Mandatory CMS Inpatient THA/TKA PRO-PM Frequently Asked Questions

The goal of this measure is to quantify pain and functional improvements with validated patient-reported outcome measures (PROMs) to improve patient lives.

What is the financial penalty for not reporting a complete data set for 50% of all eligible patients?

CMS will reduce 25% of the Annual Payment Update (usually 2-4%) for ALL the hospital's Medicare Fee-for-Service Part A claims, including non-orthopaedic claims. Additionally, the hospital will be disqualified from participation in all Medicare value-based purchasing programs.



How will hospitals be scored?

CMS will publicly report the percentage of patients who achieve a substantial clinical benefit (SCB).

SUBSTANTIAL CLINICAL BENEFIT THRESHOLD	
HOOS, JR 22 points	KOOS, JR. – 20 points

CMS will factor in all the risk variable data you submitted, as well as your claims data, to create your final "<u>risk-standardized improvement rate</u>" (RSIR). If, for example, you achieve a 60% RSIR, that means that, in general, 60% of your patients reported a substantial improvement after their THA/TKA procedure.

When do I need to start collecting baseline data and PROMs?

Preoperative data needs to be captured for procedures performed beginning **July 1, 2024**. Outcomes will be publicly reported by CMS in 2027.

Who is included?

- Age 65 and older
- Enrolled in Medicare fee-for-service
- Primary elective THA/TKA reimbursed as INPATIENT

*Exclusions

- Revisions/Removals/Mechanical Complications
- Partial/Hemi/Uni-compartmental
- Musculoskeletal Malignancy
- Medicare Advantage Patients
- Fractures





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What data are required?

Every question in the list below needs to be completed for a minimum of 50% of eligible patients.

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	N/A	
	Health Literacy (SILS2)		
	BMI or Height/Weight		
	Use of Chronic Narcotics		
	Total Painful Joint Count: Patient-Reported Pain in Non-Operative Lower Extremity Joint		
	Quantified Spinal Pain: Patient-Reported Back Pain, Oswestry Index Question		
Matching Variables	Medicare Provider Number	Medicare Provider Number	
	MBI	MBI	
	Date of Birth	Date of Birth	
	Date of Procedure	Date of Procedure	
	Procedure Type	Procedure Type	
	Date of Admission	Date of Admission	
PROM-related Variables	Date of PRO Data Collection	Date of PRO Data Collection	
	Mode of Collection	Mode of Collection	
	Person Completing the Survey	Person Completing the Survey	
	Generic PROM Version	N/A	

BMI: Body Mass Index; HOOS, JR: Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement; KOOS, JR: Knee injury and Osteoarthritis Outcome Score for Joint Replacement; PROMS-Global: Patient-Reported Outcomes Measurement Information System; SILS2: Single Item Literacy Screener; VR-12: Veterans Rand-12; MBI: Medicare Beneficiary Identifier; PROM: Patient-reported Outcome Measure

Pre-op Patient- or Provider-Reported Risk Variable

- PROMIS-10 Global OR VR-12
- At the moment, what is your back pain?
 - 0 = None, 1 = Very Mild, 2 = Moderate, 3 = Fairly Severe, 4 = Very Severe, 5 = Worst Imaginable
- How comfortable are you filling out medical forms by yourself? (Single Item Literary Screening (SILS)-2)
 - 0 = Not at All, 1 = A Little Bit, 2 = Somewhat, 3 = Quite a Bit, 4 = Extremely
- 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

Pre- and Post-Operative Functional Status Assessments

- Knee PROM KOOS Jr.
- Hip PROM HOOS Jr.

When should data be collected?

INPATIENT THA/TKA PRO-PM PERFORMANCE YEAR 1 COVERING PROCEDURES JULY 1, 2024 – JUNE 20, 2025						
Pre-Op Collection	Pre-Op Submission Deadline	Post-Op Colleciton	Pre-Op Submission Deadline	CMS Public Reporting & APU Adjustments		
*0-90 Days before procedure		*300-425 days after procedure				
April 2, 2024 – June 30, 2025	September 30, 2025	April 27, 2025 – August 29, 2026	September 20, 2026	2027		

How should data be captured and submitted?

These <u>CMS Resources</u> provide more information on the data elements required and submission process.