

CMS Web Interface Data Dictionary 2019 Performance Year

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Introduction

The CMS Web Interface Data Dictionary is intended to further assist users as they prepare to report data using the CMS Web Interface. The information contained in this document reflects elements from the CMS Web Interface. Users are encouraged to review and consult the CMS Web Interface Excel Template to understand how to report data given that it is the source that provides all necessary elements of information. The CMS Web Interface Excel Template is the interface used by the system.

It should be noted that this document is not intended to replace measure specifications. Please refer to the CMS Web Interface measure specifications for a comprehensive and in-depth understanding of each measure.

Beneficiary Demographics

Beneficiary ID

Description: A Health Care Identification Number (HICN) or Medicare Beneficiary Identifier (MBI).

Constraints: May not be modified.

Usage: Used to uniquely identify the beneficiary. Populated automatically.

Beneficiary ID Type

Description: Indicates whether a beneficiary ID is a HICN or MBI.

Constraints: May not be modified.

Usage: Used to identify the beneficiary. Populated automatically.

First Name

Description: The first name of the beneficiary.

Constraints: May not be modified using the EXCEL upload process.

Usage: Used to identify the beneficiary. Populated automatically.

Last Name

Description: The last name of the beneficiary.

Constraints: May not be modified using the EXCEL upload process.

Usage: Used to identify the beneficiary. Populated automatically.

Gender

Description: The gender of the beneficiary.

Values: Unknown, Male, Female

Constraints: May not be modified using the EXCEL upload process.

Usage: Used to identify the beneficiary. Populated automatically.

Date of Birth (MM/DD/YYYY)

Description: The date of birth for the beneficiary.

Format: MM/DD/YYYY

Constraints: May not be modified using the EXCEL upload process.

Usage: Used to identify the beneficiary. Populated automatically.

Medical Record Number

Description: The medical record number from the Electronic Health Record of the Beneficiary.

Format: String

Constraints: Any combination of letters, numbers and special characters. Cannot exceed 128 characters.

Usage: Used to identify the beneficiary.

Notes: The ability to supply this value is for the convenience of the submitters. CMS does not require this value. It can be used as a reference if information is looked up with a medical record number specific to the reporter's system.

Clinic ID

Description: The Clinic ID for which treatment was supplied for the beneficiary.

Format: String

Constraints: A combination of uppercase letters and numbers. No special characters. Cannot be longer than nine characters.

Usage: Used to identify the clinic.

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a clinic who treated the beneficiary.

Provider 1 NPI

Description: The National Provider Identifier (NPI) for which treatment was supplied to the Beneficiary.

Format: Number

Constraints: Max length 10 digits.

Usage: Used to identify the provider.

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Provider 2 NPI

Description: The NPI for which treatment was supplied to the Beneficiary.

Format: Number

Constraints: Max length 10 digits.

Usage: Used to identify the provider.

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Provider 3 NPI

Description: The NPI for which treatment was supplied to the Beneficiary.

Format: Number

Constraints: Max length 10 digits.

Usage: Used to identify the provider.

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Comment

Description: Comment enables users to document information or take notes about the beneficiary.

Format: String

Constraints: Less than or equal to 1,000 characters.

Usage: Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying.

Notes: Not required.

Patient Confirmation

Can you locate the patient's medical record and is the patient qualified for the sample?

Description: Required for each beneficiary ranked with a measure.

Values: Yes, No - Medical Record Not Found, Not Qualified for Sample, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Disqualification Reason

Description: Required if "Not Qualified for Sample" is selected.

Values: In Hospice, Moved out of Country, Deceased, Non-FFS Medicare, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Enter the date the patient became ineligible (MM/DD/YYYY)

Description: Required if "Not Qualified for Sample" is selected

Format: MM/DD/YYYY

Usage: Date field.

Notes: Use N/A to clear previously reported data.

Confirmation Comments

Description: Confirmation comments enables users to document information or take notes about the beneficiary confirmation for the sample.

Format: String

Constraints: Less than or equal to 1,000 characters.

Usage: Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying.

Notes: Not required.

CARE-2: Screening for Future Fall Risk

Care-2 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be modified.

Usage: Used to rank a beneficiary in this measure.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you reported data.

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data.

These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an 'Other CMS Approved Reason' has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Was the patient screened for future fall risk at least once during the measurement period (January 1 and December 31, 2019)?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Care-2 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: String

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

DM-2 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Usage: Used to rank a beneficiary in this measure.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a documented history OR active diagnosis of diabetes during the measurement period or year prior to the measurement period (January 1, 2018 and December 31, 2019)?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, Not Confirmed - Diagnosis, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an ‘Other CMS Approved Reason’ has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Did the patient have one or more HbA1c tests performed during the measurement period (January 1 - December 31, 2019)?

Description: Required for each beneficiary ranked in the measure for which you report data.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Date drawn (MM/DD/YYYY)

Description: Required if “Yes” is selected.

Format: MM/DD/YYYY

Usage: Date field between 01/01/2019 and 12/31/2019.

Notes: Use N/A to clear previously reported data.



HbA1c value (enter distinct value)

Description: Required if “Yes” is selected.

Values: A number between 0 and 25

Format: Up to two decimal places are supported

Usage: Enter 0 if the test was performed but the results were not documented.

Notes: Use N/A to clear previously reported data.

DM-2 Comment (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

HTN-2: Controlling High Blood Pressure

HTN-2 Rank

Description: The rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a documented diagnosis of essential hypertension within the first six months of 2019 or at any time prior to January 1, 2019 but does not end before January 1, 2019?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an 'Other CMS Approved Reason' has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Was the patient's most recent blood pressure reading documented during the measurement period (January 1 - December 31, 2019)?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Date taken (MM/DD/YYYY)

Description: Required if "Yes" is selected for "Was the patient's most recent blood pressure reading documented during the measurement period (January 1 - December 31, 2019)?"

Format: MM/DD/YYYY

Usage: Date field between 01/01/2019 and 12/31/2019.

Notes: Use N/A to clear previously reported data.



Systolic (Enter Number)

Description: Required if “Yes” is selected.

Values: A number between 0 and 350

Usage: Enter N/A to clear previously reported data.

Diastolic (Enter Number)

Description: Required if “Yes” is selected.

Values: A number between 0 and 200

Usage: Enter N/A to clear previously reported data.

HTN-2 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

MH-1: Depression Remission at Twelve Months

MH-1 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have an active diagnosis of major depression or dysthymia during the denominator identification period (November 1, 2017 and October 31, 2018)?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an ‘Other CMS Approved Reason’ has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Did the patient have one or more PHQ-9s or PHQ-9Ms administered during the denominator identification period (November 1, 2017 and October 31, 2018)?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: No, Yes, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Did the patient have a PHQ-9 or PHQ-9M score greater than 9 during the denominator identification period between November 01, 2017 and October 31, 2018?

Description: Required for each beneficiary ranked in this measure when you answer “Yes” to the previous question.

Values: No, Yes, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PHQ-9 or PHQ-9M Index Event Date (MM/DD/YYYY)

Description: Required if “Yes” is selected in the previous question.

Format: MM/DD/YYYY between 11/01/2017 and 10/31/2018

Usage: Date field.

Notes: Use N/A to clear previously reported data.

PHQ-9 or PHQ-9M Score (Enter Number)

Description: Required if “Yes” is selected for the PHQ-9 or PHQ-9M score greater than 9 question.

Format: Number between 10 and 27

Usage: Enter N/A to clear previously reported data.

Did the patient have one or more PHQ-9 or PHQ-9M administered during the Measurement Assessment Period between (12 months +/- 60 days from the Index Event Date)?

Description: Required if “Yes” is selected in the previous question.

Values: Yes, No, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data.

Did the patient achieve remission with a follow-up PHQ-9 or PHQ-9M performed and a score less than 5 at 12 months (+/- 60 days) of the initial index event date?

Description: Required if “Yes” is selected in the previous question.

Values: Yes, No, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data.

Remission Date (MM/DD/YYYY)

Description: Required if “Yes” is selected.

Format: MM/DD/YYYY

Constraints: A date between 12 months (+/- 60 days) of the initial Index Event Date PHQ-9 or PHQ-9M score less than 5.

Usage: Date field

Notes: Use N/A to clear previously reported data.

PHQ-9 or PHQ-9M Score associated with the Remission Date

Description: Required if “Yes” is selected.

Format: Number between 0 and less than 5

Usage: Enter N/A to clear previously reported data.

MH-1 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

PREV-5: Breast Cancer Screening

PREV-5 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an 'Other CMS Approved Reason' has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Was screening for breast cancer performed between October 1, 2017 and December 31, 2019?

Description: Required if the patient is qualified for the measure.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PREV-5 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

PREV-6: Colorectal Cancer Screening

PREV-6 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an 'Other CMS Approved Reason' has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Is the patient's colorectal cancer screening current?

Description: Required if the patient is qualified for the measure

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PREV-6 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

PREV-7: Influenza Immunization

PREV-7 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an 'Other CMS Approved Reason' has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Did the patient receive an influenza immunization OR report previous receipt of an influenza immunization between August 1, 2018 and March 31, 2019?

Description: Required if the patient is qualified for the measure.

Values: Yes, No, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, No - Denominator Exception - System Reasons, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PREV-7 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

PREV-10: Tobacco Use: Screening and Cessation Intervention

PREV-10 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an ‘Other CMS Approved Reason’ has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Was the patient screened for tobacco use at least once during the measurement period and year prior to the measurement period (January 1, 2018 - December 31, 2019)?

Description: Required if the patient is qualified for the measure.

Values: Yes, No, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Was the patient identified as a tobacco user during the most recent tobacco use screening?

Description: Required if you selected “Yes” in the previous question.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.



Did the patient receive tobacco cessation intervention?

Description: Required if you selected “Yes” in the previous question.

Values: Yes, No, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PREV-10 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

PREV-12: Screening for Depression and Follow-Up Plan

PREV-12 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an ‘Other CMS Approved Reason’ has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Was the patient screened for depression using an age appropriate standardized tool during the measurement period (January 1 - December 31, 2019)?

Description: Required if the patient is qualified for the measure.

Values: Yes, No, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.


Was the screen positive for depression during the measurement period (January 1 - December 31, 2019)?

Description: Required if you selected “Yes” in the previous question.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.



Was a follow-up plan for depression documented during the measurement period (January 1 - December 31, 2019)?

Description: Required if you selected “Yes” in the previous question.

Values: Yes, No, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PREV-12 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

PREV-13 Rank

Description: Rank of the beneficiary for this measure.

Format: Numeric

Constraints: May not be changed for the beneficiary sample.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through December 31, 2019?

Description: Required for each beneficiary ranked in this measure for which you report data.

Values: Yes, No - Diagnosis, No - Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Skip Request Status

Description: Indicates whether an ‘Other CMS Approved Reason’ has been submitted, approved, or denied.

Constraints: May not be modified.

Usage: Used to identify the skip request status. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the status on the next download with data.

Skip Request Case Number

Description: Identifies the skip request submitted through the data entry user interface.

Constraints: May not be modified.

Usage: Used to identify the skip request. Populated automatically.

Notes: After a skip request has been submitted through the data entry user interface, this field will be populated with the case number on the next download with data.

Has the patient ever had a fasting or direct laboratory test result of LDL-C ≥ 190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia?

Description: Required for each beneficiary that answers “No – Diagnosis” to Risk Category 1 question.

Values: Yes, No - Diagnosis, No – Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Is the patient aged 40-75 years of age and has a diagnosis of Type 1 or Type 2 diabetes?

Description: Required for each beneficiary that answers “No - Diagnosis” to the Risk Category 1 and Risk Category 2 questions.

Values: Yes, No - Diagnosis, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data. Values Not Confirmed – Age OR Not Confirmed – Gender are calculated by the system and populated in the download with data. These values may not be modified and will be ignored on upload if changed.

Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2017 and December 31, 2019?

Description: Required for beneficiaries that answer “No – Diagnosis” to the Risk Category 1 and Risk Category 2 question and that are between 40-75-years-old and have a diagnosis of Type 1 or Type 2 diabetes.

Values: Yes, No, No - Denominator Exclusion, No – Other CMS Approved Reason, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

Was the patient taking or prescribed statin therapy during the measurement period (January 1 - December 31, 2019?)

Description: Required for each beneficiary that answers “Yes” to the Risk Category 1 and ranked in this measure that you report data for when risk category 1 or risk category 2 is “Yes” or “Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2017 and December 31, 2019?” is “Yes”.

Values: No, Yes, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values.

Notes: Use N/A to clear previously reported data.

PREV-13 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1,000 characters.



Version History

Version	Comments
11/13/2019	Original Version for 2019 Performance Year