Disclaimers

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference

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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](#). If you're a Medicare Shared Savings Program Accountable Care Organization's (ACO's) Quality Payment Program (QPP) Security Official or QPP Staff User contact in the ACO Management System (ACO-MS), then you may sign in to the QPP website using your ACO-MS username and password.

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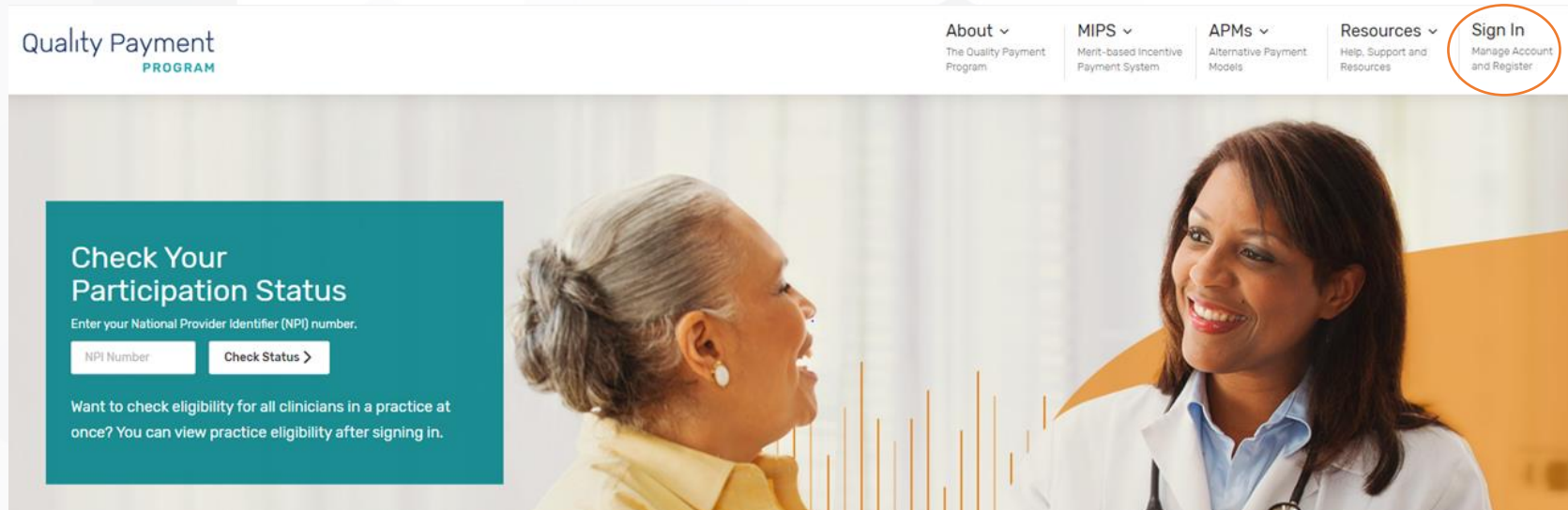
CMS Web Interface Application Programming Interface

- 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.

Other CMS Approved Reason Requests

Submitting Requests to Skip Patients

- 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) for an "Other CMS Approved Reason" as soon as possible.

  – "Other CMS Approved Reason" Request(s) submitted after **Monday, March 24, 2025,** may not be processed prior to the close of submission.

- For more information on how to submit an "Other CMS Approved Reason" request, please review page 45 of the 2024 CMS Web Interface User Guide (PDF, 5MB).

Measure Overview and Frequently Asked Measure Questions

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Measures to be Discussed

- PREV-5: Breast Cancer Screening
- PREV-6: Colorectal Cancer Screening

Overview

- **Intent**: For women aged 41 - 74 to have a screening mammogram for breast cancer.

- **2024 PREV-5 Use of Telehealth**:
  - Documentation of screening for breast cancer may be completed during a telehealth encounter.

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Frequently Asked Questions

#	Question	Response
1	For the 2024 CMS Web Interface PREV-5: Breast Cancer Screening (2024 CMS Web Interface PREV-5) measure, does a unilateral mammogram count for the numerator?	A unilateral mammography counts only if there's medical record documentation of a mastectomy of the other breast. If only one breast is present, unilateral screening (one side) must be performed on the remaining breast.
2	The 2024 CMS Web Interface PREV-5 Coding Document only includes Logical Observation Identifiers Names and Codes (LOINC) codes to represent mammograms on the 'Numerator Codes' tab. Can Current Procedural Terminology (CPT) codes such as 77065, 77066 and 77067 that are billed on claims (with supporting documentation available) be used?	If you're mapping to an electronic heath record (EHR), you must use the coding within the 2024 CMS Web Interface PREV-5 Coding Document. The coding provided within the CMS Web Interface coding documents are considered all-inclusive when mapping to an EHR. If you aren't mapping to an EHR, the coding documents may be used as a guide to assist in reporting. Other coding representative of the numerator quality action, denominator inclusion criteria, or referenced exclusions/exceptions may be used to assist in locating the required medical record documentation.
3	The description in the 2024 CMS Web Interface PREV-5 Measure Specification states, "Women 40 – 74 years of age" while the initial population states "Women 41 – 74 years." Which is correct?	The patient isn't considered eligible for the denominator until age 41, but mammograms received beginning at age 40 can be used to satisfy the numerator. The lookback period allows for a mammogram during the measurement year, the year prior to the measurement year, and a 3-month grace period for a total of 27 months.
4	Is it acceptable for the patient to report previous receipt of a mammogram and can it be done during a telehealth visit?	Yes. It's acceptable for a patient to report pervious receipt of a mammogram if the documentation includes the date, type of test, AND result or finding. Documentation of 'normal' or 'abnormal' is acceptable. Documentation of screening for breast cancer may be completed during a telehealth encounter.

Overview

- **Intent**: To screen patients who are 45 – 75 years of age for colorectal cancer.

- **2024 PREV-6 Use of Telehealth**:
  - Documentation of colorectal cancer screening may be completed during a telehealth encounter.

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Frequently Asked Questions

#	Question	Response
1	**Does a Cologuard test count for the 2024 CMS Web Interface PREV-6: Colorectal Cancer Screening (2024 CMS Web Interface PREV-6) measure?**	Yes. A stool deoxyribonucleic acid (sDNA) with a fecal immunochemical test (FIT) conducted during the measurement period or the 2 years prior to the measurement period is acceptable for the measure.
2	**Does a FIT (not FIT-DNA) count for the 2024 CMS Web Interface PREV- 6 measure?**	Yes. A FIT during the measurement period would be acceptable based on the coding in the PREV-6 Coding Document numerator codes, according to the description of the fecal occult blood test (FOBT) CODE variable.
3	**If the FOBT is done in the office (at the point of care) and sent to a lab, is this acceptable for this measure? If not, where must it be done to be valid?**	No. FOBTs performed at home and brought to the office to be sent to a lab meet the intent and performance for the measure. The measure steward, National Committee for Quality Assurance (NCQA), intends to exclude all FOBTs performed in an office setting, including digital rectal exams (DRE)-acquired FOBTs performed in an office setting or FOBTs performed on a sample collected via DRE in an office setting.
4	**Can we report FOBT results that are interpreted by our in-house labs? We understand the FOBTs obtained in the office or via DRE aren't accepted.**	If the FOBT itself wasn't performed in the office or performed on a sample collected via DRE, the test results are acceptable for the purpose of reporting the 2024 CMS Web Interface PREV-6 measure. The 2024 CMS Web Interface PREV-6 Measure Specification isn't prescriptive on the type or location of a lab that can interpret an FOBT. The type of colorectal cancer screening with the date it was performed AND the result or findings must be documented in the medical record to meet the intent of the measure.
5	**Has the Guardant Health's Shield™ colorectal screening test been added to the 2024 CMS Web Interface PREV-6: Colorectal Cancer Screening measure?**	No. The new Food and Drug Administration (FDA)-approved Guardant Health's Shield™ colorectal cancer screening test wasn't added to the 2024 CMS Web Interface PREV-6 Colorectal Screening measure. Therefore, it wouldn't meet numerator compliance for the 2024 performance period.

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Frequently Asked Questions

#	Question	Response
6	**The initial population in the 2024 CMS Web Interface PREV-6 measure states "Patients 45 - 75 years of age with a visit during the measurement period." We know the data can be documented during a telehealth visit. Is an in-office visit required if a telehealth visit has been done during the measurement period?**	The quality action isn't tied to a particular encounter the clinician may have with a patient, including telehealth. If there's medical record documentation to support that a colorectal cancer screening was completed within the appropriate timeframe specified by the type of screen and results are documented, then performance of the measure is met.
7	**Will Epi proColon®, ColoVantage® (Methylated Septin 9), Guardant Health's Shield™ or other blood-based screenings be added to the list of acceptable colorectal screenings for the 2024 CMS Web Interface PREV-6 measure?**	No. The numerator for the 2024 CMS Web Interface PREV-6 measure doesn't include blood-based colorectal cancer screenings that look for biomarkers of colorectal cancer in the blood. The 2024 CMS Web Interface PREV-6 Measure Specification defines appropriate screenings as follows: • FOBT during the measurement period • Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period • Colonoscopy during the measurement period or the 9 years prior to the measurement period • Computed tomography (CT) Colonography during the measurement period or the 4 years prior to the measurement period • Stool DNA (sDNA) with a FIT during the measurement period or the 2 years prior to the measurement period

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Frequently Asked Questions

#	Question	Response
1	**For the CMS Web Interface measure, if we don't have clear documentation in the EHR indicating the numerator quality action was performed during the performance year, but during abstraction (between 1/1/2025 and 3/31/2025) we find documentation that supports the quality action was completed, but hadn't been updated in the EHR, can it be used for reporting?**	The QPP measures should be completed based on information that's available in the medical record prior to the end of the measurement period. There could be instances where the procedure/encounter occurred toward the end of the measurement year and the medical record was updated early in 2025, but these instances shouldn't be the norm.
2	**Can CMS respond to questions regarding verification of the documentation within the medical record?**	We're limited to clarifying the intent of the measure you're attempting to report. Due to the comprehensive and individual nature of patient medical records only available to CMS Web Interface reporters, CMS can't provide specific feedback regarding patient medical record documentation. Documentation should support the data that was reported.

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, 2.1 MB)
  - 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, by creating a QPP Service Center ticket, or by 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.
  - People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.
- Shared Savings Program:
  - Email: sharedsavingsprogram@cms.hhs.gov

Question and Answer Session

- To ask a question, submit your question via the Q&A box.

- Speakers will address as many questions as time allows.