA PRO-PM.
- Access and review the HSRs.
- Submit questions related to the public reporting preview period.

Acronyms

AMI	acute myocardial infarction	HUG	HSR User Guide
APU	Annual Payment Update	HWM	Hospital-Wide Mortality
BMI	body mass index	HWR	Hospital-Wide Readmission
CABG	coronary artery bypass graft	ICD	International Classification of Diseases
CCDE	core clinical data elements	ID	identification
CCN	CMS Certification Number	IPW	inverse probability weighting
CCS	Clinical Classifications Software	IQR	Inpatient Quality Reporting
CCSQ	Center for Clinical Standards and Quality	KOOS	Knee injury and Osteoarthritis Outcome Score
CMS	Centers for Medicare & Medicaid Services	MBI	Medicare Beneficiary Identifier
COPD	chronic obstructive pulmonary disease	N/A	not applicable
CSV	comma-separated value	Op	operative
eCQI	electronic clinical quality improvement	POA	Present on Admission
EDAC	Excess Days in Acute Care	PROM	patient-reported outcome measure
EHR	electronic health record	PROMIS	Patient-Reported Outcomes Measurement Information System
FAQs	Frequently Asked Questions	PRO-PM	Patient Reported Outcome-based Performance Measure
FY	fiscal year	RSIR	Risk-Standardized Improvement Rate
HARP	Health Care Quality Information Systems Access Roles and Profile	SCB	Substantial Clinical Benefit
HOOS	Hip dysfunction and Osteoarthritis Outcome Score	SILS2	Single-Item Literacy Screener
HQR	Hospital Quality Reporting	THA/TKA	Total Hip Arthroplasty/Total Knee Arthroplasty
HSR	Hospital-Specific Report	VR	Veterans Rand

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Inpatient and Outpatient Healthcare Quality Systems Development
and Program Support

July 2025 Public Reporting and Measures

Measures and Discharge Periods

Measures	Discharge Period
Readmission: <ul style="list-style-type: none"> Acute Myocardial Infarction (AMI) Chronic Obstructive Pulmonary Disease (COPD) Heart Failure (HF) Pneumonia Coronary Artery Bypass Graft (CABG) THA/TKA 	July 1, 2021–June 30, 2024
Hybrid: <ul style="list-style-type: none"> Hybrid Hospital-Wide Readmission (HWR) Hybrid Hospital-Wide Mortality (HWM) 	July 1, 2023–June 30, 2024
Mortality: <ul style="list-style-type: none"> AMI Mortality COPD Mortality Heart Failure Mortality Pneumonia Mortality Stroke Mortality CABG Mortality 	July 1, 2021–June 30, 2024
Complication: <ul style="list-style-type: none"> THA/TKA Complication 	April 1, 2021–March 31, 2024
Payment: <ul style="list-style-type: none"> AMI Heart Failure Pneumonia 	July 1, 2021–June 30, 2024
Excess Days in Acute Care (EDAC) <ul style="list-style-type: none"> AMI Heart Failure Pneumonia 	July 1, 2021–June 30, 2024
Patient Reported Outcome Performance Measure <ul style="list-style-type: none"> THA/TKA PRO-PM 	January 1, 2023–June 30, 2023

Important Dates

- July 2025 Public Reporting HSRs were delivered **May 14, 2025.**
- The July 2025 Public Reporting preview period is **May 15–June 13, 2025.**

Accessing Your HSR

- You can now download the July 2025 Public Reporting HSR from the Hospital Quality Reporting (HQR) system: <https://hqr.cms.gov/hqrng/login>
- The HQR system requires users to have a Health Care Quality Information Systems Access Roles and Profile (HARP) account with access to Managed File Transfer (MFT) to log on.
- Follow the steps below to access your HSR in the HQR system:
 - Log into the HQR system using your HARP Account. Then, select Log In.
 - Choose the authentication method. Select Next.
 - Enter your code. Select Next.
 - Go to the navigation menu on the left side of your screen.
 - Select Program Reporting. Select Measures detail.
- If your profile did have a HARP account with access to MFT permissions prior to May 15, 2025, and you cannot view your report, please contact the Center for Clinical Standards and Quality (CCSQ) Service Center at QNetSupport@cms.hhs.gov or call (866) 288.8912.

How to Use Confidential Reports



Evaluate performance

Analyze trends and compare scores to national results to understand performance and areas for improvement.



Improve PRO Data Collection Process

Identify which patients were eligible for collection, which PRO data counted toward your response rates, and understand why.



Prepare for Mandatory Reporting

Familiarize your hospital with the PRO data collection and submission processes, data submission platform, and confidential reports.

Contacts for Questions

- You can submit questions regarding the measures and the HSRs through the Question and Answer Tool on QualityNet:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- When submitting the request, select Inpatient Claims-Based Measures for the Program. Select the relevant topic (Example: Excess Days in Acute Care). Please include your hospital's CMS Certification Number (CCN).
- For issues accessing your HSR from the HQR system or requesting/reviewing your HARP permissions, contact the CCSQ Service Center at QNetSupport@cms.hhs.gov or (866) 288-8912 (TRS 711), weekdays 8:00 a.m. to 8:00 p.m. Eastern Time.
- Do **not** email HSR files or their contents. HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996. Any disclosure of protected health information should only be in accordance with, and to the extent permitted by, the Health Insurance Portability and Accountability Act Privacy and Security Rules and other applicable law. Use the ID number found within the HSR when referring to the contents of that report.

Manjiri Joshi, MPH

Measure Implementation and Stakeholder Communication Lead
Hospital Outcome Measure Development, Reevaluation, and
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July 2025 Hybrid and Claims-Based Measures Overview

July 2025

Public Reporting Results

Measure	National Observed Result (2025)	Change from 2024
Mortality Measures		
AMI Mortality	12.2%	-0.4%
CABG Mortality	2.6%	-0.2%
COPD Mortality	8.8%	-0.8%
Heart Failure Mortality	11.6%	-0.3%
Pneumonia Mortality	16.2%	-1.7%
Stroke Mortality	13.3%	-0.6%
Hybrid HWM (claims data only)	4.2%	N/A
Readmission Measures		
AMI Readmission	13.6%	-0.1%
CABG Readmission	10.6%	-0.1%
COPD Readmission	18.2%	-0.3%
Heart Failure Readmission	19.7%	-0.1%
THA/TKA Readmission	4.8%	+0.3%
Hybrid HWR (claims data only)	15.0%	+0.4%
Pneumonia Readmission	16.0%	-0.4%
Complication Measure		
THA/TKA Complication	3.6%	+0.1%

Measure Reporting



CMS will publicly report results of the hybrid measures based on the **claims data only** on CMS public reporting websites in summer 2025.



The hybrid measures are in the fiscal year (FY) 2026 Hospital Inpatient Quality Reporting (IQR) Program, but annual payment determination for the Hospital IQR Program is **not affected** by the voluntary reporting of CCDE and linking variables.



CMS will provide hospitals with a preview of hybrid measures results

- (1) Based on the claims data only.
- (2) Based on claims, CCDE, and linking variables for hospitals that chose to report the data elements.

Hybrid Measures Overview

The Hybrid HWR and Hybrid HWM measures use claims data and core clinical data elements (CCDE) from electronic health records (EHR) for measure calculation.

Hybrid HWR

Outcome

The measure counts a hospitalization as a readmission if it:

- Is unplanned.
- Occurs within 30 days of discharge from a qualifying index admission.
- Is to a short-term acute care facility.
- Is for any cause, not just those that appear to be related to the initial admission.

Risk adjustment

The measure accounts for how sick patients are using demographic and clinical variables found in claims data.

The measure uses these CCDEs from EHRs:

- 6 vital signs
- 7 laboratory test results

Hybrid HWM

Outcome

The measure counts a mortality as a death from any cause within 30 days of the index admission date.

Risk Adjustment

The measure accounts for how sick patients are using demographic and clinical variables found in claims data. The measure uses these CCDEs from EHRs:

- 4 vital signs
- 6 laboratory test results

Proposed Modification to FY 2028 Reporting Requirements



In the FY 2026 Inpatient Prospective Payment System proposed rule, issued April 11, 2025, CMS proposed **to reduce the number of required CCDEs** and **to lower the required percentage of discharges** meeting the CCDE and linking variable thresholds beginning with the FY 2028 payment determination (performance period of July 1, 2025–June 30, 2026).



CMS encourages stakeholders to submit comments by **5:00 p.m. Eastern on June 10, 2025.**

Hybrid Measure Resources

Resource	Description	Location
2025 Hybrid HWR Measure Updates and Specifications Report	Provides updated claims-based measure specifications for the Hybrid HWR measure	QualityNet > Hospitals-Inpatient > Measures > Hospital Inpatient Measure Sets > Hybrid Measure > Methodology
2025 Hybrid HWM Measure Updates and Specifications Report	Provides updated claims-based measure specifications for the Hybrid HWM measure	QualityNet > Methodology
HSR User Guide (HUG)	Provides instructions for interpreting HSRs	QualityNet > Reports
Key Resources and Dates document	Summarizes key dates and resources for hospitals participating in the reporting of the hybrid measures	QualityNet > Resources
Frequently Asked Questions (FAQs) Document	Provides answers to frequently asked questions about the hybrid measures	QualityNet > Resources
Electronic Clinical Quality Improvement (eCQI) Resource Center	Provides electronic specifications for the hybrid measures, as well as common standards and shared technologies to monitor and analyze the quality of health care provided to patients and patient outcomes	eCQI Resource Center

2025 Claims-Based Measures Resources

Resource	Description
Clinical Classifications Software (CCS) Map	Used for the assignment of always planned procedures and diagnoses, potentially planned procedures, and acute diagnoses. Click here to access the CCS Map.
Measure Updates and Specifications Reports	Reports detail 2025 measure updates, specifications, and calculations methodology for the Complication , EDAC , Mortality , and Readmission measures.
Historical Public Reporting Timeline	A comprehensive timeline depicting when each measure was confidentially reported, first publicly reported, and added to the Hospital Readmissions Reduction Program or the Hospital Value-Based Purchasing Program. Click here to access the timeline.
Hospital Specific Reports (HSRs)	Hospital report with their detailed measure results, discharge-level data, state results, and national results. Hospitals can access these reports by logging in to the HQR system .
HSR User Guide (HUG)	Provides a description of the new HSR User Interface and instructions for interpreting the outcome measures' results. Click here to access the HUG.
Condition Category Crosswalks map	Maps the International Classification of Diseases (ICD)-10 codes to the condition categories. These can be found under the 2025 resources in each measure: Complication , EDAC , Mortality , and Readmission .
Present on Admission (POA) codes	Provide information on codes always considered as POA for claims-based measures. Click here to access the POA codes.
Measure Factsheets	Highlights 2025 updates and provide a high-level overview of each measure: Complication , EDAC , Mortality , and Readmission .
Frequently Asked Questions (FAQs) document	Document provides 2025 measure updates and answers common questions. Click here to access the FAQ document.

2025 Claims-Based Measures Resources

[Download the 2025 Resource Table Here.](#)

Videos



[Webinar: Navigating and Interpreting HSRs](#)



[EDAC Measure Brief Overview](#)

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Hospital Outcome Measure Development, Reevaluation, and
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THA/TKA PRO-PM Overview and Implementation

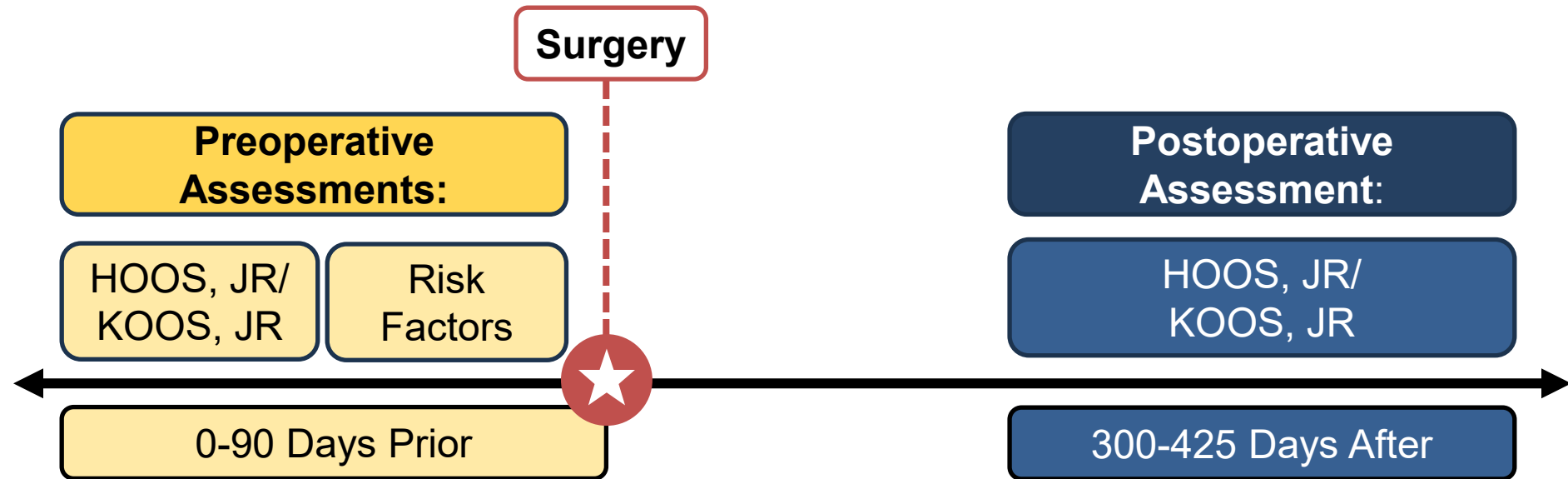
THA/TKA PRO-PM Background



- Goal: Measure a patient's improvement after a THA/TKA based on their self-assessment of pain and function and promote collaboration and shared decision-making between patients and providers across the full spectrum of care.
- This is the first PRO-PM of its kind that incorporates patient self-assessment of their pain and function directly in the measure outcome.
- This PRO-PM empowers hospitals to make history by prioritizing patient voices.
- Patient-centered measurement aligns with CMS's Meaningful Measures Framework.
- Hospitals can participate in two periods of voluntary reporting prior to mandatory reporting.

THA/TKA PRO-PM Overview

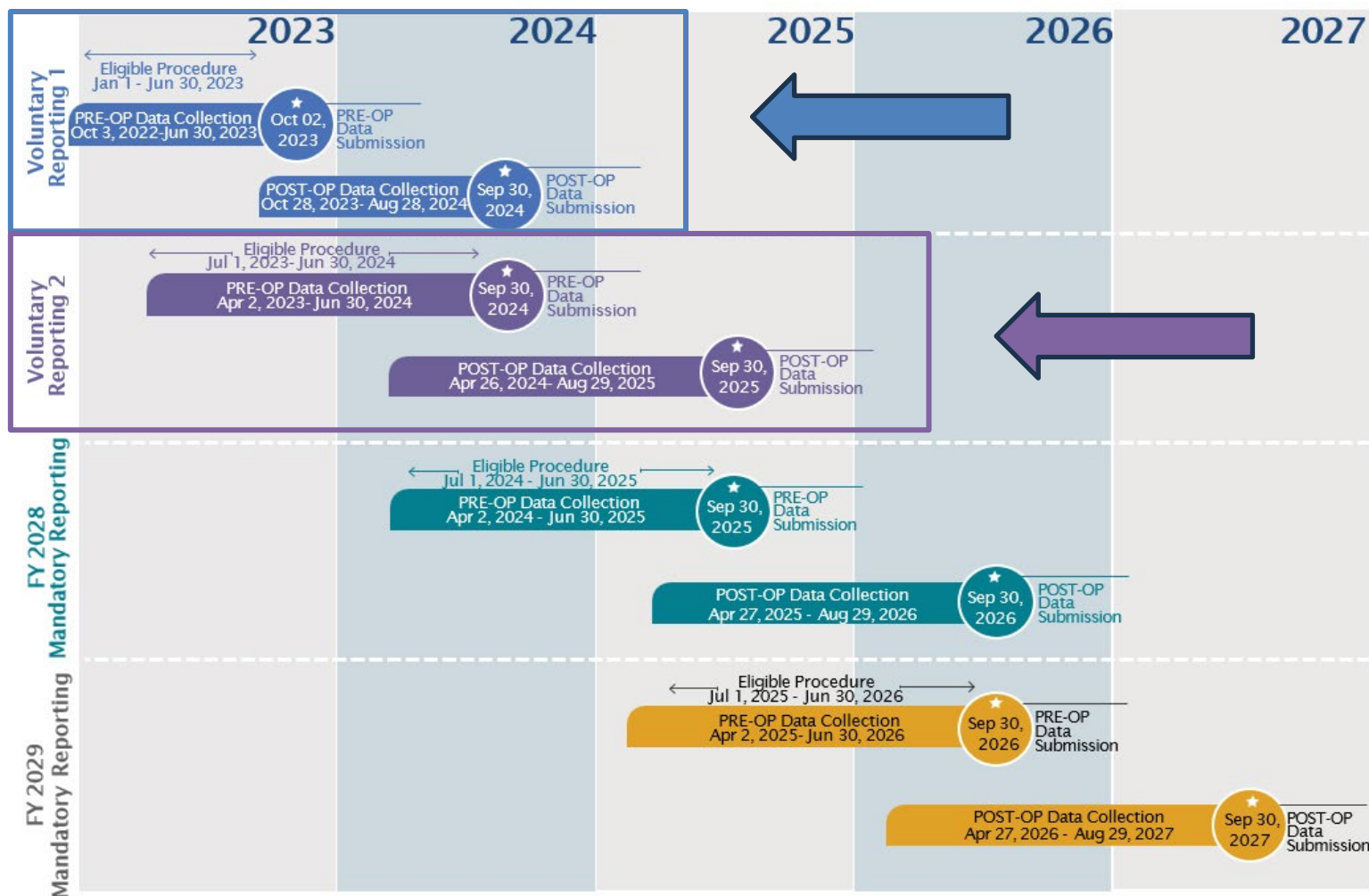
- The THA/TKA PRO-PM assess patient's improvement in pain and physical functioning following total hip or knee replacement.



Please refer to the measure specifications found in the 2025 Measure Updates and Specifications Report on THA/TKA PRO-PM Methodology page of QualityNet:

https://qualitynet.cms.gov/inpatient/measures/THA_TKA/methodology

Hospital-Level THA/TKA PRO-PM Timeline



Please refer to the “*Hospital-level THA/TKA PRO-PM Reporting Timeline*” on the [THA/TKA PRO-PM Resources page on QualityNet](#)

Plans for Voluntary and Mandatory Reporting

	Voluntary Reporting	Mandatory Reporting
Procedure dates	<u>VR 1</u> : Jan 1 st , 2023 – June 30 th , 2023 <u>VR 2</u> : July 1 st , 2023 – June 30 th , 2024	<u>FY 2028</u> : July 1 st , 2024 – June 30 th , 2025
Public Reporting	Hospital participation and overall response rates (Summer 2025 & 2026).	Measure results (Risk-Standardized Improvement Rate or RSIRs) and overall response rates (Summer 2027).
Payment	No impact on the Hospital IQR Program Annual Payment Update (APU).	Eligible hospitals failing to meet the 50% reporting requirement will receive a reduction in their APU in FY 2028.
Confidential Reports	Provided in Spring 2025 & 2026	Provided before public reporting begins in 2027 (preoperative reports in Spring 2026).

Cohort Criteria

Inclusion Criteria



- Had a qualifying unilateral or bilateral elective, primary THA/TKA procedure performed during the measurement period (definition of elective, primary THA/TKA on slide 25);
- Aged 65 or older; and
- Enrolled in Medicare Fee for Service Part A and B for 12 months prior to date of admission and Part A during the index admission

Exclusion Criteria



- Patients who are discharged against medical advice
- Patients who die within 300 days of the procedure date
- Patients having simultaneous THA and TKA procedures during their index admission
- Patients with a principal diagnosis code of COVID-19 or with a secondary diagnosis code of COVID-19 as POA on the index admission
- Patients with staged procedures, defined as more than one elective, primary THA or TKA performed on the same patient during distinct hospitalizations during the measurement period

The complete cohort inclusion/exclusion criteria is found in Section 2.2.1 of the 2025 Measure Updates and Specifications Report on THA/TKA PRO-PM Methodology page of QualityNet.

Elective Primary THA/TKA Procedures










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

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

Please refer to the ICD-10 codes found in the 2025 and 2026 THA/TKA PRO-PM Supplemental Files, available on the THA/TKA PRO-PM Methodology page of QualityNet.

Definition of Complete Data

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

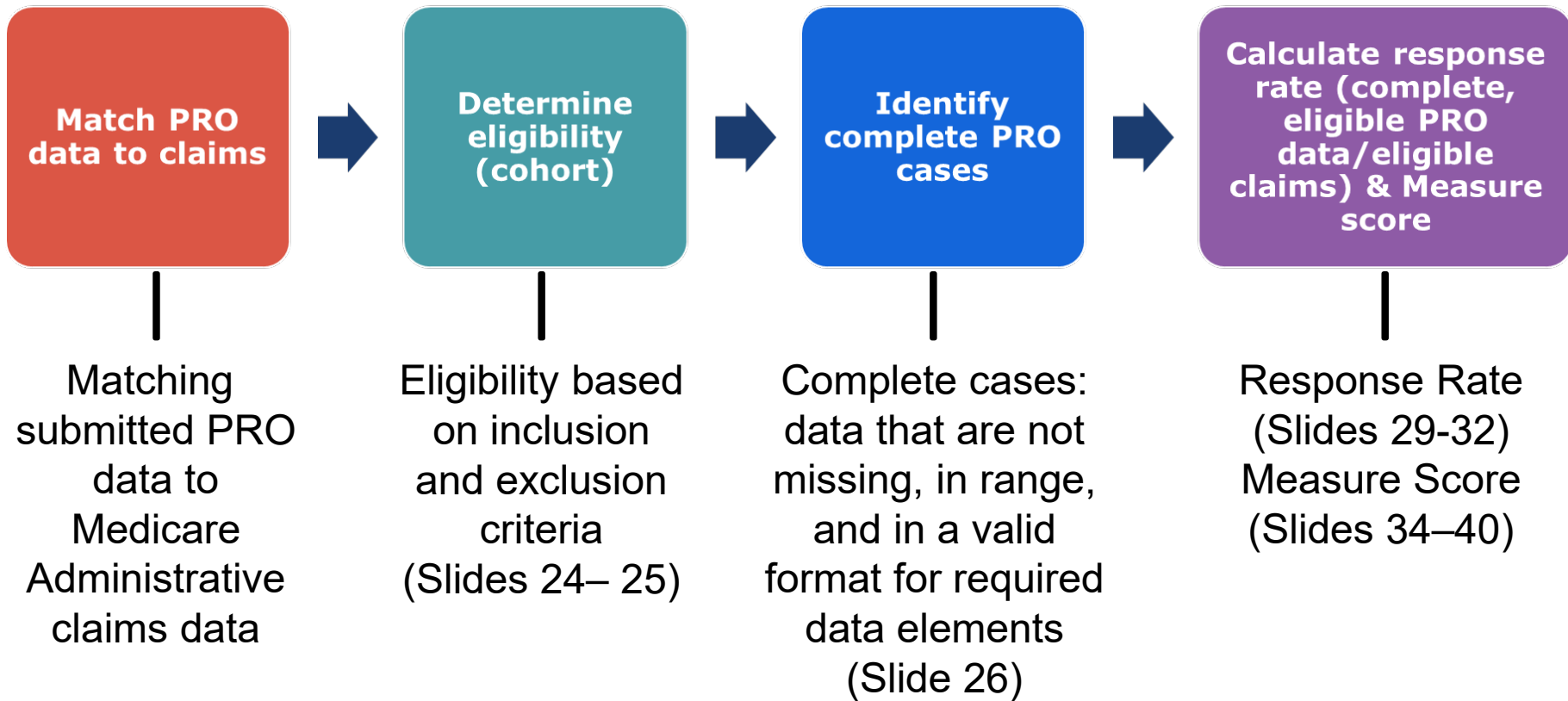
 Data Element Type	 Preoperative Data Elements	 Postoperative Data Elements
Patient-Reported Outcome Measures (PROMs)	THA patients: HOOS, JR ★ TKA patients: KOOS, JR ★	THA patients: HOOS, JR ★ TKA patients: KOOS, JR ★
Patient- or - Provider Reported Risk Variables	Mental Health Subscale items from either PROMIS-Global or VR-12 ★  Health Literacy (SILS2) ★  Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint ★  Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question ★  BMI or Height/Weight ★  Use of Chronic Narcotics ★ 	N/A
Matching Variables	Medicare Provider Number ★ MBI ★ Date of Birth ★ Date of Procedure ★ Procedure Type ★ Survey Type ★ Date of Admission	Medicare Provider Number ★ MBI ★ Date of Birth ★ Date of Procedure ★ Procedure Type ★ Survey Type ★ Date of Admission
PROM-related Variables	Date of PRO Data Collection ★ Mode of Collection Person Completing the Survey Generic PROM Version ★	Date of PRO Data Collection ★ Mode of Collection Person Completing the Survey N/A

Kristina Burkholder, MS

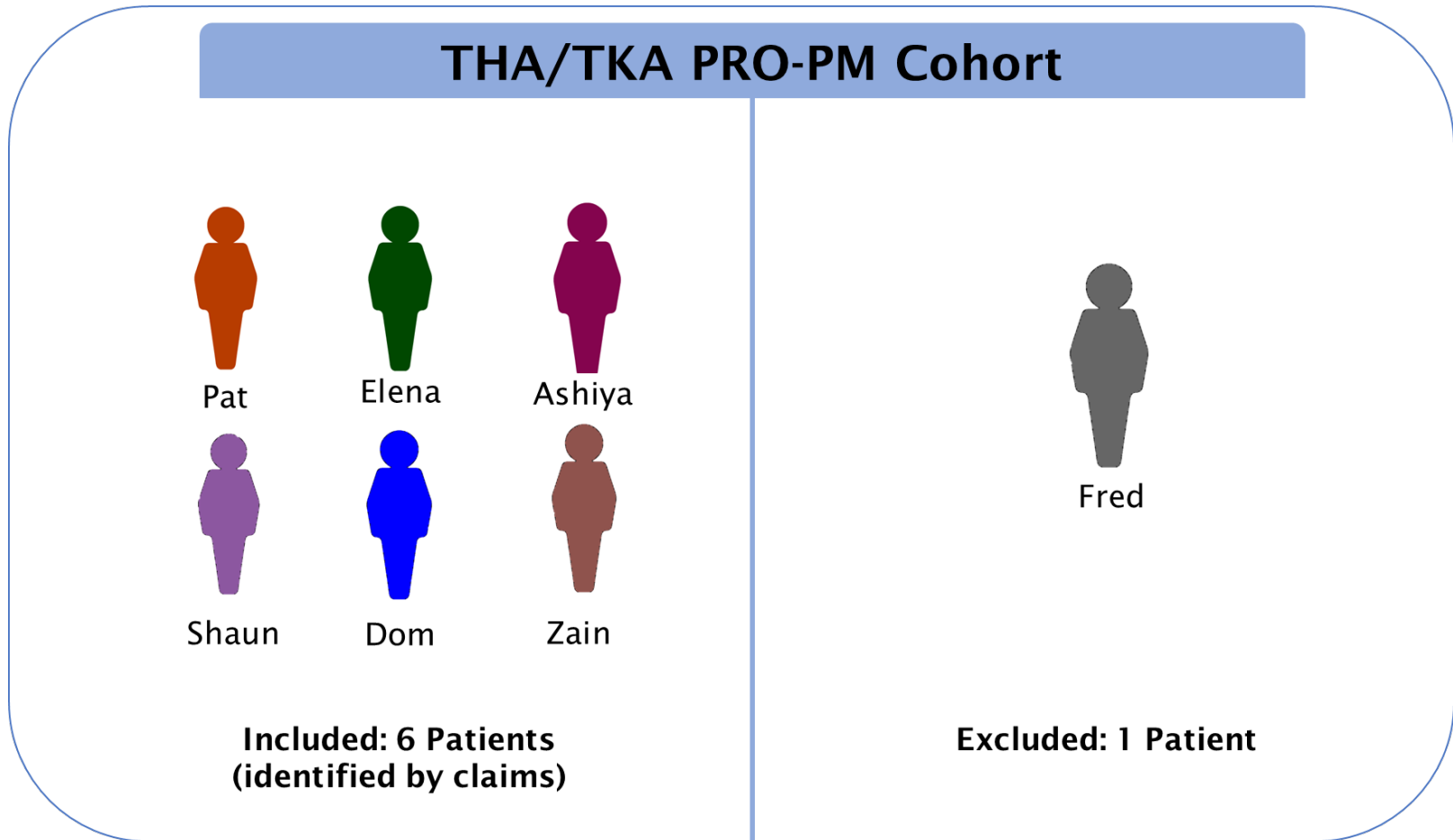
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THA/TKA PRO-PM Response Rates

Steps to Determine Response Rate and Measure Score



Eligible Cohort Example



Preoperative Response Rate Calculation

Preoperative PRO Data Submitted

Preoperative Response Rate:
 $4/6 = 67\%$

Incomplete
Preoperative PRO Data



Pat

Complete Preoperative PRO Data



Shaun



Zain



Elena



Ashiya

Shaun, Zain, Elena, and Ashiya all have complete preoperative PRO data, so the hospital's preoperative response rate is 67% (4/6).

Fred is
Excluded



Fred

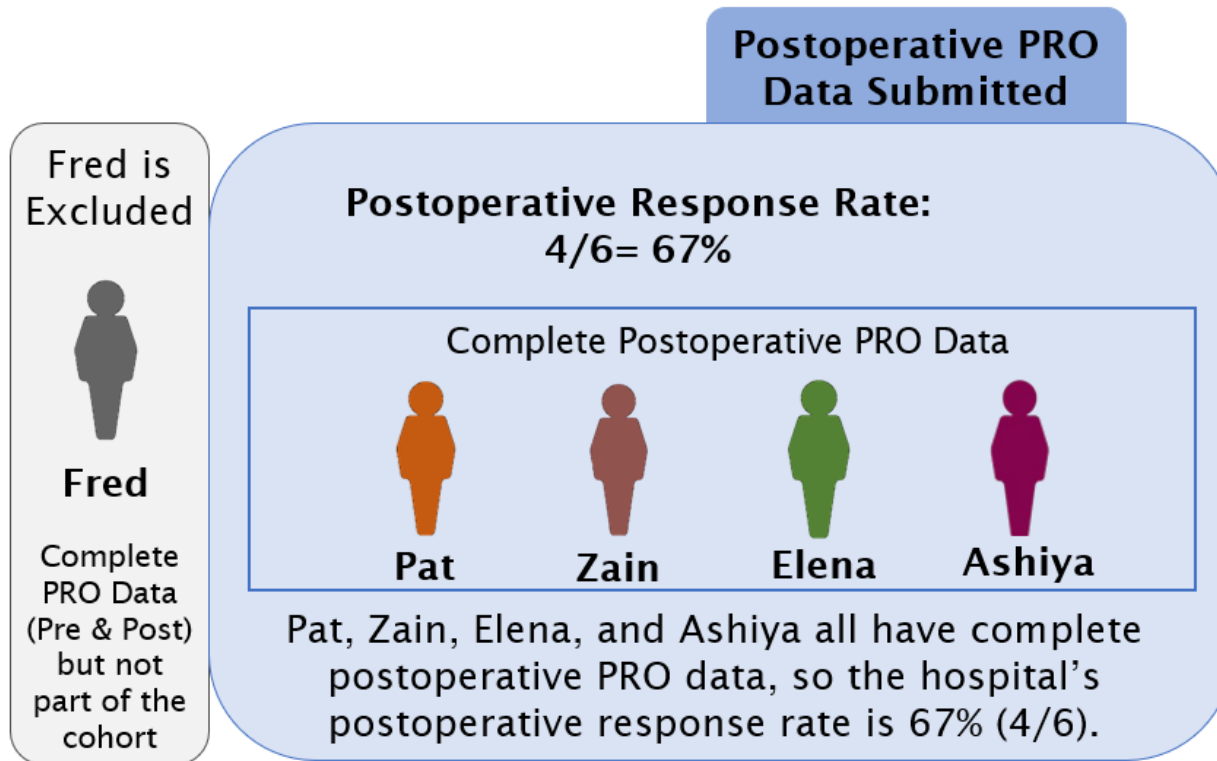
Complete
PRO Data
(Pre & Post)
but not
part of the
cohort

No preoperative
PRO Data



Dom

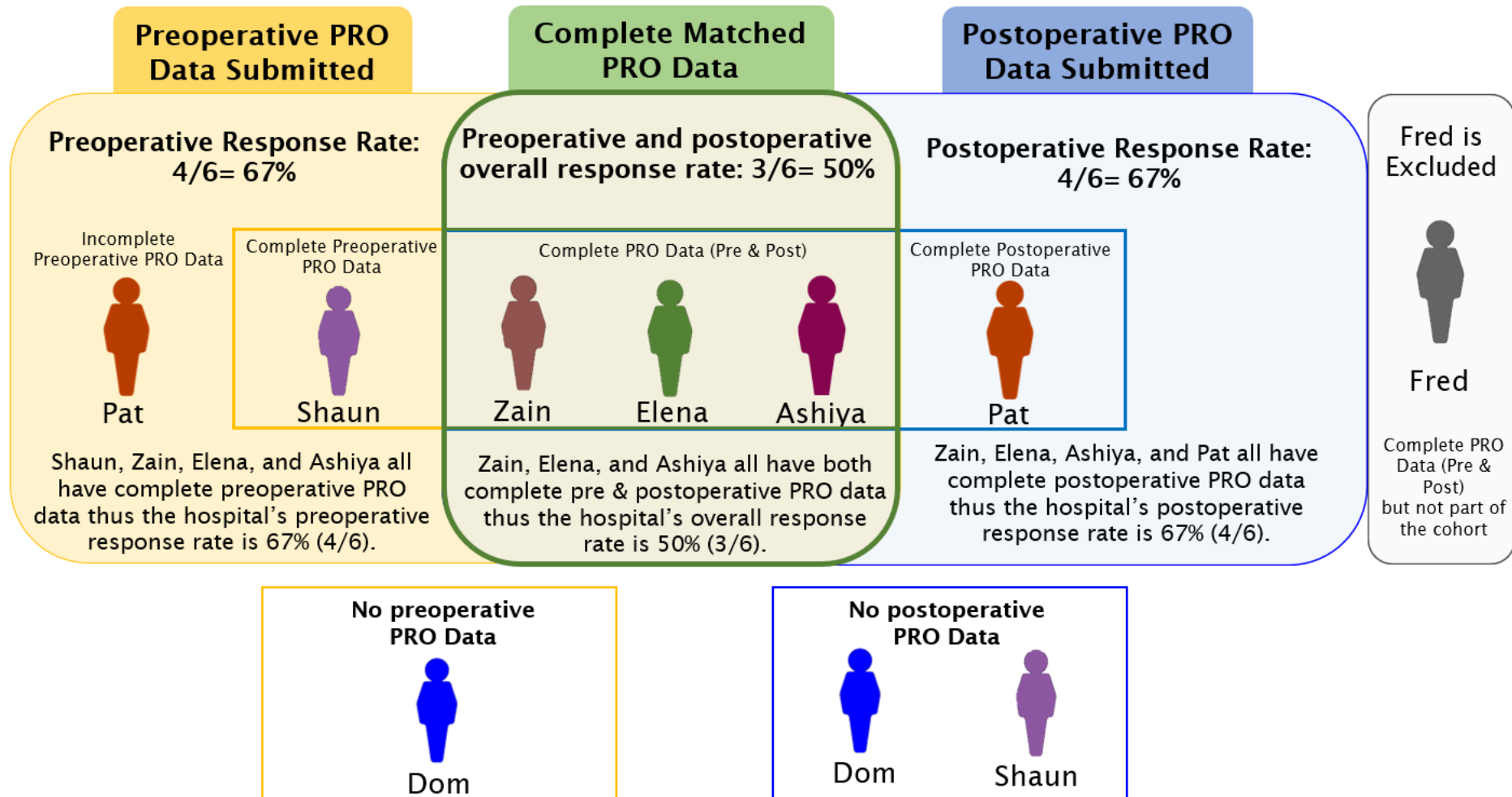
Postoperative Response Rate Calculation



No postoperative PRO Data

Dom Shaun

Overall Response Rate Calculation



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THA/TKA PRO-PM Calculation

What is the Measure Score?

The measure score is a Risk-Standardized Improvement Rate or RSIR representing the proportion of patients who had substantial improvement after their total hip/knee replacement procedure, accounting for patient case mix, weighting for potential non-response and comparing to hospitals nationally.

- At the patient-level: Does the patient meet or exceed the Substantial Clinical Benefit (SCB) improvement threshold between the preoperative and postoperative HOOS,JR or KOOS,JR (slide 35)?
- Risk adjustment: The measure risk adjusts for 19 clinically relevant patient characteristics and other comorbidities to account for differences in patient case mix (slide 36).
- Potential non-response bias: Since PRO data collection lends itself to some amount of non-response and this non-response might not be random, we incorporate inverse probability weighting (IPW) into the measure calculation (Slide 37).

Patient-Level Outcome (SCB)

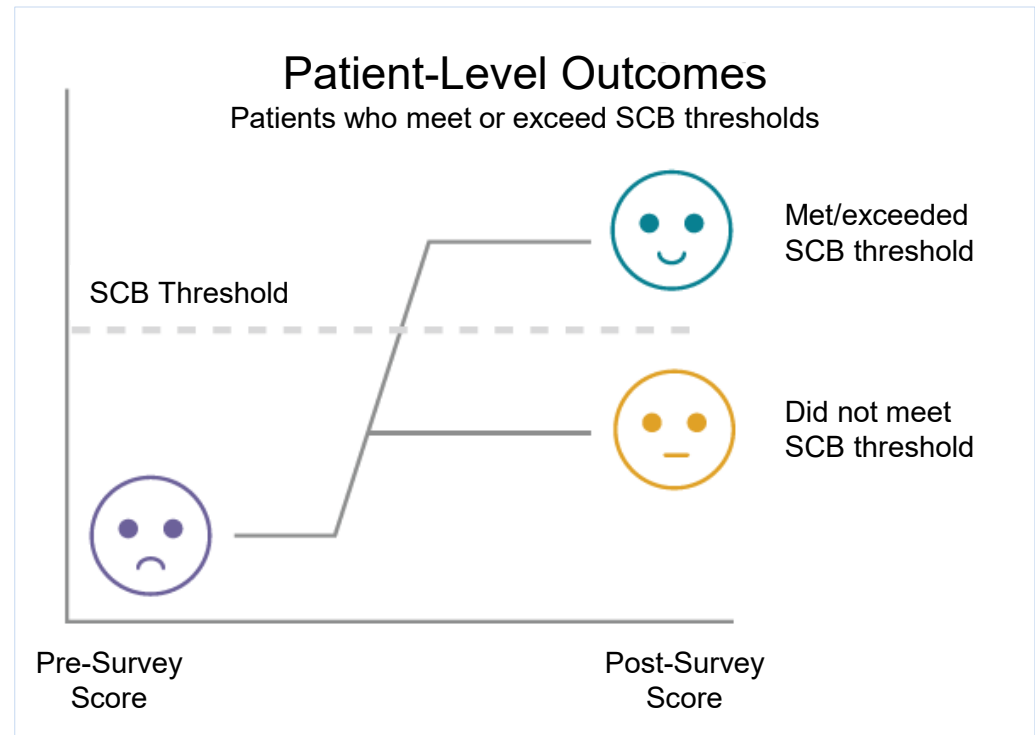
Evaluate whether patients achieve SCB improvement between preoperative and postoperative assessments on the HOOS,JR (for THA patients) or the KOOS,JR (for TKA patients).

SCB = threshold to indicate significant improvement

- HOOS,JR: 22 points
- KOOS,JR: 20 points

SCB does not impact APU
(pay-for-reporting measure)

Starting in FY 2028, only data
submission impacts APU.



Risk Adjustment

Why Risk Adjust?



The measure accounts for patient factors at the time of admission. Risk Adjustment supports the fair comparison of hospitals treating sicker patients.

What Are Risk Factors?



Risk factors like age and comorbidities can affect patient outcomes.

How Do You Risk Adjust?

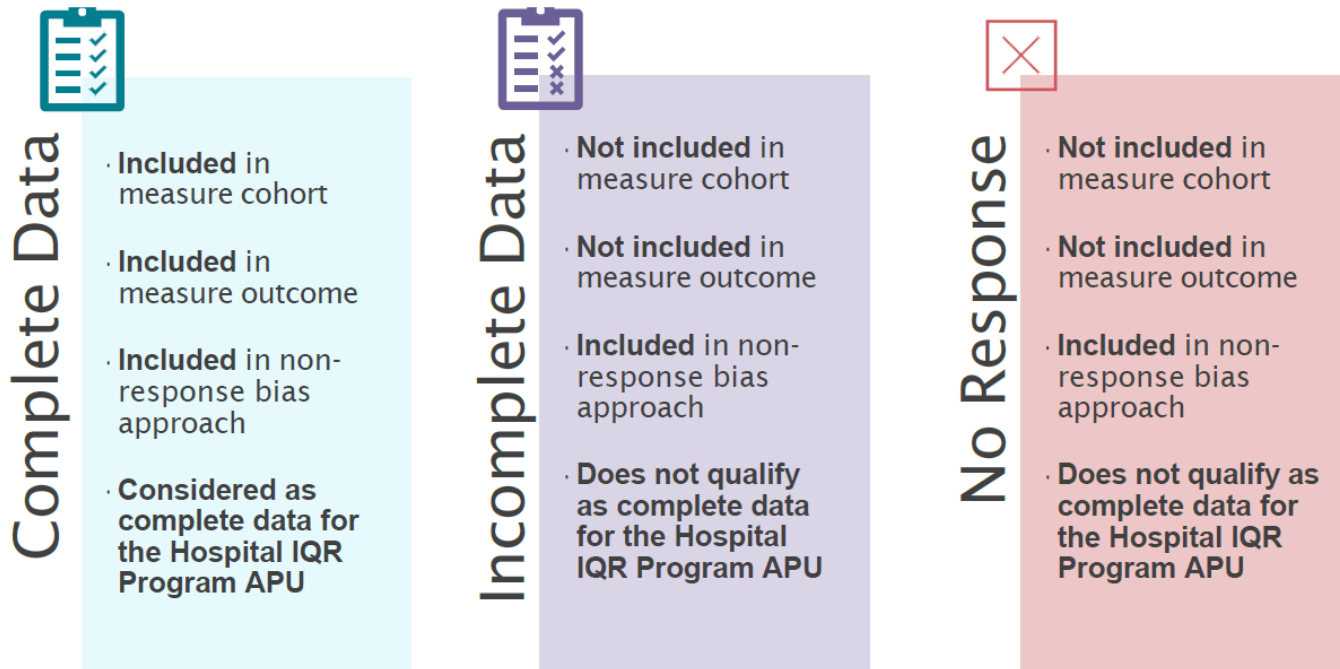


The measure incorporates patient risk factors that have relationships with the improvement outcome. Risk factors were selected based on expert input and analysis.

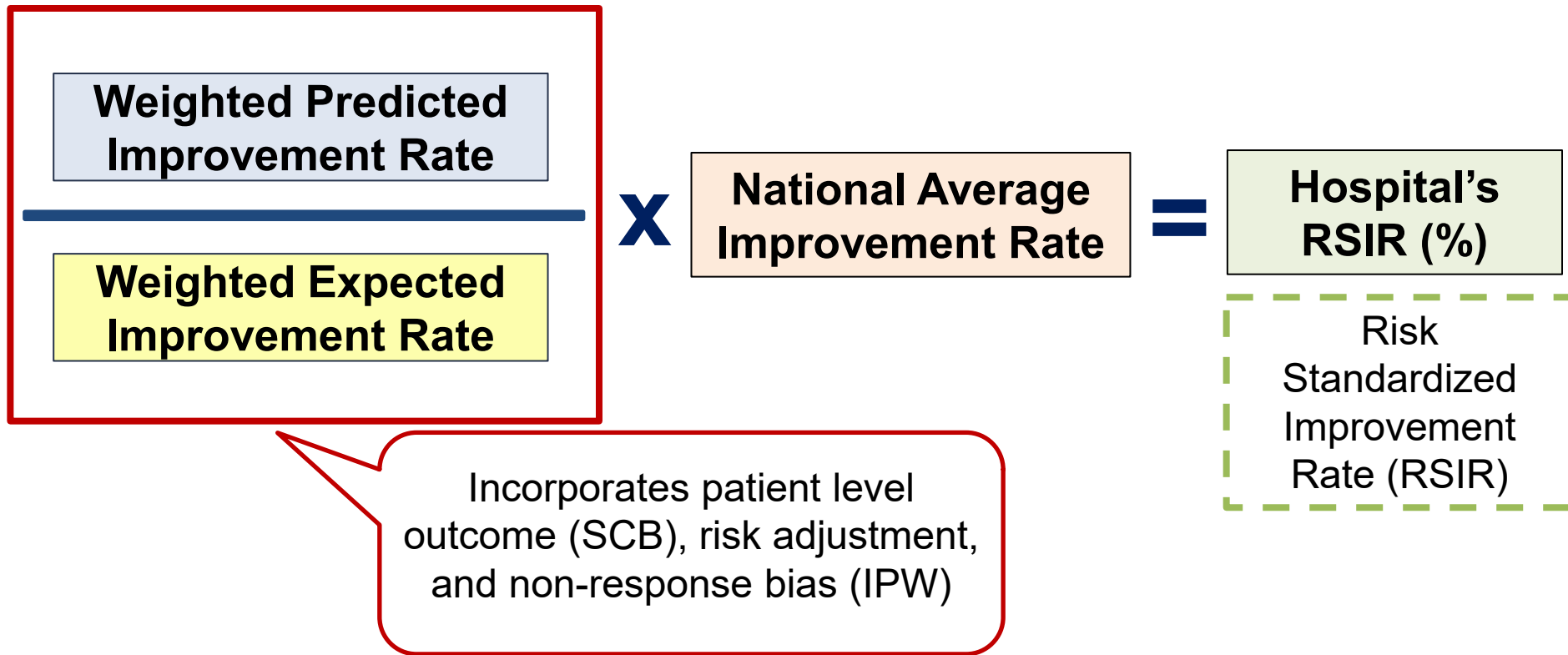
Details of the risk adjustment approach is found in Section 2.2.3 of the 2025 Measure Updates and Specifications Report and the risk variables are found in the *2025 THA/TKA PRO-PM Voluntary Reporting Code Specifications* supplemental file on the THA/TKA PRO-PM Methodology page of QualityNet.

Non-Response Bias Approach

To address potential non-response bias, we incorporate stabilized Inverse Probability Weighting (IPW) in the measure calculation. The IPW method gives higher weight to patients who were less likely to respond, deflates the weight of patients who were more likely to respond, and considers characteristics of all eligible patients, regardless of completeness.



RSIR Calculation



Details of measure calculation are found in Section 2.2.6 of the 2025 Measure Updates and Specifications Report on the THA/TKA PRO-PM Methodology page on QualityNet.

Measure Score (RSIR)

The RSIR represents the proportion of THA/TKA patients who met the SCB threshold after adjusting for patient case mix, weighting for non-response, and comparing to hospitals nationally.

An example hospital RSIR is below.



62% RSIR

Higher RSIRs indicate **better performance**
and **higher quality of care**.

How do I use the RSIR?



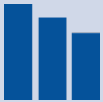
Quality Improvement

Identify patterns of success and areas for improvement to refine processes at the hospital.



Drive Critical Decisions

Inform decisions about surgery, treatment plans, and patient conversations.



Benchmarking

Compare your RSIR to the national results.



Implementation

Implement focused strategies for discharge planning, recovery, patient education, and care transition/coordination.



Engage Patients

Involve patients in shared decision-making to implement practices to improve pain and functioning after surgery.

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Hospital Outcome Measure Development, Reevaluation, and
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THA/TKA PRO-PM Voluntary Reporting Results

Goals of Participating in Voluntary Reporting



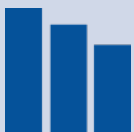
Gives hospitals time to incorporate PRO data collection into their clinical workflows.



Provides an opportunity to test PRO data submission before Mandatory Reporting.



CMS uses the information to make refinements to data collection, submission, and reevaluation of the measure.



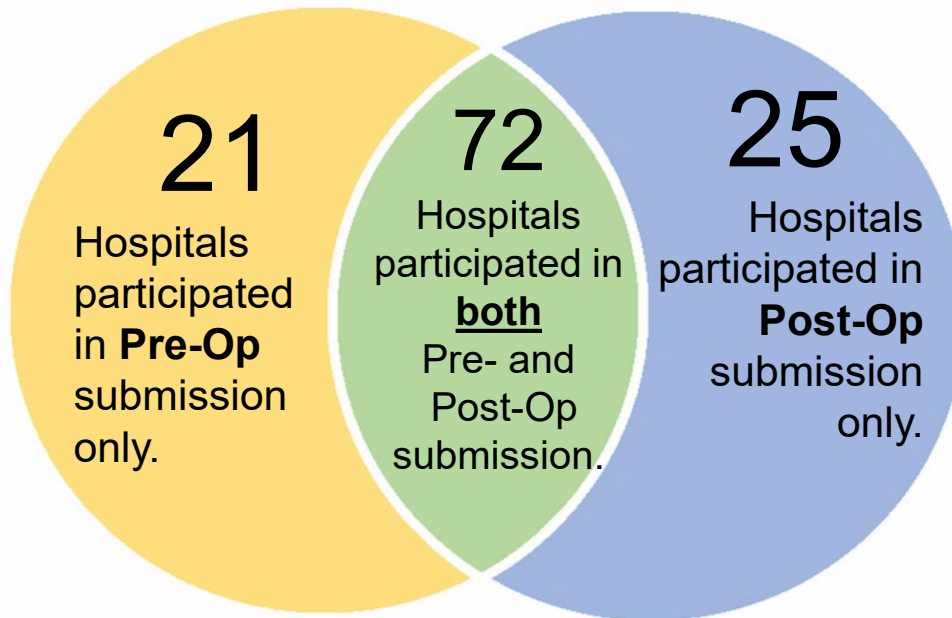
Hospitals receive confidential feedback reports with information on PRO data response rates and measure results.



Hospitals can ask questions and learn about the measure specifications.

Summary of Voluntary Reporting 1 Data

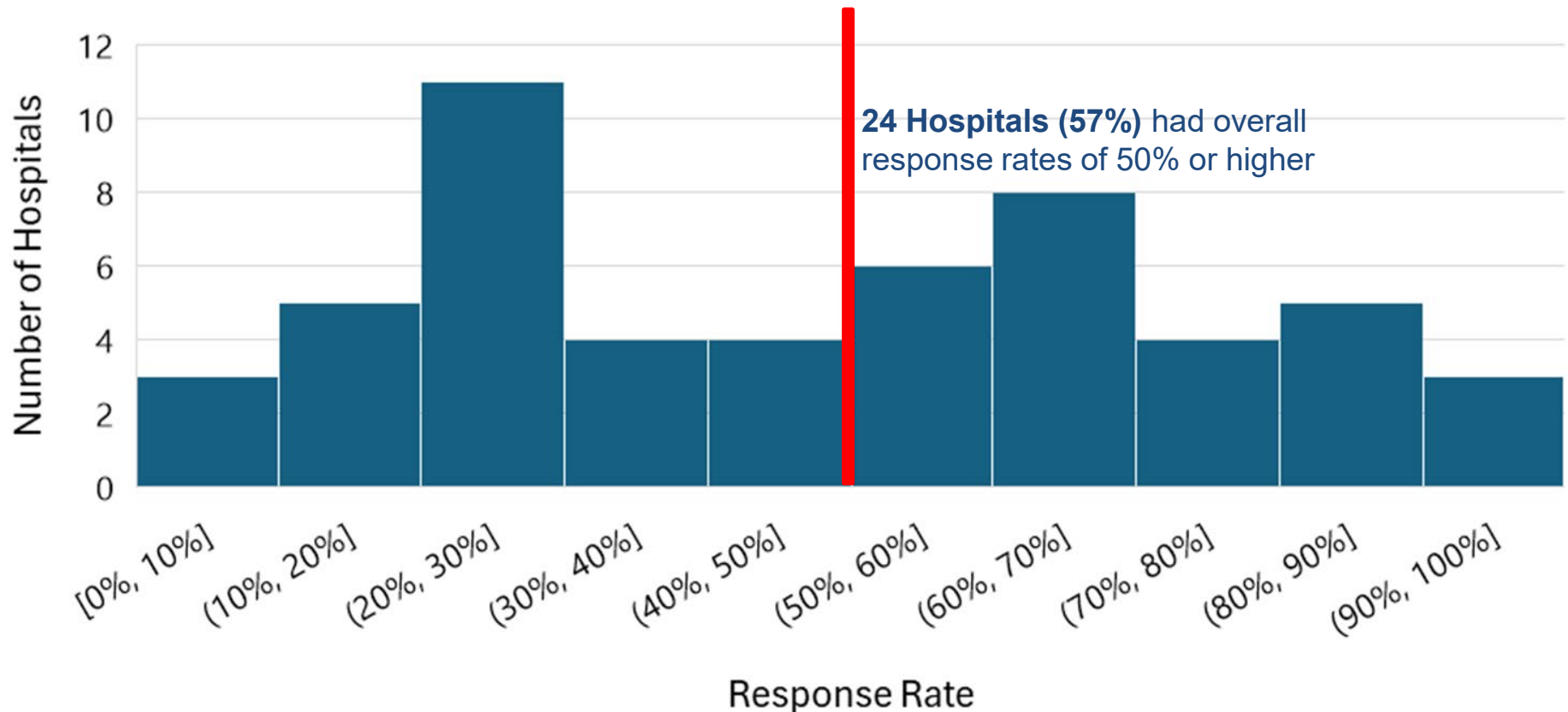
118 Hospitals Participated in Voluntary Reporting 1



- 57 hospitals had at least 1 matched pre-/post-op PRO submitted for an eligible THA/TKA procedure.
- 42 hospitals had at least 1 matched complete pre-/post-op PRO submitted for an eligible THA/TKA procedure.

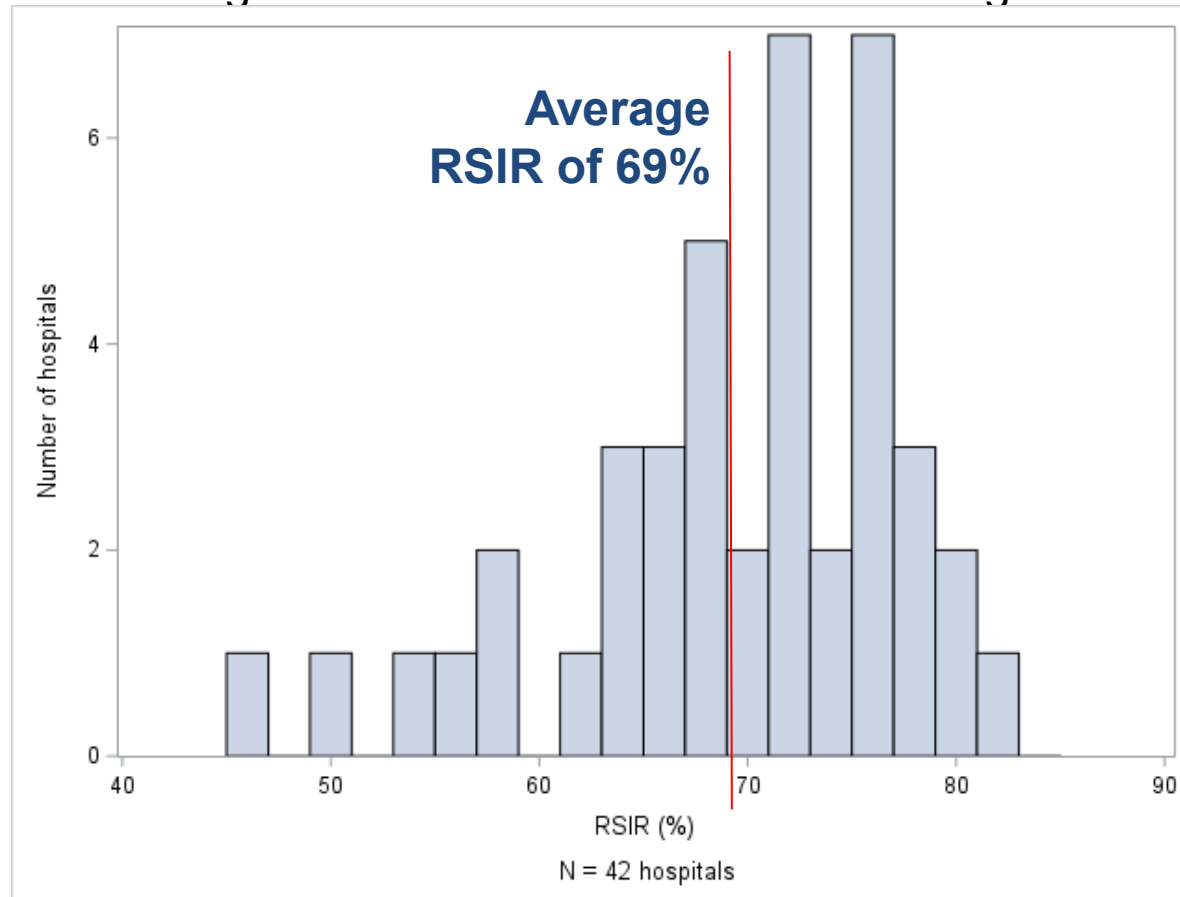
Overall Response Rates among Hospitals Included in the Measure Calculation

Histogram of Voluntary Reporting 1 Overall Response Rates (N=42)



Voluntary Reporting 1 RSIRs

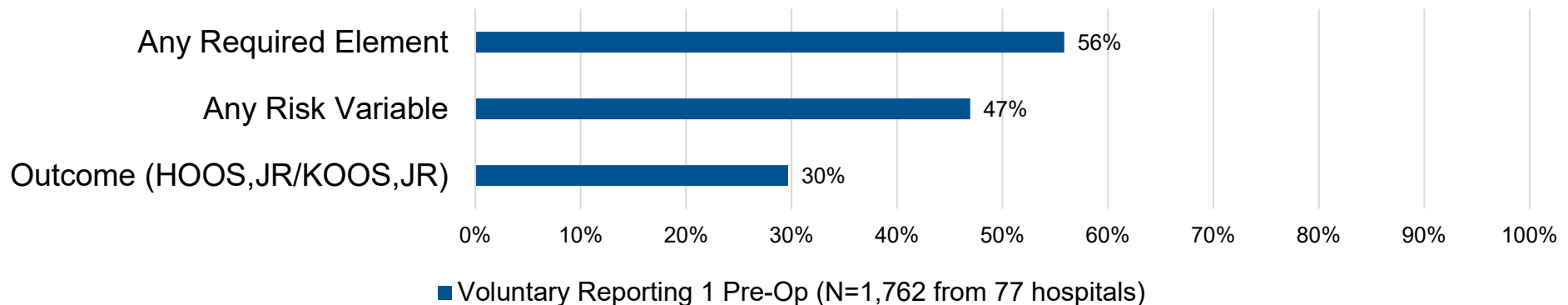
RSIRs ranged from 47% to 82% with an average RSIR of 69%.



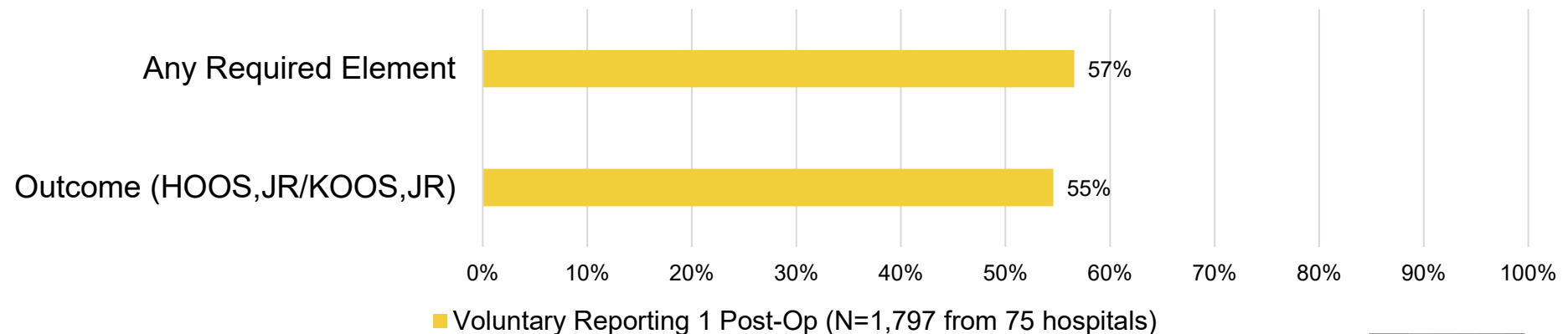
Higher is better.

Voluntary Reporting 1 Missing Data Pre-Op and Post-Op

Voluntary Reporting 1 Missing Data Pre-Op



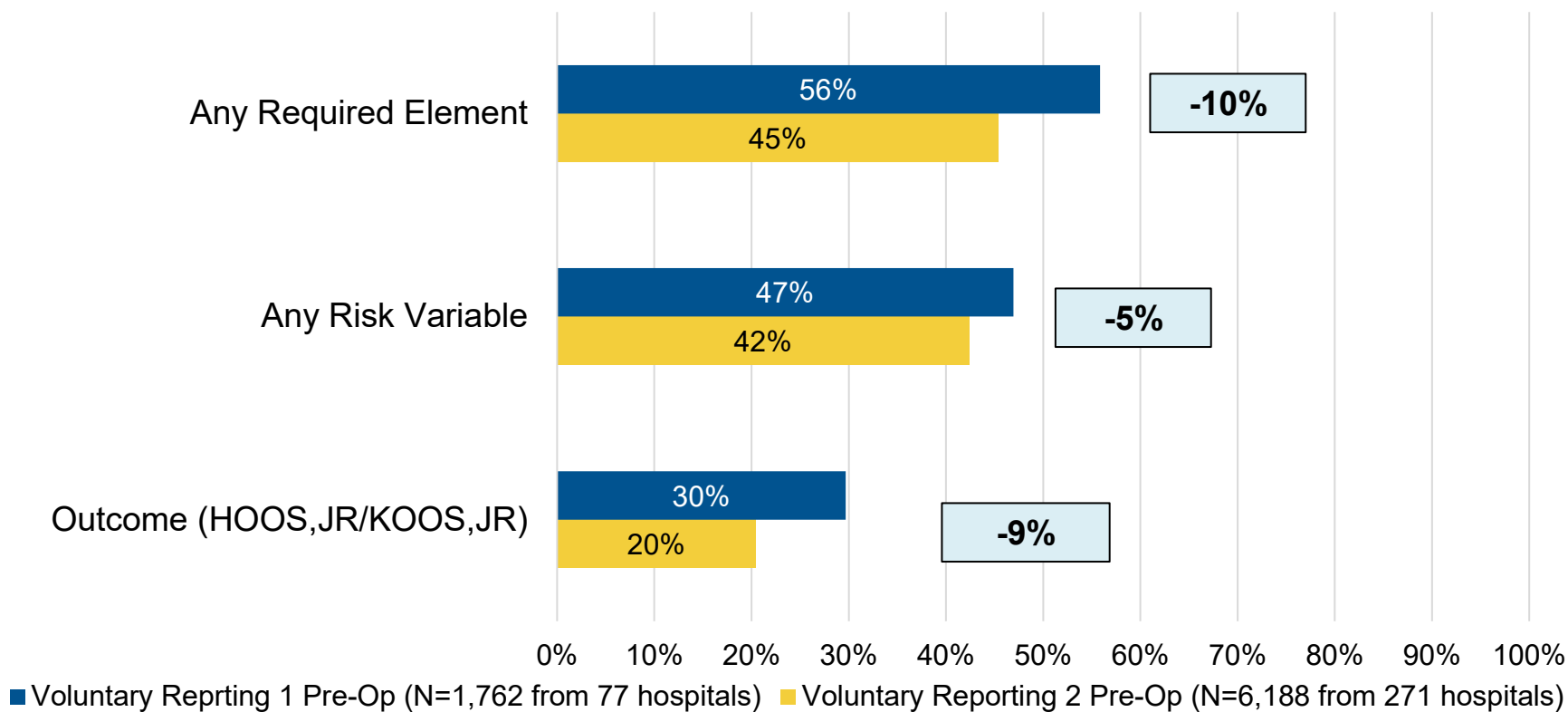
Voluntary Reporting 1 Missing Data Post-Op



Voluntary Reporting 1 & 2 Missing Data Comparison

Hospitals are submitting more complete data in Voluntary Reporting 2 as compared to Voluntary Reporting 1.

Voluntary Reporting 1 & 2 Missing Data (Pre-Op Only)



□ = Percentage Point Difference in Missingness from Voluntary Reporting 1 to Voluntary Reporting 2 Pre-Op (There may be some difference due to rounding.)

Strategies to Improve Response Rates

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

Help patients understand the importance of PRO data collection for improving care.

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

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

Utilize the HSRs to track PRO data requirements.



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



*Please see the “**PRO-PM Patient Brochure**” for information hospitals may share with patients, as well as the “**How and When can Patient-Reported Outcome (PRO) Data be Collected?**” factsheet for the methods hospitals/clinicians can use to collect PRO data: [THA/TKA PRO-PM Resources page on QualityNet](#)

Summary of Confidential Reports

Confidential Reports	Voluntary Reporting 1	Voluntary Reporting 2
Summary Report	Information on matching (PRO data to claims), final cohort, overall response rate , PRO data scores, and RSIR .	Information on matching (PRO data to claims), initial cohort, preoperative response rate , preoperative PRO data scores.
Procedure-Level Comma-Separated Value (CSV) File	Final cohort information, preoperative and postoperative PRO data scores, data completeness, and information on meeting the SCB improvement.	Initial cohort information (final cohort available in spring 2026), preoperative PRO data scores, and PRO data completeness.

PRO-PM Resources on QualityNet

PRO Data Collection Fact Sheets

Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) Voluntary Reporting: Key Information and Resources

Overview:

- The goal of the hospital-level THA/TKA PRO-PM (Statistical Quality Forum (SQF) #3559) is to measure improvement in patient-reported pain and functional status prior to and after the elective, primary THA/TKA.
- The hospital-level THA/TKA PRO-PM is the first-ever PRO-PM to incorporate the patient's perspective directly in the measure outcome, with the intent of promoting collaboration and shared decision-making between patients and providers across the full spectrum of care.
- Centers for Medicare and Medicaid Services (CMS) plans to implement the THA/TKA PRO-PM following phased implementation, with two voluntary reporting periods in 2025 and 2026, followed by mandatory patient reporting in 2027.
- Data collection for the first round of Voluntary Reporting for the measure will begin in Fall 2025. All hospitals eligible for the reporting period Reporting 2025 Program are encouraged to participate in the Voluntary Reporting period.
- During Mandatory Reporting in 2027, successful submission of PRO data will impact hospital's Annual Payment Update (APU) in the OR Program. CMS recommends hospitals collect and submit complete data on more than 100 eligible patients for hospitals to maximize the potential for them to be successful in meeting the SQF for reporting requirements. Hospitals that fail to meet the reporting requirements will receive a reduction in their APU in fiscal year (FY) 2028.

Benefits of Participating in Voluntary Reporting

- Measure hospitals will be able to compare their performance to other hospitals in the program.
- Providers can improve their THA/TKA data submission to CMS before public reporting.
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Who Do I Collect PRO Data on?

The figures below list the clinical criteria which hospitals should use to determine patient eligibility for patient-reported outcome (PRO) data collection for the hospital-level Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM). Some hospitals will need to collect PRO data before International Classification of Diseases (ICD-10) billing codes are submitted for an eligible elective, primary THA/TKA, however, we recommend identifying eligible patients for PRO data collection using the figures below.

Start

The patient is enrolled in Medicare fee-for-service (FFS) and is aged 65 years or older.

The patient is undergoing an elective inpatient total hip arthroplasty (THA) or total knee arthroplasty (TKA) procedure, including limited-day procedures.

The procedure was not a revision THA/TKA and was not a partial hip or knee arthroplasty procedure or transfemoral procedure with a concurrent THA/TKA.

The patient does not have prior hip or knee surgery for which the procedure is being done. The patient does not have a malignant neoplasm of the hip, knee, or spine, or a fracture of the hip, knee, or spine, or a dissection of the hip, knee, or spine.

The patient is not undergoing revision surgery of implanted components. The indication for the THA/TKA surgery is not a total hip or knee arthroplasty.

Eligible for PRO Collection

Decision algorithm regarding the measure outcome can be found in Section 3 of the Measure Methodology Report available on QualityNet.

What is the PRO-PM Timeline?

The timeline below highlights important dates for data collection and submission associated with the eligible elective, primary THA/TKA procedures for the upcoming voluntary and mandatory reporting periods of the total hip arthroplasty (THA/TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM).

2025 Voluntary Reporting

Eligible Procedures: Jan 1 - Jun 30, 2025

PRO-PM Data Collection: Jul 1 - Sep 30, 2025

PRO-PM Data Submission: Oct 1 - Dec 31, 2025

2026 Voluntary Reporting

Eligible Procedures: Jan 1 - Jun 30, 2026

PRO-PM Data Collection: Jul 1 - Sep 30, 2026

PRO-PM Data Submission: Oct 1 - Dec 31, 2026

2027 Mandatory Reporting

Eligible Procedures: Jan 1 - Jun 30, 2027

PRO-PM Data Collection: Jul 1 - Sep 30, 2027

PRO-PM Data Submission: Oct 1 - Dec 31, 2027

What Data Should I Collect?

The hospital-level THA/TKA Patient-Reported Outcome-Based Performance Measure (PRO-PM) requires collection of preoperative and postoperative patient-reported data on 10 domains. The data domains are listed below. The data domains hospitals will need to collect and submit for each patient for the measure can be found below.

Data Element Type

Pre-Operative Data Elements

Post-Operative Data Elements

Where can I find more information?

How and When Can Patient-Reported Outcome (PRO) Data be Collected?

The Centers for Medicare and Medicaid Services (CMS) supports flexibility in collecting PRO data. Hospitals can collect PRO data using methods that align with their clinical workflow and patient preferences. Below are some of the options that hospitals can use. Feedback from providers and patients indicated that allowing options for collecting PRO data may increase response rates.

Options for Collecting PRO Data

Options for Submitting PRO Data

NEW AUS Report/ Supplemental File

Measure Fact Sheet

FAQs

Patient Brochure

Data Submission

NEW AUS Report/ Supplemental File

The AUS Report and Supplemental File are used for the development of a THA/TKA PRO-PM.

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Hospital-level Total Hip Arthroplasty/ Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM) Fact Sheet

The goal of a hospital-level THA/TKA PRO-PM is to measure improvement in patient self-assessment of their pain and functional status prior to and after the elective, primary THA/TKA. The hospital-level THA/TKA PRO-PM is the first-ever PRO-PM to incorporate the patient's perspective directly in the measure outcome, with the intent of promoting collaboration and shared decision-making between patients and providers across the full spectrum of care.

Who is included?

What data should be collected?

What is included in the risk model?

How is the measure calculated?

Where can I find more information?

Total Hip Arthroplasty/ Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure (THA/TKA PRO-PM): Frequently Asked Questions (FAQs)

Hospital Inpatient Quality Reporting Program

May 2024

The content included in this document aims to assist hospitals participating in 2025 Voluntary Reporting and 2026 Voluntary Reporting in order to prepare to meet requirements for the 2027 Mandatory Reporting period/ fiscal year (FY) 2028 payment determination in the Hospital Inpatient Quality Reporting Program (IHQR) for the THA/TKA PRO-PM.

Page 10 Measure Background

Page 15 Measure Specifications

Page 20 Implementation

Page 25 Additional Information & Resources

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

The Patient Guide provides information for patients about the THA/TKA PRO-PM, including how to complete the patient-reported outcome (PRO) survey and how to submit the data to the hospital.

Measure ID	Measure Name	Measure Type	Measure Period	Measure Start Date	Measure End Date	Measure Status
THA/TKA PRO-PM	Total Hip Arthroplasty and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	Patient-Reported Outcome	2025	2025-01-01	2025-12-31	Active
THA/TKA PRO-PM	Total Hip Arthroplasty and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	Patient-Reported Outcome	2026	2026-01-01	2026-12-31	Active
THA/TKA PRO-PM	Total Hip Arthroplasty and Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	Patient-Reported Outcome	2027	2027-01-01	2027-12-31	Active

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Public Reporting HSRs

HUG Overview

- The July2025_PR_HUG.pdf that accompanies the Public Reporting HSRs includes additional information about the data in the HSRs.
- The HUG is also available on *QualityNet*:
<https://qualitynet.cms.gov/inpatient/measures/mortality/reports>

Public Reporting and Hospital IQR Program Bundle and HSR Changes

- Traditional Excel based reports have been replaced with a web page dashboard and downloadable CSVs for patient-level details.
- The IQR/PR Payment (AMI, HF, PN and THA/TKA) measure was removed for the 2025 report release.

HSR Content

- Each of the Public Reporting HSRs uses the same basic structure for consistency.
- Each has expanding areas that provide the following:
 - Your hospital's measure results
 - Distribution of state and national performance categories

Downloadable CSV Content

- Discharge-level data used to calculate your hospital's measure results
- Case mix comparison of the risk factors used for risk adjusting the measures

New Dashboard and Measure Results

To get detailed data and a copy of the HHC developed the CMI files the cross-hits at the top of the

IQR/PR ▾ | EDAC measures ▾ | AMI ▾

Discharge period
Jul. 1, 2021 - Jun. 30, 2024

Release year 2025 ▾


Performance overview

i Number of cases too small (fewer than 25 for HF and Pneumonia, fewer than 50 for AMI) to reliably tell how well the hospital is performing. Results will not be publicly reported. †

Performance information	Hospital
EDAC per 100 discharges † Lower is better	-32.64 95% interval estimate: [-56.78, 5.17]
Eligible discharges †	18
Patients included in the EDAC measure †	18
Patients who returned to a hospital †	4
Percentile rank in your state	--
Percentile rank in the nation	--

Results will not be publicly reported if the number of cases is too small (fewer than 50) to reliably tell how well the hospital is performing.

New Dashboard and Measure Results (2)

IQR/PR ▾ EDAC measures ▾ AMI ▾			Release year 2025 ▾
Discharge period Jul. 1, 2021 - Jun. 30, 2024			
Percentile rank in your state			--
Percentile rank in the nation			--
Results will not be publicly reported if the number of cases is too small (fewer than 50) to reliably tell how well the hospital is performing.			
National and state performance			
Performance information	State	National	
Hospitals with fewer days than average per 100 discharges †	6	278	
Hospitals with average days per 100 discharges †	9	736	
Hospitals with more days than average per 100 discharges †	11	551	
Hospitals with too few cases †	44	2,149	
Hospitals with measure results †	70	3,714	

New Dashboard and Measure Results (3)

[← Measure details](#)

Measure detail view

[IQR/PR](#) ▾ | [EDAC measures](#) ▾ | [AMI](#) ▾

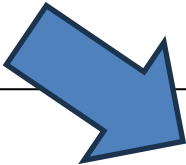
Discharge period
Jul. 1, 2021 - Jun. 30, 2024

Excess Days in Acute Care (EDAC) after hospitalization - Acute Myocardial Infarction (AMI)



For more information, explore the [EDAC resources](#) on the Hospitals-Inpatient page of the QualityNet website. Definitions, calculations, detailed explanations, and more can be found in the [HSR User Guide \(HUG\)](#), available on QualityNet.

To get detailed data and a copy of the HUG, download the CSV file via the export button at the top of the page.







† indicates publicly reported (*see footnotes for exceptions*)
-- indicates no available measure data
N/A indicates not applicable



Export Bundle ^

- PDF & CSVs zip file 
- PDF (performance data) 
- CSVs (performance & patient-level data) 

New Dashboard and Measure Results (4)

XXXXXX_2025_IQR_edac		Search XX
Sort View ...		
Name	Type	Size
Today		
 XXXXXX_2025_IQR_edac_ami_performance	Microsoft Excel Comma Separated Values File	1 KB
 XXXXXX_2025_IQR_EDAC_Condition_Case_Mix_Comp	Microsoft Excel Comma Separated Values File	6 KB
 XXXXXX_2025_IQR_edac_hf_performance	Microsoft Excel Comma Separated Values File	1 KB
 XXXXXX_2025_IQR_EDAC_Index_Stay_Summary	Microsoft Excel Comma Separated Values File	56 KB
 XXXXXX_2025_IQR_EDAC_Patient_Level_Summary	Microsoft Excel Comma Separated Values File	17 KB
 XXXXXX_2025_IQR_edac_pneumonia_performance	Microsoft Excel Comma Separated Values File	1 KB

Measure Results

Excess Days in Acute Care (EDAC) after hospitalization - Acute Myocardial Infarction (AMI)

For more information, explore the [EDAC resources](#) on the Hospitals-Inpatient page of the QualityNet website. Definitions, calculations, detailed explanations, and more can be found in the [HSR User Guide \(HUG\)](#), available on QualityNet.

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† Indicates publicly reported (see footnotes for exceptions)

-- Indicates no available measure data

N/A indicates not applicable

Performance overview

✓ Your hospital's performance is better than the national average. †

Performance information

Hospital

EDAC per 100 discharges †
Lower is better

-15.56
95% interval estimate: [-25.85, -4.18]

[Eligible discharges](#) †

273

Patients included in the EDAC measure †

264

Patients who returned to a hospital †

68

Percentile rank in your state

81

PRO-PM

[< Measure details](#)

Measure detail view

Inpatient Quality Reporting ▾

THA/TKA PRO-PM ▾

Export ▾

Release year 2024 ▾

Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure

† indicates publicly reported

– indicates no available measure data for hospital

i Your hospital **did not participate in voluntary reporting** for this reporting period †

Performance overview

Submission information

i Your hospital **did not participate in voluntary reporting** for this reporting period †

Performance overview

Pre-operative summary scores	Facility	National
Average preoperative HOOS JR score Lower scores indicate poorer patient condition	--	45.99
Average preoperative KOOS JR score Lower scores indicate poorer patient condition	--	48.07
Average mental health summary score Higher scores indicate better patient condition	--	47.23

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HSR Preview Period Questions

Preview Period Questions

Questions can be submitted via:

- Email to QNetSupport@cms.hhs.gov.
- CCSQ Service Center phone line at (866) 288-8912 or TTY at (877) 715-6222.
- QualityNet Inpatient [Question and Answer](https://www.qualitynet.org) Tool:
<https://www.qualitynet.org> > Help > Question and Answer Tools
Hospitals – Inpatient > Ask a Question
 - Program: Inpatient Claims-Based Measures
 - Select relevant topic (Example: Excess Days in Acute Care)

Please include your hospital's 6-digit CCN when submitting your request.

Submitting Preview Period Questions

- Do not email HSR files or their contents.
- HSRs contain discharge-level data protected by the Health Insurance Portability and Accountability Act of 1996.
- Any disclosure of protected health information should only be in accordance with, and to the extent permitted by, the act's Privacy and Security Rules and other applicable law.
- Use the ID number found within the HSR when referring to the contents of that report.

Underlying Claims

The public reporting preview period does **not** allow hospitals to submit corrections related to the underlying claims data, or to add new claims to the data extract used to calculate results.

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

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

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

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