CJR Patient Reported Outcomes (PROs) and Risk Variable Data Submission for Performance Year 2
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Laura Maynard: Hello everyone and welcome, we are glad that you've joined us for this CJR Learning System all participant webinar on CJR Patient Reported Outcomes and Risk Variable Data Submission for Performance Year Two. Our agenda for today is going to include a few logistics for participation, then we're going to have a presentation reviewing resources that are available for you related to PRO collection and submission. We'll be talking about changes to the data submission process in performance years two through five, and review the steps for successful data submission. We're going to address some commonly asked questions in this regard, as well as have live questions coming in. And we'll close out with some announcements and next steps.

So in order to participate and ask questions in this session, you will need to be able to understand the platform. You see the slides in front of you. Just under the slides is closed captioning, the live captioning is there. Next to that is a pod just to the right of that with event resources. There are many resources posted today and our presenter will be referencing some of those, you can download those now. The slides for today are also listed there in event resources and can be downloaded. Just above the slides you'll notice just above the upper right hand corner, there's a small box with four arrows pointing outwards. If you click on that it will make your slides larger, so if you want to see detail on the slides that's how you enlarge them with the little box that has four arrows pointing out, click on that. Just to the right of that is the video pod where you can see video of presenters if you click on that pod, and the dial-in information is just below.

In order to submit questions, use the Q&A pod that's beneath the dial-in information, and we encourage you to submit your questions throughout the session. Type the question into the box at the bottom of the Q&A pod, click the little bubble beside that just to the right of it, and it will submit your question. If your question is directed to a specific presenter or group, use the at (@) symbol and also want to note for you that you will only see your questions, you won't see everyone's questions. So we'll be reading the questions aloud as we respond to them live. We will try to have time for as many of our questions as we can, but in order to accommodate answering more of your questions, we will also be holding an office hours Q&A session on October 3rd as a follow-up to this event.

So at this time I will introduce our speaker for today. Dr. Lisa Suter is an Associate Professor of Medicine at the Yale School of Medicine. She's a practicing internist and rheumatologist and an associate director at the Yale New Haven Hospital Center for Outcomes Research and Evaluation Quality Measurement program. She's the project lead for the development of a patient reported outcome-based hospital level performance measure for patients that are undergoing total hip and knee replacement for CMS. She's leading the work to support PRO data collection in CJR. Dr. Suter?

Dr. Lisa Suter: Thank you Laura and welcome everyone thanks for joining us today. Before we jump in, I just wanted to flag that we do have a lot of content to cover some of which is repetitive from last year's data submissions. So we may skip or skim a few slides and I'll flag those for you, but therefore I

recommend you go ahead and download the slides now as well as any of the other event resources which we refer to throughout the talk. And remember, again, look for our announcement for the office hours on October 3rd from 2:00 to 3:00 the afternoon Eastern Standard Time. Next slide please.

So this is one of two slides reviewing our resources regarding PROs on CJR Connect. We have an overview document with timelines, with relevant dates, patient selection, flowchart information, information on how to get the no-cost VR 12 instrument, next slide please.

We also have an FAQ document, this provides a broad resource for a range of questions related to PRO collection, and on this slide, I specially wanted to flag the external file submission guide, which is a very helpful supplement document to our conversation today, it has a lot of the detail that we are talking about regarding the changes to the data submission process. And importantly, the updated data dictionary and data collection template. I'll note this multiple times throughout our conversation today, hospitals must use the version 2.2 data collection template or a file that is identically formatted in order to create the dot CSV file to upload into the external file tool or your files will be rejected. And we'll talk through that in great detail today, next slide.

So now we'll dig in to the data submission process for performance year two and beyond. This process incorporates the new external file online tool which provides a data check on your submitted file, next slide.

Steps to the successful submission of PRO and risk variable data include collecting the PRO and risk variable data on your end, then taking that data and populating the data collection template, and converting it to a dot CSV file format. And finally submitting the dot CSV file through QualityNet, and then the external file tool will perform a quality check when you submit the file. Files with missing or incorrect required data elements will be rejected by the external file online tool and an error log will be produced. Let's review these steps in detail, next slide please.

Step one data collection. You need to collect and submit the data elements that are finalized in the rule. And please, again, use the most current version of the collection template which is version 2.2, which you can download under event resources below. The voluntary reporting of PRO and risk variable data collection information can also be found in addition, the file rule in the data dictionary, which provides very specific information about the defined data elements. This is also attached to today's webinar. Next slide please.

For performance year two, hospitals opting to participate in the PRO data submission must submit first post-operative PRO data on the same patient, the same eligible hip and knee replacement procedures, 50% or the 50 cases, which hospital submitted pre-operative data for in performance year one. And in addition to that, this year there's an additional requirement and that's again pre-operative data for the next year's patients which are data on at least 60% or 75 cases among all eligible procedures. For example, hospitals with 20 eligible procedural cases between September 1st 2016 and June 30th 2017 would need to submit data on at least 12 cases or 60% of patients. Hospitals with much larger volume,

with a thousand eligible cases between September 1st and June 30th, would need to submit data on a minimum of 75 cases. Next slide please.

Also remember that these requirements 60% or 75 eligible procedures increased overtime and this slide just reviews that each performance year increases a little bit. Next slide please. So moving onto step two this is populating the PRO data collection template. Start with the customization tool which is found in columns A through D seen below to identify the data elements that are require in column E through CW for submission. Once you populate the customization tool by filling out columns A through D the grade out cell in columns E through CW indicate data that are not needed based on the selection of the four first columns. These fields will be blocked for data entry in the data collection templates. Each data variable cell in the template has a unique validation rule which will reject invalid input. We recommend that you listen to the template- it will help guide you to create a file that will then successfully go through the external file quality check. If you scroll over a column header it will show the acceptable options for populating the cells in that column. Next slide please.

Once you've populated all the required or open cell the column CX, or core data missed, located on the far right of the template will show the number of data elements that hospitals have to submit if there are any remaining. This column is included purely to help hospitals perform automated self-checks on data completeness. A value of zero in this column indicates that the data for the patient in that row are complete. So in the example below, we have both numbers in column CX in a red color, which is a flag to you that the data are as yet incomplete. Next slide please.

It's important to remember that the external file online tool expects a comma separated values or dot CSV files formatted exactly like the template version 2.2. For example, with the exact same column headers as a template and the exact same data ranges allowed by the template. Dot CSV files that are not appropriately formatted will be rejected by the external file online tool. Using the providing template is the best way to ensure that your data submission will be accepted by the external file online tool and it will minimize errors and extra work for you during the submission process in October. Next slide please.

After populating the template, you must convert the populated template into a dot CSV or comma separated value files. Again, we recommend that you use the template and that you must submit the file as a data, excuse me, as a dot comma separated value or dot CSV file. This is required to go through the external file online tool. If your hospital uses the template, your hospital must convert the template from the existing excel .XLS or dot XLM, XLSM, or dot XLSX file format into a dot CSV file format. The dot CSV file format is also referred to as an external file so you may see that in some guidance or on QualityNet. Successful upload onto QualityNet requires that the hospital report only patients from surgeons hospitals that have the same Medicare provider number, this is listed in the PROV ID fields in the template and of also a hospital CCN. So you want to submit a single external file per provider number, do not have multiple CCN in the same file. If you are a vendor or other entity submitting for multiple CCNs, you must therefore submit multiple dot CSV files.

Next, we'll review how to name your dot CSV files, next slide please. So the naming convention is listed on the slide CJR_PYX_PROV ID_MM_DD_YYYY_ZX. The X in PX- that represents the performance here, so your file submitted in October will need to be PY2. For PROV ID, this refers to your Medicare provider number or hospital CCN, this is a six digit number. For MM_DD_YYYY hospitals will provide the month, date and year of the day that you're submitting. Example, if you're and then the version number VX represents your internal hospital's version number- so if you're submitting multiple files maybe you're submitting in series or maybe you're submitting text files and want to version them for tracking, this is an opportunity to do that. Below is an example of what an external file name will look like. Next slide please.

When these steps are done, the next step is to actually convert your file into a dot CSV file. Next slide please. First, just unlock the excel file prior to converting the format. To unlock the file, you must remove the CX or cored data missed column, click the unprotect sheet button on the review tab at the top of the screen. When requested enter the password core- C-O-R-E which is all lower case, this will unlock the template file. Next slide.

Next, delete the CX column- that's the core data missed column we referred to earlier, prior to formatting as a dot CSV. The core data missed allows you to internally check your data but it will be rejected by the external file tool if you leave it in the file. So after you unlock the template, right click on the CX column header to select to the column and then select delete column. Next slide please.

Next, save the dot CSV file as a dot CSV format, select files from the green menu of options at the top, this will bring you to the layout shown below. Click save as then choose the location you want to save your template file to. Remember to save the external file with the naming convention we just presented, files which did not use the naming convention will be rejected by the external file online tool. I know that it sounds like the external file online tool is very rigid and yes, it does have some rigidity, but what it will allow is it's an added data check that will enable your hospitals to avoid some of the potential mistakes that you might make that you can correct before submitting your file and that way you're more likely to achieve successful submission.

From the dropdown menu, next slide please, sorry. From the dropdown menu for the file you will see a default of dot XLSM, change the file type to comma delineated CSV and save the file. You may have the option to choose between a Microsoft version and a Macintosh version, you can choose the dot CSV version that works with your computer system, next slide. When a pop up message along the lines of some features in your workbook might be lost if you save it as a dot CSV comma delaminated file. Do you want to keep using that format up here? For example, the box below click yes. Next slide please.

Remember do not open the external file in any programmable software after saving it, particularly if your Medicare provider number starts with a leading zero. If you open a dot CSV file in any programmable software like excel it will change the formatting of the dot CSV file. This can overwrite formatting- leading zeros being dropped, that would result in if your Medicare provider number is a six

digit number starting with zero the dot CSV file if you open it up again would only see five digit number and then the external file tool would reject the file. Next slide please.

Also do not edit the content of the external file after saving it as dot CSV. If you need make edits, go back to the template, make them in the original excel file, and the resave it as a dot CSV file. If you want to look at the content you can open the dot CSV file in a non-programmable software, an example of this is notepad, and below you see a dot CSV file opened in notepad with the provider ID column being highlighted showing that the leading zero is retained. Next slide please.

Please see page 19 of the CJR PRO guide upload dot CSV external file onto QualityNet version 2.0 for instructions on data entry and upload if you're not using the data template. I will just say briefly we have a predefine question about this, but you would want to start with the customization elements and make sure the customization elements are populated first and then patient data later on. Next slide.

All right now you're ready to submit your file. And remember you must submit by October 31st 2017, the new process may take extra time. In fact it will probably definitely take extra time. So we strongly urge you not to wait to October 31st to submit your files. The external file online tool should be live by October 1st, which will allow you one month to troubleshoot. Next slide please. To upload the external or dot CSV file onto QualityNet ensure you have an active account and you're enrolled in the secure portal. Navigate to the QualityNet home page select the log in link under the log in to QualityNet secure portal at the right hand side of the screen. Next slide.

On the choose your QualityNet destination webpage, select inpatient hospital quality reporting program and then log in, the screenshots are shown on the slide. Next slide please. Upon logging into your QualityNet secure portal, navigate to the quality program heading and select the hospital quality reporting IQR, OQR, ASCQR, IPSQR and PCHQR option from the dropdown menu as noted below. Next slide please.

Once you select the hospital quality reporting option, you'll be brought to the quality reporting system My Tasks webpage. Select external files online tool under the hospital reporting external files heading, note depending on a hospital or QualityNet account holder's level of access designation. The layout of the My Tasks webpage may look different hospitals and even for different account holders within a hospital. Just make sure to look for the external files online tool link. Next slide please.

Once you selected the external files online tool link a hospital reporting external files select file to upload webpage will open which will allow you to browse your files to find your external files. When you click on the browse button and a file to upload window appears, then navigate the location where the external file is saved and double click on the file, next slide please.

Remember, you can only submit PRO data for a single CCN or Medicare provider ID in an individual dot CSV file, multiple CCNs required multiple files. However, if you do have multiple files you need to submit, you can submit them as long as they're packaged together in a single zipped folder. The zipped folder can be given any name but the individual dot CSV file within it must be named according to the

naming convention we reviewed earlier. When you do upload another file, the previous file name will appear in the file name window, it pre-populates with the file you just uploaded. By uploading a file with the same name you overwrite the previous file submitted. If the file name is not the same, the previous file will not be overwritten.

Please note that file size may affect the upload and processing or validation time, but submitters either way, should expect to receive email notification of successful or unsuccessful upload and processing. Usually, this is within five minutes of submission, the size of the file, the number of files, the volume of submissions occurring when you are trying to upload files may all impact processing time and result in delays of up to usually under an hour. If multiple or duplicative overlapping files are submitted to CMS, we will default to using the most recent file for your submission. Therefore, be sure to include all of the data for that CCN in the most recently submitted file. Next slide please.

All right, now the external file online tool kicks in. Once you click submit button, your file will be scanned for viruses and for quality assurance. For a file that successfully uploaded, a small window will pop up indicating the file was uploaded, click okay. A confirmation email will also be sent to the submitter indicating at the external files online tool system actually received to the file and that the file was successfully uploaded. A second email will then be automatically sent to the submitter, once the file's in process and validated. Next slide please.

When you're done uploading your file, close the hospital reporting external file, select file to upload webpage and log out from the My Tasks webpage. Please note if you do not receive an email to alert you about your file successful or unsuccessful upload, try resubmitting your file or call the QualityNet helpdesk at the following email or numbers. Remember a statement from QualityNet external file online tool of successful file submission only means that CMS has received your data. It does not mean that your hospital has met successful criteria for PRO collection for performance year two and will necessarily get two bonus quality points as part of that. Next slide please.

The next several slides discuss troubleshooting, what to do in the event that your file is rejected. So if your file did not successfully upload, you will receive an email indicating an upload error like below. If the system rejects your file due to invalid information, for example wrong file naming convention or missing or incomplete data, the quality assurance scanning process will stop and you'll receive an email notifying you that your file was not successfully uploaded. If you uploaded a zipped file the QA system will scan each external file in the zipped file, rejecting the files that do not need the QA validation requirement. Individual emails will be sent to the submitter for each external file submitted or submitted it the zipped file. Next slide please.

If your file contains only one error the area detail will usually appear in the body of the email as it is below in the example email. Next slide please. If you file contains multiple errors, multiple data validation errors the email will contain an attachment which is the error log. This list the errors that were found in your file and it's a very important resource for you to understand what you can do to

correct the errors to allow successful upload. We'll review some of these error messages next and what they mean. Next slide please.

So open the error log that's attached the email notification you receive from the unsuccessful upload. The error log will list one or more of the error messages and the general format of an error message is as followed it says that it's an error and then it usually get some sort of descriptive reason, we'll talk through those. It then identifies the data element which helps you reference the column of the template that you're going back to the column header, the line number which equals the row number and that the file was rejected. Next slide please.

So we're going to go through several examples, talking through kind of what they mean and a little bit how you might fix them. For additional information about error description and a troubleshooting guide to help go through each error type, please refer to pages 14 through 18 of the CJR PRO guide to upload dot CSV or external file onto QualityNet version 2.0. And the specific page number is below for each error, referring to that document and that document is again, part of the event resources that you can download as part of today's webinar. So examples below list a number of different data elements P_type- that's procedure type- TODC, PS, PROM, BMI and the same with these values are null. And this means that a required data element is missing and you need to go back into the excel template populate that data element that's missing in that cell and then resave the file as a dot CSV and re-upload it. Next slide please.

Another example uses the error, value is required for scenario and it gives the column name and a line number. This indicates that a data element that is needed by your validation scenario, that's the four columns that you filled out as part of the customization tool, preoperative data, postoperative, hip-knee versus, sorry, hip replacement versus knee replacement, generic PROM assignment and joint specific PROM assignment. This indicates that it's missing, so for example you selected a validation scenario of total knee procedure, preoperative data, KOOS junior and a promise global for columns A through D of the external file, but left the required field for KOOS junior blank.

Another example is scenario not found. This is where the validation scenario values are incorrect- that is when you put in the values for columns A through D, you did not actually put in the values that are allowed by the template. For example, in column A procedure type, you entered the value for a knee replacement but then enter the value for the HOOS hip junior in column C. This kind of error shouldn't happen if you're using version 2.2 of the template because it won't allow you to do that but it might happen if you're not using our template, next slide.

The following example showed data values that are present but they're incorrect. So invalid number or performance year is not within the range of 2, 3, 4 or 5, column name value not in range. These are all errors that tell you that you put in a value into the field but that value does not fit within the range that the external file is expecting. For example, the data should be in alphabet format but they're in numeric format. And then another error is that the value should be null for the field, this is where the value should be blank, so HOOS values for a knee replacement should all be blank- you shouldn't be

submitting hip specific patient report and outcome survey data on a total knee replacement patient and then the value should be null for the fields for those columns headers. Next slide please.

Yet another error provider ID is not matched, that means that the CCN inside the file does not match the file name CCN. So again remember one CCN or provider ID per file and they have to match, the name of the file has to be the same CCN as the CCN inside the file. And then the second error on this slide is provider ID does not exist in the PRS. So the PRS is the Program Resource System, it's a list of registered Medicare provider numbers or CCN. All CJR participants should have CCNs on the PRS okay, so if you get this error it may be that there was a typo when you are entering the CCN and you might want to go back to check and verify that your correct CCN is listed in the file. Next slide please.

Slides 43 and 44 this review information for vendors seeking to submit files on behalf of hospitals. They have to do with registering and we have mentioned this before so I'm going to skip over them but they are here. And if you have questions definitely contact us, and I'm going to skip to slide 45. So here are participant resources for you, again, we refer to the final rule where that has details about the required data elements. CJR Connect had PRO resources listed in the PRO data collection folder, which is under the libraries tab. There you have data dictionary which in addition to the final rule, is a wonderful resource for the specific detail of the data that's required to submit, it will tell you exactly what the format for each element is. For questions about cohort, in terms of the eligible patients, remember we are aligning with CMS's hip-knee complications measure cohort and that measure methodology is on the CMS measure methodology website in that link and there's additional data regarding the PRO resources in the hip and knee arthroplasty PRO folder. Most of those resources in that folder overlap with what's in CJR Connect, although CJR Connect has more resources. And then finally QualityNet has resources about vendor ID registration instruction. Next slide please.

This slide list contacts for you to reach out to CMS about this. So if you have questions specific to the CJR model, both what's on CJR Connect or anything related to the PRO data collection, you want to contact that CJR support inbox at cjrsupport@cms.hhs.gov. If you have questions very specific to the methodology of the complications measure, you can contact the complication measure inbox. If your question is how the measure relates to payment, you'll want to contact the model inbox, not the measure inbox. For questions related to the secure portal account or the online tool, QualityNet has an inbox and again if you need a vendor ID account, Candace Jackson is the contact with it. Next slide please.

So briefly we're going to recap, do save your external file with the naming convention presented above, remember the CCN have to match what's in the file that match the CCN in the name. Files that do not use the naming convention will be rejected by the online file tool. Do not open the external file in any programmable software after saving it, especially if your provider number starts with a leading zero. If you open it you'll lose that leading zero, it will drop to a five digit Medicare provider number, which is not acceptable to that external file tool and your file will be rejected. Next slide please.

Also, do not edit the content of the external file after saving it as a dot CSV file. It will potentially lead to errors that may be rejected by the external file. If you need to make edits, anytime you're making edits, anytime you're correcting errors flagged in the external file error log, you want to go back to the original excel file, make the edit, and resave it as a dot CSV file. If you need to look at the results without editing them, use something like notepad that's a non-programmable software that will not interfere with the formatting and therefore will not interfere with the external files processing of the dot CSV file. Please read page 19 of the PRO guide for external file, that's a document that gives you instructions on data entry and upload if you're not using our template. Again we caution you against doing that, but we try to help you through that process if you want to take that pathway. Next slide.

So we're going to move on to our open Q&A. While we triage your live questions, I'm going to hand the mic over to Kate Chenok to answer some of your pre-submitted question. Kate is a health care consultant whose specialties include the design and implementation of patient report and outcome measures. She has experienced leading the CJR or California Joint Replacement registry which collects patient reported outcomes for patients undergoing hip and knee replacement. So very relevant to today's conversation, and her expertise has been very helpful to us if we thought about ways to help hospitals participating in CJR. Kate?

Kate Chenok: Thanks Dr. Suter. So I think we just covered a lot of material here and we've got tons of great questions coming in. I'm going to start with some of the ones that, we've tried to cluster them and they're very common. Staring out there's the question, I try to transfer my data from the version 2.0 PRO data collection template to the version 2.1 template and I got an error message, what should I do? The answer is we apologize for the inconvenience, there is actually an error in version 2.1 of the template, so please use only version 2.2 for PRO data submission. If you use any and other template version it may result in your file being rejected by the external file online tool.

If you're trying to copy and keep data into version 2.2 you can refer to pages 4 to 6 of the patient reported outcome data collection template user guide which you can find in the event resources for today's webinar. And you can also find that on CJR Connect and if you still can't find it, please feel free to contact the CJR Connect support inbox.

Another common question has been about the connection between ICD-10 codes and determining eligible patients for this. So the question is the PRO and limited risk variable data collections cohort the same as the CSM PHA PKA complications measure cohort. So can I use the ICD-10 codes in the complications cohort to help identify patients for PRO data collection, little bit of a long answer. The PRO and limited risk variable data collection cohort is harmonize with CMS complications measure cohorts. But there are ongoing changes to the ICD-10 codes, so although administrative code can be use to help hospitals confirm that their patients are appropriate for data collection. The hospitals are strongly encouraged to use a flowchart document which is called patient selection flowchart to determine which patients are eligible. This is particularly important because you're going to need to determine which patients are eligible prior to their surgery and prior to one billing codes or identified and submitted.

So you can check the PRO data collection user guide that's available in today's event resources. You can also -- in extension to this answer is that CMS updated the complications measure specifications during program year one to include additional ICD-10 code to define the measure cohort. Though submissions will be considered using the ICD-10 code for the complication measure that were made available in either 2016 on CJR Connect or in 2017 on CMS.gov. So for 2016 the CJR PRO frequently asked question document can be use and for 2017 the 2017 ICD-10 crosswalk document that you can found in today's event resources maybe helpful to help you crosswalk those measures for the complication measure. So we really encourage you to refer to those documents.

Another question, if you did not submit program year one PRO pre-op or post-op but you have collected program year two pre-op can you say that only the program year two pre-op by the deadline of October 31st 2017? Yes absolutely and we encourage you to do that. You won't get credit PRO submission in program year two if you don't have both the pre and the post for the same set of patients. However if you submit the pre-op for the patients that you've collected this year this is going to position you to be successful in program year three, so we encourage you to do that.

Again the frequently asked question document go through this in quite a bit of detail. We also have a lot of information in that frequently asked question document about the number of procedures you need to have in program year two and that's been a question that we've seen a lot during today's webinar. So we really would encourage you to go back and look at that all the resources that are listed in today's even resources and on CJR Connect. Dr. Suter do you want to take this back?

Dr. Lisa Suter: Sure I'm going to try and cover some live questions. Remember that we're going to have office hours on October 3rd so if your question doesn't get addressed in the next several minutes we'll have an opportunity to answer it in the future. So I'm going to go through a number of questions and we'll see if we can cover as many as possible. Question, if we have already started inputting our data into version PY2 version 2 point I believe 1 this is, can we add the performance year column into the form as a last column? The answer is no, so again you have to use version 2.2 there are instructions in the external files guide the resource that's on the event resources pages 4 to 6 talk about cutting and pasting data from excel file other excel files into the template. You want to follow those instructions carefully because just adding another column will mean that your file will be rejected by the external file online tool. It's a very particular file but in being particular it will help your hospital submit the most accurate and precise and require data, so it's a very useful thing.

If a hospital has a volume of 75 how many cases are they required to submit PRO data? So you have 75 eligible cases between September 1st, 2016 and -- sorry, June 30th, 2017, 60% of that are 45 cases. Please remember that sometimes determining which patients are eligible is an imperfect process so you may want to collect a couple of extra PRO surveys from patients to give yourself a little bit of padding, all right. There is a -- it's a slightly imperfect process as we're learning through this and again eligible patients are those undergoing elective primary total hip and total knee. Exclusions are similar to those included in the complications measure things like fractures, revision, and hardware removal etcetera.

Okay if your data is entered into the old template do you know if it will copy into the new version? It will again refer to the new guide pages 4 to 6 to give specific so that you ensure that you're not running into or creating problems doing that. Does the postoperative PRO data have to be the exact patients for which we submit a data in year one or just 50% of the total eligible patient? You first comment is right, it have to be exactly the same patients. What we're using this data for is looking at measurement development and thinking about can we learn about how would I improve our -- care for our patients by evaluating the difference between a preoperative and a postoperative survey. So we need to see that information on the same patient, has to be the same post-operative group of patients as preoperative.

We downloaded the most recent template version on Friday the 8th of September. It's not greying out the field that are not necessary and the core data missed column is not working, is anyone else having this issue? So what we think is going on for you is that the macros in the excel file were turned off during the download process. Some people's computers or excel software automatically turn off macros that's not an uncommon thing. You may work in an institution that protects against macros and so it will automatically turn those macros off. So you will need to go into the external file and turn on the macros. Once you do that, all of the back coding and data check should activate and work properly. If you have questions send the question to the CJR support inbox and we can help you with that.

Let's see, to meet submission criteria for performance year two is it required to have those post-op and pre-op data? Yes. So Kate mentioned in addressing here questions this is a common question, there are a lot of hospitals that are just starting the PRO collection process. So in order to be successful next year you have to submit the pre-operative data this year so yes you have to do the work this year. You will reap the benefits next year, if you don't have the performance year one data you can't be successful in performance year two but that does not mean you should wait. We encourage you to engage and make an attempt and get the preoperative data submitted now because that's required for performance year three.

So the email notification CMS send after you submit the CSV file only indicates that CMS received your file and that the file is complete, not that the hospital receive credit for PRO submission. This is correct, what the external file online tool generates is an email notification telling you that the data was received and that all of the data that's in there was properly -- you know, it's a required data. What it doesn't tell us is whether or not your hospital's submitted preoperative data last year that these cases are the same cases that you submitted last year. It doesn't tell us whether or not you've submitted 60% or 75 cases. But what it does tell you is that each individual element in the file is correct. So it give you the first level but it's not a final determination of successful submission, that comes much later requires additional processing and evaluation to determine. I'm going to pause and ask if we -- are there other activities from Laura that we need to jump into or can I continue answering questions. Okay silence means I'm going to keep going.

Are re-submitting one file with follow-up and a separate file for new case is done in year two? I actually would recommend if possible to put them in the same file. If you are planning on doing multiple files you may want to let us know by communicating through QualityNet or through the CJR support inbox

that you're submitting multiple files and do so in advance. As I said files name similarly we're going to assume that the last file submitted is the final file especially if hospitals are submitting, you know, lots of text files. It's sometimes hard to figure out which one is the data that you want us to process. So I would encourage if possible to put all your data in a single file, if you're doing it in separate files you'll want to be -- you'll want to follow up with us outside to make sure that we save both of those files. As long as the files are named differently they'll both show up in your -- in the upload areas and we can download them both. But I think just to be sure communicating with us will be helpful.

What is the date range relevant to procedure day during which the one year post PRO data may collected. For example, may begin as early as 270 days post-op, but what is the ceiling on greater than 360 days post-op? Having a hard time seeing these whole questions, for which the PRO maybe collected. So I am going to refer to a timeline and that timeline is part of the overview resource in the event resources document. So if we are talking about performance year two, those represent again procedures that were performed between September 1st 2016 and June 30th 2017. Collecting postoperative for that group of patients starts June 1st that's 270 days after September 1st and then end June 30th again that's a year following so June 30th, 2018. There is an entire timeline that list procedure date, preoperative data collection dates, postoperative data collection dates for every performance year and that's in the overview document in the resources I highly recommend you pull that up it's a very useful resource for going back. This is confusing, right, we're talking about a lengthy time between pre -- the performance of the surgery and when you collect data, so it's always helpful to go back to this visual timeline with the dates embedded and the performance years listed.

Okay, yeah is there a guide to do on what -- what to do if a patient does not answer all the questions on the survey? So this is challenging, in those situations I recommend that your hospital focus on the junior surveys the HOOS and KOOS because those are the shortest surveys and are the least burdensome to patients. If you're trying to do the HOOS and KOOS subscale which are a few additional questions as long as they get the junior questions in -- included. If they miss the other questions it's okay but otherwise missed PRO questions will count as missing data. So you just want to be sure that you're following up carefully with your patients to ensure that they understand what the role of this data is to help us understand how to improve care and how valuable it is.

There was an additional question about patients who die during the period of time in between collecting one PRO and how to handle that, I apologize I can't find the specific question. But the response is that we will account for patients who expire during the period, so you do not need to submit anything in your PRO data file that acknowledges that the patient passed away. Just submit data for the patients -- the live patients for which you have data for the patients who you collected preoperative data who died before postoperative data. We'll be able to back and check that and we'll not consider that an error on your part or an inadequacy on your part. So I am going to pause and hand it back over to Laura Maynard, thank you so much.

Laura Maynard: Thank you Dr. Suter we certainly appreciate that and we know that there have been many, many additional questions that have come through, so we will be addressing those on that

follow-up office hours and registration for that session will be available soon. So moving on to updates and next steps. Many of the resources that we've spoken about today and that are listed here as event resources, all of these are available on CJR Connect. So if you are not yet on CJR Connect and would like to be, please request that Connect account by going to the website that's there you can go to that HTTPS app innovation CMS.gov click that. Click new user click here and we'll get you connected with Connect, that's a great way to access these resources.

Some upcoming events and next steps for CJR participants we have another session coming up, a care navigation affinity group will begin on September 28th and we also have promising practices from our patient engagement affinity group that will be an all participant webinar as well, and that will be on October the 19th. There are also some upcoming programmatic webinars that we'll be sharing the dates and times with you through various methods, through the updates and upcoming events, documents that we send out to you by email. If you have questions about any of these events please send an email to ls-cjr@lewin.com and also note that on October 3rd at 2 o'clock eastern time there will be a follow-up office hours to this event where we'll be able to address many more with questions that have come in. If you have any programmatic or technical questions send those to cjrsupport@cms.hhs.gov and please do take a few minutes to complete the post-event survey it may well have just popped up for you on your screen. It will also be emailed to you following the event and we really appreciate that feedback and we utilize it within the learning system to improve these events and make them more able to meet your needs. So at this time I want to thank everyone for your participation thank you for submitting so many good questions and know that there will be an opportunity for follow up on those and we thank you for your time, we thank Dr. Suter for her time and expertise as well and Kate Chenok, thank you.