Office Hours Q & A for the Centers for Medicare & Medicaid Services Hospital Inpatient Quality Reporting Patient-reported Outcome Performance Measure Program

1. **Can I get a copy of your slides please?**
   Slides can be found in the same email as this document.

2. **Are Patient-reported Outcome Measures (PROMs) required for the 3-month and 6-month post-operative time point?**
   Correct, only the pre-op and 1-year post-operative time points are required for the Centers for Medicare & Medicaid Services (CMS) Hospital Inpatient Quality Reporting (IQR) Patient-reported Outcome Performance Measure (PRO-PM) program. Other quality programs and performance measures may require additional time points, so the AAOS American Joint Replacement Registry (AJRR) encourages all participants to review all reporting program needs at their institutional level.

3. **Are there any hospitals/states that are exempt from the CMS IQR requirement?**
   All hospitals with a traditional Medicare Fee-For-Service patient population are required to report. Here are the key inclusion criteria outlined by CMS:
   - Enrolled in Medicare FFS Part A and Part B for the 12 months prior to the date of the index admission and enrolled in Part A during the index admission
   - Aged 65 or older
   - Discharged alive from non-federal short-term acute care hospital
   - Elective primary THA/TKA procedures only (patients with fractures and revisions, malignant neoplasms, or mechanical complications are not included)

4. **Is pre-op data compared to the post-op data for the same patient?**
   Yes, pre- and post-op scores are being compared for the same patient with individual patient risk factors (part of the data elements required) taken into account.

5. **Can you elaborate more on the inpatient status?**
   In AJRR, we track inpatient status by the code type submitted (ICD-10 vs CPT). We also capture admission and discharge dates to calculate length of stay for all procedures. We

currently have an inquiry into the [QualityNet Question and Answer Site](#) to provide more clarity around how they would like us to define inpatient with our reporting (two midnight rule, or surgeon admission to inpatient status, etc.).

*Past responses from CMS have been to cast a broad net for your total hip and knee patients to ensure you meet the capture threshold, and they will use administrative claims to pull in the eligible population for measure calculation.

7. **Is there minimum data requirement for the PROMs?**
    Yes, CMS requires a minimum of 50% data capture for your eligible Medicare Fee-For-Service patient population.

8. **Do you know if CMS will accept a partial time-frame submission for the second voluntary reporting period if we start once AJRR gets all the fields added and is able to send the data?**
    Yes, CMS will accept partial data. The goals of the voluntary periods are to:
    *   Ask questions and test PRO data submission to CMS before Mandatory Reporting
    *   Receive confidential feedback reports that include their PRO data response rates and measure results prior to Mandatory Reporting of measure results
    *   Review the data used to calculate their total hip arthroplasty/total knee arthroplasty (THA/TKA) PRO-PM results
    *   Get information on how to interpret their measure results
    *   Ask questions about and provide feedback on the measure.

9. **Do you accept surveys that are completed by a family member or recorded by a staff member who speaks with the patient over the phone?**
    Yes, there will be a data element added to our PRO Portal preregistration form and to the PROMs data specification header that allows a site to indicate if it was the patient or surrogate completing the assessment. There is also a PROMs Mode data element, which allows sites to elect if it was collected in-person, over the phone, etc.

10. **Are you able to provide us with all the forms we will need in English and Spanish?**
    Currently our PRO Portal utilizes the English version of the assessments. For more information on the data elements, you can view our data specifications available in the Tools & Resources section of the RegistryInsights® platform if you are a current participant, or you can request a copy of our data specifications by emailing RegistryEngagement@aaos.org. The [CMS IQR PRO-PM Resources](#) page also contains helpful information on the data fields and forms required for the measure.

11. **The state of Maryland is under the GBR-global budget revenue reimbursement, not traditional Medicare Fee-For-Services. Just to clarify, IQR would not be a requirement for Maryland hospitals?**
    We recommend reaching out to the [QualityNet Question and Answer Site](#) to confirm with the IQR Program, but if you are not serving the Medicare Fee-For-Service

population currently, you would not fall under this reporting requirement.

12. **Is this just total knee replacements? Or does it include uni-, partial, etc. Same for hips – does bipolar apply, or fractures who have a hemi vs. total?**
   The PRO-PM includes only primary total hip and knee replacements.

13. **We are currently submitting PROMs to AJRR for all our patients regardless of status. Will you be able to filter inpatients only for submission?**
   Yes, we can filter based on code type and length of stay.

14. **Is it your understanding that hospitals that do not submit at least 50% matched data (pre- and post-op) for Medicare patients will have the 2% penalty?**
   Here is the response our PROMs workgroup received from CMS:

   Thank you for reaching out. Per Section 1886(b)(3)(B) of the Social Security Act, failure to meet any of the requirements of the Hospital Inpatient Quality Reporting (IQR) Program will result in a reduction to a hospital's Annual Payment Update (APU) by one-fourth of such applicable percentage increase. As such, if you fail to meet the submission of the THA/TKA PRO-PM measure (once it becomes mandatory) you will be at risk for not meeting the APU requirements which will result in the reduction (even if you have met all the other IQR requirements). The reduction applies to all Medicare claims for the appliable Fiscal Year, not just the THA/TKA related claims. Additionally, hospitals that are subject to a payment reduction under the Hospital IQR Program are not eligible to participate in the Hospital Value-Based Purchasing (VBP) Program.

   More information about the IQR Program requirements and the APU process can be found in the "FY 2025 Hospital Inpatient Quality Reporting Program Guide" which is located on the Tools and Resources page of the Quality Reporting Center website, here is a link to the Tools and Resources page. Open the "IQR Resources for FY 2025 Payment Determination" section. There are also other useful IQR resources available in this section.

   If you have any additional questions or concerns regarding this case, please revisit the Q&A Ask A Question web form and submit a new inquiry.

15. **Will this be claims-based submissions or web-based submissions?**
   Both – there will be a web-based submission for the PROMs assessment responses, patient matching fields, and risk variables. CMS will also use claims data to identify/confirm the eligible patient population.

16. **Will CMS want the Raw or the Interval score?**
   They want the individual raw response scores.

17. **Do you submit PROM or procedure data first?**
Procedure and PROMs data can be submitted in any order if all matching variables are completed in both files. You can view the matching guide in the Tools & Resources section on the RegistryInsights platform.

18. **When will the new spec version for PROMs be sent out?**
The 2024 updated spec is now available on registry platform

19. **Can you assess any health literacy or social determinants?**
Yes, we have fields in our data specification and PRO Tool for health literacy screening, chronic narcotics use, BMI, and patient demographics. We also capture the ODI back pain and total painful joint count questions.

20. **Is the pre-register feature available to everyone? It is not appearing on my dashboard.**
You can "turn on" the PRO Tool in RegistryInsights by completing a PROMs onboarding form from the Tools & Resources section and sending it to RegistrySupport@aaos.org.

21. **Does AJRR have the ability to push surveys into Epic or other Electronic Health Records (EHRs) to live in a patient medical record?**
AJRR data can be exported in Excel reports and via individual patient PROMs PDFs, but we do not push them back to EHRs. There are third-party vendors who can support this.

22. **When we send in the post-op surveys, can this be a separate file, or does it need to be attached to the corresponding preop excel file?**
It can be submitted as a separate file. You do not need to re-submit the pre-op assessment data.

23. **Do you match up the patient's pre-op and post-op information?**
Yes, there are set matching data fields we use to link the procedure/patient to the associated pre- and post-op PROMs. A matching guide can be found in the RegistryInsights Tools & Resources. Please note, with PROMs, because there are preop ones occurring before the procedure, can come in independent from the procedure file and link up based on matching data later. Post-op files are the only ones that get rejected if there is no procedure.

24. **What about the SILS2 form?**
Yes, we capture the Health Literacy Screening data element in the PROMs specification and our PRO Tool.

25. **How are you able to separate revisions from primary surgeries?**
We have a procedure type logic that assigns procedure groupings based on all the procedure codes submitted with a case. For example, if a hip procedure is submitted

with a removal code and a replacement code, we know this is a revision. We also utilize the diagnosis codes submitted to identify non-elective cases including fractures.

27. **Can you review again how the patients are getting a link to answer PROMs on AJRR? Do we send them a link, or do you get a list and send a link?**
You preregister your patients in the PROMs portal so that they are assigned the appropriate assessments at the correct intervals. Your patients can automatically receive an email link from AJRR once preregistered, or you can have them complete the assessment in clinic via the kiosk mode on a tablet or computer.

28. **Is there a specific survey or question that is used for the total painful joint count? Can you send this question and the specific Oswestry index questions for back pain?**
Below are the additional CMS required questions outside of the mental health and HOOS/KOOS, JR. assessment questions. In the AJRR PRO Tool and PROMs specifications, these are grouped together under the Comprehensive Joint Replacement (CJR) Risk Assessment.

Single Item Health Literacy Screening (SILS2) questionnaire	Comprehensive Joint Replacement (CJR) risk questions: How comfortable are you filling out medical forms by yourself?	# (0 = Not at all; 1 = A little bit; 2 = Somewhat; 3 = Quite a bit; 4 = Extremely); Not reported or NR
Patient-Reported Pain in Non-operative Lower Extremity Joint	Comprehensive Joint Replacement (CJR) risk questions: What amount of pain have you experienced in the last week in your other knee/hip?	# (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Extreme); Not reported or NR
Patient-Reported Back Pain (Oswestry Index Question)	Comprehensive Joint Replacement (CJR) risk questions: My BACK PAIN at the moment is	# (0 = None; 1 = Very Mild; 2 = Moderate 3 = Fairly Severe; 4 = Very Severe; 5 = Worst Imaginable); Not reported or NR

29. **If we collect the pre-operative PROMs and submit to AJRR, does AJRR automatically send the 1-year post-operative PROM to patients?**
Yes, if you elect this option in your PROMs profile settings.

30. **Can you please share a list of these third-party vendors?**
The Registry Authorized Vendor list can be viewed here.

31. **We have been collecting and uploading to AJRR the PROMIS-10 at the 1-year mark, along with HOOS/KOOS JR. Is the 1-year PROMIS-10 not required for CMS?**
Correct, it is only required pre-operatively for the CMS IQR program. The PROMIS-10 or

VR-12 are still required at both time points for other Merit-based Incentive Payment System (MIPS) measures and The Joint Commission Advanced Certification.

32. Is there an anticipated date when the IQR will apply to outpatient procedures?
The proposed rule notes voluntary reporting starting with coverage year 2025 for outpatients.

33. Is there a cost associated with the AJRR submitting on sites behalf?
No, this is included in your annual Registry license fee.

34. We had post-op PROs set at 90 days. When should we switch to one year?
Switch starting with July 2024 procedures (January 2024 procedures for any sites with The Joint Commission Advanced Certification).

35. Can you send a link through text message for patients that don't have email?
We will have a link later this fall that can be used in email or EHR patient messaging systems. The link could also be used in a text; however, our platform is not built for mobile view.

36. Is there a cutoff date for letting the AJRR know we want to take advantage of the Registry submitting to CMS?
Yes, signed DUAs must be received by March 31, 2025

37. Does your PROMs dashboard identify benchmarks for degree of post-op improvement?
Yes, there are national comparators for pre- to 1-year post-op minimum clinical improvement difference (MCID). We also have national comparators for the average scores for each assessment from pre- to post-op.

38. Will the AJRR automatically change to the 1-year, or do we need to reach out to someone to do that for us?
Please reach out to our team via the Feedback & Support link in the RegistryInsights platform to request an update to your PROMs profile.

39. Wasn't Medicare Advantage added in the IPPS Final Rule?
We confirmed with CMS, and the PRO-PM is focused on Medicare Fee-For-Service/Part A claims.

40. Is there a certain cadence to which this data will need to be uploaded? I.e., quarterly vs. monthly, etc.?
AJRR recommends a minimum of quarterly submission.

41. **Is mode of collection a required field? Or is NR acceptable?**
    It is required for the CMS PRO-PM reporting.

42. **In the description of the CMS question around chronic narcotic use it states it needs to be provider reported. How are you verifying what the patient is reporting?**
    This is provider reported on our end as well. A site would need to extract the provider-entered data from the EHR to submit on the PROMs file layout, or enter the narcotics use response into the preregistration information if you are using the AJRR PRO Tool.

43. **Can we upload post-op surveys to AJRR for the CMS submission? We are using AJRR platform for pre-op collections but not for post-op yet.**
    Yes, you can either "turn on" the post-op intervals if you do not have emails already going out to your patients from AJRR, or if you want to submit post-op data on file submission, you can make sure the post-op profile is set to "clinical" for the 1-year capture. Please reach out via the Feedback & Support link in RegistryInsights for any questions on your PRO Profile settings.

44. **Does AJRR have a method to provide feedback on the percent of eligible procedures that have completed their post-operative PROMs to be sure we are meeting the minimum requirements?**
    Yes, we have a planned update for mid-November where an IQR PRO-PM report will be added under the performance reports section of RegistryInsights. This report will pull in the eligible patients, and you will be able to see who has completed scores for each interval and associated procedure dates.

45. **Where can we find more info about the AJRR platform for collecting PROMs?**
    If you are already a Registry participant, please reach out via the Feedback & Support link in RegistryInsights for a PROMs demo. If you are not an AJRR participant currently, please reach out to RegistryEngagement@aaos.org.

46. **Will this replace the CMS CJR submission?**
    No, CJR is a separate alternate payment model not under the IQR program.

48. Is AAOS PROMs collection all or nothing? Is it possible to have AAOS collect some of our PROMs with the primary method of PROMs collection being through our own EHR/MyChart that will then be uploaded to AAOS in a flat file?

Yes, this is possible when your profile is set to the "clinic" option versus the email option. If patients are emailed assessments and you send them in via file submission, this will duplicate PROMs cases in the platform.

49. Can data be downloaded from AAOS for CMS CJR submission?

Yes, there will be a report matching the CMS report requirements that can be downloaded from the performance reports in early 2024.

AAOS Registry Program | (847) 292-2530 | RegistrySupport@aaos.org | www.aaos.org/registries