

CMS Web Interface Support Call #2: 2024 Data
January 22, 2025

>>**Ketchum:** Hi, everyone. Thanks for joining today's Web Interface Support Call. This presentation will be followed by Q&A session. During the Q&A, you will have an opportunity to ask questions via the phone and Q&A box, and CMS subject matter experts will address as many questions as time allows. The recording and the slide deck from today's call will be posted to the QPP Webinar Library soon.

Now I'll turn it over to Sandra Slaughter at CMS to begin.

>>**Sandra Slaughter, CMS:** Thank you, Hallie. Welcome, everyone, and thank you for joining us today as Shared Savings Program ACOs prepare for quality reporting. I'm Sandra Slaughter from CMS. Joining me on the call today are other CMS experts and contractors who will share helpful information on CMS Web Interface quality reporting and answer your questions following today's presentation.

Today's call will only focus on the 2024 CMS Web Interface quality reporting. You can contact the Quality Payments Program Service Center with any of your other questions regarding cost, Promoting Interoperability, and improvement activities, MIPS, or quality reporting in general. Today's slide deck, recording, and transcripts will be available on the QPP Resource Library within the coming weeks.

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This is a disclaimer slide about this presentation. Information on this presentation is current at the time it is published, but I urge you to please be sure that you're using the source documents and links that are provided throughout this presentation.

Next slide, please. And next slide.

These are CMS Web Interface key dates and the CMS Web Interface will close at 8:00 P.M., Eastern Time, on March 31s 2025. Your submission will be automatically accepted at submission close. As a reminder, the CMS Web Interface is accessible using the "Sign In" link on the Quality Payment Program webpage.

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This slide shows the upcoming CMS Web Interface Support Calls. Dates for the bi-weekly support calls are listed here. And for more information and registration links, you can find them in the 2024 CMS Web Interface Support Flyer.

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The CMS Web Interface Application Programming Interface, or API, is available all year for testing in the Developer Preview Environment. Please review the links listed here for more information.

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And now for the measures and benchmarks.

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So this table displays the measures that are available for reporting through the CMS Web Interface.

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And this slide shows the measures with the benchmarks. And please note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease and Depression Remission at Twelve Months don't have benchmarks and therefore won't be scored for the 2024 performance

year. However, they are still required to be reported to complete the Web Interface dataset. The remaining eight CMS Web Interface do have benchmarks for the 2024 reporting year, as shown in the table display. You may reference the performance year 2024 APP CMS Web Interface Measure Benchmarks for ACOs file. And for more information on the scoring of the CMS Web Interface measures, please reference the APP Scoring Guide for the 2024 Performance Year within the Performance Year 2024 APP Toolkit.

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So next, Steven Szeliga will provide an update on the corrected Excel file issues, and he will also provide information on how to edit patient demographics via Excel or in the CMS Web Interface. So, Steven.

>>**Steven Szeliga, ICF:** Yeah, hi. Good afternoon, everybody.

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So there were two items that were identified as being a problem within the Excel files or the CMS Web Interface when you were downloading the patient populations. This issue has been fixed. So if you have downloaded a file prior to January 10t, the recommendation would be to go back in and download a new file, as it will correct the issues that existed within there. So one was for PREV-7. That was not allowing them to upload information. This was resolved on January 8. And then there was an age restriction for PREV-13 for the first population. This was also resolved as well on January 10. So these issues no longer exist within the CMS Web Interface. Again, if you have downloaded it before January 13, the recommendation would be to re-download your population. And if you are still running into issues, please contact the CMS Help Desk.

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So for the patient demographic fields that exist within the Excel upload, they can be updated via the Excel. So the Medical Record Number, the Clinic ID, also known as the clinic's Taxpayer Identification Number, and General Comments, anything that you would like to make a note for the patient ,can go into this field. Additional fields can be edited manually through the CMS Web Interface.

And if we go to the next slide, the information that is highlighted on this page are the fields that are available to be edited, and as well as showing you where you would edit the information. So the First Name, Last Name, Date of Birth, and Gender are all modifiable. And if you go into the patient demographic information, you would be able to edit the information for the patient.

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And from here I will be passing it over to Aroush.

>>**Aroush Anis, PIMMS:** Thanks, Steven. So the next few slides we're going to discuss three measures and some frequently asked questions regarding them. So here on the slide, the measures we will be discussing are PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation; PREV-12: Preventive Care and Screening: Screening for Depression and Follow-up Plan; and PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Please note that information on PREV-12 is a follow-up from the January 8 Support Call and the full content for PREV-12 is on that slide presentation.

Next slide, please. Thank you.

The intent of PREV-10 is to screen patients 12 years of age and older who were screened for tobacco use one or more times within the measurement period and who received tobacco cessation intervention during the measurement period, or in the six months prior to the measurement period if they were identified as a tobacco user. A screening for tobacco use and a tobacco cessation intervention may be both completed during a telehealth encounter.

Next slide, please. Thank you.

So here's some of the Q&As that we're going to go over. So first question: For the 2024 CMS Web Interface PREV-10, what is needed to satisfy the screening portion of this measure?

Answer: The intent of the measure is to determine if the patient was screened for tobacco use at least once during the 2024 measurement period; therefore, if a clinician has documented a status or any type of tobacco use, in other words, nonsmoker, smokes, or uses smokeless tobacco, that means the performance requirement for the screening component of that meets the screening requirement for the screening component of the numerator.

The next question is does the measure include electronic cigarettes or vaping as tobacco use?

Answer: Yes. Use of any tobacco product includes any product made or derived from tobacco intended for human consumption, except products that meet the definition of drugs. The 2021 United States Preventive Services Task Force recommendation references the US Food and Drug Administration definition of tobacco, which includes e-cigarettes, hookah pens, and other electronic nicotine delivery systems. The intent of the screening portion of the measure has been met if the most recent tobacco use screening has a documented status of tobacco user or tobacco non-user.

Third question: There are three rate or population categories. Which rate or criteria is used for performance scoring for the 2024 performance period, population one, two, or three?

Answer: The rate for Population Two, Tobacco Users Received Tobacco Cessation Intervention is used for consideration of performance for the 2024 CMS Web Interface PREV-10 measure.

And then the last question on this slide. Who is able to complete the cessation intervention within our organization? In other words, can a medical assistant provide counseling to patients, or does it need to be an eligible clinician?

Answer: Cessation counseling can be provided by anyone your organization considers qualified.

Next slide, please. Thank you.

Question five: What if the patient had more than one tobacco screening during the measurement period? Which one do we use?

Answer:, If there's more than one patient query regarding tobacco use, use the most recent query during the measurement period to determine tobacco status.

Question six: When does tobacco cessation intervention need to be completed for patients identified as tobacco users?

Answer: Patients identified as a tobacco user must receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period. Please note that the screening for tobacco use and cessation intervention don't have to occur on the same encounter.

Question seven: Does the screening that was done in the emergency department or inpatient count?

Answer: Yes. The setting isn't specified for this measure.

And then last, question eight, if there's a medical reason for not screening or providing tobacco cessation intervention to the patient, can we report an exception or exclude them?

Answer: No. The measure doesn't allow any denominator exceptions or exclusions. The expectation is that all patients qualified for the measure are screened for tobacco use and receive tobacco use cessation if identified as a tobacco user.

Next slide, please. Thank you.

So the intent of PREV-12 is for patients 12 years of age and older who were screened for depression on the date of the encounter or up to 14 days prior to that date of the encounter using an age appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the encounter or up to two days after the date of the qualifying encounter. Screening for depression and documentation of a recommended follow-up plan for a positive depression screening may be completed during a telehealth encounter.

Next slide, please. Thank you.

So the first question, can we confirm the numerator if the medical record only contains the name of the tool and interpretation by the clinician?

Answer: Yes. At a minimum you must document the tool's name and results of the screening with the score or a clinician interpretation of positive or negative for depression.

Second question, can a documented score only satisfy the measure? Is a documented negative or positive verbiage required? Example of documentation in record: PHQ-9 completed score of 3. Does this satisfy?

Answer: As noted in the measure specification, the measure requires documentation that a screening was conducted with a standardized depression screening tool. CMS and measure stewards recommend that both a screening and clinician interpretation of the scores documented, especially when a patient screens positive. At a minimum, the medical record must contain documentation of the tool's name and results of the screening with a score or clinician interpretation of positive or negative depression. The intent of the language is to allow flexibility in how organizations are documenting the outcomes of depression screenings. The measure specifications state that a clinician should review the results of the depression screening, but how the results are documented is up to the organization as the measure

specification allows for some flexibility. Medical record documentation should support information reported. Therefore, if meeting the minimum requirement, medical record must contain documentation of the tool's name and results of the screening with the score or clinician interpretation of positive or negative for depression, then you're meeting the intent of the measure.

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So the intent for PREV-13 is for patients who are considered at high risk of cardiovascular events to be prescribed or taking statin therapy during the measurement period. Documentation of statin therapy prescribed or being taken during the measurement period can be completed during a telehealth encounter.

Next slide, please. Thank you.

So the first question, what's considered a medical reason for not being prescribed statin therapy?

Answer: The 2024 CMS Web Interface PREV-13 Measure Specification isn't prescriptive as to what qualifies as a medical reason for not prescribing statin therapy. A clinician may use their discretion as to what constitutes a medical reason; however, there must be a documentation supporting why the patient wasn't prescribed statin therapy.

Question two: Is documentation of hypercholesterolemia alone sufficient to confirm a diagnosis of familial hypercholesterolemia for Population 2 in this 2024 CMS Web Interface PREV-13 measure?

Answer, no. If hypercholesterolemia alone is present and there's no other documentation to support familial hypercholesterolemia, it wouldn't be appropriate to confirm the patient in the denominator of Population 2. Conversely, if hypercholesterolemia is present in the medical

record along with documentation supporting familial hypercholesterolemia, it would be appropriate to confirm that patient in the denominator of Population 2.

Question three, when does the denominator exception, in other words muscle symptoms or an allergy to statin therapy, need to be documented in the medical record?

Answer: Your medical record documentation should support that the denominator exception is active during the performance period and should support that a statin wasn't prescribed due to the applicable denominator exception. For more specific information refer to the numerator submission guidance in the posted 2024 CMS Web Interface PREV-13 Measure Specification.

Last question on this slide, question four, so for Population 2, is it acceptable to use any variation of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10) code E78 to confirm the diagnosis of familial hypercholesterolemia?

Answer, since the measure requires a confirmation of a diagnosis of familial hypercholesterolemia, other cholesterol related diagnoses aren't appropriate. ICD-10 diagnosis code E78.01, familial hypercholesterolemia, is present in the 2024 CMS Web Interface PREV-13 Coding Document Denominator Codes tab along with other coding that may be used to identify familial hypercholesterolemia. Other variations of the E78 code aren't specific to familial hypercholesterolemia. If you find other medical record documentation supporting the diagnosis of familial hypercholesterolemia, then the diagnosis would be confirmed.

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Okay, question five, so if the clinician documents a patient allergy or statin associated muscle symptoms to one particular statin, in other words Lipitor, is it acceptable to choose the denominator exception medical reasons or does the clinician need to say allergic statin associated muscle symptoms to statins for the 2024 CMS Web Interface PREV-13 measure?

Answer, a listing of drugs that may be used for denominator exception can be found on the “Denominator Exceptions Drug Codes” tab of the 2024 CMS Web Interface PREV-13 Coding Document. For mapping from the EHR when an accepted drug allergy is found, look for the drug classification with a capital Y lower case C (“Yc”). This means Yes-conditional in the “Drug EX” column of the “Denominator Exception Drug Codes” tab. These drugs may be used as a denominator exception if present in the patient's record accompanied by an appropriate conditional reason why the patient isn't taking the drug, in other words statin associated muscle symptoms, or allergy to statin medication.

Question six: While many providers conduct a 10-year atherosclerotic cardiovascular disease, ASCVD, risk assessment for appropriate patients, this historically used in their medical decision making and not necessarily documented in a health note. Many EHRs don't possess the capability to compute the score electronically. We're trying to determine the best way to ensure we meet compliance for this population.

Answer: The 10-year ASCVD risk score's calculated using Pooled Cohort Equations. So the first part is the 2013 ACC or AHA ASCVD Risk Estimator. Or two, the ACC Risk Estimator Plus. If your EHR doesn't have either of these risk calculators, we recommend that you use the online versions. The 10-year ASCVD risk assessment must be performed during the measurement period. The questions within the CMS Web Interface are typically reflective of the Measure Specifications. For the 2024 CMS Web Interface PREV-13 measure, the denominator confirmation for population four doesn't require a value, but a yes or a no whether the patient is aged 40 to 75 years at the beginning of the measurement period with a 10-year ASCVD risk score of greater than or equal to 20% during the measurement period. As with all CMS Web Interface measures, documentation must support the information reported. In this instance, it should support documentation of a 10-year ASCVD risk score of greater than or equal to 20% during the measurement period. Your organization determines how that information is documented.

Next slide. And I think I'll be passing it back to you, Sandra. Thank you.

>>**Sandra Slaughter, CMS:** Thank you, Aroush.

Next slide, please.

This slide outlines some resources that are available on the Quality Payment Program Resource Library. We encourage you to review these documents if you have questions on quality requirements and measures.

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And on this slide, if you need additional assistance, please refer to the contact information listed here. And now I'll hand things over to Hallie to begin with Q&A session.

>>**Ketchum:** Thanks, Sandra. So we're now going to start the Q&A portion of the webinar. You can ask questions via the Q&A box or through the webinar audio. To ask a question via the webinar audio, please raise your hand, and we'll unmute your line so that you can speak. To submit a question anonymously via the Q&A box, please click send anonymously. Otherwise, all attendees will be able to view your question. Before we get started on questions, there are a couple of notes in the Q&A box asking if we can show Slide 11 again.

So Orrin, would you please be able to go back to Slide 11? And then while we're working on that, the first question we have is for Jamie. And Jamie, the question asks “are blood pressure taken at the dentist office allowed for the HTN measure?”

>>**Jamie Welch, PIMMS:** The answer would be yes. The quantity action or the numerator of that particular measure isn't limited to a specific encounter type. So as long as you're utilizing the most recent blood pressure documented in the medical record, you would be in alignment with the measure specification. Thanks.

>>**Ketchum:** Thank you, Jamie. The next question we have is for Sandra, and the question's asking if there'll be an extension given on reporting.

>>**Sandra Slaughter, CMS:** Thank you, Hallie. On December 19, 2024 -- So the answer is, no, there will not be an extension on Web Interface reporting, but as a reminder, on December 19, 2024, the CMS Web Interface Patient Sample Excel files were delivered through the Data Hub in ACOMS. And they are in similar format as the sample files were in prior years. They contained a list of the assigned patients who were sampled for the CMS Web Interface, the patient rank for each of the measures in which the patient was sampled, binary flags for each encounter timeframe to indicate under which encounter timeframes each patient was seen during the sampling process for PREV-7, and information on the providers or the practice that provided care to the patients in the sample file. So that was available prior to Web Interface opening and just wanted to remind ACOs that they've had those files since before the Web Interface opened. Thank you.

>>**Ketchum:** Thanks, Sandra. The next question in the queue is for Deb. The question reads, “if a patient has an active depression diagnosis at the beginning of the measurement period and is followed by behavioral health for depression, would any screening in the behavioral health department be considered to satisfy for the screening? Also if the patient continues to be depressed and has a positive screening given by behavioral health, will the visit with the behavioral health provider be considered a follow up?”

>>**Deb Kaldenberg, PIMMS:** Thank you. This is Deb. A couple of different things going on here. As most folks know, the active diagnosis of depression is no longer considered a denominator exclusion for this measure. So, as you indicated in the first part of your question, somebody who does have an active diagnosis of depression if they are part of your sample, you should still report whether or not the screening was completed. The screening for this measure is not specific to a particular setting, so you can use any screening that the medical record documentation supports during the measurement period. And you should be using the most recent screening. In regard to the fact that you might have a patient that has an active diagnosis of depression, the most recent screening still indicates they have depression, you can use ongoing pharmacological intervention or continuation of another approved intervention to be

considered the appropriate follow up plan, again, as long as that is noted in the medical records and that documentation supports what you're reporting. Thank you.

>>**Ketchum**: Thanks, Deb. The next question we have is for Aroush. And the question reads, “on the DM measure, can you please clarify the exclusion for the patient's age? The DM Measures Specifications indicate the patient's age on the date of the encounter should be used; however, in the past, we had to use the patient's age at the end of the measurement period.”

>>**Aroush Anis, PIMMS**: Thank you. Yeah. So in the Measure Spec, you should be following the age during the measurement period, so like on the date of the encounter. So for the actual measure, the denominator, it's going to be patient's age between 18 and 75 years of age with diabetes with a visit during the measurement period. For the denominator exclusion, the three different exclusions only apply to patients age 66 and older. And then it would depend if they meet any of those three denominator exclusion criterias as well as being 66 years and older. It should be the age during the encounter itself. Thank you.

>>**Ketchum**: Thank you. Next question we have is for Jamie. The questions asking, “I would like a clarification on the age requirement for Population 1 of PREV-13. All of the other risk categories have an age range. Is there an age range for Population 1?”

>>**Jamie Welch, PIMMS**: Thank you for this question. For Population 1 it's for all patients who were previously diagnosed with or currently have a diagnosis of clinical arteriosclerosis vascular disease or procedure. And you can find that information within PREV-13 specification under Initial Population for 2024. Thanks.

>>**Ketchum**: Thank you. The next question we have is for Deb. And the question reads, “for depression screenings, if PHQ-9 score indicates a positive per the tool used, but the clinician's documented interpretation is negative, how are we advised to report this?”

>>**Deb Kaldenberg, PIMMS**: This is Deb. Basically, the clinician interpretation would be what you would want to go by. As many people have seen and based on questions we've seen,

while there is a guideline provided for a PHQ-9, it is not directive. So the clinician would be the one to make the assessment based on their relationship with their patient and their knowledge of that patient whether or not that screening that was completed should be considered positive or negative. Therefore, if your medical record documents that that screening was done during the measurement and is identified as a negative screen, you have met the intent of the measure with that negative screen. Thank you.

>>**Ketchum:** Thanks, Deb. Our next question is actually also for you. It's asking "if a patient has already had a diagnosis of depression are they included from the PREV-12 measure?"

>>**Deb Kaldenberg, PIMMS:** Yeah, and I think this person did indicate that their question had been answered. But no that was a change between 2023 and 2024. An active diagnosis of depression does not remove a patient from the PREV-12 measure. Thank you.

>>**Ketchum:** Thanks, Deb. One more question for you right now. "For PREV-12, does a PHQ-2 with a score of zero meet the depression screening measure or is the full PHQ-9 required?"

>>**Deb Kaldenberg, PIMMS:** So a couple nuances in this question as well. A PHQ-2 is considered a standardized depression screening tool and therefore it can be used for the screening component of this measure. However, as you're asking about then the PHQ-2 and assuming whether a score of a zero is negative, we would just like to go back to Slide 21 as a reference, and I can read this off, as noted in the measure specification, the measure requires documentation that a screening was conducted with a standardized depression screening tool. CMS, the measure steward, has recommended that both a score and clinician interpretation of the score is documented, especially when a patient screens positive. At a minimum, though, the medical record must contain documentation of the tool's name and the results of the screening with a score or clinician interpretation of positive or negative for depression. The intent of the language is to allow flexibility in how organizations are documenting the outcomes of depression screenings. The measure specification states that a clinician should review the results of the depression screening but how the results are documented is up to the organization as the measure specification allows for some flexibility. Medical record documentation should

support the information recorded. Therefore, if you're meeting the minimum requirement, which is medical record, must contain documentation of the tool's name and results of the screening with a score or clinician interpretation of positive or negative for depression, you are meeting the intent of the measure. And I would encourage, if as abstractors, you are having difficulty determining if what you are seeing is fully meeting the measure there may be instances where it is necessary for you to ask for clarification from the clinicians, especially when it gets to the trying to determine what that score means because that is really the clinician's determination as to what a score would be indicating for a patient, whether they are positive for depression or negative for depression. Thank you.

>>**Ketchum**: Thanks, Deb. We have another request asking if we can go back to Slide 11. So if we could please go back to Slide 11. Thank you very much.

Just wanted to take a moment to offer again that you are welcome to ask your questions over the phone as well. To do that, just use the raise hand feature at the bottom of your screen to raise your hand and then we'll unmute your line so you can ask your question over the phone.

>>**Steven Szeliga, ICF**: Sorry, just to provide a little bit of additional context. So the first issue that existed with PREV-7 does not require a new download. That was an issue with being able to upload the file. The PREV-13 is the one that would require a new download, which it was fixed on the 10th, but recommendation is that downloaded before the 13th should be re-downloaded just to ensure you don't run into any issues while uploading.

>>**Ketchum**: All right. Thank you. We have another question in the Q&A for Aroush. The question's asking, "what are the issues with the Web Interface tool regarding DM-2 and HTN-2 mentioned during the last support call"

>>**Aroush Anis, PIMMS**: Thank you. Yeah, I don't believe we're tracking any issues for DM-2 and HTN-2. I checked the last support call slides and I wasn't finding anything. The only ones that we were tracking to are the ones that are being displayed on this slide here. So PREV-7 and PREV-13, just like Steven mentioned before. But if we're missing something, please, you know,

if you could just clarify the question or you can also submit a ticket to the QPP Service Center, we can try to answer your question there as well. Thank you.

>>**Ketchum:** The next question we have is for Deb, and that question's asking, “for MH measure, if patient was not diagnosed with major depression and if PHQ-2 is documented with score and clinical interpretation, is it acceptable?”

>>**Deb Kaldenberg, PIMMS:** So for MH-1, this is very different than the PREV-12 depression screening. MH-1, when you are -- First of all, we need to clarify that the only tools allowed for that MH-1 depression readmission measure are the PHQ-9 or the PHQ-9M. The PHQ-2 is not acceptable in any place denominator or numerator for the MH-1 measure. What you are determining is if that patient qualifies first and foremost for the denominator. So for a patient to even meet denominator requirements, they have to have a proper diagnosis, so depression, and they have had a PHQ-9 result. And I think it's greater than nine. I'd have to open up that specification, during the index period. So I would recommend that you look at that specific measure specification. Again, it is very different than PREV-12, which is allowing any of those standardized tools. MH-1 is very specific to the PHQ-9 or PHQ-9M. And to clarify, the denominator is a score of greater than nine during the index event when you are determining that a patient who is denominator eligible, if you are looking for numerator compliance, have they met the measure, that would be a PHQ-9 or PHQ-9M score of less than five. Thank you.

>>**Ketchum:** Thanks, Deb. Again wanted to let folks know that you're able to ask questions a couple of different ways. You can either use the raised hand feature and we'll call on you to ask your question over the line, or you can type your answer into the Q&A box and submit your question that way. Just to note, if you're using the Q&A box, you can click the submit anonymously, and that will keep your submission anonymous. If you don't click that, then your question will be visible to all attendees. So, just wanted to do another call to see if anyone had any questions that they wanted to get answered while we're on the call today.

We do have a question for Sandra in the queue and the question is asking, “if you can please confirm that the sample file which was delivered in December, if that's accurate and does not need to be re-downloaded.”

>>**Sandra Slaughter, CMS:** Hi. This is Sandra. So the sample file that was delivered in December is accurate. But the file is actually to allow ACOs to begin gathering their data for quality reporting through the Web Interface, and the file would need to be downloaded from the Web Interface to actually complete the reporting.

>>**Ketchum:** Thank you. The next question we have is for Deb. The question's asking, “in the last support call we were told that the population for PREV-13 did have a defined age range even though it was not listed. To clarify, there's no age restriction on Pop 1 for PREV-13. I realize you just answered, but I'm still confused. Thank you.”

>>**Deb Kaldenberg, PIMMS:** No problem. And you always have the opportunity to open up a ServiceNow case for additional information for PREV-13, or really any of these measures. But I would follow the posted specification. You will see for Population 1 within PREV-13 there is no age range. There were some issues that have been corrected and have been gone over today during this call in regard to PREV-13. So everything really at this point should be matching up. I would say if you start to kind of go through your PREV-13 list and you continue to have questions or issues, you are more than welcome to open up a ServiceNow case and we will ensure to get you an answer. Thank you.

>>**Ketchum:** Thanks, Deb. The next question we have is for Aroush. The question reads, “for the DM measure, the patient's age should be used on the encounter. Does this mean to use the patient's age on the date of the most recent A1C as drawn?”

>>**Aroush Anis, PIMMS:** So, no, you would use the age is for the denominator eligible like encounter. So it's part of the denominator criteria, not the numerator. So you're getting the age from the denominator eligible instance. Thank you.

>>**Ketchum:** Thank you. Our next question is for Deb and that question's asking, "for PREV-12, can you please clarify if the tool's name and clinician's interpretation is sufficient and does it need to include a score?"

>>**Deb Kaldenberg, PIMMS:** Again, I'm going to go back to what was on Slide 21. At a minimum, the medical record must contain documentation of the tool's name and results of the screening with a score or clinician interpretation of positive or negative for depression. The intent of that is to allow some flexibility in how organizations are documenting the outcomes of depression screenings. The thing to keep in mind, as some of the questions that we've already heard today indicate, is there are some clinicians who have things in place that they very clearly follow a particular guideline. So a result of a PHQ-9, they can support that that to them is negative or positive. Where in other cases, that same score for another clinician and another patient could be a different result. So what you need to be able to do at a minimum is to show medical record documentation of the tool's name, results of the screening with a score, or clinician interpretation of positive or negative for depression for that screening. Unfortunately, your medical records are very inclusive of a lot of information, and so you, as the abstractor, and the clinicians would be in the best place to be able to identify and clarify things that you may not be finding within the documents. Thank you.

>>**Ketchum:** Thanks, Deb. Our next question's for Aroush, and the question's asking, "does a patient diagnosed with prediabetes count for DM2?"

>>**Aroush Anis, PIMMS:** Yeah. So no. So in the measure specification I think it's Page 8 of 21 where it has like the denominator confirmation. I'll just read aloud. So it's to determine if the patient has an active diagnosis of the diabetes during the measurement period or an active diagnosis of diabetes during the year prior. So it has to be an active diagnosis of diabetes. Thank you.

>>**Ketchum:** The next question we have is for Deb, and it's asking, "for tobacco screenings, just clarifying that screening for any tobacco product meets the measure. For example, if a

clinician forgot to ask patient if they use smokeless tobacco but did capture that the patient is a non-smoker, does this meet the measure?”

>>**Deb Kaldenberg, PIMMS:** Yes, as long as your medical record documentation supports that a screening was completed and you have medical record documentation that they are a non-tobacco user or a non-smoker, if that's how you ask the question, that is sufficient.

>>**Ketchum:** Thanks, Deb. We have another person asking if you can please clarify the age range for population one for PREV-13.

>>**Deb Kaldenberg, PIMMS:** So PREV-13 does not have an age range for population one. On page six of the posted specification, you will find population one is all patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD including an ASCVD procedure. When you move into population number two, if you get to population number two, and you would get there because population number one the patient did not meet that criteria, population number two does include patients aged 20 to 75 years at the beginning of the measurement period. And then you just walk through that particular initial population based on your responses. I'm going to take this moment to really, you know, stress that these posted measure specifications include both a narrative as well as a flow diagram. So there are a couple of different ways to be able to review those measures and determine kind of what and how the intent of the measure is and how you should be abstracting. Obviously, there are questions that are not necessarily covered within those specs, including there are individual Excel coding documents that are posted that are connected to each of these measure specifications, which could give you some very different responses as well. Some more detail, not different responses, but more detail to help you out. But just to reiterate, Population 1 for PREV-13 statin therapy for the prevention and treatment of cardiovascular disease does not include an age range. Thank you.

>>**Ketchum:** The next question in the queue is for Aroush. This question's asking, “can you please clarify the date to use for DM-2 age exclusion? The guidance document says patient's

age on the date of the encounter should be used, the date of the visit encounter, or the date of the A1C was completed for the age exclusion.”

>>**Aroush Anis, PIMMS:** Thank you. Yes, it's going to be the date of the visit encounter, so the date of the denominator eligible encounter is where you would check for that denominator exclusion. Thank you.

>>**Ketchum:** Thank you, everyone. Just want to do another call and see if there are any additional questions that folks would like to ask. It looks like we have a call on the line from Sandy. Sandy, we have unmuted your line if you would like to unmute yourself.

>>**Attendee:** Thank you. My question is really around the depression measures. I had sent a ticket in asking about how we're supposed to handle patients that are ranked in both MH-1 and the depression screening measure. And I was told just follow and measure guidance for both. But, really, I think my question is, I don't understand the logic and why CMS would choose a patient to be in both measures. Like we already know they have major depression or dysthymia for MH-1. Why are you then also putting them in depression screening? You know, in one of our organizations we have over 80 patients that have been ranked in both. So I think those are my questions.

And then on top of that I want to know if for MH-1, they do a PHQ-9 as a follow up in 2024, can we use that as the depression screening for the depression screening if they're right in both as well? Thank you.

>>**Deb Kaldenberg, PIMMS:** I'll start. I think I helped you out with this case. And I can answer part of this. I can't speak to some of what you've asked. But let's say you have an MH-1 patient, you have a PHQ-9 screening. That same patient is within PREV-12. You can absolutely use that PHQ-9 screening that you have for MH-1, but you want to make sure it is your most recent screening. If that screening is used, you have to know whether it was positive or negative. If it is positive, because that patient has an active diagnosis of depression, you know it's positive, then there has to be medical record documentation of a recommended follow up.

And that recommended follow up could be documented as just kind of continuing on with their current follow up plan, if it happens to be that the same clinician is seeing that patient and you're reporting both the MH-1 and the PREV-12. So a lot of this is going to be dependent on your medical records and the things that are going on. The reason they may be included in both, part of that I'm going to let another SME on the team answer, because we don't do the sampling portion. But I will say with the fact that PREV-12 no longer excludes patients with an active diagnosis of depression. It is very possible that based on the coding of those individual measures, PREV-12 and MH-1, that a single patient would be considered denominator eligible for both of those measures. I don't know if there's anything else from others on the team that you would like to address this question in particular in why a patient would be sampled into both MH-1 and PREV-12. All right. If that did not fully answer your question, I would just recommend opening up another case and being very specific about what is outstanding and that way that particular case can get to the right team to address. Thank you.

>>**Sandra Slaughter, CMS:** And hi. This is Sandra. I'll just add on to that request to open a case. If you could provide the rank number for the patient or patients you are referencing, the measure and rank number. Please don't send PII or PHI. That would be helpful as well.

>>**Ketchum:** Thank you both for that information. We have another question for Deb. The question is asking, "for PREV-12, is an unbilled phone call considered telehealth?"

>>**Deb Kaldenberg, PIMMS:** So, I can't tell you what is considered telehealth per se. On Page 10, though, of the PREV-12 specification, screenings for depression may be completed during a telehealth encounter. For the purposes of PREV-12, that does mean that if there is a phone call where a screening was completed, it's documented in the medical records, it is a screening that can be used. If that didn't quite answer your question, please let me know. But again, I would refer to Page 10 of the posted specification, which does confirm that screening for depression can be completed during telehealth.

>>**Ketchum**: Thank you, Deb. And thanks, everyone, for your questions. That's going to go ahead and conclude the Q&A portion of today's webinar, so we'll turn it back to Sandra to conclude the call. Sandra.

>>**Sandra Slaughter, CMS**: Thank you, Hallie, and thank you all for joining us today. As a reminder, this slide deck will be available in the coming weeks and the next CMS Web Interface support call will occur on Friday, February 5, 2025. Thank you.