CJR Patient Reported Outcomes (PROs) and Risk Variable Data Submission for Performance Year 2 Follow-Up Office Hours
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Harold Bailey: Hi, this is Harold Bailey from the Centers for Medicare and Medicaid Services. Welcome to the CJR Learning System All-Participant Webinar: CJR Patient Reported-Outcomes and Risk Variable Data Solution for Performance Year 2 Follow-Up Office Hours. The agenda for today will consist of logistics of the webinar, a robust open Q&A session, and we will then transition into announcements and next steps. At this point, Alicia will take over.

Alicia Goroski: Thank you Harold, and again, welcome everyone. This is Alicia Goroski with the Lewin CJR Learning System team. I am going to spend just a moment giving you a quick introduction to the platform. As a reminder, the largest box that you see on your screen should be the slides and we have a screenshot right on that slide #3 right now. You can enlarge the presentation by clicking on the four arrows that are pointing outward just above the slides; that actually makes the slides take up your entire screen. To minimize those just click on the four arrows pointing inward. Just below the slides you should be seeing Live Closed Captioning, and to the right of the slides we have several Event Resources so you can download a PDF of today's slide deck as well as all of the resources that were shared during the September 13th webinar. And as a reminder, you do have to click on to each individual resource for that Download File button to activate. So you have to download all of the resources individually but you can do that right here from today's platform. We will be posting the slides from today's webinar to CJR Connect after the webinar, they're not there yet. Just to the right of the Event Resources you will see the Q&A pod. This is where you can submit questions today live to our presenters and above that you will see the telephone dial-in information. You can listen to the audio through your computer, but if at any point you have any issues we encourage you to mute your computer speakers and dial in through the telephone. And just above that we have the video, which you will be seeing shortly. Alright as a reminder, use that Q&A pod to submit any questions during today's event and you will only see the questions that you submit, and questions will be answered verbally throughout today's event.

And next, it is my pleasure, we're going to jump right into this. We are very pleased to have the Yale CORE CJR Data Collection Team with us and they're going to start with some answers to some questions that were not answered on the last webinar, and other questions that have come in and they will be interspersing those with taking live questions, so hopefully if you have a question it will be answered today. So without any further ado, I am going to turn things over to Katie Balestracci. Katie is a research faculty at Yale and she is the lead for the CJR Data Collection Team at the Yale CORE Team. Katie?

Katie Balestracci: Thank you Alicia. Welcome everybody. As Alicia just said, I'm going to start reading off some pre-submitted questions and the answers that we prepared in the hopes of covering all the questions that you may have today.

Question #1 – How early can we submit our files?

Answer – Hospitals can submit their CJR PRO data on October 1, 2017 through the external files online tool on *QualityNet*. Please note, all performance year 2 data must be submitted by October 31, 2017.

Question #2 – If we submit our data in October, will we be notified if we did not meet program criteria for the additional two points; will we be given time to fix the data?

Answer – CMS will notify hospitals of their successful or unsuccessful status in the hospital's reconciliation report which hospitals receive in the second quarter of the year following a given performance year. For example, the reconciliation calculation for performance year 2, 2017, begins in March 2018 and CJR hospitals will receive reconciliation reports with their results in the second quarter of 2018. You will not be able to resubmit data at that point.

Question #3 – Will CMS provide a list of patients that CMS includes in the PRO submission process? We would like to match up the list to prepare for the next year.

Answer – CMS is not able to provide a list of eligible patients preemptively to facilitate data collection. As a reminder, eligible voluntary PRO data collection patients are specified primarily clinically and include elective primary total hip arthroplasty and/or total knee arthroplasty procedures in Medicaid fee for service beneficiaries age 65 or over. Please note, patients undergoing revision procedures or those with hip, femur or pelvic fractures, bone metastasis or requiring hardware removal are not eligible.

Question #4 – What is the date range relative to procedure date during which the one year postoperative PRO data may be collected? That is, we may begin as early as 270 days post-op but what is the ceiling on days greater than 360 post-op for which follow-up PRO data may be collected?

Answer – Postoperative PRO data should be collected between 270 and 365 days or 9 to 12 months after the patient's procedure.

Question #5 – Do the postoperative submissions count in the 60% or 75 cases or are they separate and do we need to provide post-op data on all 50 patients from PY1?

Answer – Postoperative data submissions are separate from preoperative data submissions. To be eligible for successful submission in performance year 2 your hospital needs to submit postoperative data on the same patients for whom you submitted performance year 1 preoperative data, so that's at least 50% of eligible performance year 1 procedures or 50 cases and you must submit preoperative data for 60% of eligible procedures or 75 cases for performance year 2.

Question #6 – If a patient has expired or is not available (they have moved or they refuse to complete the follow-up) how do we address that in the follow-up file?

Answer – Patients who die prior to the end of the postoperative data collection period are not eligible for PRO data collection. Therefore, the denominator only counts surviving patients for whom postoperative data can be collected. If the patient refuses to complete the postoperative data or is lost to follow-up then it could limit your ability to successfully submit PRO data. We encourage you to collect preoperative data on extra cases than is required for the performance year which will allow for flexibility in making sure you capture adequate postoperative data.

I'm now going to turn this over to my colleague Lisa Suter who is going to answer some questions that have come in while I have been speaking.

Lisa Suter: Great. Thank you. I'm going to start with some questions and the first question is: can you please walk us through the process of uploading the year 2 data template? So, first you have to ensure that you have a valid QualityNet account and that you are enrolled in the QualityNet secure portal, and again, pretty much all of the answers to today's questions should be contained in the materials that are under Event Resources. We will try and guide you to the specific resources as appropriate, but definitely the slides from the September 13 webinar have a complete step by step process that I'm going to review now.

So once you are in your QualityNet account you navigate to the homepage, select the log-in link under the log-in to QualityNet secure portal which is on the right-hand side of the screen, you will choose your QualityNet destination web page selecting the Inpatient Hospital Quality Reporting Program and that will take you to a log-in page where you will log in with your user information. You will then navigate to the quality program heading and select the hospital quality reporting IQR, OQR, ASCQR, IPSQR and PCHQR option from the dropdown menu, which will be at the top of your screen. Once you have selected hospital quality reporting you will be brought to the quality reporting system My Tasks webpage. You will select the External Files Online Tool under the Hospital Reporting External Files heading. Please note that depending on your account holder's level of access designation the layout of the My Tasks webpage will look different for different hospitals and different account holders. So the slides from the 13th give a screenshot but that screenshot may not be exactly what your screenshot looks like. Just look for the External Files Online Tool which is likely to be in the right lower hand side of your page.

Once you have selected the External Files Online Tool, a Hospital Reporting External File, Select the File to Upload webpage; it will open, which will allow you to browse for your external file. Remember that you will save your external file in a .csv format wherever you needed to save it on your own computer system using the appropriate naming convention. When you click on the Browse button a File to Upload window will appear, you will navigate to the location of your external file which is your PRO data file and you will double click on that file to put it into the upload category, and once you have done that you hit the Upload and your file will be entered into the external file process. Once the file is processed through the data quality, you will receive an email indicating the successful receipt of your file. That email does not mean that your hospital has successfully submitted the PRO data as required for the extra quality points, it just means that CMS has received your data file. It may take upwards of a few hours depending on the volume or the size of the file or the number of files being uploaded at the same time, but if you have not received that email in an hour we recommend that you re-upload your file.

Okay so next question – when you are counting the days for postoperative PRO, are you collecting the day of the surgery as day 0 or day 1? Are you counting through 365 days or up to 365 days? Overall, please clarify the boundaries. So we're trying to be as flexible as possible, we're including day zero or the day of surgery as day 1, you can collect data through 365 days.

Why are some Medicare numbers not being accepted into the template? Also, some cells in the template are preprogrammed and how do we enter the correct data into the cell or row? So it's important to recognize when you are working with a template that the template is setup where the first four columns are what we call the customization tool and they have to be appropriately

filled out in order for the remainder of the template to be accurate. So those first four columns indicate whether you are collecting pre or postoperative data, whether you are collecting it on a total hip or total knee patient and what are the two PRO surveys that you are submitting data for. So you have to submit a generic survey the VR-12 or the PROMIS Global and you have to submit either the HOOS or the KOOS as a joint specific survey. Once you have filled out those four columns the template will automatically populate. Now there are not -- when I say it will automatically populate, it doesn't populate with values in the cells but it populates with the information that you need to know to know what value should go in those cells. So those cells in the remaining columns should be blank and they should -- if you scroll over the header at the top of each column, that will tell you what information is appropriate for that column and if the cells are grayed out that indicates to you that you are not required or even supposed to submit data in that particular cell.

Now you are having problems submitting Medicare numbers, there are a couple possible scenarios for that. First of all, you want to be sure that you are entering a HICs number or Social Security Number, an actual identifier that's a Medicare beneficiary identifier as opposed to a medical record number or a hospital specific identifier. You want to be sure you are using that Medicare identifier. If you are using a valid Medicare HIC number, Medicare beneficiary identification number, and you are still getting errors there are two scenarios in which we understand that the macro coding in the Excel file is glitchy. And those two scenarios have to do with two fairly uncommon suffixes that are used for the HIC numbers. So the first suffix is a suffix that after the Social Security Number there is the letter D as in David and the second is when there is the letter E as in Edward. Those two suffixes represent divorced spouses and widowed mothers and they are interpreted by Excel's hard coding as something other than what we would anticipate. So for those very rare circumstances where you have a HIC number with a D or E suffix followed by another number if you just -- so for example a D6 suffix, if you just enter D without the suffix so you would enter the Social Security Number with a suffix letter D and no final number, we will look for those individual numbers understanding this issue and make sure that they're matched on our end.

Okay. So for collecting performance year 3 data you can use the Template Version 2.2. We will, I'm sure, have learning that comes out of this year's data submission and we will probably update our template in the fall particularly to address the issue I just noted with the suffixes, but the Template 2.2 has the ability to allow you to collect performance year 3 data in it already. It's important to recognize that when you are indicating the performance year in the template, the performance year is the performance year you are submitting data in, not the performance year that the procedure was performed in. So we get a lot of questions about hospitals that are trying to submit data and they are finding that they can't submit information in the template because the performance year isn't aligning, that's because the performance year is the year of data submission, not the year of the procedure. So for example, if you are collecting and submitting postoperative data on the patients that had procedures last July and August, so technically the procedures were in performance year one, those are indicated under performance year two in the template. So I know it's a little confusing but think about it in terms of the performance year representing the year you are submitting data. The pre and post indication will allow us to figure out when that procedure was performed and whether or not it's pre or post data, that's what that column is for. So always use the performance year column to represent the year you are submitting the data.

We have the question does uploading both BMI and height and weight cause an error upon uploading? I know only one is required but the extract I have created contains both, do we have to delete one? Answer is no. Where possible, we try to create this so that if you submit more than you need to you are not penalized, but you do need to submit the minimum required. So it's fine to submit both height and weight and BMI. Okay I am going to hand it back to Katie to address some of the more predefined questions and we will come back to live questions in a few moments.

Katie Balestracci: Terrific. Thank you, Lisa. Next slide please.

Question #7 – what is the low volume threshold based on the latest final rule? We are a small facility, about six cases a quarter.

Answer – The minimum case volume requirement is one eligible total primary hip or knee recipient for PRO data collection. For performance year two, hospitals need to submit postoperative data on the patients for whom they submitted performance year one pre-op data and submit pre-op data for eligible performance year two procedures which is 60% of eligible cases or 75 total cases. Given six cases per quarter at your facility you should expect about 20 eligible procedures within the performance year two timeframe, which is September 1st, 2017 through June 30th, 2018. You should aim to submit at least 60% of the 20 procedures for approximately 12 cases.

Question #8 – If a hospital has the volume of 75, how many cases are they required to submit PRO data for?

Answer – In performance year two, a hospital with 75 eligible cases is required to submit PRO data for 60% of those cases or at least 45 cases.

Question #9 – Just to clarify, bilateral patients are included in PRO data collection and are to be entered as two separate procedures in submission, correct?

Answer – Eligible staged or same day simultaneous procedures performed on either both hips or both knees or on different joints count as two procedures in the CJR voluntary reporting of PRO and risk variable data. Hospitals can report different joint replacement procedures for the same patient as unique cases putting each procedure in its own row in the PRO data collection template external file to receive credit for both procedures.

Question #10 – We had a patient in performance year one that we did not recognize as needing to be submitted because they were categorized internally as a commercial payer, however, it was recognized after performance year one submission that her payer information was updated and she should have been in the population submitted. We did collect PRO data for that patient, is it possible to submit the pre-op for that patient now along with her post-op PRO?

Answer – It is not possible to submit performance year one pre-op data in performance year two.

Alright I am going to turn it back to Lisa for continuation of some of the questions coming in as we are presenting.

Lisa Suter: Thanks very much. I am going to get my webcam going and get back to the live questions. So if we did not meet the minimum required patient from performance year one pre-op PRO submission, but we did meet the minimum requirement for performance year two, is there partial credit for the PRO points? Unfortunately, there is not partial credit. We really appreciate your efforts and your successful partial success this year in performance year two is a great baseline for next year for submitting successfully in performance year three.

I submitted my files yesterday in the afternoon but have not received a confirmation email, how long is too long to wait? I would resubmit, and if you do not receive a response back I recommend you send a note to the QualityNet Help Desk and we can certainly follow up with you.

Last year we submitted -- the file we submitted contained records with both incomplete and complete PRO data. Do I understand correctly that the file we upload for performance year two should contain only complete records with data in all PRO fields present or will it return with errors? You are correct. So if you submit a file that is incomplete, it's missing required data elements, the external file tool processing will reject the file, you will get an error notification that tells you which cells are missing appropriate data or which cells have data that are out of range and then you will need to correct that in order to submit the file.

Is there a problem with selecting CJR eligible patients based on discharge date rather than surgery date within the official performance year time? That is how we selected for performance year one, the primary challenge being that follow-up for performance year one doesn't fall cleanly between April 1st and August 31st. It seems to us what really matters is the number of days before surgery -- sorry it's little hard to see the whole question, the numbers -- I am going to have to come back to this question, unfortunately I can't see that whole question so we will come back to that question.

Hospital reporting external files is not available under quality reporting system on My Task webpage, so on those circumstances we encourage you to immediately contact your system administrator for QualityNet so that they can ensure that you have access to external files online tool.

We have a question about disabling macros, how do I disable the macros so I can delete the core data missed column? So this is an important point. So when many Excel software on many computers open, they intentionally disable macros because macros can be harmful to your computer so a lot of security systems will automatically disable macros. When macros are disabled, the template's internal quality check that populates the core data missed column will not function. So those of you that are having problems with the core data missed column, you need to check and see whether or not your macros are enabled. Likewise, in order to remove the core data missed column before converting the file to a .csv format you need to disable the macros. There are couple key steps about disabling the macros. You find the information about macros under the Options tab for Excel and then you go to temp file setting and you select macros and it will allow you to either enable macros or disable macros. It is really important that once you have done that you close out the file, meaning you literally close the file and then you reopen a file.

Macros are something that run in the background of your Excel software, they are not file specific. So when you go into the Option settings for your Excel and turn On and Off or disable and enable macros, that's happening for all of your Excel files, so in order for your change to be recognized by the file that you are in, for example the template file, you have to close that file and reopen it. When you reopen it you will see a header at the top saying your macros are disabled, and that should confirm for you that you have the ability to remove the core data missed. If you want step by step procedures on how to do that, send a question to the CJR inbox and we have a nice step by step process that will walk you through the various headings so you can get it exactly.

Okay. For the race section there is no option for Hispanic Spanish patients, only an ethnicity section, what are we supposed to enter for those patients in the race section? So for Medicare, Medicare separates race and ethnicity questions. Race considers African-American, Native American and other racial groups, whereas the ethnicity looks at Hispanic/Non-Hispanic so you will be able to capture the information that you are asking about under the ethnicity question. If you have questions about what are the specific racial groups that are available, the data dictionary is one of the resources under Event Resources. You can pull up that data dictionary, the data dictionary will tell you exactly what options are allowed for every requested data element, so the data dictionary is a great resource if you have any questions about what's the range of values, what are the specific responses allowed for a given variable, are all contained in the data dictionary. And I will hand it back to Katie.

Katie Balestracci: Wonderful. Alright I am going to continue answering some of the pre-submitted questions. I do want to note at this point that you may find that some of the pre-submitted questions are similar to the questions that Lisa is answering that are coming in as we speak. Unless I find a question is exactly the same as one that has been answered by Lisa, I am going to proceed with speaking about and answering those pre-submitted questions because I don't want to miss the details of any particular one.

Question #11 -- What is the difference between PROMIS 10 Global Version 1.1 and 1.2?

Answer -- The difference between the survey versions is that response options are reversed for two questions, Global 10 and Global 11. So PROMIS Global question 8 in the template file or emotional distress and PROMIS Global question 9 or fatigue, have reversed scale and response options in the two versions.

Question #12 -- Are the narcotics, back pain, etc. questions considered part of the subscale questions for which you can have missing data?

Answer -- Hospitals must submit 100% of questions from one of two generic surveys that is the VR-12 or PROMIS Global. A 100% of questions from the joint specific HOOS/KOOS junior survey, or the required HOOS or KOOS subscale and for pre-op patients 100% of the risk variables and identifiers specified in the CJR final rule which can be found in the CJR PRO data dictionary available on CJR Connect or CMS.gov.

Question #13 -- So this is a little similar to the question Lisa just answered on race but provides some different detail. So the question is data collection item race, only one race is accepted but

a few of our patients consider themselves to be more than one race. How should we enter the data into the template?

Answer -- CMS acknowledges that some patients are multiracial or biracial and request that the health care team ask their patients to select the race descriptor with which their patients primarily identify because this data element along with ethnicity is required for successful reporting. CMS encourages hospitals to work with their patients to help them understand the importance of this information and how it will inform the development of quality measures that can help to promote improvement in care for themselves and other patients with similar backgrounds.

Question #14 -- What if a patient refuses to complete follow up surveys?

Answer – Patients who refuse to complete postoperative surveys or are lost to follow-up will impact your ability to successfully submit postoperative data. We highly recommend collecting data on more patients than the minimum requirement as that can give you some flexibility when it comes to collecting postoperative data and helps when you have patients that are not able to follow through on the post-op data period.

All right I am going to hand it back to Lisa again.

Lisa Suter: Thanks Katie. And everybody bear with me while I get my video cam going again. Okay so we are going to get back to that earlier question, okay. Is there a problem with selecting CJR eligible patients based on discharge date rather than surgery date within the official performance year? That's how we selected performance year one, the primary challenge being that follow up for performance year one doesn't cleanly fall between April 1st and August 31st. It seems to us that what really matters is the number of days before surgery and after surgery. You're absolutely right, we are measuring that time before and after surgery on the date of the surgery, but you should realize that we are also assigning procedures to a performance year based on the date that the surgery was performed. So an example from last year, if you had a patient who had their total hip replacement on the 30th of August but they were discharged on the 1st of September we would still count that patient in a hospital's denominator for performance year one, and not in performance year two. So there is a -- you are right that the most important thing is sort of the time period before and after for collecting that data, but that's the reason we use the surgery date is to try and keep a consistency across all the ways we are capturing patients.

And then another question, in preparing our submission for the PRO data submission we noticed there is a discrepancy in our numbering system for the PROMIS question 10, how would you rate your pain on average? In our health system, we ask the patients these questions on paper using a 0 to 10 pain scale and then we enter them into our electronic health record system. However, the numbering system in the electronic chart groups the pain scale using the short form groupings rather than giving the actual pain scale. How and what should we should submit? So it's really important that you submit the values that the patients report first of all but also that are consistent with what's indicated in the data dictionary. So I think what I am understanding from your question is that your electronic health record is reclassifying responses but you want to be sure that when you are actually entering that data, you are entering the data according to what the data dictionary says are the responses, what numeric response is

equivalent to the text: is it very, a little, all the time? You want to be sure that you are using the appropriate scale for that question and the data dictionary is a great resource, again, it's in the Event Resources.

Okay let me catch back up with our live questions. When we uploaded our data file yesterday we received an error message stating invalid number of data elements or required data elements not received, file rejected. Is there more data available on what needs to be fixed? So the answer is if you have appropriately filled out the Template Version 2.2 and you submitted that and you are receiving that error you should actually get a response e-mail with an attached file that goes through the different rows of data that have invalid results or missing data. So if you haven't received that e-mail with an attachment error log, I would try resubmitting. If you haven't used the template to begin with, you might want to step back, look at the file that you are submitting and make sure that it is aligned with the template in terms of the number of columns, the headers of the columns, what the data values are in each of the columns because we anticipate that if you are not using the template at all, the external file tool will not recognize the data you are submitting and it will reject the data file.

Okay. Is 75 the highest number of cases required to be successful or 60% if more than 75 cases? So you have an option. If you are a very high volume center you do a lot of procedures that you are only required to submit data on 75 cases if 60% would be a much larger number. If you are a very small volume hospital and 75 cases is all the cases you are doing, so that would be 100% of your cases, you only need to submit data for 60% of your cases. So it's really intended to offer both high and low volume hospitals the flexibility to submit data in a way that's manageable for them based on their volumes. And you are never restricted, you can always submit more than 75 cases. This is for developing a measure, so the more cases you submit, the more valuable that information is and the more meaningful it is for developing the measure. So, the more the better, but what you will be required to submit is 60% or 75.

Would a bilateral patient not be DRG 461 or 462? So this is an important distinction. For the PRO data collection, we think about elective primary hip and knee replacements so we are actually not looking at a DRG-based designation which is a little bit different, right. Most of the way CJR thinks about its patients is by identifying them by DRG, but we are looking at a slightly different group of patients that is not identical to the CJR patients in the bundled payment and that are used to determine your target cost. So I would caution you to look through the materials, the resources that we have on CJR Connect that talk about identifying patients who are elective, meaning these are not hip fractures or malignancy-related patients and that they are primary hip or knee replacements, they are not revision procedures because patients who have these other non-elective non-primary aspects to them are not our target population, they are not the groups that we are looking for, and those may or may not overlap entirely with the DRGs that you are referencing.

Question, if you don't submit for year one can you submit for year two? Absolutely. We encourage you to submit any data, all, in every year, but you won't be considered successful in year two if you didn't first submit data in year one. Now that goes that if you haven't submitted data in year two you can't be successful in year three, so we very strongly encourage you that if you are thinking about doing this that you should submit as much data in year two as you can and work towards being successful because this year's submission will allow you to be successful next year. If you don't submit this year you can't be successful next year.

Okay. I thought bilateral joint replacements were not considered CJR. So again, it is a distinction between the patients that are the bundled payment patients and the patients for PRO collection. So this is a slightly different population. The good news is bilateral joint replacement patients count as two cases so if you collected PRO data for anyone who is getting either a simultaneous or a staged bilateral joint replacement they count as two cases towards your data. So that's -- and not in the denominator, just in the numerator so it's a real win for hospitals if patients are getting bilateral procedures.

Okay. So we had another question. Again, if I have 300 patients in performance year two, 60% would be 180 patients, but it looks like we just need to submit 75. You are correct, you only need to submit 75. If you have data on more we encourage you to submit more. The other key reason to submit more than just exactly 60% data, there are couple of reasons, one, you might be a little off in terms of defining what's a primary elective hip or knee replacement, you might want to give yourself in your hospital a little flexibility, and two, next year you are going to need to collect the postoperative data on those same patients, and if you are aiming for 60% that means you have to get a 100% follow up and we know that in some situations it's very hard to get every single patient to respond for the postoperative survey. So we encourage hospitals to collect more than the required data in year one to give them some flexibility in year two. And there was a case -- I can't pull up the question right now -- but asking about patients that die between the PRO data collection and the performance of the surgery and the time during which they would before they would collect postoperative data. That is the only situation that we do not expect hospitals to collect PRO data postoperatively and we will remove that patient from your denominator so that the loss of that patient does not adversely impact your successful PRO submission rate. Otherwise we anticipate that you should be able to collect PRO data for patients.

So I think we just addressed that question. Can we submit a test file first and once we hear back, submit the final file by October 31st? So unlike last year we don't have an official test file mechanism and there is no way for you to designate a file as a test file because of the naming convention required by the external file online tool. I will say that if you submit multiple files we do have the ability to recognize duplicate data, we will always take the final file, but I would not recommend that you try to submit dummy data because I don't think the external file process will accept that. What I would suggest you do is to submit just a very, very small real file data as a test file and then we should have no problem managing the duplicate data for your hospital.

Let's see. If you submit HOOS subscale for a patient in performance year one pre-op data will you not get credit if you submit the HOOS Junior for performance year one post-op data? Great question. So this person is asking whether or not you have to – if you have collected subscales in the first year for pre-ops, do you have to collect the subscales in the post-op? This is the one situation where it does not have to be identical, right. So if you collected VR-12 for that patient and then you wanted to change to PROMIS Global that's not acceptable pre-op to post-op. But the HOOS Subscales and the HOOS Junior and the KOOS Subscales and the KOOS Junior that's fine because the KOOS Junior and the HOOS Junior surveys are entirely contained within the subscale and so we allow you that flexibility. So, that's the one place where you don't have to be identical in submitting that data. Katie, do you have any remaining questions?

Katie Balestracci: I do.

Lisa Suter: Great. Then I will hand it back to Katie.

Katie Balestracci: Terrific.

Question #15 -- Can pre-op and post-op data be submitted in the same file for the same CCN?

Answer – Yes you should submit pre and post-op data for the same CCN in the same .csv file to avoid the possibility that part of your data are not counted. There are columns in the CJR PRO Data Collection Template 2.2 that allow you to indicate if the row of data is pre or post-op. The macros will gray out cells that do not need to be entered.

Question #16 -- Please confirm that you can download the external file tool template so that data-entry associates can do data-entry and then the quality folks can upload to QualityNet.

Answer -- The CJR PRO Data Collection Template Version 2.2 is available for download on CJR Connect for participating hospitals.

Question #17 -- If our data is entered into the old template do you know it will copy to the new 2.2 Version?

Answer -- Yes. Data collected in a previous version of the Data Collection Template can be copied over into the new Version 2.2 of the template. To facilitate data transfer, please see Pages 4 to 6 of the CJR PRO Data Collection Template User Guide Version 2.1 posted on CJR Connect for instruction.

Question #18 -- Since the external file online tool is a new application will that be automatically added to my QualityNet account or will that have to be added by a security administrator?

Answer -- We recommend that you contact your security administrator to ensure that you have access to the external file online tool.

Question #19 -- Is the conversion from Excel to .csv file as simple as saving the template results as a .csv?

Answer -- Prior to converting the Excel file into a CSV file you will need to unlock the spreadsheet, disable macros, and delete column CX which is the core data missed. After both of these steps have been completed you can save the template as a .csv file. Please refer to the CJR PRO guide to convert the data collection template to a Comma-Separated Value (.csv) File, document posted on CJR Connect if needed.

Question #20 -- So the e-mail notification CMS sends after you submit the .csv file only indicates that CMS received your file and that the file is complete, not that the hospital received credit for PRO submission?

Answer -- That is correct. The e-mail notification only confirms that your external file was successfully uploaded on to QualityNet. Your data will be reviewed for completeness and CMS will indicate your successful or unsuccessful submission status in the reconciliation report.

Question #21 -- After file submission to QualityNet what is the turnaround time to look for an e-mail that will indicate an ETL error?

Answer -- If you do not get a confirmation e-mail in 24 to 48 hours please submit the file again or contact *QualityNet* Help Desk at qnetsupport@hcqis.org or by phone at (866) 288-8912.

Question #22 -- When I save the PRO Data Collection Template to my computer the file has an exclamation point within the Excel File icon, why is this; will this affect the conversion to .csv?

Answer -- the exclamation point icon indicates that your macros are turned on. This should not affect the file conversion to a .csv but it may interfere with your ability to remove columns CX, again, this is a core missed column which is necessary step before converting to the .csv format.

I think I have one more pre-submitted question, next slide please. Question #23 -- Need more details on how to turn on macros in the file. Again, my apologies if I am repeating what we just said before but I want to make sure we get everyone.

Answer-- Macros can be turned on or off by changing the macros settings in the Trust Center in Excel. In the Tools menu, select Trust Center, then Macro Settings, then Turn on Macros. Please note, you will need to close and then reopen the file for this change to be recognized by Excel.

I am going to turn this over to Lisa again.

Lisa Suter: Great. And I am not going to put my video on because we only have a few minutes so I am not going to waste time. So just highlighting that that was a clarification, the Trust Center not the Options so I apologize for that earlier error on my part, but the slides give you the exact series to go through. We have a couple of questions about the different surveys that we need to use. Can we use either the PROMIS 1.1 or the PROMIS Version 1.2? Yes, either is fine, you just need to indicate which one you are using in the options in the template so that we know how to interpret those questions.

When I entered the PRO data I separated them by an empty row, can I do this in the template? The answer is no, the external file will reject empty rows so I recommend that you remove empty rows from your external file.

Let's say we don't have 60% or 75 patients that are eligible and have a pre-op survey should we submit what we have or not submit anything? I would definitely recommend that you submit the data you have, the reason being is it's really helpful to go through the process of file submission so that you know that of the data that you did collect you are collecting it correctly, you are submitting it correctly, you understand the process which means that you are that much more likely to do it perfectly and successfully in future years.

We have had a couple of questions about ICD-10 codes just to clarify. So we use the codes that are available publicly for CMS' harmonized measure with this effort which is the total hip knee arthroplasty complication measure. Those ICD-10 codes went through an update between 2016 and 2017. In the Event Resources, you have the list of codes that were available in 2016 and the ones that were available in 2017. Recognizing that hospitals did not have access to the updated

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codes and that that update occurred during the data collection process, we are evaluating hospitals using both definitions, 2016 and 2017, and if you meet successful criteria using either approach then that will count for success. So you have the resources to download and we will use either option- whichever is more likely to give you success. I will now hand it back over to Lewin for the final steps. Thank you.

Alicia Goroski: Thank you. And Lisa and Katie, I just want to thank you so much for all of the questions and answers. I think this was a very informative session. So quickly on Slide #30 you will see Contacts and again, any questions, if you had a question that did not get addressed today you can submit that to cjrsupport@cms.hhs.gov, then you will see the other contacts such as the QualityNet and if you need to contact the security administrator account. Just another reminder, we post all of the resources from webinars on CJR Connect. We will be posting, we clean up that closed captioning and we will have the transcript. It will need to be reviewed so it may be a few weeks but that will be posted on CJR Connect, and if you don't have an account you can request one by clicking on the Web Link. And just a quick reminder, we have three upcoming events later this month. You can actually click under that Web Links tab just to the right of the slides, you can click on and register today if you have not already for these three upcoming events. And just a reminder, today's slides can be downloaded under the Event Resources tab. You do need to click on where it says October 3rd, 2017- that is a PDF of today's slides, then download the file. And just a final reminder to take just a couple of minutes to complete the post event survey, it should have just popped up for you unless you have your popup blockers on, and if not that's fine, you will receive an e-mail about an hour from now with a link to that survey as well. So again, I would just like to thank everyone for joining today's event and have a great rest of the day.