Quality Payment
PROGRAM

CMS Web Interface Support Call: 2024 Data Submission

January 08, 2025

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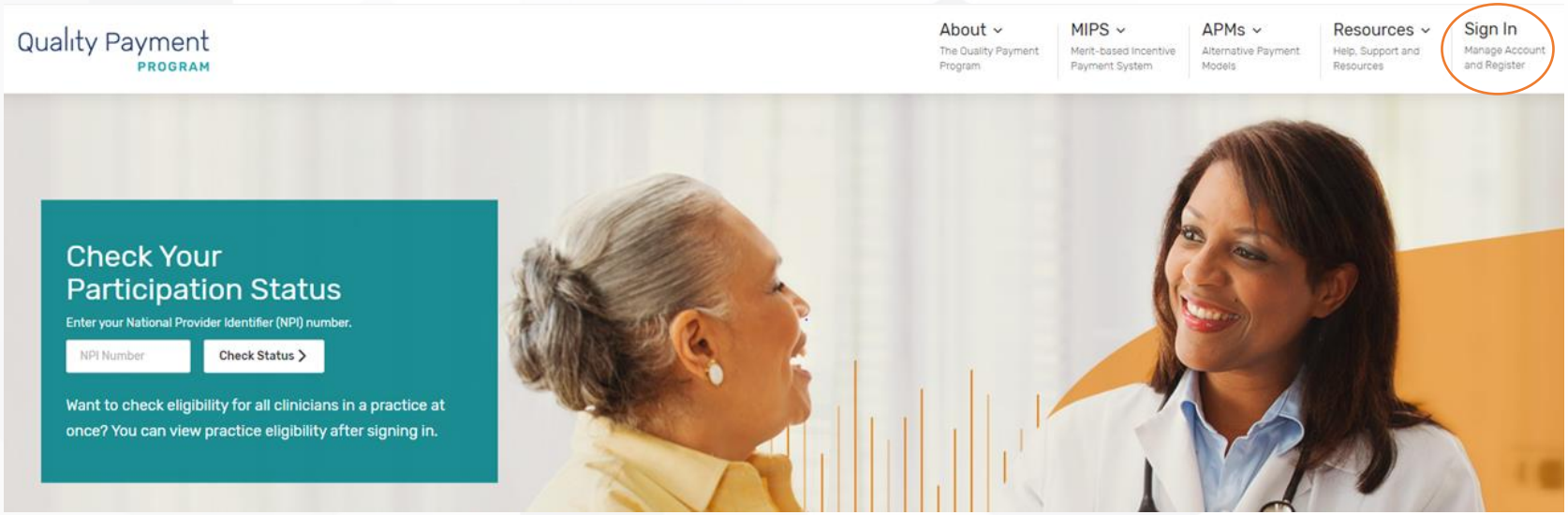
Announcements and Reminders

Key Dates

2024 Submission Period (January 2, 2025 – March 31, 2025)

- The CMS Web Interface will close at 8 p.m. ET on **March 31, 2025.**
  - Any data within the CMS Web Interface as of this date and time will be considered your final submission.
  - You won't be able to input or change any information after 8 p.m. ET on March 31, 2025.
  - The CMS Web Interface is accessible via the "Sign In" link on the Quality Payment Program (QPP) website.



Upcoming CMS Web Interface Support Calls

- Bi-Weekly Support Calls
  - Note: All bi-weekly Support Calls listed below will be held on **Wednesdays from 1 p.m. - 2:30 p.m. ET.**
    - January 8, 2025
    - January 22, 2025
    - February 5, 2025
    - February 19, 2025
- For more information and registration links, please review the 2024 CMS Web Interface Support Flyer (PDF, 210 KB).
- If you encounter any issues with registration or technical issues with your computer during the support call, please email CMSQualityTeam@Ketchum.com.

2024 CMS Web Interface Measure Specifications

- The Performance Year 2024 APM Performance Pathway: CMS Web Interface Measure Specifications and Supporting Documents for ACOs (PDF, 6 MB) were published on the QPP Resource Library in December of 2023.
  - These documents include the Submission Release Notes and the Coding Release Notes, which outline any changes that were made to the specifications from the 2023 performance period to the 2024 performance period.

CMS Web Interface Application Programming Interface

- 2024 CMS Web Interface Application Programming Interface (API) is available all year for testing in the Developer Preview Environment. There's narrative documentation and swagger documentation for users reporting the CMS Web Interface measures via an API.

Extreme and Uncontrollable Circumstances Exception

Shared Savings Program

- The Public Health Emergency (PHE) for COVID-19 expired on May 11, 2023.
  - Medicare Shared Savings Program ACOs are no longer affected by the COVID-19 PHE and will therefore not receive the program's quality EUC policy for COVID-19 PHE related circumstances for performance year 2024.
- ACOs may still have the quality EUC applied for non COVID-19 PHE related circumstances like natural disasters. Affected ACOs that report quality data via the APP and meet MIPS data completeness and case minimum requirements will receive the higher of their health equity adjusted quality performance score or the 40th percentile MIPS quality performance category score for purposes of determining shared savings.
- Review the 2024 APM Performance Pathway Scoring Guide within the PY 2024 APM Performance Pathway (APP) Toolkit (ZIP, 2 MB) for more information on scoring.

Other CMS Approved Reason Requests

Submitting Requests to Skip Patients

- Some patients may be skipped because they don't qualify for the patient sample or for a given measure. Each measure specification displays a list of the specific reason(s) why a patient may not qualify for the measure.
- Requesting an "Other CMS Approved Reason" is a way to skip a patient attributed to a measure during denominator confirmation.
  - Reserved for circumstances that are unique, unusual, and not covered by any of the denominator exclusions or denominator exceptions identified in the measure specifications.
  - Must be submitted through the CMS Web Interface.
    - Please provide detailed information about why the patient should be skipped.
  - It isn't necessary to request an "Other CMS Approved Reason" if:
    - There's an applicable denominator exclusion.
    - There's an applicable denominator exception.
    - The patient is "Not Qualified for Sample" (patient is deceased, in hospice, moved out of the country, or didn't have Fee-for-Service (FFS) Medicare as their primary payer).
    - Prepopulated demographic information isn't accurate (e.g., birthdate, gender, etc.).
- An example of a request that will be denied due to measures specification requirements:
  - CARE-2: Falls: Screening for Future Fall Risk - requests to skip non-ambulatory patients.
    - The denominator exclusion for non-ambulatory patients was removed. The expectation is that all patients are screened for fall risk.

Submitting Requests to Skip Patients

- Once submitted, additional information may be requested from the submitter via email from CMS-WISupport@gdit.com.
  - The email from CMS-WISupport@gdit.com will be sent to the address entered by the submitter in the skip request. Reply with the information requested as soon as possible.
  - Contact QPP@cms.hhs.gov for questions and include the skip request number in your inquiry.
- If multiple requests for additional detail are unanswered, the request will move forward in the review process using the information available. Once a decision has been issued, the request can't be reopened.
  - If an "Other CMS Approved Reason" request is approved, the patient will be skipped and another patient must be reported in their place for the measure, if available.
  - If an "Other CMS Approved Reason" request is denied, the patient will remain incomplete until you complete reporting on the patient.
- Note: Submitting your request(s) for an "Other CMS Approved Reason" during the last days of the submission period could cause your request to not be processed. Submit your request(s) as soon as possible.
- More information on how to submit an "Other CMS Approved Reason" request can be found starting on page 45 of the 2024 CMS Web Interface User Guide (PDF, 4 MB).

Measure Overview and Frequently Asked Measure Questions

Assessing a Patient's Age

- The Measure Specifications include exclusions for frailty and advanced illness for the following 2024 CMS Web Interface measures:
  - DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%).
  - HTN-2: Controlling High Blood Pressure.
  - PREV-5: Breast Cancer Screening.
  - PREV-6: Colorectal Cancer Screening.
- The Measure Specifications state, "to assess the age for exclusions, the patient's age on the date of the encounter should be used." Which encounter should be used to make this determination?
  - The measure specifications don't define which encounter to use when determining a patient's age for the Frailty and Advanced Illness denominator exclusions. For this reason, the patient's age at the end of the measurement period should be used.
    - The sampling process will account for this denominator exclusion through October 31, 2024.
  - The patient must be at least age 66 at the end of the measurement period and meet criteria to be excluded. The patient doesn't have to be age 66 when they meet criteria; they could be age 65.
  - Allowing the age to continue to be assessed based on the patient's age on the last day of the measurement period aligns with the 2024 sampling process and is consistent with 2023 and prior years.

Overview

- Intent: For patients aged 6 months and older seen for a visit during the measurement period to receive an influenza immunization OR who reported previous receipt of an influenza immunization.
- 2024 PREV-7 Use of Telehealth: Report of previous receipt of an influenza immunization during the flu season may be completed during a telehealth encounter. The influenza immunization itself can't be completed during a telehealth encounter.

Performance Year 2024 CMS Web Interface Patient Sample Excel Files

- On December 19, 2024, CMS delivered a CMS Web Interface Patient Sample Excel file to each ACO reporting quality for performance year 2024. The file contains the same patient sample that's available through the CMS Web Interface at the start of the CMS Web Interface reporting period on January 2, 2025.
- There are 2 variables used to identify which flu season or seasons that patients had an eligible encounter for the 2024 CMS Web Interface PREV-7 measure.
  - PREV7_23_24FLU corresponds to the flu encounter timeframe (January 1, 2024, to March 31, 2024) that overlaps with the 2023-2024 flu season.
  - PREV7_24_25FLU corresponds to the flu encounter timeframe (October 1, 2024, to December 31, 2024) that overlaps with the 2024-2025 flu season.
- All patients, regardless of whether they're ranked for the 2024 CMS Web Interface PREV-7 measure as provided within your ACO's patient sample file, have both of the 2 variables coded as "1=patient does have a qualifying encounter" or "0=patient does not have a qualifying encounter."
- However, for purposes of reporting the 2024 CMS Web Interface PREV-7 measure via the CMS Web Interface, ACOs should concentrate on their ranked patients for PREV-7.

Scoring Guidance

- For performance year 2024, the 2024 CMS Web Interface PREV-7 measure captures 2 flu seasons during the measurement period:
  - Flu season 2023–2024
  - Flu season 2024–2025
- A CMS Web Interface measure is sampled and scored at the patient level.
  - Performance on a measure is therefore either met, not met, or a denominator exception applies, for each patient in the sample.
  - In the case of the 2024 CMS Web Interface PREV-7 measure, a patient is counted only once in the denominator and once in the numerator (whether the patient has a qualifying encounter for a single flu season or both flu seasons).
  - The patient sample files contain 2 indicators that correspond to the 2 separate flu seasons, one for the 2023–2024 flu season and one for the 2024–2025 flu season.
    - The indicator(s) are checked if the beneficiary qualifies for the sample based on that timeframe. If the beneficiary qualifies based on both timeframes, then both indicators will be checked.

Scoring Guidance

- When a patient is sampled into only one flu season, performance will be evaluated based on the administration of the influenza immunization during that specific flu season.
- When a patient is sampled into both flu seasons, performance will be evaluated based on the administration of the immunization during both flu seasons.
  - Performance Met – This is the outcome if the patient has documentation showing receipt of immunization for the 2023-2024 flu season AND the 2024-2025 flu season.
    OR
    If performance is met for one flu season and the patient had a documented denominator exception for the other flu season.
  - Denominator Exception – This is the outcome if there's a documented denominator exception for both flu seasons.
    - Denominator exceptions must be documented during the measurement period and be specific to the flu season being reported.
  - Performance Not Met – This is the outcome when the patient doesn't receive the influenza immunization for one or both flu seasons.
    OR
    If the patient qualified for a denominator exception for one flu season and didn't receive the immunization for the other flu season, it would be considered performance not met (e.g., immunization wasn't administered for the 2023 – 2024 flu season and a denominator exception was documented for the 2024 – 2025 flu season).

Scoring Guidance

When a patient is sampled into both flu seasons, performance will be evaluated based on the administration of the immunization during both flu seasons. A Denominator Exclusion may be reported when a patient experiences anaphylaxis due to the vaccine administration during or before the measurement period. If a denominator exclusion is reported, the patient will be "skipped" and another patient must be submitted in their place, if available. The patient will only be removed from PREV-7 when a denominator exclusion is selected.

2023-2024 Flu Season

2024-2025 Flu Season	Numerator Outcome	Immunization Administered	Immunization NOT Administered	Denominator Exception
	Immunization Administered	Meets Performance	Performance Not Met	Meets Performance
	Immunization NOT Administered	Performance Not Met	Performance Not Met	Performance Not Met
	Denominator Exception	Meets Performance	Performance Not Met	Denominator Exception

Frequently Asked Questions

#	Question	Response
1	**For the 2024 CMS Web Interface PREV-7: Preventive Care and Screening: Influenza Immunization (2024 CMS Web Interface PREV-7) measure, are we required to report a patient's influenza immunization status for 2 separate flu seasons, or do we have the option of reporting for only one of the flu seasons?**	You must report immunization status specific to the flu season(s) for which the patient had a qualifying encounter. The flu season(s) in which the patient had a qualifying encounter will be noted in the CMS Web Interface. If the patient had a qualifying encounter during both flu seasons, you must report the patient's immunization status for both flu seasons.
2	**How does the new denominator exclusion for anaphylaxis due to the influenza vaccine impact patients that are sampled into both flu seasons for the 2024 CMS Web Interface PREV-7 measure?**	To account for all possible clinical scenarios, CMS has implemented the use of a Denominator Exclusion or the option to report a "Denominator Exception – Medical Reason," when necessary, for patients sampled into both flu seasons. Each of these options offers 2 reporting pathways for patients with documented anaphylaxis. A Denominator Exclusion may be reported when a patient experiences anaphylaxis due to the vaccine administration during or before the measurement period. If a denominator exclusion is reported, the patient will be "skipped" and another patient must be submitted in their place, if available. The patient will only be removed from the 2024 CMS Web Interface PREV-7 measure when a denominator exclusion is selected. There must be medical record documentation supporting the use of the denominator exclusion, if reported.

Frequently Asked Questions

#	Question	Response
3	**Is the denominator exception still available to report for the 2024 CMS Web Interface PREV-7 measure?**	Yes, the denominator exception option is available within the CMS Web Interface and should be reported when there is documentation of an appropriate exception reason as defined in the measure specification. It would also be acceptable to confirm a patient with anaphylaxis in the denominator (rather than reporting a denominator exclusion) and report a denominator exception if: • The influenza immunization was administered for the 2023-2024 flu season, but the patient experienced anaphylaxis during the 2024-2025 flu season (to be reported as an exception). • The denominator exception in the 2023-2024 flu season is due to patient or system reasons, and anaphylaxis occurred during the 2024-2025 flu season (to be reported as an exception). This will allow you to report the numerator outcome for the 2023-2024 flu season and a denominator exception – medical reason (due to anaphylaxis) for the 2024-2025 flu season.

Frequently Asked Questions

#	Question	Response
4	**Our state has an immunization registry. Can this be used as an extension of the medical record to qualify for the 2024 CMS Web Interface PREV-7 measure?**	Any available medical record documentation, including immunization registry data, can be used to confirm the quality action.
5	**Is a documented history of an egg allergy sufficient documentation to use the denominator exception for a medical reason for the CMS Web Interface PREV-7 measure?**	No. A documented history of an egg allergy in the patient's medical record alone doesn't meet the intent of this denominator exception for the 2024 performance period. Documentation of an egg allergy must be during the measurement period and support that the allergy is still active during the appropriate timeframe. Denominator Exception(s) must be documented during the measurement period and be specific to the flu season being reported.
6	**What are the documentation timing requirements for the numerator for the 2024 CMS Web Interface PREV-7 measure?**	The medical record should support that the refusal, exception, or receipt occurred during the appropriate time frame for the flu season being reported. The 2024 CMS Web Interface PREV-7 documentation should be during the measurement period and be specific to the flu season being reported. If the medical record documentation supports that the quality action or exception submitted is relevant to the flu season being measured, it's acceptable.

Overview

- Intent: For patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the 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 or up to two days after the date of the qualifying encounter.
- 2024 PREV-12 Use of Telehealth:
  - Screening for depression may be completed during a telehealth encounter.
  - Documentation of recommended follow-up plan for a positive depression screen may be completed during a telehealth encounter.

Frequently Asked Questions

#	Question	Response
1	**Previously, a follow-up plan had to be documented on the date of the encounter, but the 2024 CMS Web Interface PREV-12 Measure Specification states that it may be documented up to 2 days after the date of the qualifying encounter. Is that correct?**	Yes. For the 2024 CMS Web Interface PREV-12 measure, a follow-up plan must be documented within 2 calendar days after the qualifying encounter (either telehealth or office visit. However, the follow-up plan MUST still be provided for and discussed with the patient during the qualifying encounter used to evaluate the numerator.
2	**Can documentation of a follow-up plan be used to infer a depression screening was positive if no results were documented?**	No. The depression screening results must be reviewed/verified and documented in the medical record by the eligible professional to meet the screening portion of this measure.
3	**Should patients with any history of bipolar disorder be excluded from the measure?**	Yes. The intent of the measure is to screen for new cases of depression in patients who have never had a diagnosis of bipolar disorder prior to the qualifying encounter used to evaluate the numerator. To implement this guidance, the qualifying encounter is the equivalent to the most recent depression screening. A patient should be excluded if they've ever been diagnosed with bipolar disorder prior to the qualifying encounter used to evaluate the numerator.
4	**Does a certain condition (intellectual disability, impairment, Alzheimer's, dementia, autism) qualify a patient for a denominator exception?**	The specification doesn't define denominator exceptions by specific diagnoses. If the patient qualifies for the measure and there's medical record documentation that the patient wasn't screened for depression due to a medical reason (i.e., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status) then it would be appropriate to select the denominator exception.

Frequently Asked Questions

#	Question	Response
5	**Does conducting a PHQ-9 after a positive PHQ-2 count as appropriate follow-up for the measure as it has in the past?**	No. Per the 2024 CMS Web Interface PREV-12 Measure Specification, additional screening and assessment during the qualifying encounter doesn't qualify as a follow-up plan.
6	**Can we confirm the numerator if the medical record only contains the name of the tool and interpretation by the clinician?**	Yes. At a minimum, you must document the tool's name and results of the screening with a score OR a clinician interpretation of positive or negative for depression.
7	**For patients with a depression diagnosis, does the clinician have to track or complete the recommended follow-up with the patient (changing the medication dose or other approved intervention) to meet the numerator? Or does the existence of the active medication pre-screening suffice as a follow-up to the screening?**	No. The 2024 CMS Web Interface PREV-12 Measure Specification doesn't require the clinician who performed the depression screening to track or complete the recommended follow-up. However, if the clinician determines the results of the depression screening is positive, there must be documentation of a recommended follow-up plan in the medical record. Documentation of ongoing pharmacological intervention or continuation of another approved intervention would be considered an appropriate follow-up plan, noting that documentation of the follow-up plan (e.g., continuance of depression medication) must be in relation to the positive depression screening.
8	**The 2024 CMS Web Interface PREV- 12 Measure Specification states that "the results must be reviewed/verified and documented by the eligible professional in the medical record on the date of the encounter to meet the screening portion of this measure." What is the definition of an eligible professional?**	The intent of this statement is to clarify that the quality action should be completed by an eligible clinician; however, others within the organization may complete the action. The quality action can be completed by anyone the organization considers qualified.

Overview

- Intent: For adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.
- 2024 MH-1 Use of Telehealth:
  - Documentation of a follow-up PHQ-9 or PHQ-9M result less than 5 may be determined during a telehealth encounter.

Frequently Asked Questions

#	Question	Response
1	**For 2024 CMS Web Interface MH-1: Depression Remission at Twelve Months (2024 CMS Web Interface MH-1) measure, a PHQ-9 has been completed for the patient on a paper form and scanned into the medical record, but the score wasn't totaled.** **Is it acceptable to calculate the score during abstraction?**	No. If the score isn't totaled in the medical record documentation, you must select "No" when asked if the patient had one or more PHQ-9s or PHQ-9Ms administered during the denominator identification. Documentation of a follow-up PHQ-9 or PHQ- 9M with a score less than 5 is also required to determine if the patient achieved remission for the numerator.
2	**If a patient answers the first 2 questions of the PHQ-9 or PHQ-9M, "not at all," and the rest of the questions are blank, is the depression screening considered numerator compliant?**	No. All 9 questions must be answered to have a valid summary score for a follow-up PHQ-9 or PHQ-9M. There must be medical record documentation of the score and the date the PHQ-9 or PHQ-9M was completed.
3	**Since the age range for the 2024 CMS Web Interface MH-1 measure is 12-17 years old and 18 and older, can we use the PHQ-9 for all of our patients?**	Yes. You may use either the PHQ-9 or PHQ-9M tool to meet the intent of the 2024 CMS Web Interface MH-1 measure.
4	**Can the PHQ-9 or PHQ-9M be performed inpatient or should it be performed during outpatient encounters only?**	The 2024 CMS Web Interface MH-1 Measure Specification doesn't limit the PHQ-9 or PHQ-9M screening to a specific setting.

Frequently Asked Questions

#	Question	Response
5	**Can the PHQ-9 or PHQ-9M be performed during a telehealth visit?**	Yes. The PHQ-9 or PHQ-9M may be performed using telehealth. PHQ-9 or PHQ-9M administration doesn't require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk).
6	**Can you please clarify the timing used to identify denominator exclusions?**	For denominator exclusions that require a specific diagnosis, the diagnosis must be active any time prior to the end of the patient's measure assessment period. The index event date marks the start of the measurement assessment period for each patient, which is 14 months (12 months +/- 60 days).
7	**Can you explain how to determine the index event date?**	1. Verify the patient has an active diagnosis of major depression or dysthymia during the denominator identification period (11/1/2022 to 10/31/2023). 2. The first instance of a PHQ-9 or PHQ-9M greater than 9 during this same time period is the index event date. Refer to the step-by-step Submission Guidance and Measure Confirmation Flow in the 2024 CMS Web Interface MH-1 Measure Specification.

Resources and Where To Go For Help

2024 CMS Web Interface Resources

- QPP Resource Library
  - 2024 CMS Web Interface Support Call Flyer (PDF, 210 KB)
  - Performance Year 2024 APM Performance Pathway: CMS Web Interface Measure Specifications and Supporting Documents for ACOs (ZIP, 6 MB)
  - 2024 CMS Web Interface Data Dictionary (PDF, 659 KB)
  - 2024 CMS Web Interface User Demo Videos (Playlist)
  - 2024 CMS Web Interface FAQs (PDF, 924 KB)*
  - 2024 CMS Web Interface User Guide (PDF, 4 MB)
  - Performance Year 2024 APM Performance Pathway: CMS Web Interface Measure Benchmarks for ACOs (PDF, 1 MB)
  - 2024 Shared Savings and Losses, Assignment and Quality Performance Standard Methodology Specifications (Version #12) (PDF, 1,943 KB)
  - 2024 CMS Web Interface Sampling Methodology (PDF, 288 KB)
- Shared Savings Program Website
- Quality Resources and Information
- ACO Spotlight Newsletter

*The 2024 CMS Web Interface FAQs should be used in conjunction with the 2024 CMS Web Interface Measure Specifications and Supporting Documents.

Where To Go For Help

- Contact the QPP Service Center by email at QPP@cms.hhs.gov, creating a QPP Service Center ticket, or phone at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET).
  - To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.
  - Customers who are hearing impaired can dial 711 to be connected to a telecommunications relay service (TRS) Communications Assistant

- Shared Savings Program:
  - Email: sharedsavingsprogram@cms.hhs.gov

Question and Answer Session

- To ask a question, raise your hand and we'll unmute your line, or submit your question via the Q&A box.
- To ask a question live, you must have a working microphone.
- Speakers will address as many questions as time allows.