CMS Web Interface Support Call #3: 2024 Data

February 5, 2025

>>**Ketchum**: Hello, everyone. Thank you for joining today's Web Interface support call. This presentation will be followed by a Q&A session where attendees will have an opportunity to ask questions via the phone and questions box, and CMS subject matter experts will address as many questions as time allows. To note, a recording and slide deck from today's call will be posted on the QPP Webinar Library in the coming weeks. Now, I'll turn it over to Lisa Marie Gomez at CMS to begin.

>>**Lisa Marie Gomez, CMS:** Thanks, Hallie. Welcome, everyone, and thank you for joining us today as APM Entities and Shared Savings Program ACOs prepare for quality reporting. Again, I'm Lisa Marie Gomez from CMS. Joining me on the call today are other CMS experts who will share helpful information regarding CMS Web Interface quality reporting and answer your questions during today's presentation. Today's support call will only focus on 2024 CMS Web Interface quality reporting. You can contact the Quality Payment Program Service Center with any questions regarding costs, Promoting Interoperability, improvement activities, MIPS, or quality reporting in general.

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

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Now I'm going to go over announcements and reminders.

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The CMS Web Interface will close at 8 P.M. Eastern Time on March 31, 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 website.

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Dates for all upcoming bi-weekly support calls are listed on this slide. So we have one more support call listed here, as you can see, for the remainder of submission. You can also find registration links on the 2024 CMS Web Interface Support Flyer.

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The CMS Web Interface 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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Now I'm going to go over other CMS-approved reasons.

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We encourage all ACOs to submit other CMS-approved reasons as soon as possible. Submitting other CMS-approved reasons during the last days of submission period could cause requests to not be processed. Other CMS-approved reasons requests submitted after Monday, March 24, 2025, may not be processed prior to the close of submission.

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Now I'm going to turn the presentation over to Aroush.

Thank you.

>>**Aroush Anis, PIMMS**: Thanks, Lisa Marie. Hi, this is Aroush. So next we're going to go over some frequently asked questions for four Web Interface measures.

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Thank you. So the four Web Interface measures that we're going to be going over are DM-2: Diabetes: Hemoglobin A1c or HbA1c: Poor Control Greater than 9%, CARE-2: Falls: Screening for Future Fall Risk, HTN-2: Controlling High Blood Pressure, PREV-7: Preventive Care and Screening: Influenza Immunization.

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So for DM-2, this is for patients between 18 and 75 years of age with diabetes who had a HbA1c greater than 9% during the measurement period. Please note that documentation of the most recent HbA1c result may be completed during a telehealth encounter.

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Thank you.

So now we're going to go over some of the FAQs. So the first one, for the 2024 CMS Web Interface DM-2, Diabetes: Hemoglobin A1c or HbA1c: Poor Control Greater than 9% measure, will patients only be included in the measure if they have a diagnosis of diabetes during the measurement year, or will they be included if they have a prior diagnosis but no diagnosis in the measurement year?

Answer: The patient must have an active diagnosis of diabetes during the measurement period or an active diagnosis of diabetes during the year prior to being included in the measure.

The second question: For the 2024 CMS Web Interface DM-2 measure, do I use the date the blood was drawn or the date of the lab results?

Answer: It's appropriate to use the following priority ranking for the numerator for this measure. So it'll be lab report draw date, lab report date, flow sheet documentation, practitioner notes, and then other documentation.

Third question: Will HbA1c results from any setting be acceptable for the numerator for the 2024 reporting period?

The answer: Yes. The measure doesn't limit the numerator to a specific setting. To meet the intent of the measure, there must be medical record documentation of the following: Diagnosis of diabetes as defined by the 2024 CMS Web Interface DM-2 measure, a distinct HbA1c value, and the date the blood was drawn.

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So the fourth question is: Is an HbA1c result reported during a telehealth visit acceptable?

Answer: Yes. Documentation of the most recent HbA1c result may be completed during a telehealth encounter.

Question five: Are continuous glucose monitoring, or CGM, system results acceptable for the numerator for the 2024 Web Interface DM-2 measure?

Answer: No. The 2024 CMS Web Interface DM-2 measure doesn't include CGM results as a way to meet performance for the measure. Report the most recent HbA1c value documented in the medical record. Documentation must include a distinct numeric value for the HbA1c result and the date the blood was drawn.

Question six: Some patients have at-home HbA1c testing kits, meaning the patient is checking their lab values at home. Is this allowed for the 2024 CMS Web Interface DM-2 measure?

Answer: No. Don't include HbA1c levels reported by the patient. The 2024 CMS Web Interface DM-2 measure doesn't allow patient-reported HbA1c values as qualification to meet the numerator.

And then the last question: Are patients with a diagnosis of secondary diabetes eligible for the denominator of the 2024 CMS Web Interface DM-2?

Answer: Yes. The 2024 CMS Web Interface DM-2 Measure Specification specifies to include all patients with any diagnosis of diabetes.

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So for CARE-2, this is going to be for screening patients 65 years of age and older for future fall risk during the measurement period. Please note, screening for future fall risk may be completed during a telehealth encounter.

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So the first FAQ Who can perform the screening for future fall risk for the 2024 CMS Web Interface CARE-2 measure?

Answer: The measure isn't limited to a particular clinician type. The quality action can be completed by anyone the organization considers qualified.

Next question, is documentation of an inpatient or emergency department falls screening acceptable for the 2024 CMS Web Interface CARE-2 measure?

Answer: Yes. The measure isn't limited to a particular setting.

The third question: Is a falls screening performed during a phone call with the patient where no encounter is billed acceptable for the 2024 CMS Web Interface CARE-2 measure?

Answer: Yes.

The screening and documentation of results for future fall risk may be completed during a telehealth encounter. Telehealth encounters for the CMS Web Interface aren't limited to Medicare billable encounters. Information may be obtained over the phone, email, and so on. Medical record documentation of any history of falls screenings during the measurement period is acceptable to determine performance for the numerator.

The fourth question: What documentation needs to be captured for this measure for non-ambulatory patients to be excluded from the 2024 CMS Web Interface CARE-2 measure?

Non-ambulatory patients aren't excluded from the measure. The expectation is that a falls screening is completed during the measurement period for each patient qualified for the measure.

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Next question: What clinical information should the medical record reflect to meet the intent of the 2024 CMS Web Interface CARE-2 measure?

Answer: Screening for future fall risk is an assessment of whatever an individual has experienced whenever an individual has experienced a fall or problems with gait or balance. A specific screening tool isn't required for this measure. However, potential screening tools include the Morse Fall Scale and timed Get-Up-And-Go test. The numerator guidance shows that documentation of falls is sufficient. Medical record must include documentation of screening performed. Any history of fall screening during the measurement period is acceptable as meeting the intent of the measure, and a gait or balance assessment meets the intent of the

measure. If, after reviewing the medical record you find supporting documentation that meets the numerator guidance criteria, then it would meet the intent of the measure.

Next slide, please. Thank you.

So for HTN-2, this is for patients between 18 -85 years of age who have had a diagnosis of essential hypertension starting before and continuing into the first six months or starting during the first six months of the measurement period and whose most recent blood pressure was adequately controlled (<140/90 mmHg) during the measurement period. Please note there are no telehealth encounters for this measure.

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The first question: For the 2024 CMS Web Interface HTN-2 measure, if a clinician enters a blood pressure reading from a telehealth telephone visit based on numbers from the patient's remote home blood pressure device, would this count?

Answer: The measure allows for telehealth encounters. Please refer to the encounter code found within the 2024 Web Interface HTN Coding Document. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are acceptable. Do not include blood pressure reads taken by the patient using a non-digital device such as a manual blood pressure cuff and stethoscope.

The next question: What is the definition of a remote monitoring device?

Answer: The 2024 CMS Web Interface HTN-2 Measure Specification doesn't define a remote monitoring device. It's the clinician's responsibility and their discretion to confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable.

And then the next question: For the 2024 CMS Web Interface HTN-2 Measure Specification, is a blood pressure reading taken during an urgent care visit acceptable?

Answer: Yes, blood pressure readings from urgent care visits are acceptable for this measure if it's the most recent blood pressure documented in the medical record. Urgent care visits are included in sampling based on the Encounter Codes tab of the 2024 CMS Web Interface HTN-2 document.

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And then the last question: Can we use a calculated average of multiple blood pressure values taken over the course of a week via a remote monitoring device?

The answer, no: It isn't acceptable to submit a blood pressure (average or average of two or more blood pressure readings). The measure requires the most recent blood pressure documented within the medical record during the measurement period be reported for the numerator. If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading. For example, blood pressure readings of 110/80, 130/70, and 125/60 are documented in the medical record during the single day and could be reported as 110/60. Ranges and thresholds do not meet the criteria for this measure. A distinct numeric result for both the systolic and diastolic blood pressure reading is required for numerator compliance. Please ensure you're using the 2024 CMS Web Interface HTN-2 Measure Specification for the program for which you're reporting for.

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For PREV-7, this is going to be 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. Please note that 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 the telehealth encounter.

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And the FAQ we're going to go over. So for the 2024 CMS Web Interface PREV-7 measure, can we report a patient's influenza immunization status for a flu season prefilled with, “not sampled for the season” if we locate in our medical records, if we locate it in our medical records?

Answer: No.

It isn't possible to update not sampled for this season even if the evidence of flu vaccine is located in the medical records. This is in alignment with all of the measures included in the CMS Web Interface. For example, for the PREV-6 Colorectal Cancer Screening Measure, if a patient wasn't attributed to that measure but documentation was located that the patient received the appropriate screening, the patient couldn't be added to the sample for PREV-6.

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So now I'll pass it back to you, Lisa Marie. Thank you.

>> **Lisa Marie Gomez, CMS**: Thanks, Aroush. The next two slides will outline the CMS Web Interface resources. So here are the 2024 submission resources 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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So if you need additional assistance, please refer to the contact information listed on this slide. Now I'm going to turn the presentation over to Hallie to begin the question-and-answer session.

>>**Ketchum:** Thanks, Lisa Marie. 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 through the webinar audio, please raise your hand and we'll unmute your line so that you can

speak. To submit a question anonymously through the Q&A box, please click “send anonymously”. Otherwise, all attendees will be able to view your question.

To start us off, we do have a few questions in the Q&A box. The first question is for Deb, and the question asks, “is Medicare Advantage considered a non-fee-for-service Medicare?”

>>Deb Kaldenberg, PIMMS: Thank you. This is Deb, and I just want to ensure that folks are able to access and are reviewing the 2024 posted measure specifications and coding documents for the 2024 CMS Web Interface. And the reason I'm starting out with that is we've seen some questions come in through ServiceNow that are referencing previous years as well as not being able to access those documents. Each of the posted measure specifications includes a patient confirmation guidance. That patient confirmation guidance does include the following statement, “non-FFS Medicare. You would select this option if the patient was enrolled in non-FFS Medicare at any time during the measurement period. For example, commercial payers, Medicare Advantage, non-FFS Medicare, HMOs, etc. This exclusion is intended to remove beneficiaries for whom fee-for-service Medicare is not the primary payer.” So hopefully, that both provides the information you need, and if you need to reference it again, it is, again, in each of the 2024 CMS Web Interface specifications. Thank you.

>> Ketchum: Our next question is for Deb. That question reads, “is claims evidence only enough to complete a measure, or does the medical record need to be used to validate a measure?”

>> Deb Kaldenberg, PIMMS: Thank you. This is Deb, and this kind of goes across the board. Claims evidence is not enough to complete a measure. You need medical record documentation that supports what you are reporting. Thank you.

>> Ketchum: Great. Our next question is for Jamie. The question reads, “for tobacco screenings, a screening for any tobacco product meets the measure? For example, if clinicians forget to ask a patient if they use smokeless tobacco but did capture that the patient is a nonsmoker, does this meet the measure?”

>> Jamie Welch, PIMMS: Hi. Thanks for this question, and I appreciated the example as well. And the intent of the measure is just to screen for any tobacco, so in this instance, that would still meet the intent of the measure. That's it. Thank you.

>> **Ketchum**: Thanks, Jamie. The next question is for Deb. The question reads, "if the provider noted psychiatric no anxiety or depression during the examination, would this be considered a screening?"

>> **Deb Kaldenberg, PIMMS**: So I am going to make at least one assumption here. I am assuming you are referring to the PREV-12: Preventive Care and Screening, screening for depression, and follow-up plan. This particular measure does require a standardized depression screening tool be used, so based on the scenario that you provide, that does not appear to meet the intent of the measure, I would recommend looking for documentation of the actual standardized depression screening tool that was used. Thank you.

>> **Ketchum**: Thanks, Deb. Our next question is also for you. That question is asking, "for a flu screening, a patient reported a completed flu shot at the date, however, no official immunization report was produced. Can we still count?"

>> **Deb Kaldenberg, PIMMS**: So for the PREV-7 measure, yes, you can still count it as long as that documentation is during the appropriate flu season timeframe as specified in the measure spec. So you don't need to have the actual report. On page 9 of that posted specification. You may complete it during a telehealth counter, and again, that documentation, that previous receipt or even information from the patient that they received the flu shot can be used as long as it's documented, and it's documented during the appropriate timeframe. Thank you.

>> **Ketchum**: Great. We do have another question for you. This one is in regards to MH-1."If a patient has a PHQ-9 with all the questions present and answered, but the response to the questions equals 9, does not match the score the provider totaled for the PHQ-9 totaled as 0, how do we manage that? Is it an invalid PHQ-9, or is it valid, and if so, what score do we use?"

>> **Deb Kaldenberg, PIMMS**: Thank you for this question. In general, we really can't tell you what to use except for your medical record documentation is kind of your source of truth. If you have questions or concerns about a conflict or you're not understanding what the clinician has provided, the recommendation would really be to go back to them. However, medical record documentation from the clinician is typically what you would use. So as many other times, we don't have access to the full medical record, so we rely on what you are reporting based on the measure specification and what you're finding, and for that reason, you would probably have to go back to the clinician to confirm, and if you're unable to confirm, then for MH-1, if you don't have a PHQ-9 score that makes that patient denominator eligible, you would just not confirm them as denominator eligible. Thank you.

>> **Ketchum**: The next question we have is for Jamie, and that question reads, “is a message to the patient encouraging them to get a low-dose CT lung screening due to smoking status acceptable as cessation for PREV-10?” Jamie, you're on mute.

>> **Jamie Welch, PIMMS**: I'm so sorry about that. Oh, that's a rookie error right there. Within the specification, tobacco cessation intervention is described as brief counseling, three minutes or less, and/or pharmacotherapy. With this particular question, I can definitely see where the clinician is going for reducing risk of cancer for the patient or at least looking at that screening, but I do think to meet the intent of the measure, it's truly looking for that cessation piece and the documentation of the clinician having that conversation with the patient about the importance of stopping smoking or tobacco products. So I can't comment specifically on what you would be seeing within your medical record. I only can provide the intent of the measure, so definitely it's based on what you're reviewing, but that would be the intent of the measure. If you have any additional questions, though, by all means, please reach out to the ServiceNow Help Desk, and we can go ahead and have that discussion. Thank you.

>> **Ketchum**: Thanks, Jamie. This is a reminder, along with sending in questions through the Q&A box, you can also raise your hand and ask your question over the phone. That being said, we do have another question in the Q&A box for Deb. The question is asking, “if a patient

refused the AWV, should this be considered a refusal of screening? Should I select no screening due to the patient declining the screening?"

>> **Deb Kaldenberg, PIMMS**: Thank you for this question. No, that would not be an appropriate use of selecting that they were not screened. It wouldn't be appropriate to use as a patient refusal. If you can't find other medical record documentation that the patient was screened, then you would need to report that they were not screened. Thank you.

>> **Ketchum**: Thanks, Deb. Our next question's also for you. It's asking, "if a patient's last OV is with a specialist that does not take blood pressure, can you use the last visit with PCP where there is a blood pressure?"

>> **Deb Kaldenberg, PIMMS**: Thank you for this question, and there are a few very similar to this in the question-and-answer box. I think I have tagged a couple to answer again live as they were a bit nuanced, but the thing to remember about the Hypertension-2 measure is that it is looking for the most recent documented blood pressure screening. So if you have a visit that is later on in the year and a blood pressure wasn't taken, you don't have to worry about that particular visit. You would just look for the most recent blood pressure within the medical records and use that as a starting point. Thank you.

>> **Ketchum**: Thanks, Deb. The next question we have is for Aroush. Aroush, the attendee is just asking if you can confirm the telehealth encounters for HTN-2.

>> **Aroush Anis, PIMMS**: Yeah. So for the controlling high blood pressure measure, so just to clarify, the measure does allow for telehealth encounters. We ask that you refer to the encounter codes found within the 2024 CMS Web Interface Coding Document, but basically, the blood pressure readings taken by a remote monitoring device and conveyed by the patient by the patient to the clinician are acceptable for telehealth encounters. You can't include blood pressure readings taken by the patient using a non-digital device such as a manual blood pressure cuff or stethoscope. Thank you.

>> **Ketchum**: The next question is for Deb. The question's asking “if the patient reports a receipt of the flu vaccine during one of the flu seasons during the visit that is not during the flu season, for example, April 1 to July 30, would it be acceptable to document and count the response for the audit?”

>> **Deb Kaldenberg, PIMMS**: No. In that case, if the information is not relevant to the specific flu season during the flu season being measured, you would not be using that information. Thank you.

>> **Ketchum**: Great. Similar question is asking if we can use claims data for the flu vaccine.

>> **Deb Kaldenberg, PIMMS**: So the flu vaccine is the one measure that has a little bit of an anomaly. The only time you're actually using claims data and it would be acceptable is if you have a prefilled yes, and that is basically it is prefilled based on claims data that was found by CMS and you don't need to do anything else for that particular instance. But any other documentation that you have, any other measure information that you are providing, claims data alone is not sufficient. However, you can use that claims data to help you find the information within the medical record. Thank you.

>> **Ketchum**: Thanks, Deb. We're just going to keep the ball rolling with some additional flu questions for you. The next one is “if a provider called a patient asking them to come in for a flu shot and the patient stated, I will get one at a pharmacy, does this count as patient refusal?”

>> **Deb Kaldenberg, PIMMS**: No, that unfortunately does not count as patient refusal either. You would need to look for receipt of that flu vaccine documented in the medical record. Thank you.

>> **Ketchum**: Thanks, Deb. The next question we have is for Aroush, and this question is asking “if blood pressure reporting via telephone using a digital blood pressure cuff is allowed if it's not a billed visit?”

>> **Aroush Anis, PIMMS**: Thank you. Yeah. So kind of going back to the FAQ, so you can have a telehealth visit for controlling high blood pressure where the patient conveys the result to the clinician that it's acceptable if the readings are taken by a remote monitoring device. It can't be a manual device like we talked about, like a manual blood pressure cuff or a stethoscope or any non-digital device. And again, we ask you just to refer to the 2024 CMS Web Interface Controlling High Blood Pressure Coding document. Thank you.

>> **Ketchum**: Thanks, Aroush. We wanted to take another moment just to encourage folks to submit your questions through the Q&A box. You can use that "send anonymously" box to send your questions anonymously if you don't want your name tied to the question, and we will read as many aloud as time allows for. Alternatively, if you'd like to call in, you're more than welcome to raise your hand, and we will unmute your microphone so you can read your question over the webinar audio. Just a quick reminder that you do need to have a working microphone to ask a question through the webinar audio, so if that's something you'd like to take advantage of, please feel free to do so.

That being said, we do have another question in the queue for Deb. This question's asking, "if progress notes state depression screening negative, is that sufficient, or do you need the type of screening used, such as PHQ-2 or PHQ-9?"

>> **Deb Kaldenberg, PIMMS**: So you do need the type of screening as a standardized depression screening tool, it's required. I would recommend going ahead and taking a look at that PREV-12 Measure Specification, as I think it does a pretty good job at providing exactly what is needed to meet the documentation requirement. However, that is not to say that there haven't been some folks that have been confused, and we've provided additional information. If we can't provide the exact information that you're looking for today, I would recommend opening up a ServiceNow Help Desk case, or continue to ask your questions, and I'll try and provide additional information. Thank you.

>> **Ketchum**: Thanks, Deb. Our next question's for Jamie. The question's asking, "for PREV-6, can we accept a documented colonoscopy result of repeat in 10 years as normal?"

>> **Jamie Welch, PIMMS**: I appreciate this question. Thanks for asking it. My nurse hat says this is probably a normal. However, we can't provide that kind of feedback, and we would recommend that you go back to the clinician that documented, just to clarify if that can be a proxy for normal. Yeah, it's got to be based on the medical record, and we would encourage you to meet the intent of the measure, but as far as giving you a green light on specific documentation that you find within the medical record, we really can't comment on that. So recommendation is to go back and just double check with that clinician if possible. Thanks.

>> **Ketchum**: Thanks, Jamie. The next question we have is for Aroush, and it's asking, “for DM-2 measure, if a patient was 75 when their A1c was drawn but turned 76 before the end of the measurement period, will the patient be counted or excluded? For example, A1c was drawn on October 1, 2024, and the patient was 75 years old. However, the patient turned 76 on December 3, 2024.Will this patient be counted or excluded?”

>> **Aroush Anis, PIMMS**: Yeah, it should still be counted if their most like recent HbA1c level was during that, if that's like, you know, this example 10 one was their most recent one. So it should still be counted, yes.

>> **Ketchum**: Thank you. We do have a question on the line from Anne-Marie. Anne-Marie, we have unmuted your line if you'd like to unmute yourself.

>> **Attendee**: Okay. I want to go back to the question about whether or not -- so you call the patient and ask them to come in to receive the flu immunization, and they said no. If you have that documented in a TE that the patient said, no, I'm not coming in, then why wouldn't we be allowed to say that's a refusal? Even if they said, “well, no, I'm probably going to go to CVS, or I'm probably going to go to my health, my senior center, you know, I'd rather get it there.” You offered, they refused. So you could put it refused, and then the next time they come in or whatever, you could say, well, did you end up getting it done? Oh, you did get it done. Can I get a copy or document? They did get it done at the senior center, but at that moment when you offered and they refused, why wouldn't you be able to put it as a refusal? Just like if I come in

in September and they ask if I want the flu immunization, and I would say, “I don't think so. When I come back on my follow-up, I'll probably get it then.” So why wouldn't we be able to say refuse? Because if the patient doesn't come in again, that was their one and only shot. They refused it. I just want to talk about that for a second.

>> **Deb Kaldenberg, PIMMS**: Sure. This is Deb, and I provided the answer. I think it really gets into what you provide as what is documented, and if you are documenting that the patient refused, you can use that. If you are documenting the patient is going to get the flu vaccine later on, that's not a refusal. So it is really strictly up to what your medical record documentation states, and so if there are variances that you are finding, truly then the best thing we can tell you is that due to that comprehensive and individual nature of those medical records only available to you, you would need to report what you can support based on your medical record documentation. So my answer was just strictly based on you're telling me that the documentation is the patient is going to get it later on, that's not a refusal. If you are finding other things that make you feel that that is a patient refusal, you have access to that medical record in a way we do not, and you would want to report what you're able to support.

>> **Attendee**: Okay. I mean, I get, I agree, like you can't say, oh yeah, they got -- you can't count it as being done when they say they're going to get it done. But, I mean, that's just silly to say you offered, you asked them to come in, or like if the patient's right there in front of you and says, “no, not today,” that's a refusal. Like, yeah.

>> **Deb Kaldenberg, PIMMS**: Sure. I think the problem, and it sometimes comes into play because that may not be the last time that patient was seen either. So again, it kind of goes back to you've got the medical records in front of you, you just need to support, you know, you need to be able to support what you report. And if the patient refused, then obviously you can report that the patient refused.

>> **Attendee**: All right. Well, this is our last year reporting, but I would say to everybody, then educate your staff to document “patient declined, they might get it somewhere else but declined to get it now.” That's all. And I think that's sufficient.

>> **Deb Kaldenberg, PIMMS**: Sure. I appreciate your follow-up. Thank you.

>> **Ketchum**: All right. Thank you for that. The next question we have is for Deb, and the question's asking, “does CMS accept standing diagnosis for exclusions? For example, if a member has a standing diagnosis of frailty, meaning no end date to the diagnosis was documented?”

>> **Deb Kaldenberg, PIMMS**: So I appreciate this question as well, and it really kind of gets into the same thing I was telling the previous caller. You really need to look at the medical record -- I'm sorry, you need to look at the specification to determine what is being required by that specification. If the specification is stating that, say, you need documentation of confirmation of a diagnosis during the measurement period and the year prior, or the year prior, then you would want to be able to support that that is what you have. We can't necessarily speak to what your internal processes are as far as how you deal with the diagnosis. We can tell you your documents need to support what the measure is requiring. So you know, take a look at those medical records. If you know that you can support what you're reporting based on what you have documented in the medical record, you'll be fine.

I don't know if there's anyone else on the call that would like to add anything additional, and if that doesn't quite answer what this caller is asking, we can certainly try and work through some of those details in ServiceNow, but I do believe this is also a question we are currently working on with someone in ServiceNow, and I'm not sure if it's the same person right now or not. But certainly more than willing to continue to work with you, but the main thing is take a look at those measure specifications, ensure that what you are abstracting is supported by the medical record, and you should be okay. Thank you.

>> **Ketchum**: Thanks, Deb. The next question we have is for Jamie, and it's asking “for breast cancer screening, can providers obtain results for the mammogram in January 2025, or were those results required to be in the electronic health record before December 31, 2024?”

>>**Jamie Welch, PIMMS**: Yeah, and by all means, if I am totally misrepresenting this question, I believe I understand it, but if I'm not, please submit a ServiceNow inquiry, and we can we can talk about it on that side as well, but for this particular question, it would have to be performed by the end of the year, so that December 31 date. If you have or need time to get it over into your medical record, I think it's really just going to come down to the data performance, not necessarily when that record is uploaded, let's say, into the medical record for documentation purposes. So I hope that is clear, but if not, by all means, reach out to the ServiceNow Help Desk, and thanks for the question.

>>**Ketchum**: Thank you. The next question we have in the queue is for Deb. It's asking "if the last visit of the year was a telehealth with no blood pressure reported, can we use the prior visit where blood pressure was taken?"

>>**Deb Kaldenberg, PIMMS**: This is Deb. Yes, you should be using the most recent blood pressure documented in the medical record. If there is a visit and a blood pressure wasn't taken, you do not have to be concerned with that visit. Thank you.

>>**Ketchum**: Our next question is for Jamie. They're asking, "do these diagnoses meet the measurement requirement for PREV-13, cardiac catheterization, mitral valve prolapse, palpitations, aortic valves sclerosis?"

>>**Jamie Welch, PIMMS**: Yeah, thank you, Jennifer, for submitting this question. I'm going to recommend that you submit a ServiceNow question, Help Desk question, just because we're going to want to dig in to the coding document that would be in alignment with PREV-13.I think the answer is probably within that document, but we're going to need a couple moments just to go ahead and do a search on these particular diagnoses. Hopefully that's helpful for guidance on where you might be able to find the answer, and by all means, reach out and provide a ServiceNow inquiry if not. Thank you.

>>**Ketchum**: Great. Next question is for Deb for PREV-12. "If provider stated depression, mood denies, suicidal thought denies, anxiety denies, is that considered screening?"

>>**Deb Kaldenberg, PIMMS**: Thank you. No, that would not be considered screening. Again, page 5 of the posted measure specification does include information required for the screening. One of those requirements is a standardized depression screening tool and based on the scenario that was provided in this question, I don't see that the depression screening tool is a part of your documentation. Thank you.

>>**Ketchum**: Thanks, Deb. Our next question is also for you. "By pre-filled for the flu vaccine, are you referring to the Web Interface, or does it count if that data comes into our company's platform?"

>>**Deb Kaldenberg. PIMMS**: In this case, I am referring strictly to the pre-filled in the Web Interface platform. If you have something within your own system and it is pre-filling it as the patient received it based on a claim, you would need to look for medical record documentation that supports that claim. Thank you.

>>**Ketchum**: The next question is for Aroush. It's asking "for DM-2, as mentioned, A1c results that are reported by the patient using a test kit are not acceptable. However, if the patient provides a verbal result and date from a specialist visit, such as an appointment with an endocrinologist, and this information is appropriately documented at the time of the visit, will that be considered acceptable?"

>>Aroush Anis, PIMMS: Thanks, and I think this question got repeated later down, too, but so if it's just the patient telling you, you know, like, "hey, I went to an endocrinologist, and like, these were the readings," you know, then no, that's not acceptable. I think it's when you actually get the results from the endocrinologist. So it's not when you're getting the verbal response from the patient, but when you're getting the results from the other clinician.

>>**Ketchum**: All right. Next question is for Deb. "In the past, it has been said for the HTN measure that the intent of the measure is for PCP records but can use specialist if uncontrolled

on last PCP. What was just stated was the most recent blood pressure. Are we to be submitting the specialist then if it is the most recent, or is the most recent PCP sufficient?"

>>**Deb Kaldenberg, PIMMS**: So this is Deb, and I guess one of the things I'm a bit concerned about is the first part of this question, which has to do with previous guidance. So if there's been previous guidance provided that you don't have to use specialist blood pressure, then I would request that you open up a ServiceNow Help Desk case, and we can kind of look into that a bit, because this measure is not just specific to your PCP records. So, you should be using the most recent blood pressure documented in the medical record to report. There are definitely some instances, certain settings that you would not use. For example, the emergency department setting is not part of the Hypertension-2 measure, so you would not use that, but you would be using the specialist blood pressure readings if they're considered to be the most recent. So again, if you've received feedback that is inconsistent with that, if you would please open up a ServiceNow Help Desk case, and we will look into that for you. But at this point, the measure specification does require the use of the most recent blood pressure documented in the medical record. Thank you.

>>**Ketchum**: Thanks, Deb. Just want to again remind folks that you are more than welcome to call in and raise your hand to ask a question over the line. We do have some additional questions in the queue. The next one we have is for Jamie. It's asking, "for a statin therapy measure, PREV-13 denominator, 10-year ASCVD risk score greater than 20%, does the score automatically calculate from EMR suffice, or does the score have to be documented in the provider's note?"

>>**Jamie Welch, PIMMS**: Hi, Alex. And if you clarified your question, it was awesome. And I had to go on a quick search through the document, the PREV-13 2024 specification. On page 8, there is a little bit of a -- not a little bit, there is some guidance in regards to this. It's for the 10-year risk assessment. I'm just going to read it verbatim. Just know that that is where the source is. "The 10-year ASVVD risk score is calculated using the pooled cohort equations, one, the 2023 ACC AHA ASCVD Risk Estimator, or two, the ACC Risk Estimator Plus. If your EHR does not 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." If you need any other clarification or assistance, though, please go ahead and submit that ServiceNow inquiry Help Desk ticket. Thank you.

>>**Ketchum**: Thanks, Jamie. Next question is for Deb. "Is a BEHAVE-5 screening an acceptable tool to meet the depression screening?"

>>**Deb Kaldenberg, PIMMS**: Thank you for this question. Again, I am going to refer you to page 5 of the posted measure specification, mainly for this particular question to define that standardized depression screening tool, which is defined as a normalized and validated depression screening tool developed for the patient population in which it is being utilized. There are then also examples provided. Please note that the examples provided are not an exhaustive list of standardized depression screening tools. So if the BEHAVE-5 screening meets the definition of a standardized depression screening tool, you are more than welcome to use that to meet the measure. Thank you.

>>**Ketchum**: Thanks, Deb. We wanted to go ahead and take another opportunity to ask folks to raise their hand to ask any questions over the webinar audio. All you need to do is use the raise hand function at the bottom of your screen, and you can ask your question over the line. As a reminder, you do need to have a working microphone to ask your question over the audio. Additionally, you are more than welcome to submit a question through the Q&A box. If you wish to submit your question anonymously, please check that anonymous submission box at the bottom of the screen so that your question will be sent in anonymously. Otherwise, everyone will be able to see your question, and we will work to get as many questions answered as we can. So we're just going to pause for a second and see if any other questions come through. It does look like we have a couple of questions on the line. The first one is from Patrice. Patrice, we have unmuted your mic if you'd like to unmute yourself.

>>**Attendee**: Oh, maybe it's coming up under me because I'm with Patrice, and I'm not sure if anybody already asked this question, so I apologize because I can't hear as well. But if a patient has fallen in 2024 and they were injured, and so there was no falls risk screening done in 2023

and 2024, there was not one, but every visit has been based on this fall and the injuries that the patient has. Would that count for the fall screening, or would they still need to have those fall risk questions asked?

>>**Jamie Welch, PIMMS**: Hi, Patrice. I was actually just looking at your question. We're probably going to need a little bit more time to do our research and just make sure that the answer we provide is accurate. I'm not sure what to do here. You can give us a couple minutes to go ahead and do that quick research, or if you want to submit a ServiceNow inquiry or a Help Desk ticket, we can go ahead and try to get that answer to you as quickly as possible once it's submitted.

>>**Deb Kaldenberg, PIMMS**: And Jamie, I think there might be some information on page five of the posted spec. It does include a definition of the screening for future falls risk, which is a documented assessment of whether an individual has experienced a fall or problems with gait or balance. And then it does go on to define a fall. I think that the combination of those two will probably provide you the information that you need. So as long as there is documentation of whether a patient has experienced a fall or has problems with gait or balance, that would meet the intent of the measure. If this doesn't quite get you the detail that you need, though, as Jamie said, please feel free to open up a ServiceNow Help Desk case.

>>**Attendee**: Okay, thank you.

>>**Deb Kaldenberg, PIMMS**: You're welcome. Thank you for the question.

>>**Ketchum**: All right. So we have another question in the queue for Aroush. And the question's asking, “does CMS accept standing diagnosis for exclusions? For example, a member has a standing diagnosis of frailty, meaning no end date to the diagnosis was documented. I believe this is already answered, but can you please clarify?”

>>**Aroush Anis, PIMMS**: Yeah, so we actually have this question. It came through the QPP Service Center. So if it's the same person that submitted the case, we're working through a solution for your inquiry. So we will get back in touch with you through the case. Thank you.

>>**Ketchum**: All right. We're going to take a couple of moments for folks to submit any additional questions they may want to ask. In the meantime, we do have another question in the queue for Deb. And it's asking, "I missed the answer on the claims question. I was under the impression that the record had to be in the electronic medical record. Can you please confirm?"

>> **Deb Kaldenberg, PIMMS**: Yes, and I wanted to tag this one, mainly to ask for some additional information. I'm not quite sure what your question is. So if you could rephrase that, that would be great, and we can try and get to it today. And if not, and you still have a question after the call ends, please open up a ServiceNow Help Desk case, and we will try and get you an answer via that avenue. Thank you.

>> **Ketchum**: Great. And if the person asking that question wanted to go ahead and raise their hand, we could work it out over the phone. Or if you would like to type it in the Q&A box, we can try to get that worked out today.

We have another question for Deb asking, "for colonoscopies, if patients recently had a colonoscopy, but records are not present, could we report a previous colonoscopy where we have the results documented if it's still within the required screening window?"

>> **Deb Kaldenberg, PIMMS**: Yes, you basically can report whatever your medical record documentation can support. So if your medical record documentation supports that the colorectal cancer screening is considered completed based on the posted measure spec, you can use whatever documentation you have. It doesn't necessarily have to be the most recent, especially if you don't have the information from that most recent colonoscopy. So if you meet the intent of the measure based on your current medical record documentation, you can report based on that documentation. Thank you.

>> **Ketchum**: All right, I'm doing another call to see if anyone else has questions they would like answered. And seeing none, that's going to conclude the Q&A portion of today's webinar. So we'll turn it back over to Lisa Marie Gomez to close us out. Lisa Marie?

>> **Lisa Marie Gomez, CMS**: Thanks, Hallie. Thank you all for joining us today. The next and last CMS Web Interface support call will occur on February 19, 2025.We hope to see you then. Thank you very much and have a good day.