2024 CMS Web Interface

PREV-7 (CBE 0041): Preventive Care and Screening: Influenza Immunization

Measure Steward: NCQA

Contents

INTRODUCTION

There are a total of 10 individual measures included in the 2024 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The measure documents are being provided to allow organizations an opportunity to better understand each of the 10 individual measures included in the 2024 CMS Web Interface data submission method. Each measure document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

CMS WEB INTERFACE SAMPLING INFORMATION

BENEFICIARY SAMPLING

For more information on the sampling process and methodology please refer to the 2024 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:
Percentage of patients aged 6 months and older seen for a visit during the measurement period who received an influenza immunization OR who reported previous receipt of an influenza immunization

IMPROVEMENT NOTATION:
Higher score indicates better quality

INITIAL POPULATION:
All patients aged 6 months and older seen for a visit during the measurement period

DENOMINATOR:
Equals Initial Population

> ***DENOMINATOR NOTE:*** *For the purposes of the program, in order to submit on the flu season 2023-2024, the patient must have a qualifying encounter between January 1 and March 31, 2024. In order to submit on the flu season 2024-2025, the patient must have a qualifying encounter between October 1 and December 31, 2024. A qualifying encounter needs to occur within the flu season that is being submitted; any additional encounter(s) may occur at any time within the measurement period.*

DENOMINATOR EXCLUSIONS:
Anaphylaxis due to the vaccine during or before the measurement period

DENOMINATOR EXCEPTIONS:
- Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)
- Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)
- Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

NUMERATOR:
Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITION:
Previous Receipt – Receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied.

GUIDANCE:
The numerator for this measure can be met by submitting either administration of an influenza vaccination or that the patient reported previous receipt of the current season's influenza immunization. If submitting this measure for a qualifying encounter between January 1, 2024 and March 31, 2024, influenza immunization should administered to the patient during the months of August, September, October, November, or December of 2023 or January, February, or March of 2024 for the flu season ending March 31, 2024. If submitting this measure for a qualifying encounter between October 1, 2024 and December 31, 2024, influenza immunization should be administered to the patient during the months of August, September, October, November, or December of 2024 for the flu season ending March 31, 2025**.** If the patient had a qualifying encounter between January 1, 2024 and March 31, 2024 AND a qualifying encounter between October 1, 2024 and December 31, 2024, the patient must have documentation showing receipt of immunization during the 2023-2024 flu season AND the 2024-2025 flu season. If the performance of the numerator is not met, an eligible clinician can submit a valid denominator exception for having not administered an influenza vaccination. For eligible clinicians submitting a denominator exception for this measure, there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate

previous receipt, which could include a medical reason (e.g., patient allergy), patient reason (e.g., patient declined), or system reason (e.g., vaccination not available). The system reason should be indicated only for cases of disruption or shortage of influenza vaccination supply.

Denominator Exception(s) are determined at the time of the denominator eligible encounter during the current flu season.

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for submission requires the following:

- Determine if the patient's medical record can be found.
  - If you can locate the medical record, select "Yes."

  OR

  - If you cannot locate the medical record, select "No - Medical Record Not Found."

  OR

  - Determine if the patient is qualified for the sample.
    - If the patient is deceased, in hospice, moved out of the country or did not have Fee-for-Service (FFS) Medicare as their primary payer select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible.

Guidance ***Patient Confirmation***

If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, *the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.*

If "Not Qualified for Sample" is selected and the date is unknown, *you may enter the last date of the measurement period (i.e., 12/31/2024).*

The Measurement Period is defined *as January 1 – December 31, 2024.*

NOTE:

- ***In Hospice:*** *Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care).*
- ***Moved out of Country:*** *Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period.*
- ***Deceased:*** *Select this option if the patient died during the measurement period.*
- ***Non-FFS Medicare:*** *Select this option if the patient was enrolled in Non-FFS Medicare at any time during the measurement period (i.e., 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.*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

- Determine if the patient is qualified for the measure.
  - If the patient is qualified for this measure, select "Yes."

  OR

  - If there is a denominator exclusion for patient disqualification from the measure, select "Denominator Exclusion."

  OR

  - If there is an "other" CMS approved reason for patient disqualification from the measure, select "No- Other CMS Approved Reason."

Denominator Exclusion codes can be found in the 2024 CMS Web Interface PREV-7 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance Denominator

If "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, *the patient will be "skipped" and another patient must be submitted in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all CMS Web Interface measures.*

Other CMS Approved Reason *is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.*

To submit a skip request, follow these steps:

1. *After confirming the beneficiary for the sample, scroll to the measure you would like to skip.*
2. *When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.*
3. *In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.*

Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.

NOTE:

- ***Denominator Exclusion Timing*** *– during or before the measurement period*

SUBMISSION GUIDANCE

NUMERATOR SUBMISSION

- Determine if the patient received an influenza immunization OR reported previous receipt of an influenza immunization.
  - If the patient received an influenza immunization or reported previous receipt of an influenza immunization, select "Yes."

  OR

  - If the patient did not receive an influenza immunization or did not report previous receipt of an influenza immunization select "No"

  OR

  - If the patient did not receive an influenza immunization for a medical reason select "No - Denominator Exception – Medical Reasons"

  OR

  - If the patient did not receive an influenza immunization for a patient reason select "No - Denominator Exception – Patient Reasons"

  OR

  - If the patient did not receive an influenza immunization for a system reason select "No - Denominator Exception – System Reasons"

Numerator and Denominator Exception codes can be found in the 2024 CMS Web Interface PREV-7 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance Numerator

NOTE:

- ***If the CMS Web Interface has been prefilled with "Yes"*** *based on claims data, no further action is required*
- ***Documentation of patient reported*** *previous receipt of influenza immunization is acceptable during the flu season*
- ***Influenza immunization during the flu season or report of previous receipt*** *may or may not be completed during a telehealth encounter*
- ***The flu season for which the beneficiary encounter is identified*** *will be noted in the CMS Web Interface (Flu Season 2023 – 2024 and/or Flu Season 2024 - 2025).*

DOCUMENTATION REQUIREMENTS

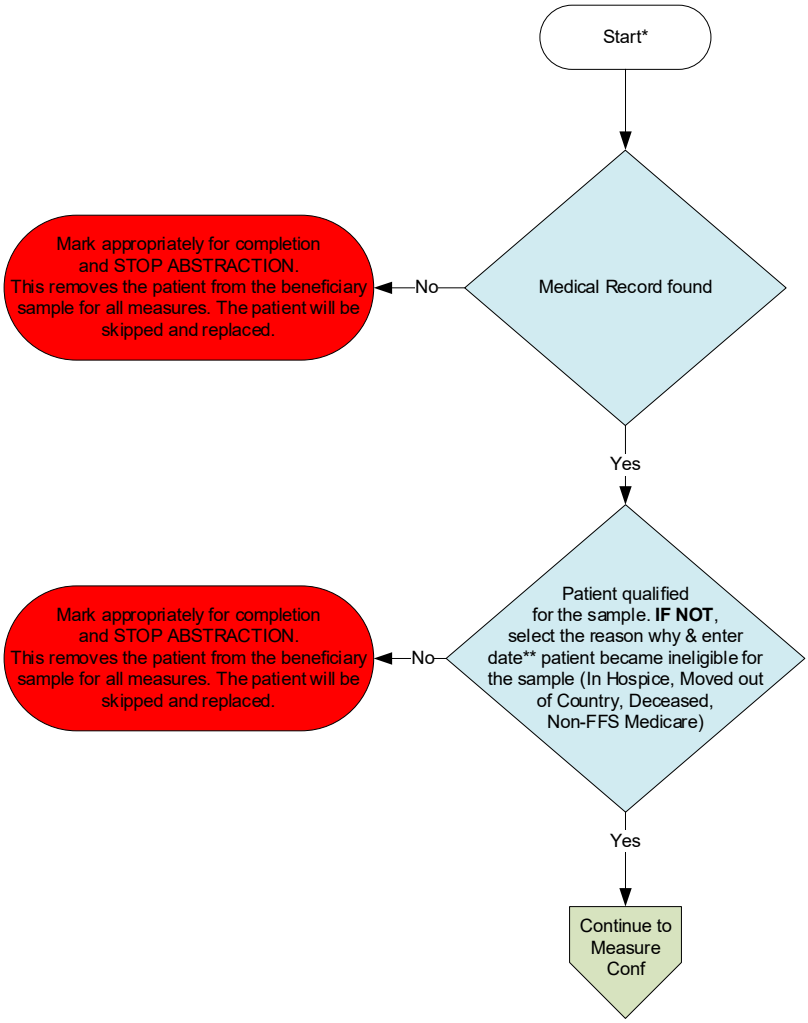
When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the CMS Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Disclaimer: *Refer to the measure submission document for specific coding and instructions to submit this measure.*

Patient Confirmation Flow

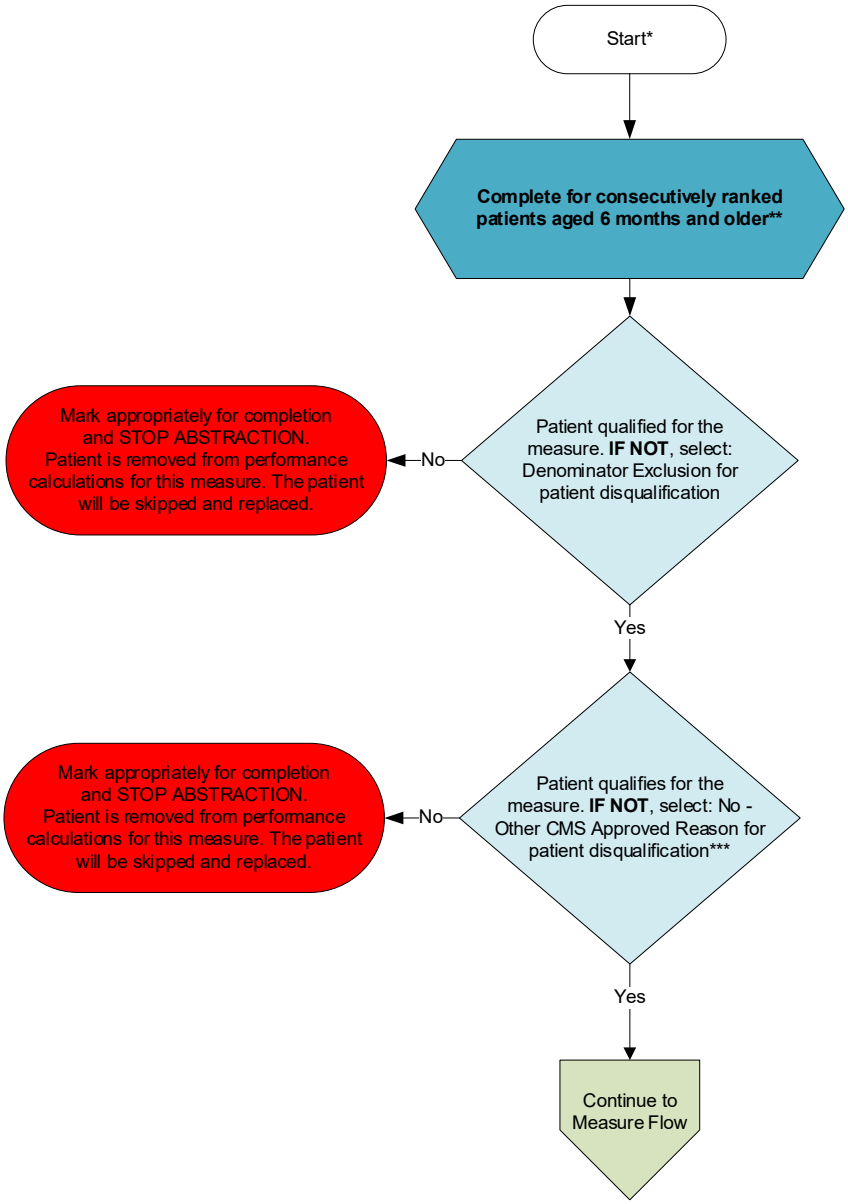
Confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient.



*See the posted measure submission document for specific coding and instructions to submit this measure.
**If date is unknown, enter 12/31/2024

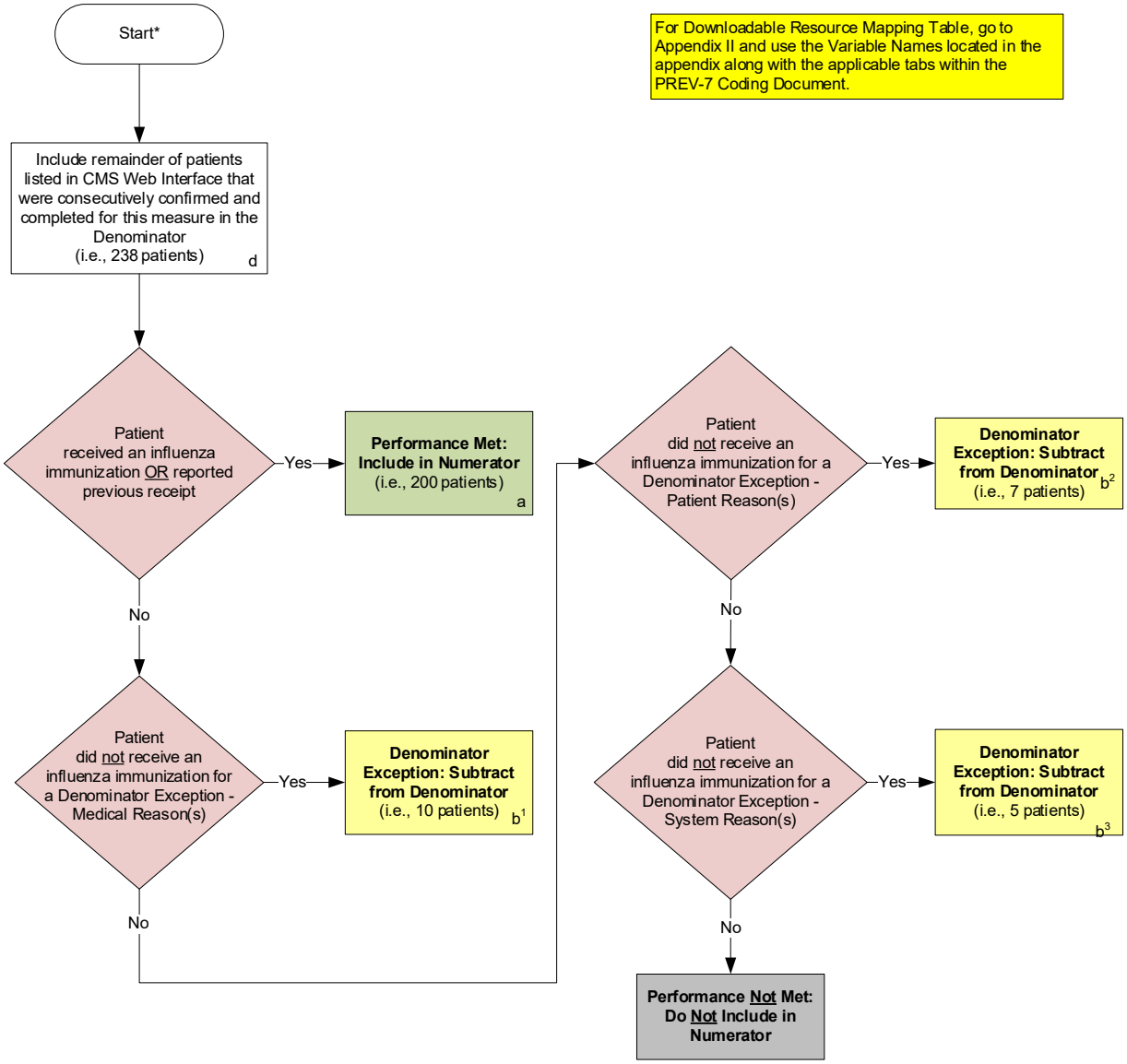
Measure Confirmation Flow for PREV-7

Measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" should be evaluated for each measure where the patient appears.



*See the posted measure submission document for specific coding and instructions to submit this measure.
**Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-7 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
***"Other CMS Approved Reason" may only be selected if the CMS Web Interface updated the resolution of the skip request to be "Approved".

Measure Flow for PREV-7



SAMPLE CALCULATION:

Performance Rate=

Performance Met (a=200 patients) / Denominator (d=238 patients) - Denominator Exceptions ($b^1+b^2+b^3$=22 patients) = 200 patients / 216 patients = **92.59%**

CALCULATIONS MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See the posted measure submission document for specific coding and instructions to submit this measure.

Patient Confirmation Flow

For 2024, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient. Refer to the Measure Submission Document for further instructions.

1. Start Patient Confirmation Flow.
2. Check to determine if Medical Record can be found.
    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, Medical Record found, continue processing.
3. Check to determine if Patient Qualified for the sample.
    a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2024) the patient became ineligible for sample. For example: In Hospice, Moved out of Country, Deceased, Non-FFS Medicare. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for PREV-7.

Measure Confirmation Flow for PREV-7

For 2024, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for PREV-7. Complete for consecutively ranked patients aged 6 months and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-7 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Denominator Exclusion).

    a. If no, the patient does not qualify for the measure, select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.

    b. If yes, the patient does qualify for the measure, continue processing

3. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).

    a. If no, the patient does not qualify for the measure, select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if the CMS Web Interface updated the resolution of the skip request to be "Approved". Stop processing.

    b. If yes, the patient does qualify for the measure, continue to the PREV-7 measure flow.

Measure Flow for PREV-7

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-7 Coding Document.

1. Start processing 2024 PREV-7 (CBE 0041) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-7. **Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 238 patients).

2. Check to determine if the patient received an influenza immunization OR reported previous receipt.

    a. If no, the patient did not receive an influenza immunization OR did not report previous receipt, continue processing.

    b. If yes, the patient received an influenza immunization OR reported previous receipt, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 200 patients). Stop processing.

3. Check to determine if the patient did not receive an influenza immunization for a denominator exception, medical reason(s).

    a. If no, the patient did not receive an influenza immunization for a denominator exception, medical reason(s), continue processing.

    b. If yes, the patient did not receive an influenza immunization for a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b¹' category (denominator exception, i.e. 10 patients). Stop processing.

4. Check to determine if the patient did not receive an influenza immunization for a denominator exception, patient reason(s).

    a. If no, the patient did not receive an influenza immunization for a denominator exception, patient reason(s), continue processing.

    b. If yes, the patient did not receive an influenza immunization for a denominator exception, patient reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b²' category (denominator exception, i.e. 7 patients). Stop processing.

5. Check to determine if the patient did not receive an influenza immunization for a denominator exception, system reason(s).

    a. If no, the patient did not receive an influenza immunization for a denominator exception, system reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.

    b. If yes, the patient did not receive an influenza immunization for a denominator exception, system reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b³' category (denominator exception, i.e. 5 patients). Stop processing.

Sample Calculation:

Performance Rate equals Performance Met (a equals 200 patients) divided by Denominator (d equals 238 patients) minus Denominator Exceptions (b^1 +b^2 + b^3 = 22 patients). All equals 200 patients divided by 216 patients. All equals 92.59%.

CALCULATION MAY CHANGE PENDING PERFORMANCES MET ABOVE

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2024 CMS Web Interface PREV-7 Coding Document.

***PREV-7: Preventive Care and Screening: Influenza Immunization**

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator Exclusion/ Denominator Exclusion Codes	Exclusion	ANAPHYLAXIS_CODE	SNM
Numerator/Numerator Codes	Influenza Immunization	INFLUENZA_CODE	C4 CVX SNM
Denominator Exception/ Denominator Exception Codes	Medical Reason	EGG_ALLERGY_CODE	I10 SNM
		EGG_SUBST_ALLERGY_CODE	SNM
		VACCINE_ALLERGY_CODE	SNM
		INTOLERANCE_CODE	SNM
		MEDICAL_REASON	SNM
	Patient Reason	INFLUENZA_VACCINE_DECLINED	SNM
		PATIENT_REASON	SNM
	System Reason	SYSTEM_REASON	SNM

** For EHR mapping, the coding within PREV-7 is considered to be all inclusive.*

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

Influenza vaccination is the most effective protection against influenza virus infection (Centers for Disease Control and Prevention [CDC], 2022). Influenza may lead to serious complications including hospitalization or death (CDC, 2022). Influenza vaccine is recommended for all persons aged >= 6 months who do not have contraindications to vaccination. However, data indicate that less than half of all eligible individuals receive an influenza vaccination (CDC, 2022). This measure promotes annual influenza vaccination for all persons aged >= 6 months.

CLINICAL RECOMMENDATION STATEMENTS:

Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. For each recipient, a licensed and age-appropriate vaccine should be used. Advisory Committee on Immunization Practices (ACIP) makes no preferential recommendation for a specific vaccine when more than one licensed, recommended, and age-appropriate vaccine is available.

Appendix IV: Use Notices, Copyrights, and Disclaimers