Frequently Asked Questions (FAQs) for Reporting of Patient-Reported Outcome (PRO) and Limited Risk Variable Data

Last Updated September 6, 2022

Centers for Medicare & Medicaid Services (CMS)

Comprehensive Care for Joint Replacement (CJR) Model
Reporting of Patient-Reported Outcome (PRO) and Limited Risk Variable Data

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Frequently Asked Questions

For CJR Patient-Reported Outcomes (PRO) Data

Performance Year (PY) 7

Recent Updates

Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS) Rule

1. **How does the FY 2023 IPPS rule impact PY 7 PRO data collection for the CJR model?**

   There are no impacts to the performance year (PY) 7/PY 8 Patient Reported Outcome (PRO) data collection for the Comprehensive Care for Joint Replacement (CJR) model. In the FY 2023 IPPS Final Rule, the Centers for Medicare & Medicaid (CMS) finalized voluntary and mandatory reporting of the Hospital-level Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) Patient-reported Outcome-based Performance Measure (PRO-PM). This measure evaluates a patient's improvement after a THA/TKA based on their self-assessment of their pain and function. The purpose of the measure is to promote collaboration and shared decision making between patients and providers across the full spectrum of care.

   The THA/TKA PRO-PM Measure uses similar data to the data required for CJR PRO data collection. Starting in 2023, your hospital may voluntarily submit THA/TKA PRO data for the THA/TKA PRO-PM Measure data collection. Please see Table 1 for the overlapping dates between the THA/TKA PRO-PM voluntary reporting periods 1 and 2 (VR 1 and VR 2), and CJR PRO data and risk variable collection for PYs 7 – 8.

   The introduction of the THA/TKA PRO-PM does not affect the CJR PRO data submission requirements for PY 7 – 8. Your hospital can participate in both CJR and TKA/THA PRO-PM voluntary efforts.

Table 1. Overlapping THA/TKA Procedures between THA/TKA PRO-PM VR 1 and VR 2 and CJR PY 7 – 8

THA/TKA Procedures Performed	Is this data used for CJR PRO Data Collection?	Is this data used for the THA/TKA PRO-PM?
July 1, 2022 – June 30, 2023*	Yes – PY 7*	Only data for January 1, 2023 – June 30, 2023 THA/TKA procedures are used for VR1.
July 1, 2023 – June 30, 2024	Yes – PY 8	Yes – VR2

*Data submission deadlines between CJR and THA/TKA PRO-PM differs for PY 7/VR1 only.

2. **Why should I participate in voluntary data submission for the THA/TKA PRO-PM?**

   Participating in voluntary reporting periods of THA/TKA PRO-PM allows hospitals already collecting PRO data as part of the CJR model the opportunity to:

   - Familiarize themselves with the hospital-level THA/TKA PRO-PM:
     - Measure methodology,

    - Data used to calculate their measure results, and
    - Data submission process.
- Review key information related to data submission including collected/submitted data elements, submission processes, and deadlines
- Test PRO data submission to CMS before mandatory reporting.
- Submit feedback and ask questions prior to the use of the measure for mandatory reporting.
- Understand and receive feedback on their programmatic participation requirements related to the measure prior to mandatory reporting.
- Develop insight into their performance on the measure.

3. Where can I find more information on the THA/TKA PRO-PM?

You can find more information regarding the THA/TKA PRO-PM Measure methodology and reporting on QualityNet starting this fall.

CJR 2021 Model Extension PY 7 – PY 8

4. What changes are there to the PRO data requirements for PY 7 – PY 8?

Several notable changes to the PRO requirements for PY 7 – PY 8 include:

- **Who is eligible to report:** Only hospitals in the 34 mandatory reporting Metropolitan Statistical Areas (MSAs) are eligible to voluntarily report. This does not include small or rural hospitals that voluntarily opted to participate previously. The full list can be found at the CJR Model site: https://innovation.cms.gov/innovation-models/cjr. Hospitals on this list are eligible to participate in the PRO and limited risk variable data submission component of CJR.
- **Procedure dates & collection periods for PY 7 – PY 8:** A timeline that details PRO data collection by performance years can be found in Figure 4.
- **Post-op data collection length:** Post-operative data can now be collected from 9 – 14 months (extended 2 months).
- **Submission deadlines:** The data submission deadlines for each performance year of CJR are shown in Table 9.
- **Criteria for success/thresholds:** Table 2 below contains the updated criteria for PRO data submission requirements.

Table 2. Minimum Case Requirements for Eligible Procedures in Each Performance Year (PY) for Successful Data Collection

PY	Eligible THA/TKA Procedures Performed During	PRO and Risk Variable Submission Requirements
7	July 1, 2021 – June 30, 2022	POST-operative data on THA/TKA procedures for **≥ 80% or 300 procedures** (post-op data must match to pre-op PROs submitted in PY 6)
7	July 1, 2022 – June 30, 2023	PRE-operative data on primary elective THA/TKA procedures for **≥ 85% or 400 procedures**
8	July 1, 2022 – June 30, 2023	POST-operative data on primary elective THA/TKA procedures for **≥ 85% or 400 procedures** (post-op data must match to pre-op PROs submitted in PY 7)
8	July 1, 2023 – June 30, 2024	PRE-operative data on primary elective THA/TKA procedures for **≥ 90% or 500 procedures**

Additional PRO and risk variable data collection resources for download can be found on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder. The data collection template is available on the *CJR model site*.

5. Are there any changes to the PRO data being collected in PY 7 – PY 8?

There are no changes to the patient-reported outcome Measure (PROM) data needed in the CJR Model Three-Year Extension. Hospitals are required to submit 100% of questions from one of two generic PRO surveys (the Veterans RAND 12 Item Health Survey [VR-12] or Patient-Reported Outcomes Measurement Information System [PROMIS]-Global); 100% of questions from the joint-specific Hip disability and Osteoarthritis Outcome Score (HOOS)/ Knee injury and Osteoarthritis Outcome Score (KOOS) Joint Replacement (JR.) survey or the HOOS/KOOS subscales; and patient identifiers. In addition, risk variables are also required as part of the pre-operative submission.

Table 3 and Table 4 summarize the variables for the CJR PRO data collection. For the data specifications for each variable, please refer to the latest CJR PRO Data Dictionary available on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder.

6. Are there any changes to procedures that are eligible for PRO and risk variable data collection?

Procedures eligible for PRO and risk variable data collection have not changed. While outpatient and Diagnosis-Related Group (DRG) 521 and 522 (fracture) THA/TKA procedures have been included in the CJR program for bundling and payment, at this time, outpatient procedures and patients with a femur, hip, or pelvis fracture will not be eligible for PRO and risk variable data collection. Participants are encouraged to use the Patient Selection Flowchart (Figure 3) to identify eligible patients for data collection.

7. **When should I submit PRO data for PY 7?**

   PY 7 PRO data should be submitted by September 30, 2023. The data submission deadlines for each performance year of CJR are shown in Table 9.

8. **Where can I find more information about the CJR 2021 Model Extension?**

   The May 2021 CJR final rule describing the model three-year extension can be found on the Federal Register website at: https://www.federalregister.gov/documents/2021/05/03/2021-09097/medicare-program-comprehensive-care-for-joint-replacement-model-three-year-extension-and-changes-to.

Rationale for PRO Data Collection

Purpose of Collecting and Submitting PRO data

9. **Why should my hospital collect and submit PRO data?**

   As part of the effort to support CMS' Meaningful Measures initiative to strengthen patient and family engagement as partners in their care, CMS is developing patient-reported outcome performance measures (PRO-PM). PRO-PMs are an innovative way to capture quality of care of an organization, encourage patients and family members to get more involved in their care and empower providers and patients to engage in shared decision making to improve care.

   As described in the FY 2023 IPPS Final Rule, THA/TKA PRO-PM voluntary reporting begins with pre-operative data submission in 2023 leading to mandatory reporting in FY 2028 (Table 1). Your hospital will be prepared for future voluntary and mandatory reporting of the THA/TKA PRO-PM as described in the FY 2023 IPPS Final Rule.

   This move is supported broadly in the orthopedic community; PROs capture changes in pain and function, the two most common reasons patients and surgeons pursue THA/TKA. Getting a head start in PRO collection will prepare your hospital for future initiatives using this type of data. In addition, hospitals that successfully submit PRO and risk variable data for eligible THA/TKA procedures will gain two points on their hospital's CJR composite quality score, which may increase their financial opportunity under the model.

10. **Why is CMS incentivizing hospitals to collect PRO data?**

    As part of the Meaningful Measures initiative, CMS is in the process of transitioning to evaluation of quality using mainly outcome measures, patient-centered outcome measures, and strategies that include patient experience. Patient-centered outcome measures provide hospitals with insight into the quality of care they are providing to

their patients. As noted in the 2015 CJR final rule (Section III.C.5.b.(2), page 73359), successful PRO data submission will "provide participant hospitals with valuable information on functional outcomes that would assist [providers] in assessing an important patient-centered outcome, engaging other providers and suppliers in care redesign for [lower extremity joint replacement] LEJR episodes, as well as provide them with the potential for greater financial benefit from improved LEJR episode efficiencies." Any changes to existing outcome measures or the addition of new outcome measures would be made through a future Notice of Proposed Rulemaking process.

Data Specifications for PRO and Risk Variable Data Collection

Best Practices for PRO Data Collection

11. Through what modalities can PRO data be collected?

Hospitals may choose to collect PRO data in a variety of ways that best meet their needs (see Figure 1 and Figure 2 below for pre- and post-op data collection modality examples). Some modes previously used for patient-reported data collection include in-person with the patient, mail, telephone, and online (using an electronic interface).

Figure 1. Pre-Operative Collection

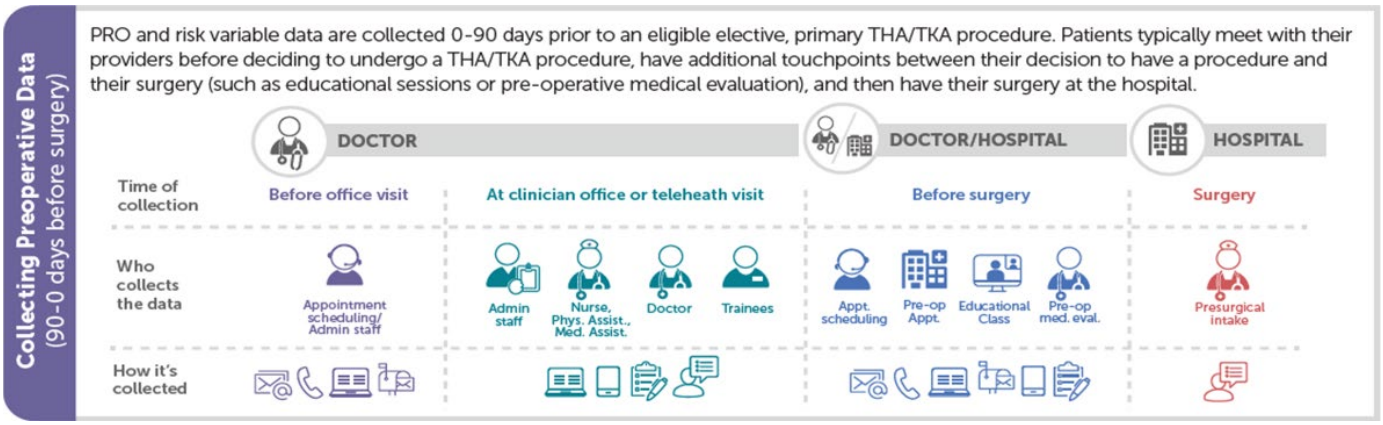
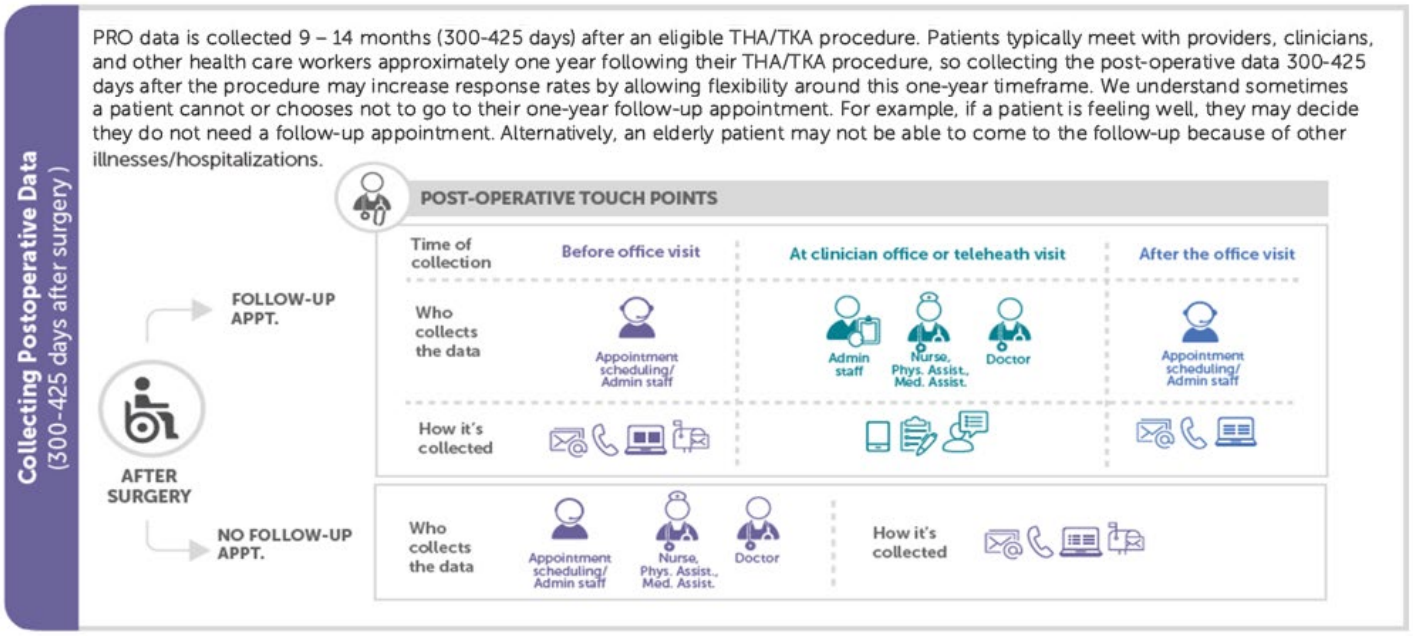


Figure 2. Post-Operative Collection



12. What locations are appropriate for collecting PRO data?

The CJR model final rule does not specify where a hospital should collect PRO and risk variable data for this component of the CJR model. Some literature shows that patients' responses may be less susceptible to bias if collected outside of the clinical setting. However, there are benefits to collecting this data during hospital or physician visits, as this provides the opportunity for patients to ask questions, which may improve survey completeness and overall response rates. See Figure 1 and Figure 2 for examples of pre- and post-op data collection settings.

PRO Data Specifications

13. What data must my hospital submit to meet the CJR requirements for PRO data collection?

Hospitals need to submit the VR-12 or PROMIS-Global-10 generic PRO survey; and the HOOS/KOOS JR. or HOOS/KOOS subscales PRO survey for patients undergoing eligible elective primary THA/TKA procedures. The PRO surveys must be collected for the same patients during the pre-operative (90 – 0 days before the procedure) and post-operative (9 – 14 months following the procedure) periods. The PRO surveys that a given patient completes at the pre-operative data collection period must be the same PRO surveys completed during the post-operative data collection period. In addition to the PRO surveys, hospitals must also submit the identifiers listed below so that pre- and post-operative data can be linked to Medicare claims data.

Finally, hospitals must submit risk variables which are only collected during the pre-operative data collection period. CMS also requests that hospitals submit additional hospital identification, performance year, and data collection information that will allow for identification and matching of pre-operative and post-operative data submissions. Table 3 and Table 4 summarizes the variables for the CJR PRO data collection. For the data specifications for each variable, please refer to the latest CJR PRO Data Dictionary available on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder.

Table 3. Variables for CJR PRO and Risk Variable Pre-Operative Data Collection

<table>
<tr><th colspan="5">Pre-Operative Data Collection</th></tr>
<tr><td colspan="2">VR-12</td><td>OR</td><td colspan="2">PROMIS-Global</td></tr>
<tr><td colspan="5"><u>AND</u></td></tr>
<tr><td colspan="2">HOOS/KOOS JR.</td><td rowspan="3">OR</td><td colspan="2">HOOS/KOOS subscales</td></tr>
<tr><td>HOOS JR.</td><td>KOOS JR.</td><td>HOOS subscales</td><td>KOOS subscales</td></tr>
<tr><td>• Pain (2 questions)
• Function, daily living (4 questions)</td><td>• Stiffness (1 question)
• Pain (4 questions)
• Function, daily living (2 questions)</td><td>• Pain (10 questions)
• Function, daily living (17 questions)</td><td>• Stiffness (2 questions)
• Pain (9 questions)
• Function, daily living (17 questions)</td></tr>
<tr><td colspan="5"><u>AND</u></td></tr>
<tr><td colspan="5">• Performance year
• Medicare Provider Number, also known as CMS Certification Number (CCN)
• Medicare identification: Medicare Health Insurance Claim (HIC) Number, Railroad Retirement Medicare Beneficiary Number, or Medicare Billing Identifier (MBI)
• Date of birth
• Date of collection
• Mode of collection
• Person completing survey
• Race
• Ethnicity
• Patient-reported Health Literacy Screening (SILS2) Questionnaire
• Body mass index (BMI) or height in cm and weight in kg
• Pre-operative use of chronic (≥90 days) narcotics
• Patient-reported pain in non-operative lower extremity joint
• Patient-reported back pain (Oswestry Index Question)</td></tr>
</table>

Table 4. Variables for CJR PRO and Risk Variable Post-Operative Data Collection

<table>
<tr><th colspan="5">Post-Operative Data Collection</th></tr>
<tr><td colspan="2">VR-12</td><td>OR</td><td colspan="2">PROMIS-Global</td></tr>
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• Medicare identification: Medicare Health Insurance Claim (HIC) Number, Railroad Retirement Medicare Beneficiary Number, or Medicare Beneficiary Identifier (MBI)
• Date of birth
• Date of collection
• Mode of collection
• Person completing survey
• Date of admission to anchor hospitalization
• Date of eligible procedure</td></tr>
</table>

14. Where can hospitals access the PRO surveys?

The PRO surveys can be obtained through the webpages listed in Table 5.

Table 5. PRO Survey Websites

PRO Surveys Can Be Obtained Through the Following Webpages:	
HOOS/KOOS:	http://www.koos.nu/
HOOS/KOOS JR.:	https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp
VR-12:	http://www.bu.edu/sph/research/research-landing-page/vr-36-vr-12-and-vr-6d/
PROMIS-Global:	http://www.nihpromis.org/measures/availableinstruments

15. How should patients' responses to the PRO surveys and supplemental required questions be collected?

Hospitals have the option to administer the PRO surveys and supplemental required questions on paper, over the telephone (including data collected using interactive voice response), or electronically (such as web-based or through electronic health records [EHRs]).

While hospitals have the flexibility to choose the mode to administer or collect data, CMS requests that hospitals report on the "mode of collection" during the pre-operative period and during the post-operative period. When hospitals provide the "mode of collection," hospitals should indicate the mode that is most representative of how the required data (including PRO surveys) for the given pre/post-operative period were collected. If more than one mode was used during a data collection period, hospitals should report the predominant mode.

16. How did CMS determine which PRO surveys and candidate risk variables to collect?

CMS has worked with experts in the medical community, as well as other stakeholders, to carefully identify the PRO surveys and candidate risk variables that should be considered for inclusion in future THA/TKA PRO-PMs.

CMS identified variables that could be captured using administrative claims data and excluded them from the list of data elements required for successful submission of PRO and risk variable data for the CJR model. This decision minimizes the data collection burden on hospitals, as CMS can link to these data using a few key identifiers.

The list of risk variables finalized in the 2015 CJR final rule incorporates feedback received during the proposed rule public comment period, including feedback received in a joint statement from multiple surgical specialty societies (Section III.D.3.a.(7), page 73497). There were no changes to the risk variables included in the 2021 CJR Model Extension.

17. How should the data for the race, ethnicity, height, and weight variables be collected?

Race and ethnicity are required data elements that are collected pre-operatively. To

obtain the most accurate race and ethnicity data, this information should be provided by the patient rather than obtained from the patient's medical records. Height and weight (or alternatively, body mass index [BMI]) can be collected by the provider during the patient's pre-operative/consult visit or obtained from the patient's medical records.

Please see Question 21 for more information regarding the required race and ethnicity pre-operative data elements.

18. Our electronic medical record (EMR) recalculated the questionnaire values based on our own internal scale. Can we submit those values?

Please submit the values of the questionnaires/surveys as reported in the CJR PRO Data Dictionary and not the adjusted values reported by your EMR or electronic health record (EHR) system. This will allow for an accurate representation of your patients' improvement before and after THA/TKA. Entry of data values into the CJR PRO Data Collection Template different than those expected will lead to misrepresentation of your patients' information.

19. Can we use a mix of PROMIS-Global and VR-12 for data collection and does it need to be the same survey for a patient pre-operatively and post-operatively?

Hospitals can choose to administer the PROMIS-Global, VR-12, or both to their patients for CJR PRO data collection, but they must use the same survey for pre-op data collection as they do for post-operative data collection for each patient.

PRO and Risk Variable Data Elements and Requirements for Reporting

20. One of the variables we need to submit has to do with pre-operative use of narcotics. What is the definition of the chronic narcotics variable?

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.

21. My patient is multiracial/biracial; how should I collect their race variable? What if my

patient does not want to disclose his/her race/ethnicity?

CMS acknowledges that some patients are multiracial or biracial and requests that the healthcare team asks their patients to either select the race descriptor with which they primarily identify or select "other." CMS also acknowledges that some patients may choose not to disclose their race and/or ethnicity. In this circumstance, CMS encourages the healthcare team to work with their patients to help them understand the importance of this information, for example, that it will help inform the development of an elective, primary THA/TKA PRO-PM that can help promote care improvement for themselves and other patients with similar backgrounds.

22. Do I need to report all the PRO and risk variable data elements of my eligible patients?

Yes, to receive credit for a complete PRO record, hospitals must report the following: pre-operatively, hospitals must submit 100% of questions from one of two generic surveys (that is, the VR-12 or PROMIS-Global); 100% of questions from the joint-specific HOOS/KOOS JR. survey or the required HOOS/KOOS subscales; and risk variables and identifiers. Post-operatively, only the PRO questions and identifiers are required.

While not required for successful submission, we ask hospitals to also submit the following data elements with pre- and post-operative submitted data to improve CMS' ability to match pre- and post-operative data and to improve CMS' understanding of PRO data.

Requested identifiers with *all* (pre- and post-operative) submitted data:

- Medicare Provider Number (also known as CMS Certification Number, or CCN)
- Performance year
- Mode of collection
- Date of collection
- Survey respondent (if other than the patient)

For a list of the PRO and risk variable data elements, refer to Table 3 and Table 4. For the data specifications for each variable, please refer to the CJR PRO Data Dictionary available on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder.

23. Why is CMS requesting that hospitals submit performance year and Medicare Provider Number variables with PRO data?

CMS has requested that hospitals submit performance year and Medicare Provider Number (also known as CMS Certification Number, or CCN) to help match procedures to submitted PRO data and to increase CJR participant hospitals' chances for a successful PRO determination, earning two points towards their composite quality scores. As such, we have designated performance year and Medicare Provider Number as "core data elements" in the CJR PRO Data Collection Template.

While not required elements in the CJR Final Rule, CMS requests that hospitals submitting PRO data submit performance year and CCN for each procedure. Entry of the

correct value for the performance year variable in the CJR PRO Data Collection Template enables the macros in the template to limit data entry for the date of collection and procedure date variables to only those dates appropriate for the entered performance year. This action significantly limits hospitals from entering incorrect data, which could affect a successful PRO submission. The correct value for the performance year variable in the CJR PRO Data Collection Template should match the model performance year in which hospitals are submitting data, rather than the year of the date of the procedure. For example, for PY 7, the correct value for the performance year variable in the CJR PRO Data Collection Template will be "7" for both PY 6 procedure post-op submission and PY 7 pre-op submission.

Submitting the CCN for each procedure is important because it is used is to identify hospitals that submit PRO data. This identification is necessary to ensure that a hospital with a successful PRO data submission is awarded the additional points for their composite quality scores. The CCN is also one of the variables used for matching a hospital's pre-operative data and post-operative data. The use of the CCN will be increasingly important in the matching process as CMS has completely replaced Health Insurance Claim Numbers (HICNs) with Medicare Beneficiary Numbers (MBIs) as of December 31, 2019. Even though hospitals should only be submitting MBIs for PY 7 and PY 8, the CCN variable will be used to help match procedures for which the pre-operative data are identified by an HICN and the post-operative data are identified by an MBI for the same beneficiary.

24. For how many patients do I need to capture PRO and risk variable data to fulfill the successful data collection criteria?

Participating hospitals must meet the PRO and risk variable data reporting requirements (Table 6) for each PY to fulfill the successful data reporting criteria outlined in the 2021 CJR final rule. Post-operative data must match the patients on which the hospital submitted data pre-operatively in the prior performance year to fulfill the data collection criteria successfully. See Question 27 and Question 28 for further details on the criteria for post-operative data submission.

Table 6. Minimum Case Requirements for Eligible Procedures in Each Performance Year (PY) for Successful Data Collection

Performance Year	Eligible THA/TKA Procedures Performed During	PRO Submission Requirements
1	July 1, 2016 – August 31, 2016	≥ 50% or ≥ 50 eligible procedures
2	September 1, 2016 – June 30, 2017	≥ 60% or ≥ 75 eligible procedures
3	July 1, 2017 – June 30, 2018	≥ 70% or ≥ 100 eligible procedures
4	July 1, 2018 – June 30, 2019	≥ 80% or ≥ 200 eligible procedures
5	July 1, 2019 – June 30, 2020	≥ 80% or ≥ 200 eligible procedures
6	July 1, 2021 – June 30, 2022	≥ 80% or ≥ 300 eligible procedures

Performance Year	Eligible THA/TKA Procedures Performed During	PRO Submission Requirements
7	July 1, 2022 – June 30, 2023	≥ 85% or ≥ 400 eligible procedures
8	July 1, 2023 – June 30, 2024	≥ 90% or ≥ 500 eligible procedures

25. Since the pre- and post-operative data must be collected on the same set of patients, will my hospital be able to meet the next performance year's successful submission criteria if we did not submit or were not able to capture enough pre-operative data?

To meet the successful submission criteria for each performance year, hospitals are required to submit complete post-operative data on the patients they collected pre-operative data on during the prior year AND submit complete pre-operative data on eligible procedures based on the PRO case or percent requirement for that performance year (see Table 3 and Table 4 for PRO submission requirements). For this reason, CMS cannot award partial quality points to hospitals that only submit pre-operative or post-operative data for a given performance year. Hospitals are always welcome to submit PRO data in any performance year, but they must submit the data as stated in the final rule to be considered as successfully submitting PRO and risk variable data and receive points towards their composite quality scores. Because of this requirement, we strongly urge hospitals interested in collecting PRO and risk variable data to start collecting these data, especially pre-operative data if your hospital is just starting out, as soon as possible to enable your hospital to be considered for successful submission in subsequent years of the model.

26. Do the success criteria include the number/percentage of eligible cases that CMS is able to match pre- and post-operatively? In other words, if a hospital collected pre-operative data on a patient but was unable to collect post-operative data on that same patient, can a hospital still meet the successful criteria?

The success criteria do include the number/percentage of eligible procedures that have pre-operative and post-operative data that can be matched. For example:

- In PY 7, post-operative data must be submitted on the same patients as the PY 6 pre-operative data so that CMS has matched pre- and post-operative data for at least 80% or 300 of the total eligible THA/TKA procedures performed during the PY 6 timeframe, July 1, 2021 – June 30, 2022.
- In PY 8, post-operative data must be submitted on the same patients as the PY 7 pre-operative data so that CMS has matched pre- and post-operative data for at least 85% or 400 of the total eligible THA/TKA procedures performed during the PY 7 timeframe, July 1, 2022 – June 30, 2023.

In anticipation of potential challenges that may result from collecting post-operative data on all patients for whom pre-operative data were collected, hospitals should consider collecting data for **more than** the minimum requirement for procedures during the pre-operative data collection timeframe. CMS encourages hospitals to account for

potential challenges with response rates when setting internal pre-operative PRO survey response goals, as well as to plan for the increase in the minimum case requirement for successful PRO collection across PYs 7 – 8.

27. Which data elements do you need to re-collect for patients who had bilateral procedures?

In cases of eligible bilateral THA/TKA (performed on both hips or both knees on the same day), you do not need to recollect PRO data unless the responses vary between joints, and only need to recollect the patient-reported pain in non-operative lower extremity joints risk variable.

Additionally, to clarify, these cases count as two procedures in the CJR reporting of PRO and risk variable data. Hospitals should report these as unique cases in the CJR PRO Data Collection Template to receive credit for both procedures (the procedure type (P_TYPE) variable in the CJR PRO Data Collection Template allows for selection of 1=Left Hip Replacement, 2=Right Hip Replacement, 3=Left Knee Replacement, 4=Right Knee Replacement).

Lastly, the patient-reported pain in non-operative lower extremity joints risk variable in these cases should be reported despite the "non-operative" descriptor in the element name. Thus, in the case of a bilateral knee replacement and pre-operative risk variable collection, where the pain in the left knee is "moderate" (2) and the right knee is "severe" (3), for example, the patient-reported pain in non-operative lower extremity joints element for the left knee procedure (row) would be marked with '2', and the patient-reported pain in non-operative lower extremity joints element for the right knee procedure (row) would be marked with '3'.

Generic and Joint-Specific PRO Surveys

28. Do hospitals have to collect responses to all of the questions in the PROMIS-Global, VR-12, and/or HOOS/KOOS JR. or HOOS/KOOS subscales?

As finalized in the 2015 CJR final rule and continued in the 2021 model extension, all questions in the chosen surveys must be answered to be considered complete. For example, one of the generic surveys that hospitals can use is the VR-12. Hospitals who elect to use this survey instrument must report patient responses to all the questions (the name of the survey can be misleading since there are actually 14 questions in the survey).

29. What do I do if the numbering in the PROMIS-Global or VR-12 surveys does not match the numbering in the CJR PRO Data Dictionary and Data Collection Template?

Some question numbers from the PROMIS-Global or VR-12 surveys are different from question assignments in the CJR PRO Data Dictionary; however, the individual questions and the order in which they appear in the surveys are the same as those found in the

Data Dictionary. Please note, key words for each question are also identified in the Data Dictionary to assure correct data entry.

30. Have there been changes made to the PROMIS-Global survey?

The version available during PY 1 was the PROMIS-Global version(v.) 1.1. There is now a PROMIS-Global v. 1.2. For the data specifications for each variable in the two versions of the PROMIS-Global survey, please refer to the CJR PRO Data Dictionary available on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder.

31. What do I do if the numbering in the HOOS/KOOS JR. or HOOS/KOOS subscales surveys does not match the numbering in the CJR PRO Data Dictionary and Data Collection Template?

The CJR PRO Data Dictionary shows that the HOOS/KOOS JR. survey questions are contained within the Subscale survey questions. The question numbers in the actual HOOS/KOOS JR. surveys do not line up with the number assignments in the Data Dictionary and Collection Template, however the order of the questions is consistent between the full survey and the Data Dictionary and CJR PRO Data Collection Template.

32. Are there translated versions of the surveys?

The HOOS and KOOS subscales and the PROMIS Global v. 1.2 are available in numerous languages, including Spanish. The VR-12 is available in Spanish, Chinese, and German. The HOOS JR. and KOOS JR. are not yet available in languages other than English.

33. Is PRO data collection using the HOOS/KOOS physical function short form or PROMIS-Global short form eligible for PRO submission?

The HOOS/KOOS physical function short forms and PROMIS-Global short form do not qualify for successful submission in the CJR model. The data elements found within these forms are not the same as those found in the forms used for the CJR PRO data submission. To meet the PRO survey requirements and be eligible for successful submission, your hospital needs to administer the appropriate versions of the HOOS/KOOS and PROMIS-Global, which can be obtained through the following webpages:

- **HOOS/KOOS:** http://www.koos.nu/
- **HOOS JR.:** https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp
- **KOOS JR.:** https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp
- **PROMIS-Global:** http://www.nihpromis.org/measures/availableinstruments

Eligible Participant Hospitals and Patients

Eligible Participant Hospitals

34. Which hospitals are eligible to participate in PRO and risk variable data collection in CJR bundled payment model?

As stated in the May 2021 CJR Model Three-Year Extension and Changes to Episode Definition and Pricing (CMS-5529-F) final rule, published by the Centers for Medicare & Medicaid Services (CMS), participation continues to be mandatory for hospitals located in the 34 MSAs originally included in the CJR program. The other 33 MSAs, as well as low volume and rural hospitals granted voluntary reporting status under the December 2017 final rule, will no longer be able to opt in to the program.

The list of participant hospitals and MSAs can be found on the CMS website at https://innovation.cms.gov/initiatives/cjr. Hospitals on this list are eligible to participate in the PRO and limited risk variable data submission component of CJR.

35. Can CJR participant hospitals submit PRO and risk variable data for procedures performed by surgeons participating in models other than CJR?

Yes, all hospitals can submit for the PRO and risk variable data component of the CJR model regardless of the provider's affiliation with another CMS model (for example, the Bundled Payments for Care Improvement [BPCI] Advanced initiative). The criteria for identifying which procedures are eligible for PRO and risk variable data submission are outlined in the Patient Selection Flowchart in Figure 3.

Eligible Patients for PRO and Risk Variable Data Collection

36. For which patients should my hospital collect PRO and risk variable data?

Patient eligibility requirements have not changed given the CJR 2021 Model Three-Year Extension. PRO eligible patients overlap with, but are distinct from, patients included in CJR model episode specified by MS-DRGs 469 and 470 (lower extremity joint replacement) and defined in section III.B. of the 2015 CJR final rule. The PRO and limited risk variable data collection cohort is harmonized with the CMS THA/TKA Complications Measure cohort. Therefore, not every patient included in the CJR model is eligible for PRO and risk variable data collection.

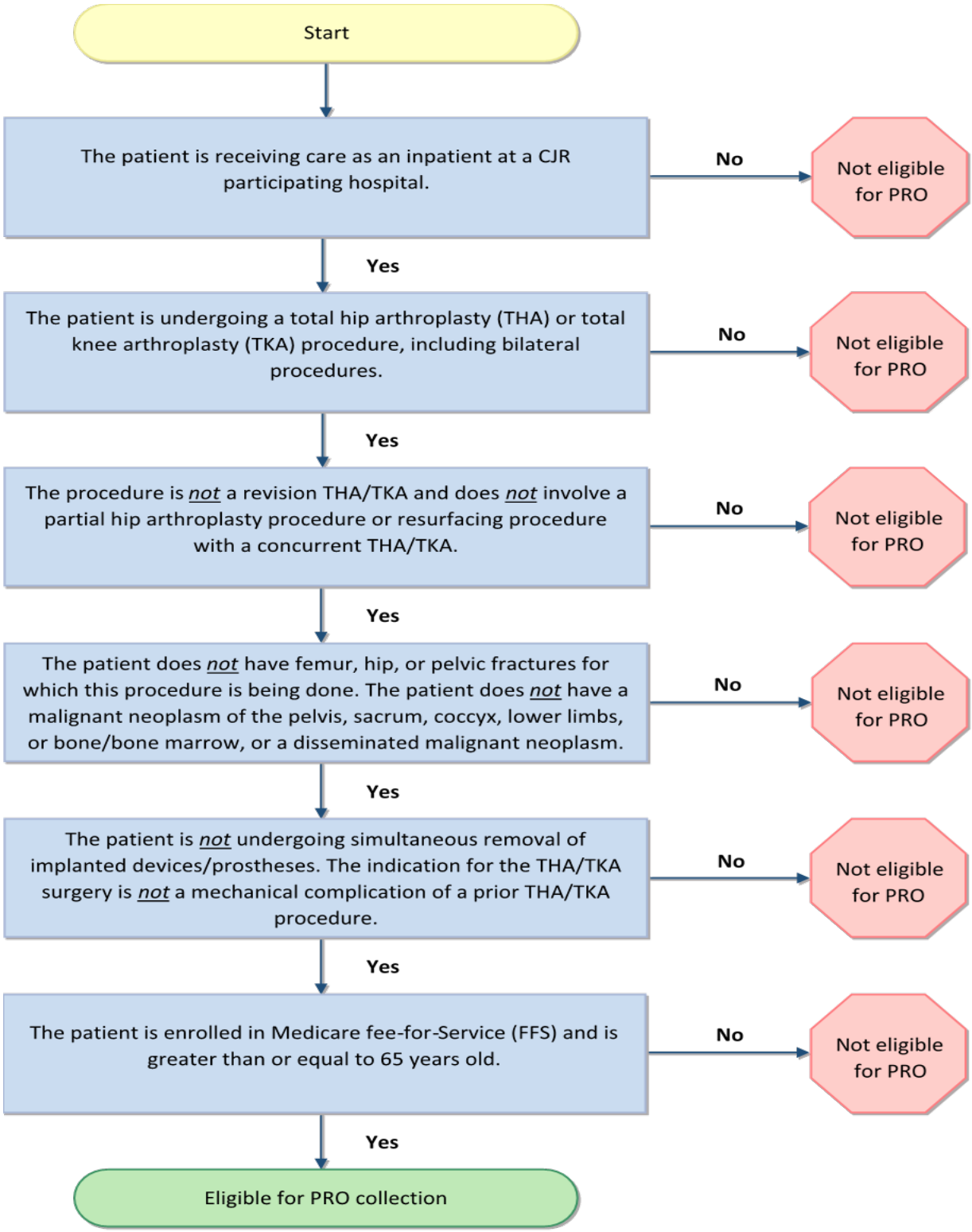
Eligible PRO data collection patients are specified primarily clinically (see Figure 3):

- Elective, primary THA and/or TKA procedures;
- Medicare fee-for-service beneficiaries aged 65 or over; or
- Patients of providers enrolled in the BPCI Advanced initiative or other similar models.

Patients undergoing revisions or with hip, femur, or pelvic fractures, bony metastases, or requiring hardware removal are not eligible.

Of note, a hospital will need to assess a patient's eligibility for inclusion in the data collection on the day of or prior to the total THA/TKA procedure (before billing codes are submitted). Therefore, hospitals will primarily use clinical criteria to exclude patients. CMS recommends identifying eligible patients for PRO data collection by using the Patient Selection Flowchart (Figure 3), a resource which is available for download on *CMMI Connect*, instead of relying on International Classification of Diseases Tenth Revision, Clinical Modification (ICD-10)codes for identification. See Question 39 for more information regarding using claims codes to identify eligible patients for PRO and risk variable data collection. The 2021 CJR final rule includes the addition of lower extremity joint replacement procedures performed in the outpatient setting. At this time, outpatient procedures or patients with femur, hip, or pelvic fractures will not be eligible for PRO and risk variable data collection.

Figure 3. Patient Selection Flowchart for Determining Eligible Elective Primary THA/TKA Procedures



37. Are patients undergoing bilateral THA/TKA procedures eligible for PRO data collection?

Yes, bilateral procedures are included in PRO and risk variable data collection. Bilateral procedures follow the same eligibility criteria as unilateral procedures, and count as two separate procedures in CJR reporting. For more information about how to report PRO data for patients undergoing bilateral procedures, please see Question 29.

38. If a patient dies following the procedure, is their PRO data still counted?

Any patient that passes away within 270 days of the procedure becomes ineligible for PRO data collection and will not be included in the cohort (denominator). Patients that die nine months or more after the procedure are still eligible for PRO data collection and will therefore remain included in the cohort (denominator).

39. Is the PRO and limited risk variable data collection cohort the same as that of the CMS THA/TKA Complications Measure cohort? Can I use the ICD-10 codes from the Complications cohort to help identify patients for data collection?

The PRO and limited risk variable data collection cohort is harmonized with the CMS THA/TKA Complications Measure cohort. Thus, the ICD-10 codes used to define the Complications Measure cohort can be used to help identify patients for PRO data collection. The Complications Measure is reevaluated annually and the codes defining the cohort are posted in April of each year. Current Complications Measure cohort definition codes are presented in Table 7 and can be found in the THA/TKA Complications Measure updates and specifications reports on the QualityNet THA/TKA Measure Methodology webpage. Not all patients with the codes in Table 7 will qualify as elective primary THA/TKA procedures. Refer to the Patient Selection Flowchart (Figure 3) for additional criteria for selecting eligible patients.

Although the ICD-10 codes can be used to help hospitals confirm that their patients are appropriate for data collection prior to submission, hospitals are strongly encouraged to refer to Figure 3, the Patient Selection Flowchart, to determine eligible patients because hospitals will need to assess a patient's eligibility for inclusion in data collection on the day of, or prior to, the THA/TKA procedure (before billing codes are identified/submitted).

Table 7. THA/TKA Complications Measure Cohort ICD-10 Codes (Public Reporting Year 2022)

ICD-10 Code	Description
0SR9019	Replacement of Right Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach
0SR901A	Replacement of Right Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach
0SR901Z	Replacement of Right Hip Joint with Metal Synthetic Substitute, Open Approach

ICD-10 Code	Description
0SR9029	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SR902A	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SR902Z	Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach
0SR9039	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach
0SR903A	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach
0SR903Z	Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Open Approach
0SR9049	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SR904A	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SR904Z	Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach
0SR9069	Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SR906A	Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SR906Z	Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach
0SR90J9	Replacement of Right Hip Joint with Synthetic Substitute, Cemented, Open Approach
0SR90JA	Replacement of Right Hip Joint with Synthetic Substitute, Uncemented, Open Approach
0SR90JZ	Replacement of Right Hip Joint with Synthetic Substitute, Open Approach
0SRB019	Replacement of Left Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach
0SRB01A	Replacement of Left Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach
0SRB01Z	Replacement of Left Hip Joint with Metal Synthetic Substitute, Open Approach
0SRB029	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRB02A	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRB02Z	Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach
0SRB039	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach

ICD-10 Code	Description
0SRB03A	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach
0SRB03Z	Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Open Approach
0SRB049	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRB04A	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRB04Z	Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach
0SRB069	Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRB06A	Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRB06Z	Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach
0SRB0J9	Replacement of Left Hip Joint with Synthetic Substitute, Cemented, Open Approach
0SRB0JA	Replacement of Left Hip Joint with Synthetic Substitute, Uncemented, Open Approach
0SRB0JZ	Replacement of Left Hip Joint with Synthetic Substitute, Open Approach
0SRC069	Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRC06A	Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRC06Z	Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach
0SRC0J9	Replacement of Right Knee Joint with Synthetic Substitute, Cemented, Open Approach
0SRC0JA	Replacement of Right Knee Joint with Synthetic Substitute, Uncemented, Open Approach
0SRC0JZ	Replacement of Right Knee Joint with Synthetic Substitute, Open Approach
0SRD069	Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRD06A	Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRD06Z	Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach
0SRD0J9	Replacement of Left Knee Joint with Synthetic Substitute, Cemented, Open Approach
0SRD0JA	Replacement of Left Knee Joint with Synthetic Substitute, Uncemented, Open Approach
0SRD0JZ	Replacement of Left Knee Joint with Synthetic Substitute, Open Approach

40. If a hospital has zero eligible procedures, how does this affect their overall score?

If a hospital does not perform any eligible THA/TKA procedures for PRO data collection in a given performance year, then they are not eligible to receive an additional two points towards their composite quality score.

41. What if we cannot reach patients to complete post-operative questionnaires?

CMS acknowledges that some patients may be difficult to reach to collect responses for their post-operative data collection. CMS encourages the healthcare team to work with their patients to help them understand the importance of this information and how it will inform the development of an elective, primary THA/TKA PRO-PM that can help promote care improvement for themselves and other patients.

In order to plan for potential difficulties in obtaining post-operative data on all patients, hospitals are strongly encouraged to collect pre-operative and risk variable data for more procedures than the required minimum. Doing this will increase a hospital's chances of successful submission of post-operative data even if they are unable to collect post-operative data from one or more patients.

Please note, pre-operative data that are not matched to post-operative data will not count as a successful submission in the subsequent performance year.

42. How are patients included in PRO collection if they are having a staged or same-day procedure on the same joints or on different joints?

Same-day (simultaneous) THA/TKA procedures performed on either both hips or both knees, or on different joints, count as two procedures in the CJR reporting of PRO and risk variable data. Hospitals can report different joint replacement procedures for the same patient as unique cases in the CJR PRO Data Collection Template to receive credit for both procedures. Please note that in cases of eligible bilateral knee/hip replacements (performed on both hips or both knees on the same day), you do not need to recollect PRO data unless the responses vary between joints, and only need to recollect the patient-reported pain in non-operative lower extremity joints risk variable.

For staged procedures performed on both hips or both knees, if the second eligible THA/TKA procedure occurs within 90 days of the date of pre-operative PRO and risk variable data collection for the first eligible THA/TKA procedure, you only need to re-collect the patient-reported pain in non-operative lower extremity joints risk variable. This same guidance applies to same-day (or simultaneous) procedures performed on either both hips or both knees.

For staged procedures performed on different joints (for example, the first eligible procedure is for a left hip and the second is for a right knee replacement), if the second eligible procedure occurs within 90 days of the date of the pre-operative PRO and risk variable data collection for the first eligible procedure, you must re-collect the PRO data for the specific type of joint replacement (use either the HOOS or KOOS Subscale or JR. survey) and the risk variable, patient-reported pain in non-operative lower extremity joint. You do not need to re-collect the other risk variable data and can simply report these data for both procedures in the CJR PRO Data Collection Template. This same guidance applies to same-day (or simultaneous) procedures performed on different joints.

Note: for staged procedures performed on different days and same-day procedures - performed on different joints, while you may be reusing some PRO or risk variable data, you will need to submit PRO data separately for each record in the data collection template.

The process for data collection for bilateral THA/TKA procedures, as well as staged or same-day procedures on the same joints or on different joints, is outlined below in Table 8.

Table 8. Data Collection for Bilateral, Staged, and Same-Day Procedures

Procedure Type	Definitions	Pre-op Risk Variables to be Collected Once	Pre-op Risk Variables to be Re-collected
Bilateral THA/TKA	THA/TKA procedures performed on both hips or both knees on the same day.	Race and Ethnicity, BMI, Single Item Literacy Screener (SILS) Questionnaire, Patient-Reported Pain in Non-operative Lower Extremity Joint, Oswestry Index, Pre-op Narcotic Use	PRO data only if the responses vary between joints; patient-reported pain in non-operative lower extremity joints risk variable
Staged THA/TKA	THA/TKA procedures performed on either both hips or both knees, or on different joints on different days.	Race and Ethnicity, BMI, SILS Questionnaire, Patient-Reported Pain in Non-operative Lower Extremity Joint, Oswestry Index, Pre-op Narcotic Use	**Same** type of joint within 90 days of each other: patient-reported pain in non-operative lower extremity joints risk variable
			Different type of joint within 90 days of each other: PRO data for the specific type of joint replacement (use either the HOOS or KOOS Subscale or JR. survey); patient-reported pain in non-operative lower extremity joint

43. If my patient had a joint replacement procedure on the last day of a performance year and then had the opposite (or another) joint replacement procedure within 90 days of the first procedure in the following performance year, what data do we need to collect?

Data collection guidance for eligible staged procedures on either both hips or both knees, or on different joints that are performed within 90 days (within the same performance year) of each other can found in Question 42.

If the procedure (regardless of if it is part of a staged plan) was performed within the eligible procedure window for a given PY, hospitals will need to collect pre-operative data and submit them in that given performance year. For example, if the first eligible staged procedure was performed on the last day in PY 6, then hospitals must collect pre-operative data for this procedure and submit the data in PY 7 to be considered for successful submission in PY 7. For the second procedure that is in PY 7 and occurred within 90 days of the first procedure, hospitals must collect pre-operative data for this second procedure and submit the data in PY 7 to be considered for successful submission in PY 7 of the CJR model. Post-operative data must then be collected on the patients within 9 – 14 months after the first procedure and the second procedure and

submitted in the appropriate performance year of the model.

44. Are THA/TKA procedures performed at an outpatient or observation stay setting eligible for PRO and risk variable collection?

No, at this time only eligible elective primary THA/TKA procedures performed during inpatient hospitalizations are included in the PRO and risk variable data collection.

45. My hospital will perform more than the required eligible THA/TKA procedures during the performance year data collection timeframe. How should we sample our patients?

The CJR final rule does not specify how participant hospitals are to sample eligible procedures for PRO and risk variable data reporting. Hospitals are encouraged to collect PRO-PMs on all patients to capture the full spectrum of care to incentivize collaboration and shared responsibility for improving patients' health.

Please note, hospitals are strongly encouraged to collect pre-operative and risk variable data for more procedures than the required minimum. Doing this will increase a hospital's chances of successful submission: 1) in the present performance year, in case any of the procedures for which PRO data are submitted are considered ineligible, and 2) in the subsequent performance year, in case they are unable to collect post-operative data from one or more patients for which they have already collected pre-operative data.

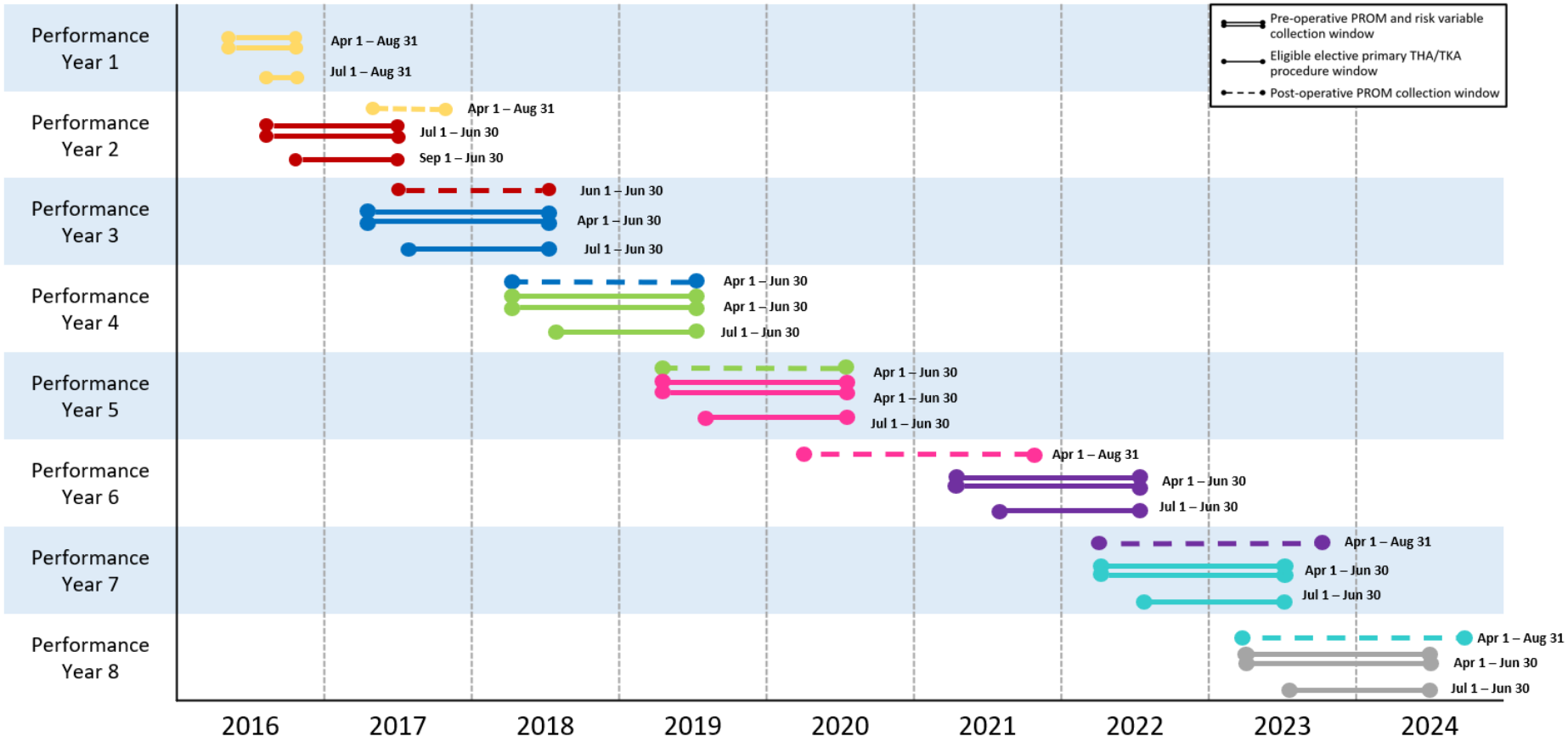
PRO and Risk Variable Data Collection Timeframe

PRO and Risk Variable Data Collection Deadlines

46. When should my hospital collect this data for CJR?

Hospitals should collect a patient's pre-operative data 90 – 0 days prior to the patient's procedure. The hospital will then need to collect this patient's post-operative data 9 – 14 months after the patient's procedure. The time period for collecting pre- and post-operative data on eligible procedures for each performance year is presented in Figure 4). It also includes the defining dates for the period of eligible elective primary THA/TKA procedures in each performance year (solid lines).

Figure 4. Timeline for PRO and Risk Variable Data Collection by Performance Year



*Colors represent pre- and post-op data collected for the same patients

47. Can hospitals obtain the pre-operative data on the day of the procedure if they obtain it prior to the procedure?

Yes, pre-operative data can be collected up to 90 days before or on the day of the procedure.

48. What are the deadlines for pre- and post-operative PRO and risk variable data submission?

The last day of the data collection period for PY 7, for example, is September 30, 2023, which means that hospitals will have between August 1, 2023 – September 30, 2023 to submit their PRO and risk variable data for this performance year.

The PRO and risk variable data submission deadlines for each performance year of CJR are shown in Table 9. It also reinforces that, in PYs 7 – 8, hospitals will submit post-operative data for the prior performance year's patients and pre-operative and risk variable data for the current year's patients to qualify as having successfully submitted PRO data.

Table 9. Deadlines for CJR PRO and Risk Variable Data Submission by Performance Year

	PY 1	PY 2	PY 3	PY 4	PY 5	PY 6	PY 7	PY 8
Deadline	October 31, 2016	October 31, 2017	August 31, 2018	August 31, 2019	August 31, 2020	August 31, 2022	September 30, 2023	September 30, 2024
Data Being Submitted	Pre-Operative Data on PY 1 Patients	Post-Operative Data on PY 1 Patients *AND* Pre-Operative Data on PY 2 Patients	Post-Operative Data on PY 2 Patients *AND* Pre-Operative Data on PY 3 Patients	Post-Operative Data on PY 3 Patients *AND* Pre-Operative Data on PY 4 Patients	Post-Operative Data on PY 4 Patients *AND* Pre-Operative Data on PY 5 Patients	Post-Operative Data on PY 5 Patients *AND* Pre-Operative Data on PY 6 Patients	Post-Operative Data on PY 6 Patients *AND* Pre-Operative Data on PY 7 Patients	Post-Operative Data on PY 7 Patients *AND* Pre-Operative Data on PY 8 Patients

For the number or percent of eligible procedure requirements for each performance year, please refer to Table 2 and Table 6.

49. Does the entire submission have to be completed in one transfer? For example, we have the majority of records complete but are following up on missing information for some other patients' demographics. May we submit the complete records now and the balance when that information is available as long as it is before the deadline?

CMS recommends that hospitals submit all PRO data in one file. If you need to make updates to the data, you can update your data and resubmit *prior to* the submission deadline. If you plan to update your files, please remember to include the version number of the file so that when an updated version is uploaded, we will be able to track this update; otherwise, we will use the last file that was uploaded to determine

successful submission.

Process for PRO and Risk Variable Data Submission for CJR Performance Years 7 – 8

PRO Data Submission Format and Requirements for PY 7 – 8

50. My hospital is not yet registered for Managed File Transfer (MFT). How do we register?

To create a Managed File Transfer (MFT) account, first you must register for Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) access. New users can create a HARP account by visiting https://harp.cms.gov. For more information, please see the HARP Registration Instructions on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder. Once HARP access is granted, new users can log into their HARP account and register for MFT by visiting https://harp.cms.gov. For more information, please see the MFT Registration Instructions on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder.

51. How should we submit data in CJR performance year 7?

In PY 7 of the CJR model, all PRO and risk variable data should be collected and submitted in the CJR PRO Data Collection Template, an Excel (.xlsm) macro-enabled file. The most recent template is available on the *CJR model site*. In PY 7, hospitals will use MFT to submit their PRO and risk variable data. This method replaced the previous method, *QualityNet* Secure File Transfer (SFT). Details on how to submit the template for PY 7 data submission can be found in the CJR PRO Guidance for Managed File Transfer available *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder.

52. Can PRO and risk variable data for multiple CCNs be submitted in one file, or must they be submitted as separate files?

For PYs 7 – 8, data for multiple CMS Certification Numbers (CCNs), also known as a Medicare Provider Numbers, can be submitted in one file. Refer to Question 56 for details on naming and submitting a file containing data for multiple CCNs.

CJR PRO Data Collection Template for CJR Performance Years 7 – 8

53. Are there different CJR PRO Data Collection Template (Excel) spreadsheets for pre-operative and post-operative data, or will hospitals add the post-operative data to the same Excel spreadsheet submitted for the pre-operative data?

There is only one CJR PRO Data Collection Template (Excel) spreadsheet for pre-operative and post-operative data. For example, for PY 7, you will select '7' for PERF_YR for both post-operative data for PY 6 patients with procedures performed from July 1, 2021 to June 30, 2022, and pre-operative data for PY 7 patients with procedures performed from July 1, 2022 to June 30, 2023. You can find the latest version on the *CJR model site*. Pre- and post-operative data should be submitted together in one file. If you experience issues when entering dates, please refer to Question 59.

54. Is there a method for registries or vendors to assist hospitals with uploading the PRO and risk variable data using *MFT*?

Since CJR PY 2, vendors could submit data on behalf of the hospitals. Hospitals will need to contact a vendor to sign a contract. Vendors will need to register for a HARP ID and MFT access to upload on behalf of hospitals. Instructions can be found on *CMMI Connect*.

Hospitals are not required to submit their data to a joint replacement registry (i.e., American Joint Replacement Registry) to meet the CJR successful submission criterion.

55. What is the correct format for the PRO data?

In PY 7 of the CJR model, all PRO and risk variable data should be collected and submitted in the CJR PRO Data Collection Template, an Excel (.xlsm) macro-enabled file.

56. How should I name my PRO data file?

For PY 7 – 8, hospitals need to use this file naming format or convention: **CJR_PY*[insert PY year]*_PROVID_MM_DD_YYYY_vXX**.xlsm.

- The completed CJR PRO Data Collection Template should be renamed using "save as."
- For "PROVID", hospitals need to provide their hospitals' Medicare Provider Number or CCN (6-digit; for example, 123456).
- For "MM_DD_YYYY", hospitals need to provide the month, day, and year that represents the date that the file was submitted to enable file tracking (Along with an updated version number as noted immediately below).
- For "X" in "vXX", hospitals need to provide the version number of their file, in the event they are submitting updated versions (for example, v01 or v02).
- An example of what a hospital's PRO data file name can look like is:

CJR_PY6_123456_07_31_2022_v1.xlsm.

Since PY 3, hospital systems, health systems, and vendors have been able to submit a single file with records from more than one CCN. For PRO data files containing records with multiple CCNs, the following file naming format should be used: **CJR_PY*[insert PY year]*_PROVIDmulti_MM_DD_YYYY_vXX**.xlsm.

- The completed CJR PRO Data Collection Template should be renamed using "save as."
- For "PROVIDmulti", identify the Medicare Provider Number or CCN (6-digit; for example, 456789) for one of the CCNs represented in the file, followed by the letters "multi" for multiple (for example, 456789multi).
- For "MM_DD_YYYY", hospitals need to provide the month, day, and year that represents the date that the file was submitted to enable file tracking (Along with an updated version number as noted immediately below).
- For "X" in "vXX", hospitals need to provide the version number of their file, in the event they are submitting updated versions (for example, v01 or v02).
- An example of what the name of a PRO data file containing records from multiple CCNs can look like is: CJR_PY6_456789multi_07_31_2022_v1.xlsm.

57. Is manual entry of data required, or can data be electronically captured and reformatted to meet the CJR PRO Data Collection Template format requirements?

CMS does not stipulate the method your hospital must use to collect the PRO and risk variable data or enter it into the CJR PRO Data Collection Template for submission. Hospitals are encouraged to use the data collection processes that work best for them. However, hospitals should note that manual data entry into the macro-enabled template makes evident the validation rules for each data element and guides data entry by preventing the user from entering invalid data (for example, only allows applicable dates into date fields). In addition, manual entry enables column "CY" of the template ("core elements missed") which identifies for the user whether any of the required core data elements are missing from the template for each procedure entered. Hospitals that choose not to enter data manually must ensure that the data populating the template conforms to the data specifications for each variable in the Template as per the CJR PRO Data Dictionary.

58. The template is not accepting the new patient identifiers (MBI) in the Medicare Identification (MEDID) column. What should I do?

There are two possible Medicare fee-for-service identifiers a patient may have:

1) Health Insurance Claim Number (HICN), including the Railroad Retirement Board number (for example, 123456789A) {to be entered in the MEDID column}.
2) MBI (for example, 1EG4-TE5-MK73) {to be entered without dashes in the MBI

column}.

The CJR PRO Data Collection Template uses macros to give hospitals the best chance of entering required data elements successfully. The macros utilized in the MEDID column of the template will ensure that only the correctly formatted 10 – 12 digit (HICN) or a 7 – 12 digit Railroad Retirement Board number can be entered. If the number you are trying to enter looks more like the patient's Medicare Beneficiary Number (MBI), please enter it, without the dashes, in the column next to MEDID labeled MBI. The 11-digit MBI has replaced the social security number (SSN)-based HICN on the new Medicare cards. For more information about the MBI, please visit: www.cms.gov/medicare/new-medicare-card/ or https://www.cms.gov/Medicare/New-Medicare-Card/Understanding-the-MBI.pdf.

59. The template is not accepting the dates of procedure. What should I do?

During a given PY, pre- and post-operative data will be submitted for patients. The data collection template uses macros to give providers the best chance of success by limiting responses to questions to a range of possible answers. If the data collection template is giving you an error, please ensure that you are using the most up to date template, as it will include response ranges pertinent to the year of collection. Second, ensure the procedure details, including the performance year and pre- or post-operative designation are correct, as they will also limit the range of inputs. The variable PERF_YR indicates which performance year you are submitting data for. For example, for PY 7, you will select '7' for PERF_YR for both post-operative data for PY 6 patients with procedures performed from July 1, 2021 – June 30, 2022, and pre-operative data for PY 7 patients with procedures performed from July 1, 2022 – June 30, 2023.

Defining Successful Reporting of PRO and Risk Variable Data

PY 7 Success Thresholds

60. If my hospital does not participate or does not meet the successful submission criteria, will my hospital be penalized and/or not be eligible for reconciliation payment?

Submission of PRO and risk variable data is not required for reconciliation payment eligibility in any year of the CJR model. However, CJR participant hospitals that successfully submit PRO and risk variable data per the requirements in section III.D.3.a.(9) of the 2015 CJR final rule may increase their financial opportunity under the model, since those that successfully submit these data can receive two points toward their composite quality score. Hospitals will continue to have this ability in the CJR 2021 Model Three-Year Extension.

61. If my hospital receives a notification from *MFT* confirming that our message containing our submitted file was read or an email indicating our file was downloaded, does this mean that our hospital has met the PRO and risk variable submission criteria and will receive the additional two quality points?

No, a notification from MFT confirming that your message containing your submitted file was read or an email indicating your file was downloaded does not mean that the submission was successful. Successful submission, which qualifies a CJR model participant hospital to receive two points towards the hospital's composite quality score, will be determined during reconciliation for the performance year.

62. Do you base your percentage of success off the number of pre-operative submissions the year before or do you base them off the total number of eligible patients from the year before? For example, if I submitted 120 patients last year (PY 6) and I captured 100 patients this year, would my success rate be 100/120=83% success? Or, if there were a total number of 150 eligible patients the year before, would I calculate 100/150=67% success.

The denominator for post-operative data collection is based on the total number of eligible procedures performed during the previous performance year. For PY 7 data submission, the post-operative denominator will be the number of eligible procedures performed at your location during PY 6 (July 1, 2021 – June 30, 2022). In addition to being complete and successful themselves, post-operative PRO submissions must also match to a complete and successful pre-operative data submission for the same procedure.

In your hypothetical question above, if there were 150 eligible procedures performed at your hospital during PY 6, and in PY 7 you submitted complete and successful PRO data for 100 patients that matched to patients that had complete and successful submissions for their PY 6 pre-operative submission, we would calculate your success at 100 procedures or 67%, and you would be unsuccessful in your PY 7 post-operative data submission.

To increase the chances of success within a PY and future PYs, hospitals are encouraged to submit data that exceeds the post-operative and pre-operative threshold requirements.

Post-Submission Follow-Up with Hospitals

Post-Data Submission Procedures and Information

63. Following data submission, what information will CMS provide to hospitals that participate in reporting of PRO and risk variable data?

CMS will notify hospitals on whether their institution meets the successful criteria for the reporting of PRO and risk variable data component of the CJR model for each performance year of the model in their reconciliation reports. As CMS continues to develop the THA/TKA PRO-PM, CMS will make all key methodological considerations and decisions transparent to the public through conventional measure development pathways (such as technical expert panels, public comment periods, and stakeholder calls).

64. Will CMS publicly display hospitals' participation in the reporting of PRO and risk variable data?

CMS will acknowledge hospitals that submitted PRO and risk variable data per the requirements in section III.D.3.a.(9) of the 2021 CJR final rule on CMS' *Provider Data Catalog* site. Detailed data results will not be publicly reported.

Additional Resources

More Information on PRO Surveys, Additional Resources, and CJR Connect

65. What other resource documents are available for individuals seeking more information on CJR's PRO and risk variable data reporting and patient-reported outcome measures?

CMS has created additional resources for CJR hospitals interested in participating in the reporting of PRO and risk variable data. PRO and risk variable data collection resources for download can be found on *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder. The data collection template is available on the *CJR model site*. As needed, CMS will continue to add future resources for stakeholders to the *CJR Connect* site or CJR model site.

- For more information regarding the rationale for collecting PRO data and the basic requirements to participate, please refer to the CJR PRO Data Collection Overview document.
- For information about each performance year's data collection and submission timeframe, please view the CJR PRO Data Collection Overview document.

- For information on the CJR PRO and risk variable data specifications for collection, please refer to the CJR PRO Data Collection Template and CJR PRO Data Dictionary files, along with their user guides.
- For hospitals electing to use the VR-12 survey to fulfill the use of a generic PRO survey requirement, CMS has provided the "CJR PRO Veterans RAND 12 (VR-12) Read Me" on *CMMI Connect*. The Read Me file contains a template letter and abstract for hospitals to fill out and submit when requesting the VR-12 survey.
- For outreach materials to provide to your patients, please find the CJR PRO Brochure for Patients and CJR PRO Postcard for Patients. These education and reminder resources are for hospitals to download, customize, and provide to patients.
- For information about data submission, you can access the PRO data submission webinar, PRO results webinar, and the PY 7 – PY 8 data collection webinar at *CMMI Connect*.
- For information regarding the THA/TKA PRO-PM methodology and reporting, please refer to the Measure Methodology Report posted on QualityNet in fall 2022.

66. I have additional CJR-related questions. What resources are available to CJR participant hospitals?

For more information about the CJR model, please visit the CMS Comprehensive Care for Joint Replacement Model webpage at https://innovation.cms.gov/initiatives/cjr. On this site, you can download the Quality Supplemental document and other CJR resources.

For questions about the CJR model, please direct your inquiries to the CMS CJR Model Support Team at CJRSupport@cms.hhs.gov.

For the 2015 CJR model final regulation, please visit the Federal Register website at https://www.federalregister.gov/documents/2015/11/24/2015-29438/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals.

For the 2021 CJR model final regulation, describing the model extension, please visit the Federal Register website at https://www.federalregister.gov/documents/2021/05/03/2021-09097/medicare-program-comprehensive-care-for-joint-replacement-model-three-year-extension-and-changes-to.

For PRO and risk variable data collection resources, please visit:

- *CJR model site* for the data collection template
- *CMMI Connect*-> Files -> CJR Connect -> CJR PRO Data Collection folder for all other PRO resources

For questions or technical support using HARP/MFT, please direct your inquiries to the QualityNet Service Desk contact:

- Email: qnetsupport@hcqis.org
- Phone: 1-866-288-8912 (TTY 1-877-715-6222) from 7:00 AM to 7:00 PM CT Monday through Friday