

Safety Net Hospitals Are At Risk For Significant Financial Penalties with New Centers for Medicare & Medicaid Services Patient Reported Outcome Measures Reporting Requirements for Primary Hip and Knee Arthroplasty

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INTRODUCTION:

Starting in 2027, the Centers for Medicare & Medicaid Services (CMS) will penalize hospitals who do not have complete paired patient-reported outcome measures (PROMs) data on at least 50% of patients undergoing inpatient total hip (THA) and knee arthroplasty (TKA). Patients must also meet the minimum substantial clinical benefit (SCB) threshold for HOOS, JR and KOOS, JR scores (22 and 20 points, respectively). The purpose of this study is to identify risk factors for which patients did not have complete paired PROMs and did not meet the minimum SCB following surgery.

METHODS: We retrospectively reviewed a consecutive series of 5,165 primary THA and TKA patients between January 2022 and December 2023 at 22 hospitals. We collected demographic variables, medical comorbidities, and insurance type. Zip codes were used to calculate the National Area Deprivation Index (ADI) as a marker for socioeconomic status. Preoperative PROMs scores were collected between 90 to 0 days pre-operatively, while postoperative data was between 300 to 425 days postoperatively, consistent with CMS rules. A multivariate regression analysis was performed to identify independent risk factors not meeting new CMS PROMs requirements.

RESULTS:

764 patients (14.8%) met the CMS paired PROMS reporting requirement while 554 (72.5%) met the SCB threshold. Risk factors for failing to meet the paired PROMs collections included higher Charlson Comorbidity Index (OR 1.09, p=.040), Medicare insurance (OR 1.26, 95% CI, p=0.014), and lower socioeconomic status (OR 2.08, p=0.001). No risk factors were identified for failing to meet SCB PROMs threshold in multivariate analysis.

DISCUSSION AND CONCLUSION: Overall paired PROMs data collection was far below the CMS 50% threshold, suggesting all hospitals are at significant financial risk beginning in 2027. Safety net facilities caring for THA and TKA patients with more medical complexity, and lower socioeconomic status are at an even higher risk for penalties for non-compliance.