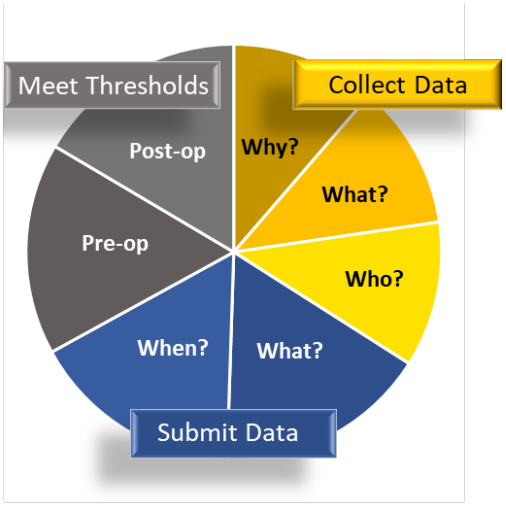
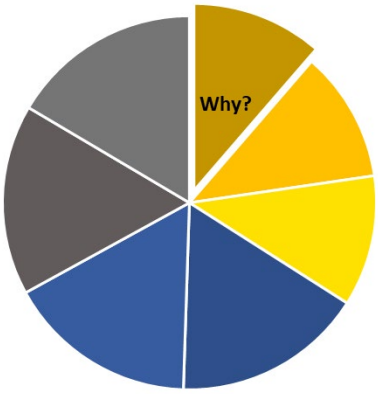


Overview of CJR Model PRO Data Requirements

1. Why should you collect PRO Data?



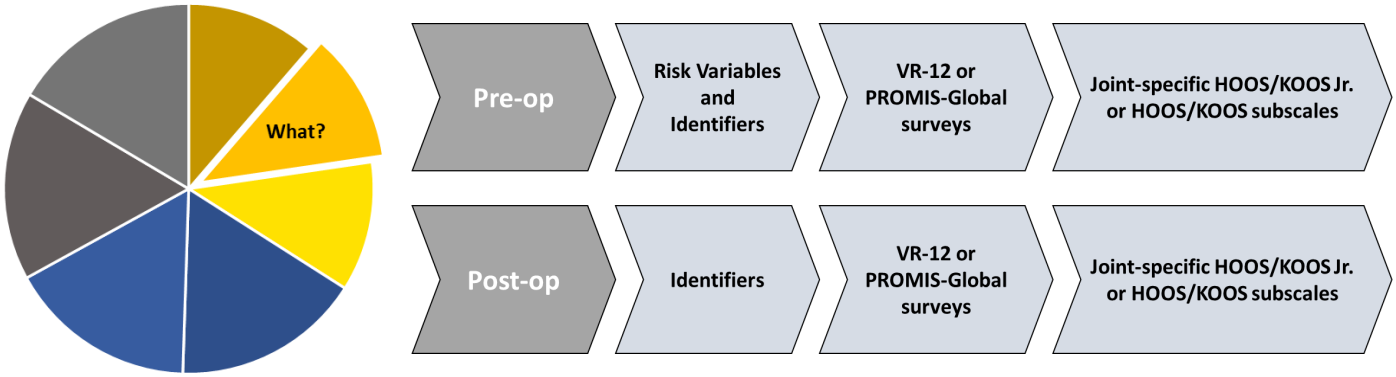
In 2015, the Centers for Medicare & Medicaid Services (CMS) finalized regulations for the Comprehensive Care for Joint Replacement (CJR) model beginning April 1, 2016. The model focuses on Medicare beneficiaries undergoing elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA). In 2021, CMS extended the model three additional performance years. The option to submit patient-reported outcomes (PRO) and limited risk variable data is a component of the CJR model. PRO data submission is one of three quality components that can affect a hospital's composite quality score under the CJR model.

Collecting PRO and risk variable data on your THA/TKA patients can:

- Increase your hospital's CJR composite quality score by 2 points (if you successfully meet the submission criteria outlined in the final 2021 CJR model extension)
- Provide patients and providers with objective data on surgical outcomes
- Give your hospital recognition on the *Provider Data Catalog* for submitting PRO data
- Build PRO collection infrastructure to align with **CMS' Inpatient Quality Reporting (IQR) Fiscal Year (FY) 2023 Inpatient Prospective Payment Systems (IPPS) Final Rule public reporting of patient-reported outcome performance measures (PRO-PMs)**
- Contribute data that will be used for measure refinement and re-evaluation of the hospital-level, risk-adjusted PRO-PM for elective, primary THA/TKA surgical procedures

Hospitals should use the macro-enabled PRO Data Collection Template for data collection and submission found on the CJR model site: https://innovation.cms.gov/innovation-models/cjr	Consider training your staff to let eligible patients know about the value and importance of PRO data. https://app.innovation.cms.gov/CMMIConnect/IDMLogin	For more information on the composite quality score and other aspects of the CJR model, please visit https://innovation.cms.gov/innovation-models/cjr	For additional questions or comments, please contact: CJR Model Support Team: CJRSupport@cms.hhs.gov

2. Collect Data – Understand WHAT PRO and risk variable data elements should be collected to satisfy the CJR requirements.

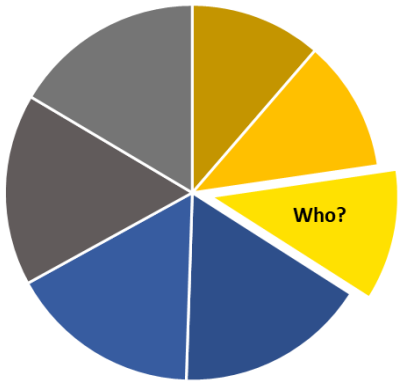


CMS worked with orthopedic surgeons and technical experts to minimize the burden of data collection forpatients, surgeons, and hospitals. Pre-operatively, hospitals must submit 100% of questions from one of two generic PRO surveys (the VR-12 or PROMIS-Global); 100% of questions from the joint-specific HOOS/KOOS JR. survey or the HOOS/KOOS subscales; and risk variables and identifiers. Post-operatively, data submission involves the same process except for risk variables.

Required pre- and post-operative PRO instruments								
VR-12 **OR** PROMIS-Global PROMs				**AND**		HOOS/KOOS JR. **OR** HOOS/KOOS subscales		
Required identifiers with all (pre- and post-operative) submitted data								
MBI[1] **OR** HICN[2]				**AND**		Date of Birth		
Required risk variables with pre-operative submitted data only								
Race and Ethnicity	**AND**	BMI[3] **OR** Height and Weight	**AND**	SILS[4] Questionnaire	**AND**	Patient-reported Pain in Non-operative Lower Extremity Joint	**AND**	Oswestry Index Questionnaire[5] **AND** Pre-operative Use of Narcotics
Required identifiers with post-operative submitted data only								
Date of Admission				**AND**		Date of Procedure		
Requested variables with pre- and post-operative submitted data								
Medicare Provider Number	**AND**	Performance Year		**AND**	Date of Collection		**AND**	Mode of Collection

MBI[1]- Medicare Beneficiary Identifier; HICN[2]- Medicare Health Insurance Claim Number; BMI[3]- Body Mass Index; SILS[4]- Patient-reported Health Literacy Screening; Oswestry Index Questionnaire[5]- Patient-reported Back Pain

3. Collect Data – Understand WHO is eligible for PRO and risk variable data collection

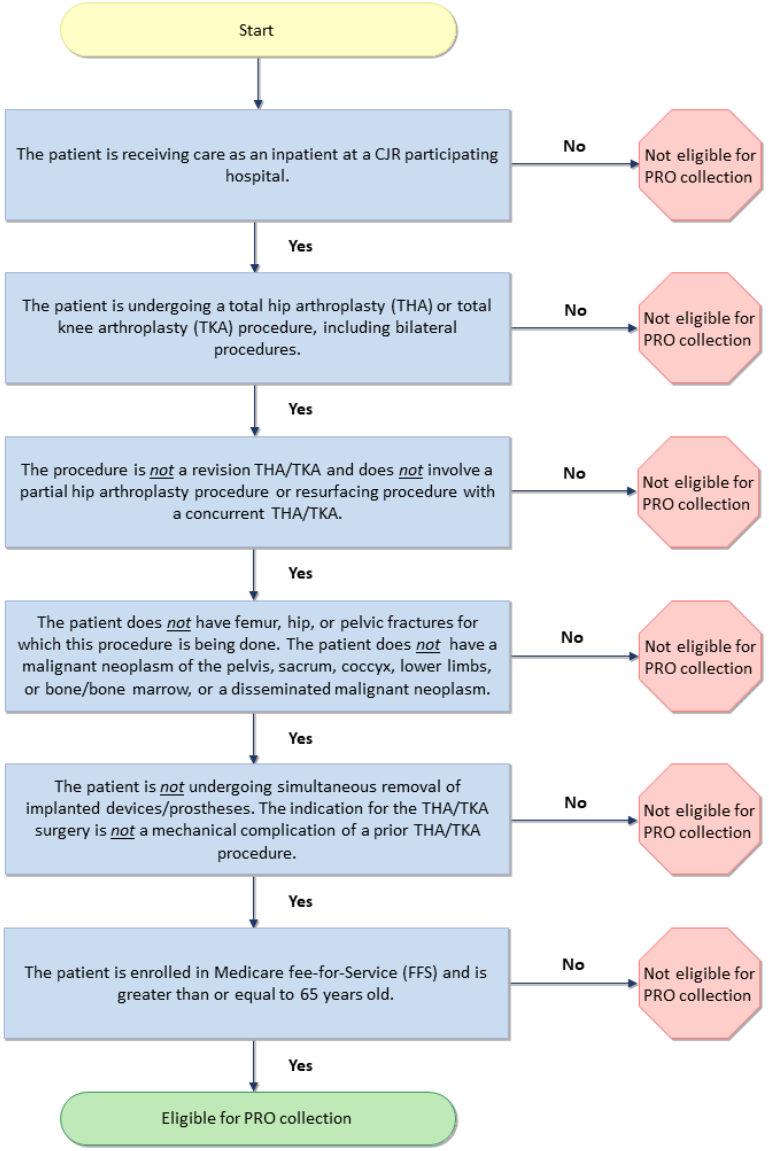


Patients at a CJR participant hospital must meet the selection criteria as specified in the CJR final rule (**Figure 1**). PRO and risk variable data can be collected for a patient who will have a qualifying procedure performed during the corresponding Performance Year (PY), regardless of the provider's affiliation with another CMS model. Please note that PRO eligible patients overlap with, but are distinct from, patients included in the CJR model episode. A subset of International Classification of Diseases, Tenth Revision (ICD-10) codes in MS-DRGs 469 and 470 (and 461 & 462 for bilateral procedures) are used to identify eligible patients based on criteria outlined in **Figure 1**.

Post-operative data **must** be collected on the **same** patients from whom you collected pre-operative data in the prior PY. The post- operative surveys that you use **must** be the **same** as what you used to collect the patient's pre-operative data.

Consider collecting more than the minimum required pre-operative PRO data for success in any given performance year.	Consider educating eligible patients on why PRO data are important and to encourage them to complete the surveys.

Figure 1. Patient Selection Flowchart for Determining Eligible Elective Primary THA/TKA Procedures

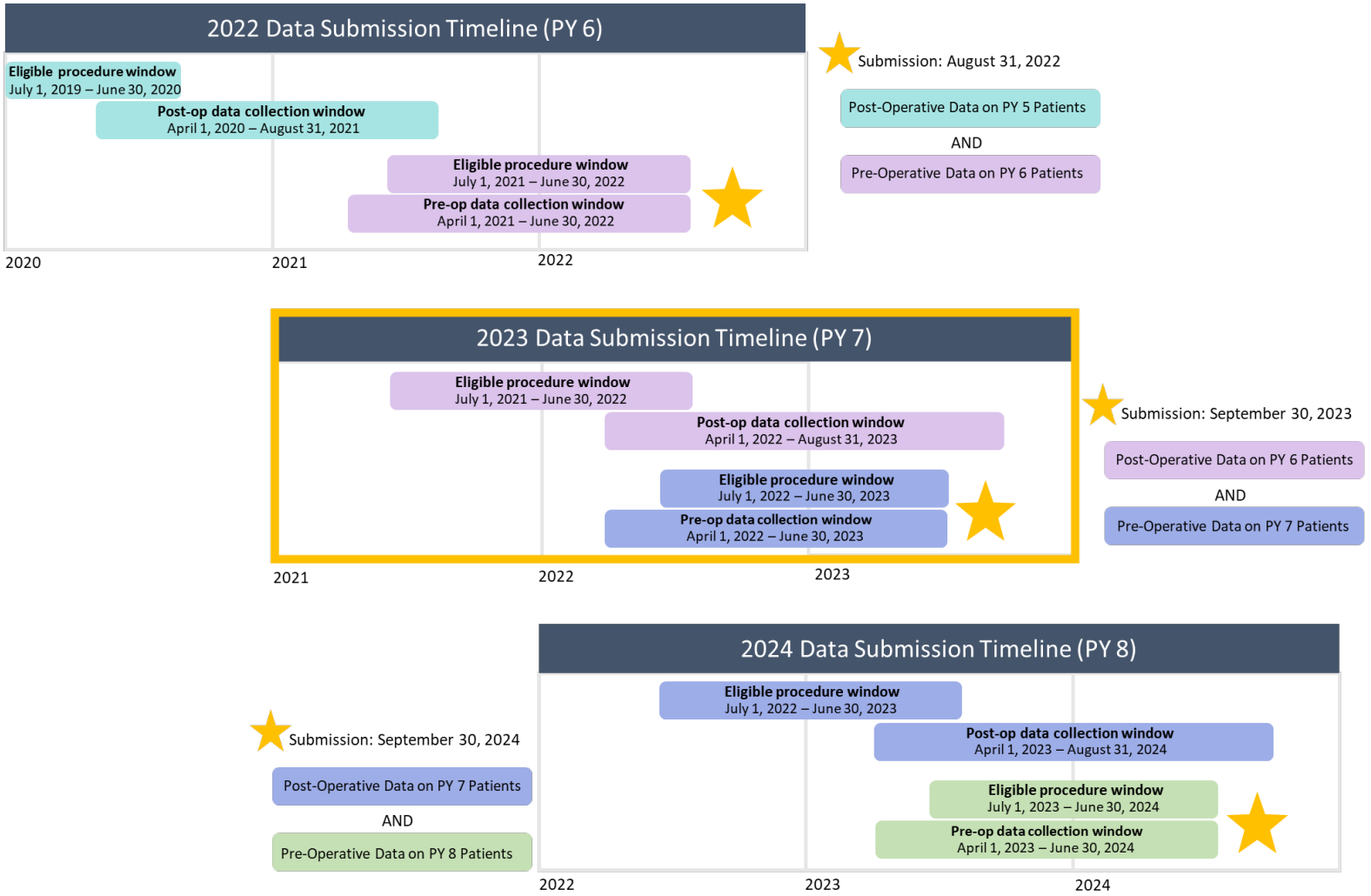


4. Submit Data – Understand WHEN to collect and submit WHAT PRO and other data elements

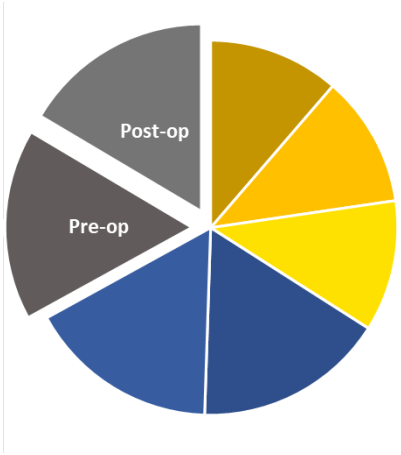
Hospitals will need to submit completed post-operative data for the *prior* year's patients and completed pre-operative data for the *current* year's patients to qualify as having successfully submitted PRO and risk variable data for the CJR model.

Pre-operative data: Collect the following between 90 to 0 days **prior** to the eligible elective, primary THA/TKA procedure

Post-operative data: Collect the following between 270 to 425 days **after** the eligible elective, primary THA/TKA procedure



5. Meet Thresholds – Understand the MINIMUM REQUIREMENTS for successful PRO data submission



Hospitals will need to submit completed post-operative data for the prior year's patients and completed pre-operative data for the current year's patients to qualify as having successfully submitted PRO and risk variable data for the CJR model.

For example, if there were 150 eligible procedures performed at your hospital during PY 6, and in PY 7, and 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%. You would be unsuccessful in your PY 7 post-operative data submission.

Data Submission Year	Data Being Submitted	PRO and Risk Variable Submission Requirements
2022 (PY 6)	Post-op data for eligible procedures July 1, 2019–June 30, 2020	≥ 80% or ≥ 200 eligible procedures
	Pre-op data for eligible procedures July 1, 2021–June 30, 2022	≥ 80% or ≥ 300 eligible procedures
2023 (PY 7)	Post-op data for eligible procedures July 1, 2021–June 30, 2022	≥ 80% or ≥ 300 eligible procedures
	Pre-op data for eligible procedures July 1, 2022–June 30, 2023	≥ 85% or ≥ 400 eligible procedures
2024 (PY 8)	Post-op data for eligible procedures July 1, 2022–June 30, 2023	≥ 85% or ≥ 400 eligible procedures
	Pre-op data for eligible procedures July 1, 2023–June 30, 2024	≥ 90% or ≥ 500 eligible procedures

Additional Resources for Successful Collection and Submission of PRO and risk variable data to CMS

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

The data collection template can be found on the CJR model site:

https://innovation.cms.gov/innovation-models/cjr

Visit CMMI Connect for PRO resources such as the FAQs, CJR Webinars, or data submission guidance:

https://app.innovation.cms.gov/CMMIConnect/IDMLogin