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✦ HOSPITAL OQR · MEASURE EDUCATION

Preparing for The Information Transfer PRO-PM

Meeting CMS Requirements Without Adding Administrative Burden

✦ INTRODUCTIONS

Meet the experts

Erin Heilman

SVP, Regulatory Affairs, CPHQ

Erin Heilman is a distinguished leader in the healthcare quality regulatory space, known for her innovative approach to simplifying complex regulations. For over a decade, Erin has developed award-winning content, including articles, guides, and tools that empower quality leaders to excel in their reporting obligations.

Alli Murray

Sr. Product Manager

Alli has more than 15 years of healthcare experience. She joined Medisolv in 2016 as a Clinical Quality Analyst and later became Director of Electronic Measures, leading the company's eCQM submission practices. Today, she serves as Senior Product Manager, overseeing ENCOR for Hospital Abstracted Measures and Medisolv's AI Chart Abstraction solution.

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Agenda

01 Why this measure exists, and what it measures

02 Who do I survey?

03 How do I administer it — timing, sampling, confidentiality

04 How is it scored?

05 What do I submit, when — and where OAS CAHPS fits

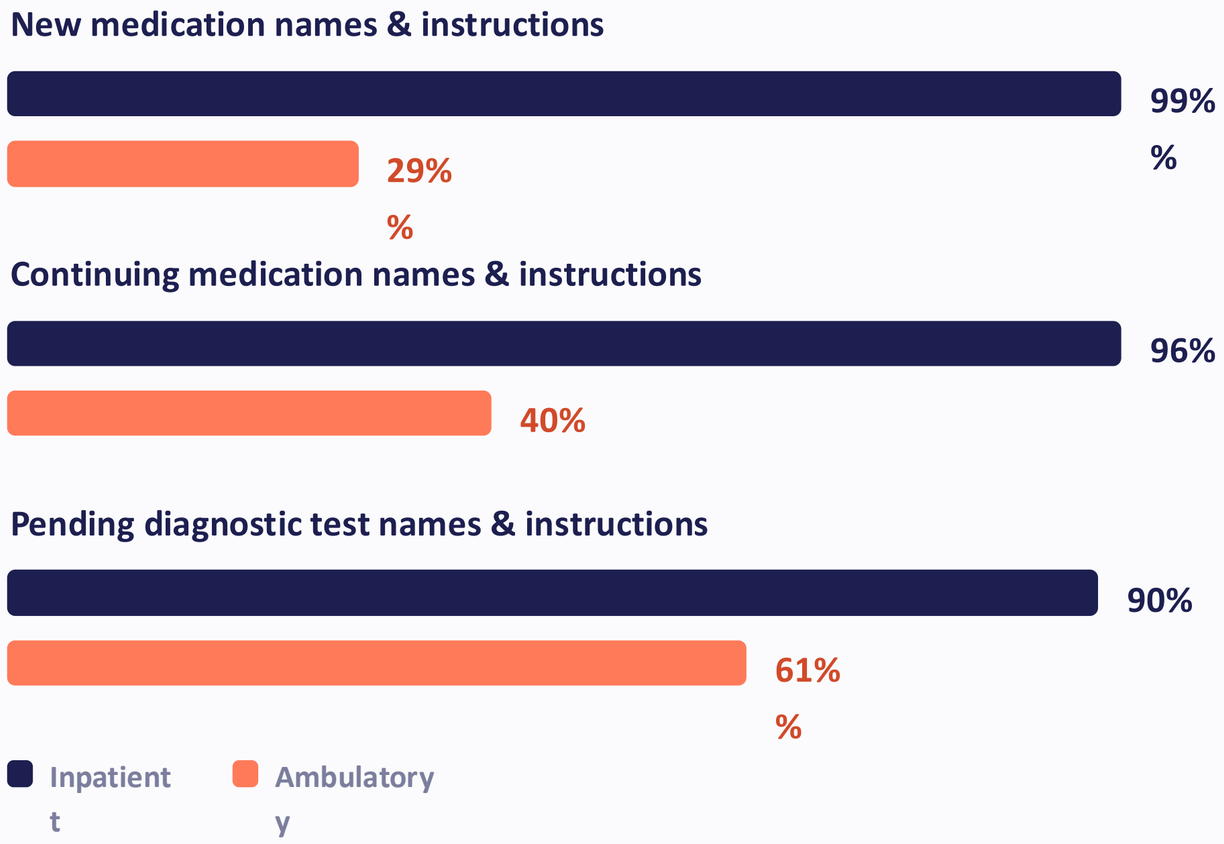
✦ SECTION 01
01

Outpatient surgery is fast .
Sometimes a bit too fast .

CMS’s reasoning for the survey

Outpatients get less complete discharge information

Share of encounters where providers communicated the item. Inpatient versus ambulatory.



What poor information transfer causes

- Medication errors
- Missed follow-up care
- Avoidable ED visits & readmissions
- Lower patient satisfaction
- Outsized harm to patients 65+ and those with limited English proficiency

Source:

- CMS, Information Transfer PRO-PM FAQ, Q3; citing *J Healthc Qual* 2020 (PMID 32544137), 2018 NDNQI data, 133 inpatient and 90 ambulatory units across 20 hospitals

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✦ WHAT IT MEASURES

Nine Questions Organized Into Three Domains

Did this patient understand what to do when they got home?

Whole episode. Patients rate everything they received including pre-op consult, packet, video, discharge summary, follow-up call.

Not risk adjusted. Testing found no meaningful difference, and adjustment could excuse worse communication for harder cases.

Applicability to patient needs

2 items

Did the information consider this patient's health needs and personal situation: transportation, coverage, finances?

Medications

3 items
items

Why to take new meds, what side effects to watch for, and when to stop.

Daily activities

4 items

Diet, physical activity and exercise, returning to work, and driving.

✦ THE INSTRUMENT

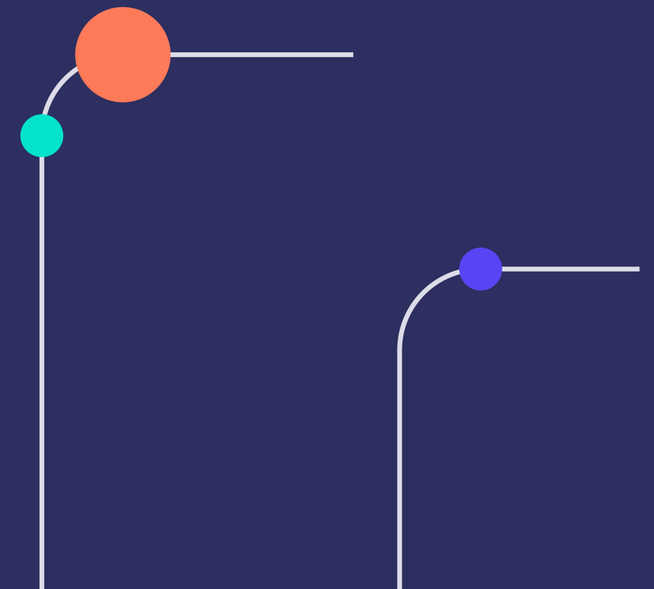
Survey Questions

Available in English and Spanish. Roughly five minutes to complete.

Domain	#	Item	Response options
Applicability to patient patient needs "The information you got about your recovery considered…"	1	Your health needs (conditions, pain management, treatment preferences)	Yes · Somewhat · No No "does not apply" option
	2	Your personal situation (transportation, insurance coverage, financial status)	
Medications "How clear was the following information about your recovery…"	3	Why you should take any new medications	Very clear · Somewhat clear · Not clear · Does not apply "Does not apply" shrinks the denominator, denominator, it doesn't hurt the score score
	4	Possible side effects of new medications	
	5	When to stop any medications	
Daily activities "How clear was the following information about your recovery…"	6	Changes to your diet	
	7	Changes to physical activities, including exercise	
	8	When you could return to work	
	9	When you could drive	

✦ SECTION 02

Who do I survey?



Survey Eligibility

1. Patient is **18 or older** on the date of the eligible procedure
2. Underwent an **eligible procedure** during their outpatient stay
3. Left the **HOPD alive** after the procedure

Eligible for PRO data collection

Eligible procedure codes

CPT 10004–69990

Essentially the full surgical and procedural range.

+ G0104, G0105, G0121, G0260

Colorectal screening and related.

No exclusion criteria. Patients with post-surgical unplanned admissions stay eligible.

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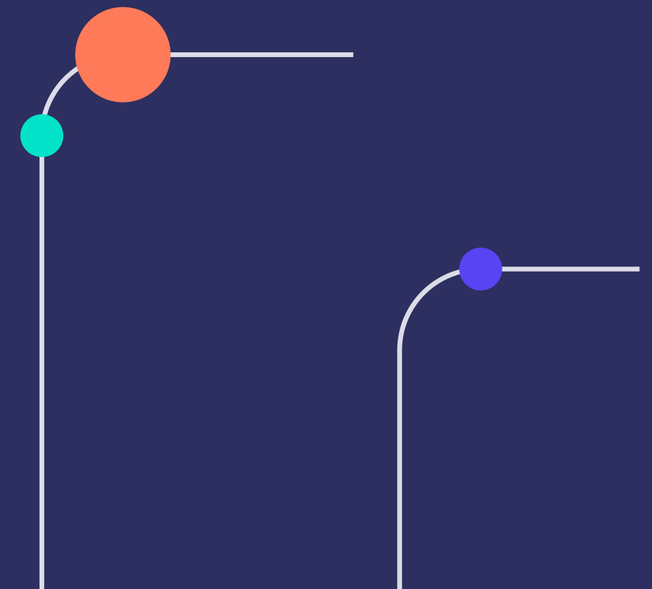
SECTION 03

How do I administer it?

Timing, Sampling, Confidentiality



Administration

Web-based instrument

The survey is web-based. Submit Submit yourself through HQR, or or use a vendor or registry — like like Medisolv!

Patient or caregiver

Surrogate responses are allowed. If the respondent has limited English proficiency, you must provide a qualified interpreter or translator.

Add-on questions allowed

You may add custom items — but but only the nine question responses are submitted.

Refusals need no paperwork paperwork

No requirement to document a a refusal and no data element for for it. A non-responder simply isn't isn't in your denominator.

There is no standardized collection method. CMS says use the processes best suited to your organization.

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✦ TIMING

Change From Earlier Guidance

Earlier guidance said administer 2 to 7 days post-procedure. The April 2026 CMS FAQ says **2 to 14 days** .
days .

EARLIER GUIDANCE

Days 2–7

A tight six-day window to confirm eligibility and get the invitation out.

CURRENT — APRIL 2026 FAQ

Days 2–14

Balances patient recovery against fading recall. Gives you time to confirm the confirm the procedure was eligible.

THE OTHER NUMBER

65 days

Patients have 65 days to respond. This timeframe was the mean procedure-to-response time in pilot testing.

Follow up from the **procedure date** , not the survey send date. send date. Send on day 14 and you still have 51 days of reminder runway.

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✦ PRIVACY

Change From Earlier Guidance: Confidential, not anonymous

Earlier guidance said the survey must be completely anonymous. Now it says it must be **”confidential”.**

✓ You may

Use patient contact information to **invite eligible eligible patients** to the survey.

Use it to **send reminders** across the 65-day window.

Use the patient contact information needed to invite and remind eligible patients.

Use those purposes **only**, to the extent feasible. feasible.

✕ You must not

Report or publicly display individual responses responses with identifiers .

Send identifiers to CMS (Results go up de-identified to CMS)

Leave responses broadly accessible internally. internally. Restrict who can see them.

DOCUMENT YOUR REASONING

The guidance isn't fully explicit. explicit. Your interpretation must be justifiable.

Decide. Pick your approach to handling and storing responses.

Safeguard. Put access controls in place and be able to demonstrate them.

Document. Write down the reasoning and and keep it on file, in case CMS asks.

✦ DISTRIBUTION

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CMS Wants You To Survey Everyone

Survey **every** eligible patient. Whether you may then sample depends on how many completed surveys come back.

300+

completed surveys → you may randomly sample

Clear the threshold and the minimum random sample size of 300 completed surveys is available to you for the performance period.

Why 300? Reliability. It yields a 95% confidence interval for a population of 1,500, and 90% for populations over 10,000.

<300

completed surveys → submit every one you got

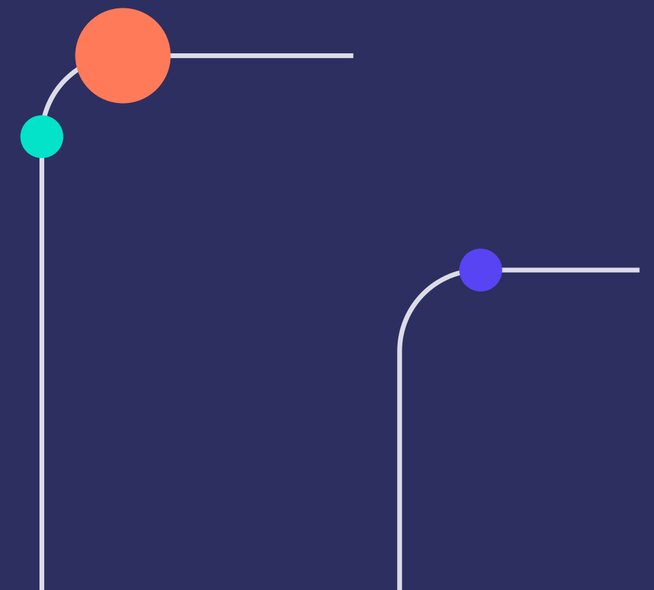
No sampling permitted. You submit data from all completed completed survey responses received during the performance performance period.

⚠ **“Completed” means all nine items answered. Partial surveys don't count toward 300 and don't enter the calculation.**

SECTION 04

How is it Scored?

How top-box scoring works, and how the hospital score is built.



✦ SCORING

Only the top box counts

1.0	**Yes · Very clear**	The top box. The only answer that scores.
0	**Somewhat · Somewhat clear**	Scores the same as “not clear.”
0	**No · Not clear**	
out	**Does not apply**	Removed from that patient's denominator entirely.

STEP 1 · EACH PATIENT'S SCORE

$$\frac{\text{Top-box answers}}{\text{Applicable items}\ (9 - \text{N/A})}$$

For example, a patient has no new medications. Those three items drop out and drop out and the patient is scored out of six instead of nine.

STEP 2 · THE HOSPITAL SCORE

$$\frac{\text{Sum of all individual scores}}{\text{Total completed surveys}}$$

Higher is better. Not risk adjusted.

✦ CMS WORKED EXAMPLE

Hospital Example, 300 completed surveys

CMS Figure 1, Information Transfer PRO-PM FAQ

Response A ×100

Top-box answers	3
Marked “does not apply”	3
Applicable items	6

3 ÷ 6 =
=

0.50

Response B ×100

Top-box answers	6
Marked “does not apply”	0
Applicable items	9

6 ÷ 9 =
=

0.67

Response C ×100

Top-box answers	6
Marked “does not apply”	2
Applicable items	7

6 ÷ 7 =
=

0.86

Top box Not top box Does not apply

Sum of individual scores **202.38** ÷ Completed surveys **300** = Hospital score **0.67**

Response Rate

Confidential in the voluntary years. Publicly reported starting with your 2027 performance results.

Completed surveys

Eligible population

- **Numerator:** fully completed surveys only. All nine items items answered.
- **Denominator:** every patient who qualifies.

Reminder discipline

Work the full 65 days from the procedure date. Don’t send just send just once.

Keep it short

Think carefully before adding custom questions as that may impact full responses.

Good contact data

Bad email addresses will affect your results. Capture and verify at verify at registration if possible.

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✦ SECTION 05

What do I submit, and when?

Now where does CAHPS fits in.

✦ SUBMISSION

What a submitted record contains

14 fields per completed survey, through the HQR system.

Variable	Data element	Values
CCN	CMS Certification Number	6-digit, alphanumeric
P_CODE	Procedure code	CPT / G-code, or “Other” “Other”
PROC_DT	Date of eligible procedure	4 accepted date formats
DELIVERY_DT	Date of survey delivery	4 accepted date formats
COLLECTION_DT	Date of survey collection	4 accepted date formats
Q1, Q2	Health needs · personal situation	**1** =Yes · 2=Somewhat 3=No 3=No
Q3–Q9	Medications · daily activities	**1** =Very clear · 2=Somewhat · 2=Somewhat · 3=Not clear clear **0**=Does not apply

HQR, either way

Submit yourself or have a vendor or registry do it — like Medisolv!

Authorize your vendor early

Using a third party means completing an authorization process first.

No CMS vendor list

There's no contractual arrangement between CMS and vendors, so there's no approved list to pick from.

Code “does not apply” as 0, not blank. Nulls where CMS expects a zero are a common export bug.

Timeline

VOLUNTARY

CY 2026

Collect: Jan 1 – Dec 31, 2026

Deadline: May 15, 2027

Results are not publicly reported. You get a confidential feedback report. report.

MANDATORY
Y

CY 2027

Collect: Jan 1 – Dec 31, 2027

Deadline: May 15, 2028

Affects the 2029 payment determination. Publicly reported 2029.

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“Can I submit a partial year for 2026?”

Yes and no — and the answer shouldn't stop you participating.

The expectation is a full year

CMS expects submission covering the full calendar year of procedures.

Partial data is acceptable this year

In a voluntary pilot year, incomplete data is fine. A few months of responses is better than nothing.

Sampling may still get you there

Depending on your volumes, a partial year can still clear 300 completed surveys.

VOLUNTARY PARTICIPATION

Why Should I Voluntarily Participate? Participate?

- A **confidential feedback report** — your score, broken down by the three the three domains and all nine questions, plus your response rate. rate.
- Proof your **submission** end-to-end before it counts.
- A live channel to **ask CMS questions** and give feedback on the measure. measure.
- Time to **fix your discharge process** before the score is publicly reported.

Where the Measure is Used

OQR Program

Outpatient Quality Reporting

Adopted in the CY 2025 OPPS Final Rule. Voluntary for Voluntary for CY 2026, mandatory from CY 2027, 2027, affecting the CY 2029 payment determination. determination.

Pay-for-reporting — 2% APU at risk for non-reporting.

Public reporting of score and response rate begins 2029.

TEAM

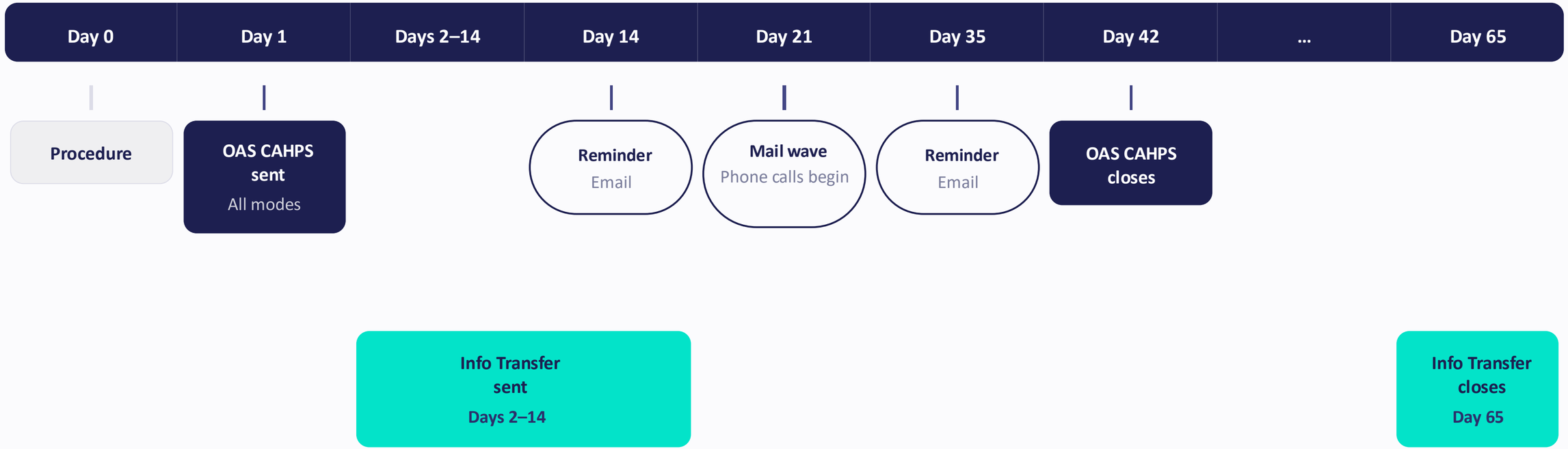
Transforming Episode Accountability Model

A mandatory bundled payment model covering cost cost and quality from surgery through 30 days post-post-discharge. The measure has been proposed for proposed for inclusion.

Your same performance submitted in 2027 will be used to as your to as your baseline used to adjust your TEAM payments/penalties payments/penalties in Performance Year 3.

OAS CAHPS vs Information Transfer

Days after the procedure — OAS CAHPS activity against the Information Transfer window.



✦ SIDE BY SIDE

OAS CAHPS vs Information Transfer

CMS clarified in the CY 2025 OPPS/ASC Final Rule that the specifications don't align — so it decided against incorporating one into the other.

Specification	OAS CAHPS	Information Transfer PRO-PM
Survey timing	Sent ~day 1; fielding closes around day 42	Sent days 2–14; patient has 65 days from the procedure date
Modes	Multiple — mail, phone, mixed	Web-based instrument
Vendor rules	CMS-approved vendor required	Self-administer or any vendor — no CMS approved list exists
Sampling	Its own prescribed sampling rules	Survey everyone; random sampling only after 300 completed
Inclusions / exclusions	Additional inclusion and exclusion criteria apply	None. Unplanned admissions stay in
Procedure cohort	**Shared — CPT 10004–69990 plus G0104, G0105, G0121, G0260. The one thing they have in common, and the reason patients get both.**	

Five operational requirements to plan for

01 **Identify eligible patients.** The measure is not linked to claims, so you verify eligibility yourself. There are no exclusions to narrow the population.

02 **Distribute and follow up.** Send within 2 to 14 days of the procedure, then continue reminders through day 65, alongside OAS CAHPS.

03 **Handle responses confidentially.** Use contact information only to invite and remind, restrict internal access to responses, and document your approach.

04 **Track your own results.** Monitor completed surveys against the 300 threshold, top box performance by domain and by item, and your response rate.

05 **Prepare and submit the file.** 14 fields per completed survey, "does not apply" coded as 0, vendor authorization completed in advance, and submission by May 15.

Medisolv's PRO-PM solution addresses all five. The demo following this session will show how it works.

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✦ NEW SOLUTION

Coming soon

PRO-PM Plus

Close the loop on Information Transfer PRO-PM — AI-powered voice and SMS outreach, automated measure automated measure tracking, and full CMS submission, in one workflow.

Reach patients in the window

AI voice and SMS reach eligible patients 2–7 days out. No manual call lists, no patient app.

Launch fast, with less IT lift

No new EHR integration project. Eligible cloud customers launch in **8–10 weeks**.

No manual data entry

Survey responses flow directly into measure worksheets, reducing transcription risk and review review burden.

See what's working

Track completion, opt-outs, and invalid numbers, so your team knows where to follow up.

Traceable and confidential

Patient-level outreach logs support review and submission, with confidentiality maintained.

Full CMS submission included

Measure calculation, denominator tracking, and CMS-ready output. The full loop, closed.

Current Medisolv customers: ask your Medisolv account team about early access

info@medisolv.com · www.medisolv.com

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✦ CONTACT US

Want to learn more about PRO-PM Plus?

Reach out to your Medisolv account team, or **email info@medisolv.com**, and we'll walk you through the full workflow.

info@medisolv.com | www.medisolv.com

Let's chat soon!