

Patient Reported Outcomes (PRO) Data Collection and Submission: Updates for Performance Years 6-8 (PYs 6-8) Webinarⁱ

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Alicia Goroski: Hello and welcome to the CJR model Patient Reported Outcomes Data Collection and Submission webinar, which will focus on updates for performance years 6 through 8. I am Alicia Goroski, and I will be facilitating today's event. Following a few logistics, I will introduce today's presenter, and you will hear a presentation that contains an overview of the model updates, what has and has not changed, a review of the performance year 6 resources, and then a demonstration. Following the presentation today, we will be answering some questions and we will close things out with some announcements and reminders. I wanted to spend a minute doing just a quick overview of today's platform. You should be seeing the several boxes on your screen right now. The main presentation is really in that upper left-hand corner of your screen. And I want to point out that you can click on, there's a button just to the left of three dots, right above the PowerPoint slide. And if you click on that, if you hover, it will say "Full Screen". You can click on that, and that will enlarge the presentation. If at any point, you would like to do that, click on that button. And to get it to fit back into the Window, you just click on that same button, although the arrows will be pointing inward at that point. Just below, you should be seeing Live Closed Captioning. And in the upper right-hand corner, it is noted, "Audio for today's event is only available through your device speakers."

Next, I'm going to move on and point out in that lower right-hand corner, this is your Q&A area. This is where you can submit questions at any point throughout today's event. Just type your question in the bottom, the line at the bottom, and make sure you click on that arrow to submit your question. And again, all questions will be held until after the presentation. And just above the questions, you will see the Event Resources. Now, we have a lot of resources for today's event. You can download them one at a time by clicking on each resource. You'll notice if you scroll the bar down, we have 16 resources for today's event. I would encourage everyone to instead use the option to download all. And to do that, click your mouse on those three dots in the upper corner of that box, and you'll have a "Download All" option. And if at any point you're having any trouble downloading those resources, you can submit a question, and we can get those over to you.

Today's presentation has been pre-recorded, so we're about to launch into the recording of the presentation. But prior to doing that, I'd like to introduce you to the presenter today. Kristina Burkholder is the project lead at the Yale New Haven Health Services Corporation, Center for Outcomes, Research and Evaluation. We will now transition to that presentation.

Kristina Burkholder: Hi, everyone. Thank you for joining us today. I'm Kristina Burkholder, the Project Lead of the CJR PRO Data Collection with the Yale CORE Team. Today's webinar will review the changes to PRO Data Collection requirements for the CJR Model extension. And then there will be two demonstrations. One will be how to navigate your Hospital-Specific Report or HSR. And the other will be a quick overview of the data collection template for PY6.

As many of you are aware, the CJR Model is extended for three additional years, and will continue to December 2024. There were several notable changes in the model that were described in a webinar earlier this summer. Today, we'll be discussing the changes which impact the Patient Reported Outcome or PRO data.

What changed? Who is eligible to report procedure dates and collection periods, post-op data collection period was extended two months, and the submission deadlines and thresholds also changed. In the following slides, we'll go little bit further into each of these.

But who is eligible to report? Only households in the 34 mandatory reporting MSAs are eligible to report PRO data. If you're a hospital who is in one of the other 33 MSAs or a rural or small hospital in any MSA, who previously voluntarily participated in the CJR program, you are no longer eligible. If you are unsure, you can find the list of hospitals on the CJR model site at the link you see on the screen.

On slide 11 we have the timeline for PRO and Risk Variable Data Collection by performance year figure. Depicted here is the eligible procedure window, solid lines for each performance year. The preoperative data collection window for those procedures, the double lines and the postoperative data collection, the dotted lines. The figure starts with PY4 and 5. However, those are grayed out since data has already been collected and submitted. Below, are PY6 through PY8. Each year, your hospital will collect postoperative data for the patients from the prior performance year, and preoperative data for patients from the current year. The colors on the graphic represent pre- and post-operative data collected for the same patient. If we look at PY6, your hospital will be collecting post-operative data, the hot pink dotted line shown, on patients who had a procedure in PY5, the solid pink line. Those are procedures performed from July 2019 to June 2020. You will also need to collect preoperative data for procedures performed from July 2021 to June 2022, the purple line.

Look at the extension of PY5, you will see there is a gap in data that will be submitted to CMMI. You will not need to submit data on patients who had a procedure from July 2020 to June 2021. You will notice that the postoperative period is longer, from April 1, 2020, to August 31, 2021. As part of the model extensions, CMMI has extended the postoperative data collection period from 9 to 12 months to 9 to 14 months.

For PY7, your hospital would be collecting preoperative data for patients who had a procedure from July 1, 2022, to June 30, 2023. You'll also be collecting and submitting data for patients who had a postoperative procedure for the previous year, so July 2021 to June 2022. And then lastly, in PY8, your hospital will be submitting preoperative data for patients who had a procedure July 1, 2023, to June 30, 2024, and postoperative data for patients who had a procedure the previous year in PY7, and you had collected and submitted preoperative data for those patients.

The table you see here has the model performance years. The procedure window, preoperative data, and post-operative data collection windows that we just walked through in the previous slide. The last column has the data submission dates. PY6 data will need to be submitted by August 31, 2022. Note, there is no PRO data submission for 2021. In PY7, PRO data submission will occur from August 1 to September 30, 2023, and PY8 submission period will occur from August 1, 2024, to September 30, 2024. The data submission periods for PY7 and PY8 are later to account for the longer postop data collection period.

What are the model extension thresholds? The table here shows the PRO submission requirements, or thresholds, for being successful as defined by the final CJR Model extension. In PY6, you will need to submit postoperative data for either 80% or more, or 200 or more procedures. These postop data must match to successful completed preoperative procedures that were submitted in PY5. In PY6, your facility will also need to submit preoperative data on 80%, or 300 eligible hip or knee procedures that were performed from July 1, 2021, to June 30, 2022. In PY7, you'll need to submit

postoperative data for those procedures from PY6, and that requires at least 80% or 300 procedures. And for PY7 you'll be submitting preoperative data for 85% or 400 procedures. And in PY8, you'll be submitting the postoperative data for those patients that you submitted preoperative data in PY7, and you'll need to submit 85% or 400 procedures. And in PY8 you'll be submitting preoperative data for patients who had a procedure from July 1, 2023, to June 30, 2024, for at least 90% of the procedures, or 500.

What has not changed? The required PRO and risk variable data that your hospital is supposed to submit; the eligible procedures; and the two bonus points for the quality composite score. On Slide 15 you have the required PRO and risk variable data. None of this has changed from the previous years. So, you have your different PROM instruments, you have the required identifiers for both pre and postoperative data, the date of birth, or HIC number MBI. The required risk variable data is for preoperative submission only. Required identifiers are for postoperative data, so date of admission and procedure, and some requested variables for your pre and postoperative submission to help with matching, so your CCN, the performance year, etc.

Your facility still has the flexibility to collect the data in a way that works for you. We've spoken to both patients and providers about different ways for modes of collection and times when the PRO data could be collected. Slides 16 and 17 depict some possible options for data collection. Shown here is the preoperative data collection. The data could be collected prior to the office visit, such as over the phone, e-mail, patient portal, or mail. During the visit, prompts can be given to patients while they are in the waiting room, via paper or iPad or other device, entered directly into the EHR by nurse or other staff, or discussed with the doctor during a visit. Prior to surgery, some providers have found it helpful to capture the data during the educational class, or preoperative medical evaluation. Lastly, the data could be collected the day before or the day of the procedures. Many patients stated they would like to receive the surveys before seeing the doctor and discuss the results with their doctor. They also like knowing the importance of why the data was being collected.

For postoperative data collection, as I mentioned before, the postoperative data collection period was extended based on feedback from stakeholders, wanting more than the 12-month period. So, the postop data collection period is now 9 to 14 months after the procedure. Some possible options for postop data collection are at the follow-up visit using the same techniques described for preop. The postoperative data can also be collected via the phone, email, patient portal or mail if the patient doesn't have a follow-up appointment. These are just some examples of possible data collection modes. Your hospital should consider the unique circumstances for your patients and workflows when collecting patient-reported outcome data.

As many of you are aware, the model extension includes fractures as well as outpatient procedures. However, at this time, this does not apply to PRO data collection. You will still need to submit PRO data for patients who received inpatient care who did not have a femur, hip or pelvic fracture. Additionally, there were no other changes to eligible procedures for which PRO data should be collected. This includes elective primary hip or knee procedures, including bilaterals. Patients should be Medicare Fee-For-Service beneficiaries aged 65 or over, and this could also include patients or providers who are enrolled in bundled payments or other models like BPCI. Again, patients undergoing revisions who have cancer, or undergoing a removal of an implanted device, or have a fracture, are not eligible. On the right-hand side, you will see the patient selection flowchart for determining eligible elective primary hip or knee procedures.

On Slide 19, you can see the list of PY6 resources for PRO data collection. These are updated documents from PY5, which contain all the information from this webinar, as well as more details about data collection template and data submission. New for this year, the data collection template will be posted on the CJR Model site and will not be available on the CMMI Connect site. All the other resources listed here will still be available on the CMMI Connect site. And now I am going to walk through the PY5 HSR.

Your facility should have received this on the CJR portal along with your reconciliation report, regardless of whether your facility was successful or not. On the Readme tab, the first tab, you will see your hospital's name, the performance year, and whether your hospital was deemed successful or not in PY5. Below here are the requirements for success, as well as some information about who to contact for questions. On the second tab, the PRO Submission Performance tab, you will again see your hospital's name and the performance year, but you will also see performance information for PY4 preop, PY5 postop, and PY5 preop. In the PY4 preop data collection, you'll see the procedure date range, whether your hospital was successful for those criteria or not, the total number of procedures at your hospital or the denominator, the number of PRO cases that your hospital submitted, the number of PRO cases that were successful, or the numerator, and the percent.

In PY5 postop, you'll see similar information as well, where you'll see the total number of eligible procedures, which is the same as the PY4 preop collection because they are the same patients. You'll see the number of PRO cases that were submitted. And you'll see the total number of matched postop, or the numerator for the postop data, as well as the percent. And lastly, you'll see the PY5 preop data. You'll see the procedure dates. As you can see, that's different from PY4 procedure dates, your hospital success determination, the number of eligible procedures, submitted cases, and your numerator and percent.

If you go to PY4 preop tab, this contains all the preop data that your facility submitted last year for procedures performed from July 1, 2018, to June 30, 2019. This preop data was matched to claims as of January 4, 2021. If your hospital received an HSR last year in PY4, this tab would look very similar. But because the data includes updated claims, there may be some minor differences from year to year. If we look at this table, Column A is record ID. This is a nonidentifying value that you can use when referring to contents of this tab. Columns B through G are various patient identifiers like HIC number, MBI, date of birth, or procedure date. Columns H through M are different indicators as to why a PRO might not have been successful. These are things like incomplete risk variable data or PROMs, or the PRO data didn't match to an eligible claim. Column N indicates if the procedure was a bilateral, and Column O indicates if it's an eligible procedure from claims. The sum of this column is also your hospital's denominator. So, if you highlight the column, you'll see a sum 525. And if you go over to Tab 2, Row 9, you'll also see 525. The last column here, Column P, indicates if the record was complete and successful PRO submission for an eligible procedure. The sum of this column is your hospital's numerator. So, you can see the sum is 205. And if you go back to your Summary tab, you'll see 205 in Row 11.

We are now going to type the patient identifier information in this mock HSR, so that we can better see all the columns. The data contained in this tab are unmatched claims, unmatched PRO data, and matched PRO records. The tab is ordered, so you see the unmatched claims first, and you can usually tell these are unmatched claims because you'll see dots or periods in Columns H through M, which indicate why a PRO was not successful.

If you scroll down, you'll see which PRO records you submitted were not successful, and the indicator Columns H through M will have a 1 for the reason why. So, you can see the first one here was missing a HIC number MBI. There's one here that had incomplete risk variable data and so forth. A record could have multiple indicators. All of these will have a 1 in column M that the record was not matched to an eligible claim or was not successful. Sometimes they will only have a 1 column M, and this could be because there's a typo in the HIC number MBI so it didn't match, or the procedure didn't meet an eligibility criteria, such as it was a revision or fracture. After the unsuccessful PRO records, we will be in your successful, your hospital's successful PROs. So, you'll see a 1 in Column P, or you'll see a 2. If you see a 2 in Column P, that's because you submitted a bilateral procedure that was complete and successful, so your facility received credit for 2.

In the postop tab, similar to the preop tab, you will see a record ID, followed by the patient identifiers, Columns B through G, indicators for why a PRO was not successful, such as a missing HIC number, incomplete data in Columns H through O, and the last Column M indicates which records were successful. This tab only contains PRO data that your hospital submitted, so there are no claims-only data. But first you'll see unsuccessful postoperative records, and then you'll see successful records. Lastly, you will have your PY5 preop tab, and this is set up pretty much the same way as the PY4 preop tab. You can use this information to identify which PROs matched and were successful in PY5 for collecting postoperative data in PY6.

Switching gears, I'll now do a quick walkthrough of the data collection template for PY6. What we have in the file is the same as PY5. However, the template is now extended from PY6 to PY8. You will fill out the file, just as you did previously. If you click on any of the column headers, they'll show you little bit of a description of what the variable is. The first four columns contain the customization elements. This is a macro-enabled file when you enter values here, you'll see that some of the later variables get grayed out. The macros are there to help your facilities submit all the data fields you need and to let you know when you're missing something. The next field here shows performance year. For PY6, you would select 6 for all of your patients, regardless of pre- or post-op. Sometimes folks enter pre- and post-op for the same patients, but you'll notice that you'd get an error later on if you did this. This PY column is the model performance year for the year that you're submitting data.

Remember, you're submitting data for two different groups of people, postoperative data for the previous year and preop for this year. Then we have CCN or provider ID. This is really helpful for those facilities that submit data for multiple CCNs. And then we have some patient identifiers, MEDID or HIC number is Column G, then Column H is MBI. Most, if not all, of your patients should have moved to the new MBIs. But we did continue to keep HIC number in the template. If you try to put MBI in the MEDID column, or vice versa, it will not allow it.

For PY6 postoperative that I'm entering here, I enter that the patient had a procedure in December. However, if I try to enter a procedure date for PY6 preoperative procedure day period, so 12/2021 I would get an error, and that's because it's looking only for procedure dates for those PY5 procedures. And then you would continue to fill out the Excel file. If you've entered something that is in an invalid range, you would get an error telling you what the valid range is. If you scroll all the way to the end, you will see here in Column CY, Core Data Missed. And this tells you how many variables you have left to enter. And as you continue to enter the data, you will see that the number in Core Data Missed decreases. When you submit your data in PY6, so next year in summer of 2022, you will get a notice that your hospital submitted data and it was received. This is not an indication that your hospital was successful or not successful, it's just an indication that we did receive your data.

That concludes my quick demonstration of the PY6 Data Collection Template. Now back to you, the CJR Learning System team.

Alicia Goroski: All right. So, Kristina, I want to thank you for doing that presentation. And the video should have concluded for everyone, and we're transitioning back to the live event. And I wanted to -- I know we've received several questions. Thank you. But just a quick reminder to those of you if you have a question, you can type it in now. Type it into that lower right-hand corner of your screen. Type the question and then click on the Submit arrow so it comes through to us. We're now going to transition into answering some of those questions. I am going to just check in with Kristina. Are you ready to begin answering some questions?

Kristina Burkholder: Yes, I am. I just want to do a quick sound check.

Alicia Goroski: Yes, you are coming through loud and clear on my end, Kristina.

Kristina Burkholder: Great. Thank you so much. And thank you everyone for all of your questions so far, and for participating today. I am just going to start with some of the questions. Our first question, do hospitals, who opted in voluntarily need to submit PRO for year 5.2? And we do have a couple of questions about voluntary hospitals and participating, so I'm going to kind of talk about all of that at the same time here. For year 5.2, and year 5.1, all the hospitals have submitted PRO data for PY5 already, and so that's for both 5.1 and 5.2. And that was submitted last year, from July 2020 to August 2020. You won't need to resubmit any data for year 5. However, if you are going to be participating in PY6, you can collect that data and you will be submitting it next year in July 2022 to August 2022.

And then we have again, as I mentioned, we had a few more questions about voluntary hospitals. Can you confirm that voluntary hospitals cannot participate with any surgeries beyond 9/30/2021? We also had a few about, if we cannot participate past September 30th, how do we submit PROs from 2020, as well as those through September 30th? And do we need to do the postop PRO for those patients if we're not allowed to participate? The quick answer is no. If you are a voluntary hospital, you will not be participating in years 6 and on, 6, 7, and 8. If you're unsure if your hospital is one of these hospitals that would be continuing, there is a complete list of participants who would be in the model. And that's on the CJR Model website under the Participant Resources and it's called List of Hospitals July 2021. If you're unsure if you're one of those hospitals that would be eligible to participate moving forward, you can go check out that list on CJR Connect site.

Okay. And then we do have some more questions about the template. Do we use the same template for PY6, 7, and 8? So yes, you would use the same template for performance year 6, 7, and 8. And you can find that it's available for download in the webinar today. As Alicia mentioned earlier in the Event Resources, it's one of the resources. And after today, you can also find it on the CJR Model site as well. It's available now for download.

We have another great question here. If you have not previously submitted PRO data, can we begin submitting PRO data for a model year 6 through 8? And how does this affect the postoperative data submitted for model years 6 through 8? So that's a great question. We really commend you for starting PRO data collection in year 6 of the model. It's awesome. I am so excited that you will be collecting this data for the remainder of the time. For PY6, because the requirements are to submit the PY5, the postoperative data from PY5, you would not be eligible to be successful in PY6. However, by submitting the preoperative data for PY6 patients, and if you were to do that successfully, you'd be really setting yourself up for success in years 7 and 8 of the model.

Another question here. For performance year 5 columns about the data collection template, will the number 5 be available for PY5 postop entry? As I mentioned in my demo, that column performance year, it's really the model performance year. For any data that you're submitting in PY6, which includes the postoperative data for PY5, you would just check the 6 in that column. There won't be a 5 in that column available. Another confirmation here about PRO that's going to be submitted in PY6. If we collected PRO data for procedures from July 2020 to June 2021, we do not need to submit them, is that correct? And so as I had mentioned -- let's see which slide that was. In that procedure dates and collection period slide, and that would be Slide 11, you do see that gap. Any procedures that were performed from July 2020 to June 30, 2021, you would not need to submit data for those procedures. You're correct; you do not need to submit them.

I'm going to turn it over here and take a little quick break from the Q&A, over to Alicia for some announcements.

Alicia Goroski: Great. And yes, so I do have a couple of things I wanted to draw your attention to while we give the Yale team a chance. I know questions are still coming in. Thank you for that. We've mentioned that there are a lot of resources in today's Resource pod. I wanted to draw your attention to two relatively new spotlights. You'll find in the list of resources they're number 15 and 16. We now have a risk assessment and stratification spotlight available as well as a spotlight on the May 2021 CJR Final Rule. I wanted to again draw your attention to those, as well as you'll find the Event Resources that are numbered 1 and 2, include the CJR Model Toolkit. And this is a compilation of those change concepts and strategies as well as tactics, tools, and resources that we have pulled from the CJR participant hospitals. If you have not already downloaded the CJR Model Toolkit, we encourage you to do so today.

One additional update I wanted to just make verbally is that please note, as of September 1st of this year, 2021, the LS-CJR@lewin.com inbox, that is for all things Learning System, is going to be decommissioned. So again, starting on August 30th or sooner, please send any emails with any questions regarding the CJR model, including the Learning System, send those all to CJRSupport@cms.hhs.gov.

And I'm going to go ahead on to the final slide we have and again, remind everyone any questions as a follow-up to today's event can also be submitted to that CJR Support email. Another thing we're asking you to always keep updated and submit to CJRSupport@cms.hhs.gov is if your organization has made any changes to your points of contact for the CJR model, please send that email and you can request a data request and attestation form, which you then complete and submit through the data portal. And then also CJR Connect is another resource. And I would just point out CJR Connect is the quickest way to get access to all prior CJR webinars. The recordings, the slides, the transcript, everything is located there on CJR Connect. And you can use the link here on this slide and click on New User if you do not have a current CJR Connect account. So let me just check back in with Kristina. Did you want to answer additional questions at this time?

Kristina Burkholder: Yeah, yeah, sure. There's a bunch coming in, so happy just to continue on and answer folks' questions. Okay. We have a few questions here about outpatient procedures. And I know outpatient procedures were included in the Model extension. However, for PRO Data Collection, outpatient procedures are not included. So you will not need to collect PRO data for any outpatient procedures at this time. Should CMMI choose to include outpatients for PRO Data Collection in the future, this will be communicated to participants. But at this time, you will not need to collect data for outpatient procedures. So hopefully that clarifies that for everyone.

We do have a question here about the PROMIS questionnaire. So does the PROMIS questionnaire require Version 1.1 or 1.2, or is either accepted? So either version will be accepted. I just want to make a note that when you are entering the data into the data collection, just make sure that in Column D, which is G_PROM, you just indicate whether with a 2 or a 3, whether that will be the PROMIS-Global Version 1.1 or 1.2 for that patient.

Let's see here. If we have multiple hospitals, should we submit the templates individually? If you do have multiple hospitals, you can submit the data one of two ways. You can either submit the hospital's data individually, or you can put them in the same template, and then in Column F, which is provider ID, just make sure you indicate which CCN that record is for.

And then this is just a follow-up question to if you're a voluntary hospital, so what should you do with those PROs for patients in that gap period. You do not need to submit any data for those patients. All of your PRO records from PY5, if you submitted the data last summer, you are all set. You do not need to submit any additional data for any of those patients, because PY5 data submission has been completed. So you would basically be done with any data submission at this time.

A question about submission. Can we still submit more than the 300 required surveys in case some surveys become ineligible? Most definitely. We encourage hospitals to collect as much data as they can on participants. Definitely make sure if you can collect on every single patient you have that'd be great. And because we do know that there's attrition and sometimes patients move, getting that postop can be difficult for providers. So, you know, collecting more is something we definitely recommend. And it will make you setup more for success in collecting your PRO submissions.

We do have a question here about bilateral procedures. Do you have to submit two surveys for a bilateral procedure, or just one? That's a really great question. I just want to clarify the difference first about bilateral procedures versus stage procedures. If you did have a bilateral procedure, so this is occurring on the same day. Or, you could have a stage procedure, which is the same patient, but occurring on different days. It could be a little bit confusing. If a patient has a bilateral on the same day, and it's on the same joint, so say the right and left hip, and their responses are the same, then you do not need to submit the data twice. You could just send it all in one record. However, if the responses are different, then yes, please send it as two separate records. Now, if the patient has a stage procedure, or they're going to have a procedure on different joints, so they have a right hip and a right knee, then submit those as two separate records.

Okay. We have a question here about someone who's new to collecting. Hospital is going to start collecting and submitting PRO data. How is data and the survey uploaded? Can we scan paper surveys? As I quickly demoed today, there is a data collection template that's an Excel file. You would take, if you are using, you know, if you are collecting the surveys or the PROMs via paper, you would then enter those in, those responses into that Excel file that we've been mentioning. And that is called the PY6 CJR PRO Data Collection Template, and it's available for download today. You can see it in the Event Resources. I think it's number 6. And it's also available for download currently on the CJR Model site, under Participants Resources near the bottom of the page. You can download it there, or you can download it from today's website. Then you would be entering all of your PRO records in there, regardless of how you collect it. Say if you collect it through the EHR, or if you collect it via paper, you would then just enter it into the Excel file, and then you'll be submitting your PY6 data next year.

We do have a question here, which I would need more clarification, if this person wants to send a little bit more. It's about, please clarify the pickup for pre-procedure PRO data for January 2021 through June 2021. This time period seems to be missing in the slides. This is in reference to that gap. There's going to be a year where there isn't any data collected for patients. That's due to the Model extension for PY5 due to COVID. Right? There's that PY5 that is extended, essentially, like a year and nine months. And then PY6 has a year and a quarter. So there ends up being this bit of a gap in there. There won't be any PRO data collected for patients for that one-year period in the middle there, and it's between PY5 and PY6. If you look at that figure, figure 4, you'll see that where that gap period is. And I think that's what the question was about. And if that wasn't, please let me know if that didn't answer your question.

Okay. In order to be eligible for submission, does the patient have to be Medicare AB as a primary payer for the procedure? This is a great question. So as long as the claim is submitted as a fee-for-service claim, the patient, does not need to be the primary payer.

Another question is it conceivable a patient has two preop PROs and one post op. If they have two joints in the same year will all three be accepted? As I mentioned earlier a little bit with the stage versus bilaterals, so if a patient does have two procedures in the same year, two eligible procedures in the same year, say, again, a left hip and a right knee on different days. Say they have the right knee in January, and then the left hip in June, you know, you'd be collecting the preop data for that knee procedure in January or three months before. And then for the June hip procedure, you would be collecting that preop data, and then when you're going to be collecting your postop data, you will be collecting that data separately and be submitting it separately to receive credit.

We have a question here about if no preop data is submitted, how is the postop counted? If there isn't any preop data collected on a patient, but say there is a postop data was collected and submitted, there wouldn't be any preop data to connect it to. So essentially, the postop data would not be counted because there is no preop data there.

How is the data used? I'm assuming this is about the PRO data that's being collected for the model. There was a webinar in the fall of last year, which talked about the PRO data and what it was going towards. The PRO data was used to develop a hospital-level hip knee PRO-PM, so a Patient-Reported Outcome Performance Measure, and that measure has been NQF endorsed. And you can find that methodology on the CMS measure methodology page if you'd like to see more about that. And the future data that's being collected through the CJR Model is going to be used to continue to update that measure for reevaluation purposes and for validation.

We have another question here about what is the CJR Model site URL, and hopefully we'll be able to post this for everyone. But it's linked [here](#). And hopefully we'll be able to post that for everyone, so you'll have access to that.

Then we have one last question here. Why is outpatient PRO data not collected if the outpatients are counted towards CJR NIPRA? I am not entirely sure what NIPRA stands for, but essentially the patients that are eligible for PRO data, are slightly different from the patients that are in the model. As you know that there are some differences already in which patients are eligible for each one. And the patients that are used in the PRO data are aligned with the hospital level hip knee complications measure, which is also part of your Quality Composite Score. The cohorts that are used in both PRO and in the complications measure are aligned.

We have another question about the number of eligible procedures. We currently have only 15 inpatients. The rest have been done as outpatients. Is there a minimum number of patients required for PRO data? The minimum number is one, so at least one eligible patient. If you have more than one eligible inpatient, you know, you can collect and submit that, and you would be eligible for those two points. Alicia, back to you.

Alicia Goroski: All right. Okay. Great. thank you so much, Kristina, and to the entire Yale CORE team. I have a few left reminders. And we're going to want a poll right now. At some point in the future, the Yale CORE team may be interested in speaking to CJR participant hospitals about your experience with PRO data collection, and in particular, any input you may have that may lead to potentially reducing burden and creating efficiency for future PRO data collection. Again, we're administering the poll right now to aid in that process, so we'd like to just ask you to respond indicating your willingness to participate. And while you are doing that, I wanted to draw your attention to we've switched layouts, and now we have Event Resources.

I think we can get a layout up here that includes some links, and we've included the link directly to the CJR Model website that Kristina mentioned earlier. And if you go to that, if you click on that link, we'll have the links up here in just a moment once we close the poll out. In addition to those links, we have links to three recent CJR on-demand webinars that you can watch, one related specifically to the extension, the second one related to reconciliation from performance year, the final performance year 4 reconciliation and initial reconciliation for subset, performance year subset 5.1. We also have recording to a CJR monitoring results, as well as payment methodology. And while we're flipping back to that, I think we can go ahead and close that poll. Thank you to those who have responded. I also wanted to highlight in the upper right-hand corner now you should see all of those web links. And again, you may need to scroll down. Link number 8 does take you to the innovation site, and that is where you can find the PRO Data Collection Template. It's in a zip file toward the bottom. It's under Event Resources.

And one last reminder before I wrap things up, is the CJR News is a newsletter that is a monthly, and it's that one-stop shop for all CJR Model updates and webinars. If you do not currently receive the CJR News, it typically comes out the second Tuesday roughly of each month. And if you don't currently receive that and would like to be added to the list, email CJRSupport@cms.hhs.gov.

With that, I wanted to again, thank our presenters and everyone for taking the time to participate in today's webinar. We appreciate your feedback, and we will now launch a post-event survey. It should only take one or two minutes to complete. And if you do not have time or do not see the survey pop up immediately, you will receive an email later today with the link to take this survey. So again, thank you everyone, and hope you have a great rest of your afternoon.

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