

## Quality ID #503 (CBE 2483): Gains in Patient Activation Measure (PAM) Scores at 12 Months

### 2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (COM)

### MEASURE TYPE:

Patient-Reported Outcome-Based Measure (PRO-PM) – High Priority

### DESCRIPTION:

The Patient Activation Measure® (PAM®) is a 10- or 13-item questionnaire that assesses an individual's knowledge, skills, and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale that converts to one of four levels of activation, from low (1) to high (4). The PAM® performance measure (PAM®-PM) is the change in score on the PAM® from baseline to follow-up measurement.

### INSTRUCTIONS:

#### **Reporting Frequency:**

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

#### **Intent and Clinician Applicability:**

This measure is intended to reflect the quality of services provided for patients who received a baseline PAM® score and a second PAM® score in a 4 to 12 month period from the baseline PAM® score. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

#### **Measure Strata and Performance Rates:**

This measure contains three strata defined by three submission criteria.

This measure produces two performance rates.

#### There are 3 Submission Criteria for this measure:

- 1) All patients aged 14 years and older who had two PAM® scores 4 to 12 months apart
- AND
- 2) All patients aged 14 years and older who achieved a net increase in PAM® score of at least 3 points
- AND
- 3) All patients aged 14 years and older who achieved a net increase in PAM® score of at least 6 points

Submission Criteria 1 is used to satisfy the Minimum Performance Threshold Requirement for Submission Criteria 2 and 3. Therefore, there is no Performance Rate to be submitted for this Submission Criteria.

#### This measure will be calculated with 2 performance rates:

- 1) Percentage of patients aged 14 years and older who achieved a net increase in PAM® score of at least 3 points in a 4 to 12 month period
- 2) Percentage of patients aged 14 years and older who achieved a net increase in PAM® score of at least 6 points in a 4 to 12 month period

For accountability reporting in the CMS MIPS program, Performance Rate 1 will be used for performance.

#### **Implementation Considerations:**

For the purposes of MIPS implementation, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure for the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once for the specified timeframe.

Unique to this measure is the Minimum Performance Threshold Requirement. This measure-based threshold includes two requirements:

- 1) Clinicians must have collected a follow-up PAM® survey on at least 25% of all eligible patients during the performance period.
- 2) Clinicians must have administered a follow-up PAM® survey to a minimum of 50 unique patients.

Therefore, if the performance rate for Submission Criteria 1 is below 25% and does not include 50 unique patients, the MIPS eligible clinician would not be able to meet the denominator of the Submission Criteria 2 and this measure CANNOT BE SUBMITTED. CMS anticipates the performance rate for Submission Criteria 2 and Submission Criteria 3 will be calculated using 100% of patients that met performance in Submission Criteria 1.

The survey will be available at <https://www.phreesia.com/mips>. Clinicians will be able to administer the PAM® on paper, via phone, electronically via email, or through a free web portal provided by Phreesia Inc. The portal will allow users to administer the PAM® survey to patients and record a patient's responses to the survey questions that were administered using other modalities. These responses will be automatically scored. In addition, clinicians will be able to view reports on patient PAM® responses.

#### **Telehealth:**

**TELEHEALTH ELIGIBLE:** This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

#### **Measure Submission:**

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

#### **SUBMISSION CRITERIA 1: ALL PATIENTS WHO HAD TWO PAM® SCORES 4 TO 12 MONTHS APART**

##### **DENOMINATOR (CRITERIA 1):**

Patients aged 14 years and older with at least two qualifying visits during the performance period.

##### **Denominator Instructions:**

The measure is not disease specific but has been successfully used with a wide variety of chronic conditions, as well as with people with no medical diagnosis.

##### **DENOMINATOR NOTE:**

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

##### **Denominator Criteria (Eligible Cases):**

Patients aged 14 years and older on date of encounter

##### **AND**

At least two patient encounters during performance period (CPT or HCPCS): 98000, 98001, 98002, 98003,

98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 90834, 90837, 97164, 97165, 97166, 97167, 97168, 98966, 98967, 98968, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401\*, 99402\*, 99403\*, 99424, 99484, 99491, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0402, G0438, G0439

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

Patients who died during the performance period: M1384

**OR**

Diagnosis of Dementia: M1474

**OR**

Diagnosis of Huntington's disease: M1475

**OR**

Diagnosis of Cognitive Impairment or Alzheimer's disease: M1476

**OR**

Diagnosis of Delirium: M1477

**OR**

Psychoactive substance abuse: M1478

**Reference Coding:**

Denominator Exclusion for Dementia [M1474] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F10.27, F10.97, F13.97, F13.27, F18.17, F18.27, F19.97, F19.17, F19.27

Denominator Exclusion for Huntington's disease [M1475] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

G10

Denominator Exclusion for Cognitive Impairment or Alzheimer's disease [M1476] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

A81.00, A81.09, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.9, G31.01, G31.09, G31.84, G40.909, I67.850, R41.0

Denominator Exclusion for Delirium [M1477] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F05

Denominator Exclusion for Psychoactive Substance Abuse [M1478] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F19.121, F19.131, F19.150, F19.159, F19.17, F19.180, F19.181, F19.182, F19.19, F19.120, F19.130, F19.151, F19.139, F19.16, F19.17, F19.122, F19.14, F19.188, F19.132, F19.221, F19.23, F19.921, F19.931

**NUMERATOR (CRITERIA 1):**

Patients with a Baseline PAM® score and then a second score taken within 12 months of the baseline (but not less than 4 months).

**Definitions:**

**Follow-up** – The second PAM® score must occur during the performance period (January 1 through December 31).

**Level 4** – Scores on the PAM® survey range from 0-100 that are then converted to Levels ranging from Level 1 to "Level 4", with "Level 4" being the highest level of activation.

**Extreme Straight line Response Sets** – PAM® surveys where all responses are either 'Agree Strongly' or all responses are 'Disagree Strongly'.

**Excessive Missing Responses** – PAM-10® surveys where more than 3 responses are missing or – PAM-13® surveys where more than 4 responses are missing.

**Numerator Instructions:**

The Baseline PAM® score can be captured during the current performance period or the prior performance period, however, the follow-up PAM® score should be captured during the current performance period for the purposes of this measure.

**Numerator Options:**

***Performance Met:***

Patients who had a baseline PAM® score and a second score within 4 to 12 months of baseline PAM® score (M1345)

**OR**

***Denominator Exception:***

Patients who are at PAM® Level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM® or with excessive missing responses (M1343)

**OR**

***Denominator Exception:***

Documentation of patient reasons for patients who were not seen for the second PAM® survey (e.g., less than four months between baseline PAM® assessment and follow-up (M1385)

**OR**

***Performance Not Met:***

Patients who did not have a baseline PAM® score and/or a second score within 4 to 12 months of baseline PAM® score (M1344)

**AND**

**SUBMISSION CRITERIA 2: ALL PATIENTS AGED 14 YEARS AND OLDER WHO ACHIEVED A NET INCREASE IN PAM® SCORE OF AT LEAST 3 POINTS**

**DENOMINATOR (CRITERIA 2):**

Patients aged 14 years and older with Performance Met for Submission Criteria 1 who had a baseline PAM® score and a second score within 4 to 12 months of baseline PAM® score and who were seen for a qualifying visit at least twice during the performance period.

**Definition:**

**Follow-up** – Must occur during the performance period (January 1 through December 31).

**Denominator Instructions:**

A positive change would mean the patient is gaining in their ability to manage their health. The measure is not disease specific but has been successfully used with a wide variety of chronic conditions, as well as with people with no medical diagnosis.

**DENOMINATOR NOTE:**

Individual clinicians would need to have two PAM® scores on at least 25% of their eligible population and a minimum of 50 patients with two PAM® scores.

Providers are not penalized for having a large percentage of patients with low activation scores, as those patients have the most room for gains if appropriately supported. Performance is based on the change between the PAM® scores.

\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

**Denominator Criteria (Eligible Cases):**

**Minimum Process of Care Threshold Requirement:** At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)

**AND**

**Minimum Case Threshold Requirement:** At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)

**AND**

Patients aged 14 years and older on date of encounter

**AND**

All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1

**AND**

**At least two patient encounters during performance period (CPT or HCPCS):** 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 90834, 90837, 97164, 97165, 97166, 97167, 97168, 98966, 98967, 98968, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401\*, 99402\*, 99403\*, 99424, , 99484, 99491, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0402, G0438, G0439

**AND NOT****DENOMINATOR EXCLUSIONS:**

Patients who died during the performance period: M1384

**OR**

Diagnosis of Dementia: M1474

**OR**

Diagnosis of Huntington's disease: M1475

**OR**

Diagnosis of Cognitive Impairment or Alzheimer's disease: M1476

**OR**

Diagnosis of Delirium: M1477

**OR**

Psychoactive substance abuse: M1478

**Reference Coding:**

Denominator Exclusion for Dementia [M1474] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:

F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F10.27, F10.97, F13.97, F13.27, F18.17, F18.27, F19.97, F19.17, F19.27

Denominator Exclusion for Huntington's disease [M1475] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
G10

Denominator Exclusion for Cognitive Impairment or Alzheimer's disease [M1476] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
A81.00, A81.09, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.9, G31.01, G31.09, G31.84, G40.909, I67.850, R41.0

Denominator Exclusion for Delirium [M1477] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
F05

Denominator Exclusion for Psychoactive Substance Abuse [M1478] may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
F19.121, F19.131, F19.150, F19.159, F19.17, F19.180, F19.181, F19.182, F19.19, F19.120, F19.130, F19.151, F19.139, F19.16, F19.17, F19.122, F19.14, F19.188, F19.132, F19.221, F19.23, F19.921, F19.931

#### **NUMERATOR (CRITERIA 2):**

Percentage of eligible patients who achieved a net increase in PAM® score of at least 3 points in a 4 to 12 month period (passing).

##### **Definition:**

**Patient Activation Measure-Performance Measure** – The PAM®-PM, requires that PAM® be measured at two points in time with the second measure occurring within 4 to 12 months from the baseline measure. The difference in PAM® score from time 1 to time 2 is the change score.

##### **Numerator Instructions:**

A "passing" score for eligible patients would be to show an average net 3 point PAM® score increase in a 4 to 12 month period. An "excellent" score for eligible patients would be to show an average net 6 point PAM® score increase in a 4 to 12 month period. However, a PAM® score of "passing" or "excellent" meets performance for this measure.

If there are multiple PAM® scores available, the most recent PAM® score should be utilized for the follow-up PAM® score, while the Baseline PAM® score should be the earliest PAM® score that falls within the 4 to 12 months prior to the date of the follow-up.

##### **Numerator Options:**

###### ***Performance Met:***

Patients who achieved a net increase in PAM® score of at least 3 points in a 4 to 12 month period (passing) (M1347)

**OR**

###### ***Performance Not Met:***

Patients who did not have a net increase in PAM® score of at least 3 points within a 4 to 12 month period (M1349)

**AND**

#### **SUBMISSION CRITERIA 3: ALL PATIENTS AGED 14 YEARS AND OLDER WHO ACHIEVED A NET INCREASE IN PAM® SCORE OF AT LEAST 6 POINTS**

##### **DENOMINATOR (CRITERIA 3):**

Patients aged 14 years and older with Performance Met for Submission Criteria 1 who had a baseline PAM® score and a second score within 4 to 12 months of baseline PAM® score and who were seen for a qualifying visit at least twice during the performance period.

**Definition:**

**Follow-up** – Must occur during the performance period (January 1 thru December 31).

**Denominator Instructions:**

A positive change would mean the patient is gaining in their ability to manage their health. The measure is not disease specific but has been successfully used with a wide variety of chronic conditions, as well as with people with no medical diagnosis.

**DENOMINATOR NOTE:**

*Individual clinicians would need to have two PAM® scores on at least 25% of their eligible population and a minimum of 50 patients with two PAM® scores.*

*Providers are not penalized for having a large percentage of patients with low activation scores, as those patients have the most room for gains. Performance is based on the change between the PAM® scores.*

*\*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases):**

**Minimum Process of Care Threshold Requirement:** At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)

**AND**

**Minimum Case Threshold Requirement:** At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)

**AND**

Patients aged 14 years and older on date of encounter

**AND**

All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1

**AND**

**At least two patient encounters during performance period (CPT or HCPCS):** 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 90834, 90837, 97164, 97165, 97166, 97167, 97168, 98966, 98967, 98968, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99401\*, 99402\*, 99403\*, 99424, 99484, 99491, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0402, G0438, G0439

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

Patients who died during the performance period: M1384

**OR**

Diagnosis of Dementia: M1474

**OR**

Diagnosis of Huntington's disease: M1475

**OR**

Diagnosis of Cognitive Impairment or Alzheimer's disease: M1476

**OR**

Diagnosis of Delirium: M1477

**OR**

Psychoactive substance abuse: M1478

**Reference Coding:**

Denominator Exclusion for Dementia [M1474] may be defined by the following coding, however, other

codes/code languages that meet the intent of this component may also be used:

F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F10.27, F10.97, F13.97, F13.27, F18.17, F18.27, F19.97, F19.17, F19.27

Denominator Exclusion for **Huntington's disease [M1475]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
G10

Denominator Exclusion for **Cognitive Impairment or Alzheimer's disease [M1476]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
A81.00, A81.09, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.9, G31.01, G31.09, G31.84, G40.909, I67.850, R41.0

Denominator Exclusion for **Delirium [M1477]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
F05

Denominator Exclusion for **Psychoactive Substance Abuse [M1478]** may be defined by the following coding, however, other codes/code languages that meet the intent of this component may also be used:  
F19.121, F19.131, F19.150, F19.159, F19.17, F19.180, F19.181, F19.182, F19.19, F19.120, F19.130, F19.151, F19.139, F19.16, F19.17, F19.122, F19.14, F19.188, F19.132, F19.221, F19.23, F19.921, F19.931

### **NUMERATOR (CRITERIA 3):**

Percentage of eligible patients who achieved a net increase in PAM® score of at least 6 points in a 4 to 12 month period (excellent).

#### **Definition:**

**Patient Activation Measure-Performance Measure** – The PAM®-PM, requires that PAM® be measured at two points in time with the second measure occurring within 4 to 12 months from the baseline measure. The difference in PAM® score from time 1 to time 2, or the change score is the PAM®-PM.

#### **Numerator Instructions:**

A "passing" score for eligible patients would be to show an average net 3 point PAM® score increase in a 4 to 12 month period. An "excellent" score for eligible patients would be to show an average net 6 point PAM® score increase in a 4 to 12 month period. However, a PAM® score of "passing" or "excellent" meets performance for this measure.

If there are multiple PAM® scores available, the most recent PAM® score should be utilized for the follow-up PAM® score, while the baseline PAM® score should be the earliest PAM® score that falls within the 4 to 12 months prior to the date of the follow-up.

#### **Numerator Options:**

##### ***Performance Met:***

Patients who achieved a net increase in PAM® score of at least 6-points in a 4 to 12 month period (excellent) **(M1348)**

**OR**

##### ***Performance Not Met:***

Patients who did not have a net increase in PAM® score of at least 6 points within a 4 to 12 month period **(M1346)**



## **RATIONALE:**

The Patient Activation Measure (PAM®) assesses an individual's ability to manage their own health and health care. The measure is not disease specific; it has been successfully used with a wide variety of chronic conditions, as well as with people with no conditions. The PAM® is predictive of most health outcomes, including such diverse outcomes as how a patient fares after orthopedic surgery; remission of depression over time; the likelihood of hospital re-admission or ambulatory care sensitive (ACS) utilization; the trajectory of a chronic disease over time; and even the likelihood of a new chronic disease diagnosis in the coming year. The PAM® surveys the knowledge, skill, and confidence necessary for self-management on a 0-100-point scale that can be broken down into 4 levels from low activation to high activation. The 13 (or 10) item survey has strong measurement properties and is predictive of most health behaviors and many clinical outcomes. PAM® scores are also predictive of health care costs, with lower scores predictive of higher costs. The PAM® is in use both in the US and internationally in research (including more than 800 peer-reviewed journal articles) as well as clinical settings. It has been translated into more than 30 languages. Because researchers all over the world use PAM®, we have been able to validate the instrument with people of different racial and ethnic backgrounds, and with people from different socio-economic levels. The measure has been shown to be valid and reliable in different clinical settings and under different payment models. A performance measure assessing average changes in PAM® scores has been endorsed by CBE (CBE#2483). The Patient Activation Measure-Performance Measure, the PAM®-PM, requires that PAM® be measured at two points in time. The difference in PAM® score from time 1 to time 2, or the change score is the PAM®-PM. This measure, as well as the PAM® survey, is used in a number of federal quality and payment programs.

## **CLINICAL RECOMMENDATION STATEMENTS:**

While there are a few other measures that seek to assess patient engagement and activation, they do not possess the strong measurement properties of PAM® and do not have the depth of research supporting their validity and reliability. PAM® is the only measure of self-management capability endorsed by CBE to measure performance. While PAM® is built upon a true equal interval scale, as is the case with measures in the natural sciences (e.g. temperature, weight, HbA1c, blood pressure), competing measures of patient engagement utilize ordinal measurement (a lower form of measurement), that lacks the precision and consistency of interval level measurement. Because of these strong measurement properties, researchers from all over the world chose to utilize the PAM® when assessing activation or self-management ability in their studies.

## **REFERENCES:**

There are no sources in the current document.

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## 2026 Clinical Quality Measure Flow for Quality ID #503 (CBE 2483): Gains in Patient Activation Measure (PAM) Scores at 12 Months Multiple Performance Rates

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

### ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

**Overall Data Completeness (Submission Criteria 2/Performance Rate 1)\*=**

$$\frac{\text{Performance Met (a}=60 \text{ patients)} + \text{Performance Not Met (c}=5 \text{ patients)}}{\text{Eligible Population / Denominator (d}=70 \text{ patients)}} = \frac{65 \text{ patients}}{70 \text{ patients}} = 92.86\%$$

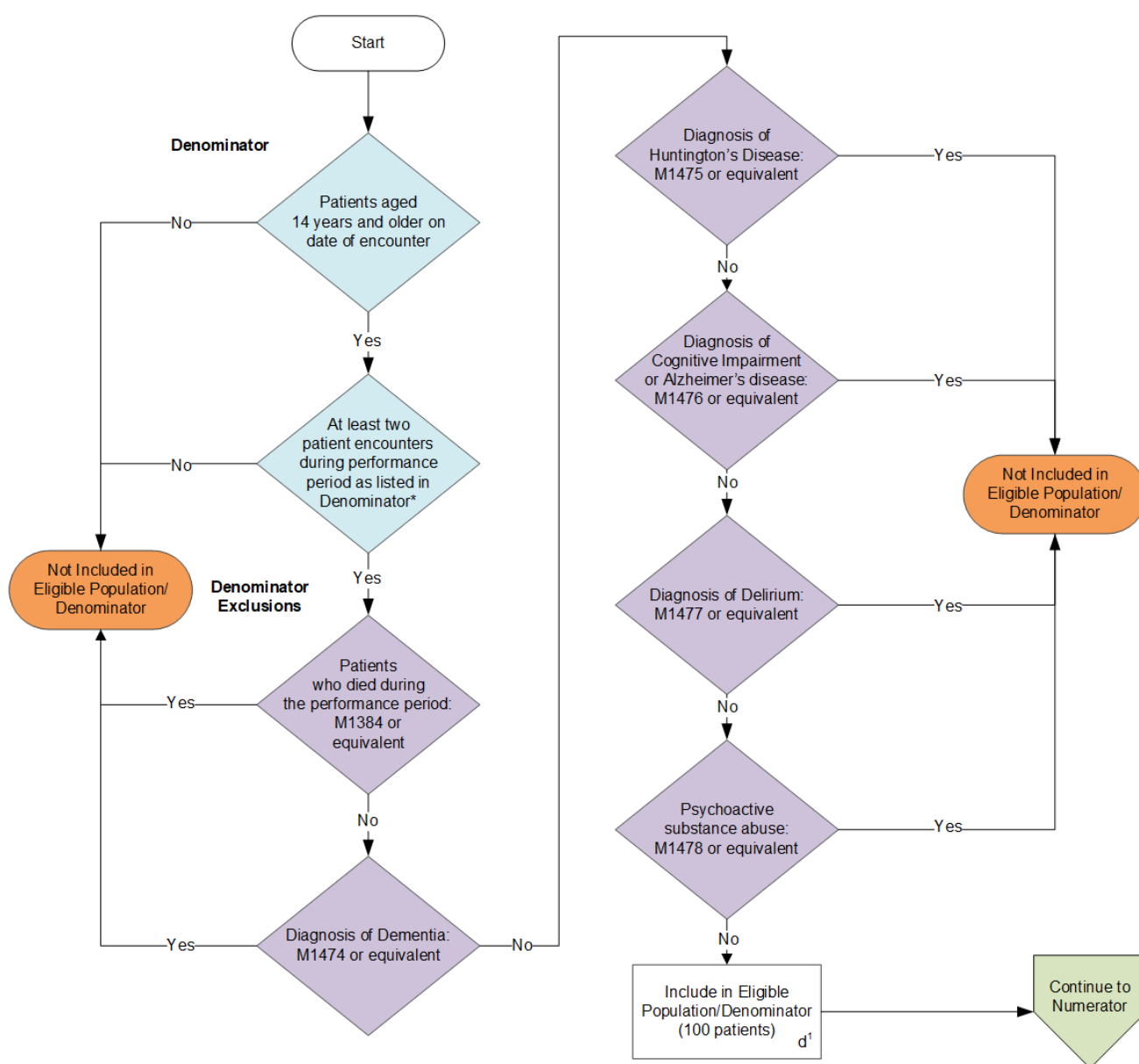
**Overall Performance Rate (Performance Rate 1)\*=**

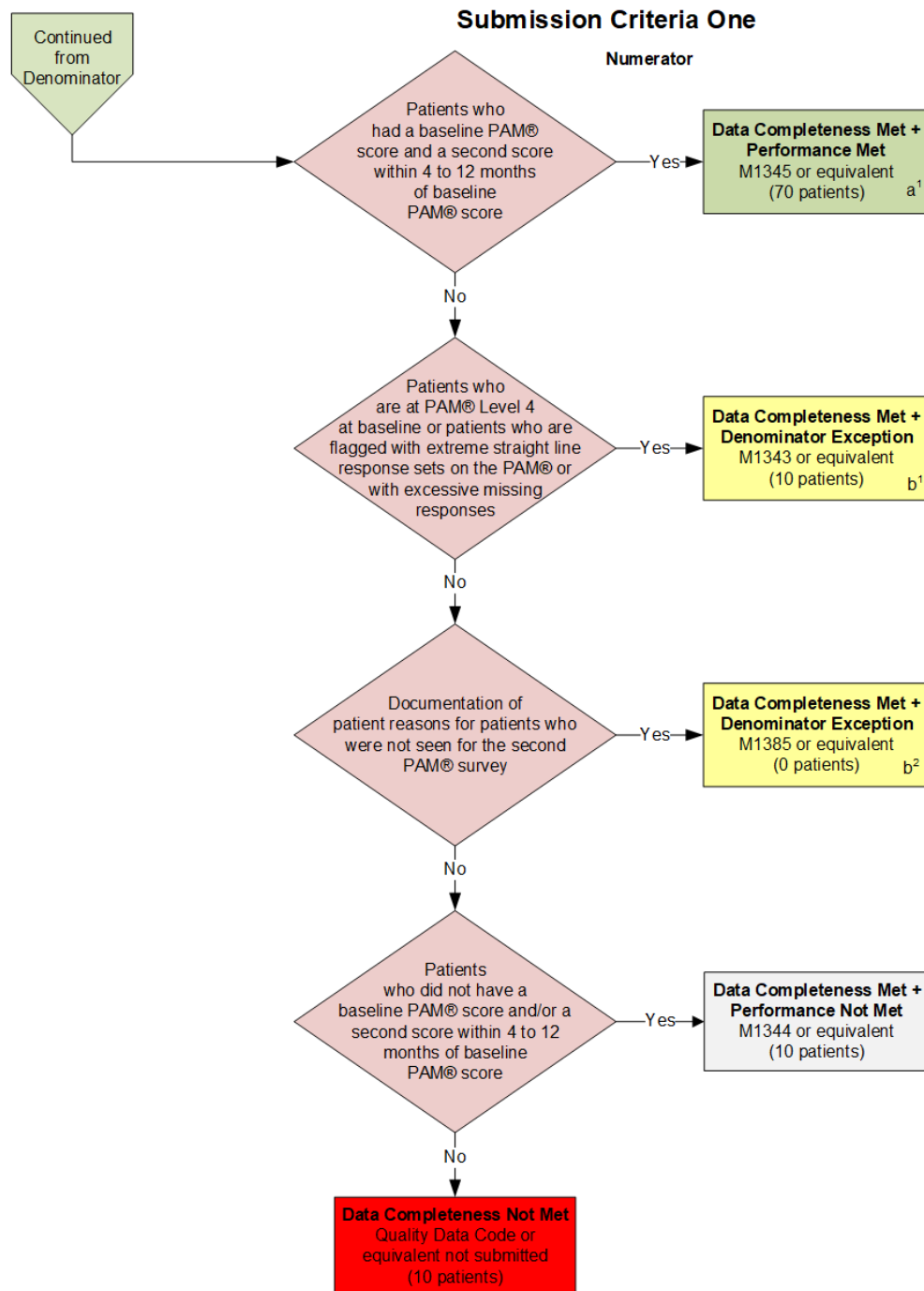
$$\frac{\text{Performance Met (a}=60 \text{ patients)}}{\text{Data Completeness Numerator (65 patients)}} = \frac{60 \text{ patients}}{65 \text{ patients}} = 92.31\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

### Submission Criteria One





**SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE**

**Data Completeness =**

$$\frac{\text{Performance Met (a}^1\text{=70 patients) + Denominator Exception (b}^1\text{ + b}^2\text{=10 patients) + Performance Not Met (c}^1\text{=10 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=100 patients)}} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90.00\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^1\text{=70 patients)}}{\text{Data Completeness Numerator (90 patients) – Denominator Exception (b}^1\text{=10 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

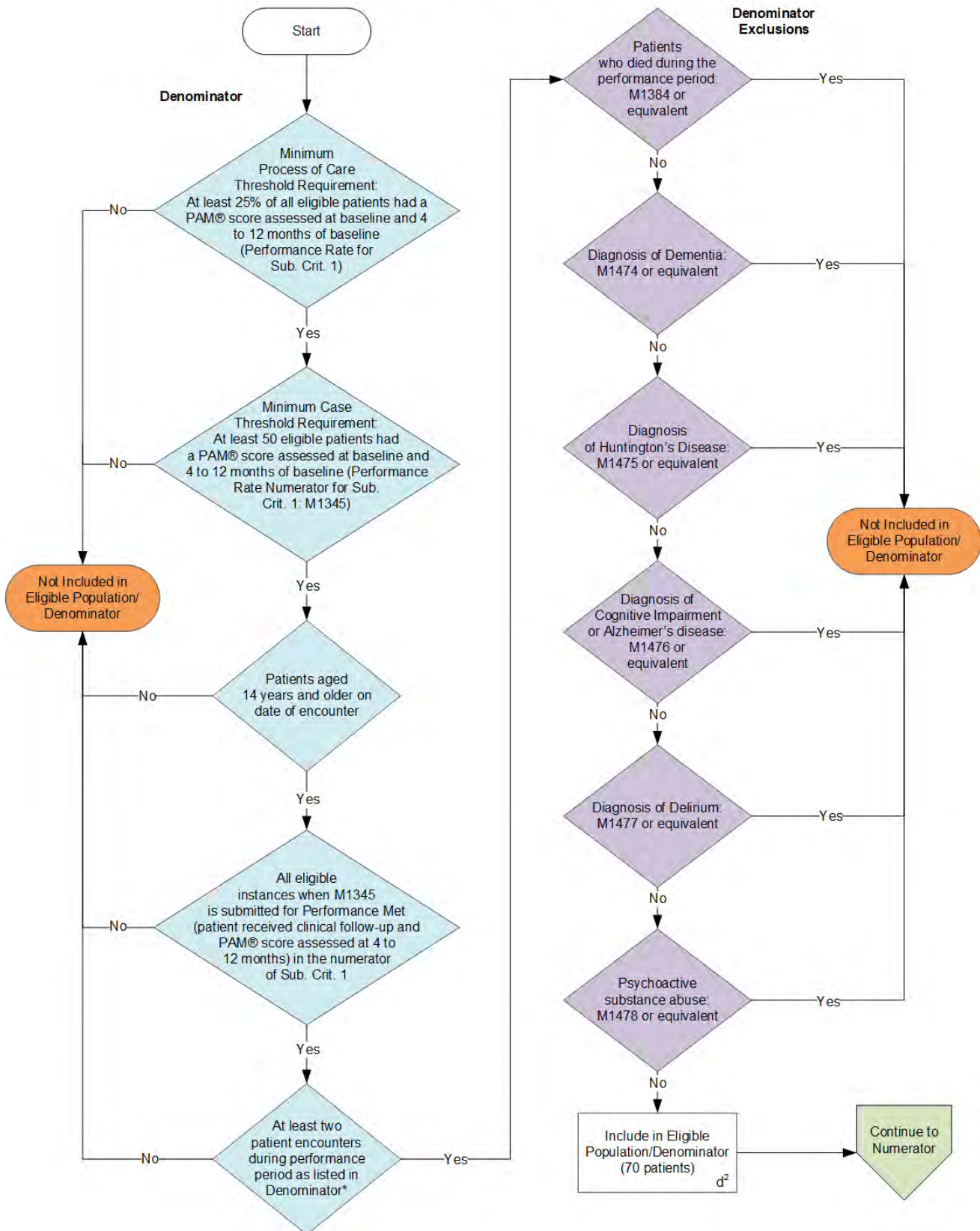
\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

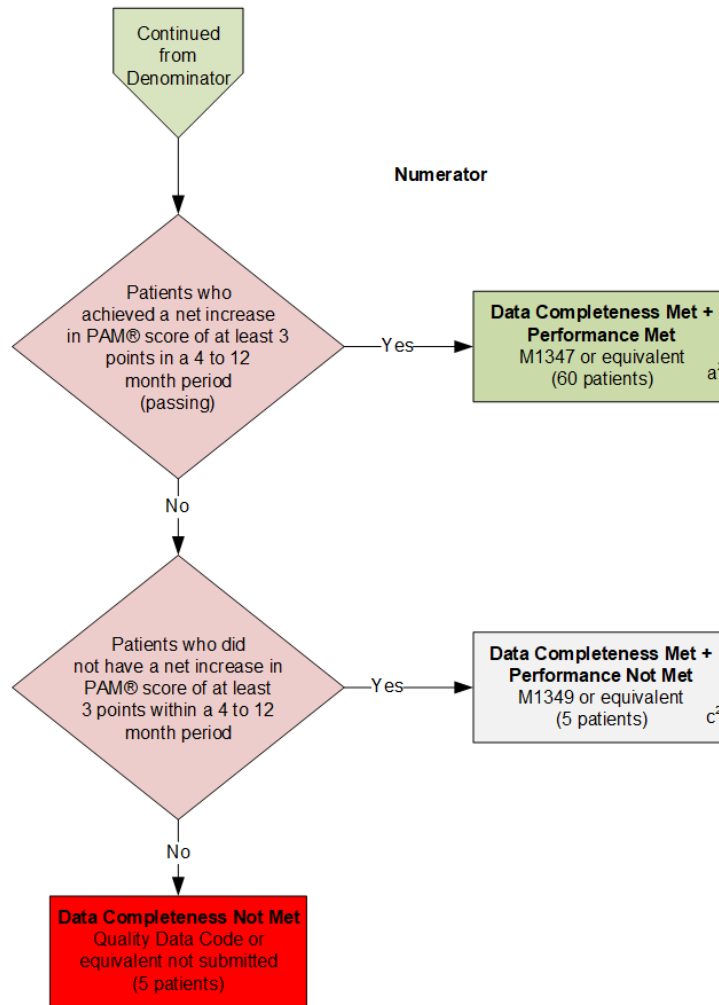
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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification

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## Submission Criteria Two



## Submission Criteria Two



### SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

#### Data Completeness =

$$\frac{\text{Performance Met (a}^2\text{=60 patients) + Performance Not Met (c}^2\text{=5 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=70 patients)}} = \frac{65 \text{ patients}}{70 \text{ patients}} = 92.86\%$$

#### Performance Rate=

$$\frac{\text{Performance Met (a}^2\text{=60 patients)}}{\text{Data Completeness Numerator (65 patients)}} = \frac{60 \text{ patients}}{65 \text{ patients}} = 92.31\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

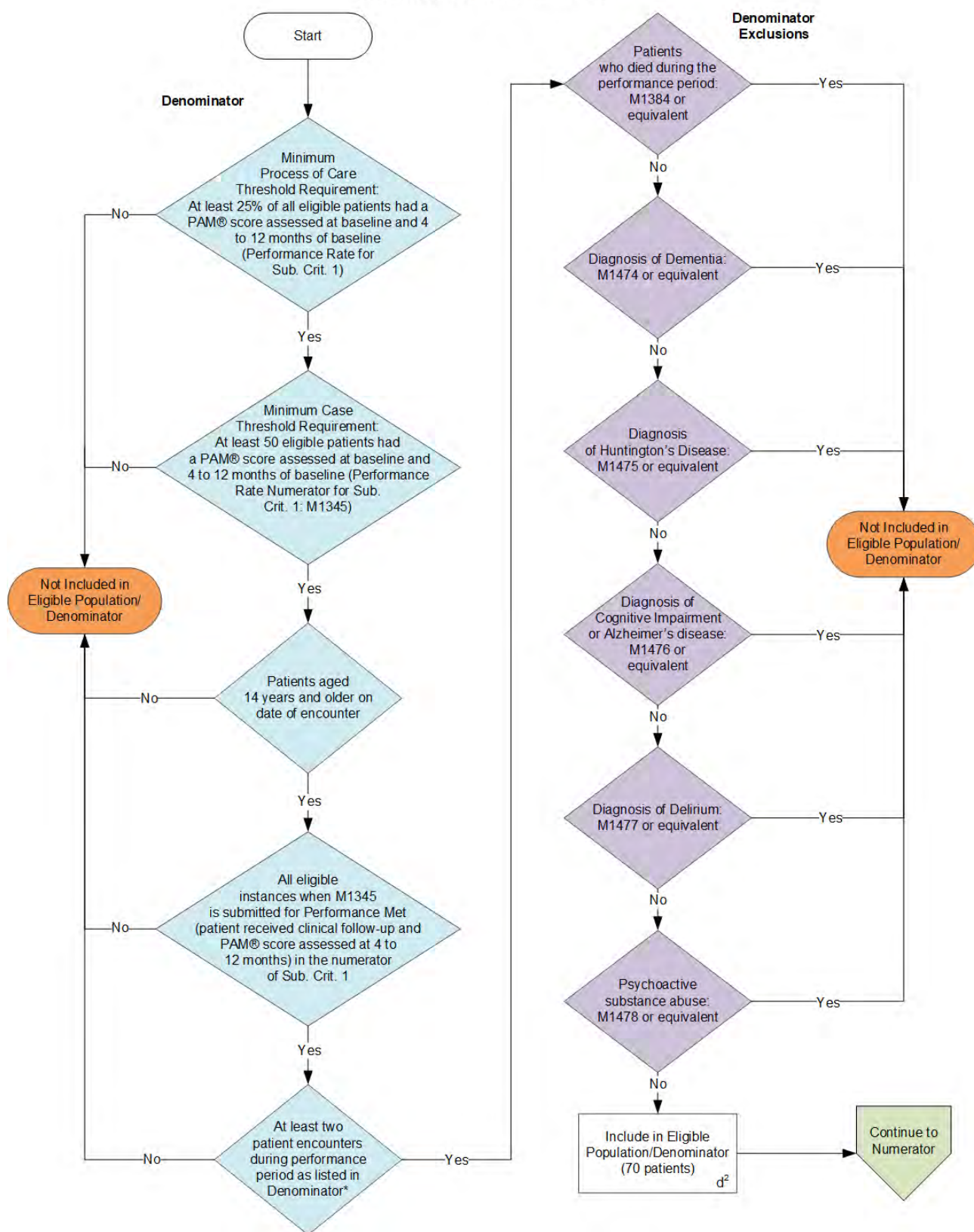
NOTE: Submission Frequency: Patient-Periodic

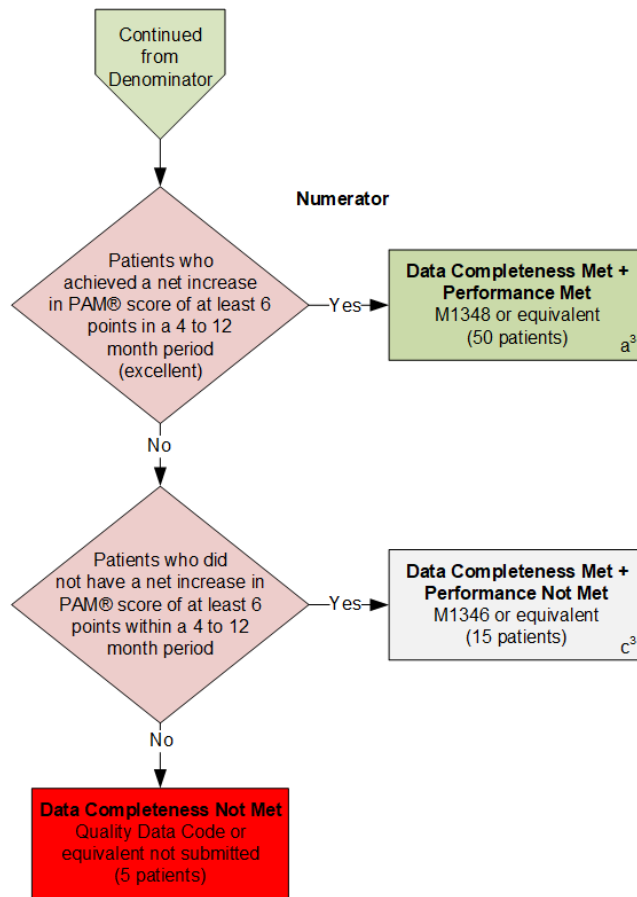
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### Submission Criteria Three





#### SAMPLE CALCULATIONS: SUBMISSION CRITERIA THREE

##### **Data Completeness =**

$$\frac{\text{Performance Met (a}^3\text{=50 patients) + Performance Not Met (c}^3\text{=15 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=70 patients)}} = \frac{65 \text{ patients}}{70 \text{ patients}} = 92.86\%$$

##### **Performance Rate=**

$$\frac{\text{Performance Met (a}^3\text{=50 patients)}}{\text{Data Completeness Numerator (65 patients)}} = \frac{50 \text{ patients}}{65 \text{ patients}} = 76.92\%$$

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #503 (CBE 2483):  
Gains in Patient Activation Measure (PAM) Scores at 12 Months**

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

**Multiple Performance Rates**

**Accountability Reporting In The CMS MIPS Program: Sample Calculations**

Overall Data Completeness Rate (Submission Criteria 2/Performance Rate 1) equals Performance Met (a<sup>2</sup> equals 60 patients) plus Performance Not Met (c<sup>2</sup> equals 5 patients) divided by Eligible Population/Denominator (d<sup>2</sup> equals 70 patients). All equals 65 patients divided by 70 patients. All equals 92.86 percent.

Overall Performance Rate (Performance Rate 1) equals Performance Met (a<sup>2</sup> equals 60 patients) divided by Data Completeness Numerator (65 patients). All equals 60 patients divided by 65 patients. All equals 92.31 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

**Submission Criteria One:**

1. Start with Denominator
2. Check *Patients aged 14 years and older on date of encounter*:
  - a. If *Patients aged 14 years and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged 14 years and older on date of encounter* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator\**.
3. Check *At least two patient encounters during the performance period as listed in Denominator\**:
  - a. If *At least two patient encounters during the performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least two patient encounters during the performance period as listed in Denominator\** equals Yes, proceed to check *Patients who died during the performance period*.
4. Check *Patients who died during the performance period*:
  - a. If *Patients who died during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients who died during the performance period* equals No, proceed to check *Diagnosis of Dementia*.
5. Check *Diagnosis of Dementia*:
  - a. If *Diagnosis of Dementia* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Dementia* equals No, proceed to check *Diagnosis of Huntington's disease*.
6. Check *Diagnosis of Huntington's disease*:
  - a. If *Diagnosis of Huntington's disease* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.



- b. If *Diagnosis of Huntington's disease* equals No, proceed to check *Diagnosis of Cognitive Impairment or Alzheimer's disease*.
7. Check *Diagnosis of Cognitive Impairment or Alzheimer's disease*:
  - a. If *Diagnosis of Cognitive Impairment or Alzheimer's disease* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Cognitive Impairment or Alzheimer's disease* equals No, proceed to check *Diagnosis of Delirium*.
8. Check *Diagnosis of Delirium*:
  - a. If *Diagnosis of Delirium* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Delirium* equals No, proceed to check *Psychoactive substance abuse*.
9. Check *Psychoactive substance abuse*:
  - a. If *Psychoactive substance abuse* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Psychoactive substance abuse* equals No, include in *Eligible Population/Denominator*.
10. Denominator Population:
  - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>1</sup> equals 100 patients.
11. Start Numerator
12. Check *Patients who had a baseline PAM® score and a second score within 4 to 12 months of baseline PAM® score*:
  - a. If *Patients who had a baseline PAM® score and a second score within 4 to 12 months of baseline PAM® score* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 70 patients.
  - b. If *Patients who had a baseline PAM® score and a second score within 4 to 12 months of baseline PAM® score* equals No, proceed to check *Patients who are at PAM® Level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM® or with excessive missing responses*.
13. Check *Patients who are at PAM® Level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM® or with excessive missing responses*:
  - a. If *Patients who are at PAM® Level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM® or with excessive missing responses* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>1</sup> equals 10 patients.

- b. If *Patients who are at PAM® Level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM® or with excessive missing responses* equals No, proceed to check *Documentation of patient reasons for patients who were not seen for the second PAM® survey*.

14. Check *Documentation of patient reasons for patients who were not seen for the second PAM® survey*:

- a. If *Documentation of patient reasons for patients who were not seen for the second PAM® survey* equals Yes, include in *Data Completeness Met and Denominator Exception*.
  - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>2</sup> equals 0 patients.
- b. If *Documentation of patient reasons for patients who were not seen for the second PAM® survey* equals No, proceed to check *Patients who did not have a baseline PAM® score and/or a second score within 4 to 12 months of baseline PAM® score*.

15. Check *Patients who did not have a baseline PAM® score and/or a second score within 4 to 12 months of baseline PAM® score*:

- a. If *Patients who did not have a baseline PAM® score and/or a second score within 4 to 12 months of baseline PAM® score* equals Yes, include in *Data Completeness Met and Performance Not Met*.
  - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 10 patients.
- b. If *Patients who did not have a baseline PAM® score and/or a second score within 4 to 12 months of baseline PAM® score* equals No, proceed to check *Data Completeness Not Met*.

16. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**Sample Calculations: Submission Criteria One:**

Data Completeness Rate equals Performance Met (a<sup>1</sup> equals 70 patients) plus Denominator Exception (b<sup>1</sup> plus b<sup>2</sup> equals 10 patients) plus Performance Not Met (c<sup>1</sup> equals 10 patients) divided by Eligible Population/Denominator (d<sup>1</sup> equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a<sup>1</sup> equals 70 patients) divided by Data Completeness Numerator (90 patients) minus Denominator Exception (b<sup>1</sup> equals 10 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification

**Submission Criteria Two:**

1. Start with Denominator

2. Check *Minimum Process of Care Threshold Requirement: At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1):*
  - a. If *Minimum Process of Care Threshold Requirement: At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Minimum Process of Care Threshold Requirement: At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)* equals Yes, proceed to check *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)*.
3. Check *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345):*
  - a. If *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)* equals Yes, proceed to check *Patients aged 14 years and older on date of encounter*.
4. Check *Patients aged 14 years and older on date of encounter:*
  - a. If *Patients aged 14 years and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged 14 years and older on date of encounter* equals Yes, proceed to check *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1*.
5. Check *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1:*
  - a. If *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator\**.
6. Check *At least two patient encounters during performance period as listed in Denominator\**:
  - a. If *At least two patient encounters during performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least two patient encounters during performance period as listed in Denominator\** equals Yes, proceed to check *Patients who died during the performance period*.
7. Check *Patients who died during the performance period:*
  - a. If *Patients who died during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

- b. If *Patients who died during the performance period* equals No, proceed to check *Diagnosis of Dementia*.
8. Check *Diagnosis of Dementia*:
  - a. If *Diagnosis of Dementia* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Dementia* equals No, proceed to check *Diagnosis of Huntington's disease*.
9. Check *Diagnosis of Huntington's disease*:
  - a. If *Diagnosis of Huntington's disease* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Huntington's disease* equals No, proceed to check *Diagnosis of Cognitive Impairment or Alzheimer's disease*.
10. Check *Diagnosis of Cognitive Impairment or Alzheimer's disease*:
  - a. If *Diagnosis of Cognitive Impairment or Alzheimer's disease* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Cognitive Impairment or Alzheimer's disease* equals No, proceed to check *Diagnosis of Delirium*.
11. Check *Diagnosis of Delirium*:
  - a. If *Diagnosis of Delirium* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Delirium* equals No, proceed to check *Psychoactive substance abuse*.
12. Check *Psychoactive substance abuse*:
  - a. If *Psychoactive substance abuse* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Psychoactive substance abuse* equals No, include in *Eligible Population/Denominator*.
13. Denominator Population:
  - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>2</sup> equals 70 patients in the Sample Calculation.
14. Start Numerator
15. Check *Patients who achieved a net increase in PAM® score of at least 3 points in a 4 to 12 month period (passing)*:
  - a. If *Patients who achieved a net increase in PAM® score of at least 3 points in a 4 to 12 month period (passing)* equal Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>2</sup> equals 60 patients in the Sample Calculation.
  - b. If *Patients who achieved a net increase in PAM® score of at least 3 points in a 4 to 12 month period (passing)* equals No, proceed to check *Patients who did not have a net increase in PAM® score of at least 3 points within a 4 to 12 month period*.

16. Check *Patients who did not have a net increase in PAM® score of at least 3 points within a 4 to 12 month period*:

- a. If *Patients who did not have a net increase in PAM® score of at least 3 points within a 4 to 12 month period* equals Yes, include in *Data Completeness Met and Performance Not Met*.
  - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 5 patients in the Sample Calculation.
- b. If *Patients who did not have a net increase in PAM® score of at least 3 points within a 4 to 12 month period* equals No, proceed to check *Data Completeness Not Met*.

17. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 5 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### **Sample Calculations: Submission Criteria Two:**

Data Completeness Rate equals Performance Met (a<sup>2</sup> equals 60 patients) plus Performance Not Met (c<sup>2</sup> equals 5 patients) divided by Eligible Population/Denominator (d<sup>2</sup> equals 70 patients). All equals 65 patients divided by 70 patients. All equals 92.86 percent.

Performance Rate equals Performance Met (a<sup>2</sup> equals 60 patients) divided by Data Completeness Numerator (65 patients). All equals 60 patients divided by 65 patients. All equals 92.31 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

### **Submission Criteria Three:**

1. Start with Denominator
2. Check *Minimum Process of Care Threshold Requirement: At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)*
  - a. If *Minimum Process of Care Threshold Requirement: At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Minimum Process of Care Threshold Requirement: At least 25% of all eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate for Submission Criteria 1)* equals Yes, proceed to check *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)*.
3. Check *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)*

- a. If *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Minimum Case Threshold Requirement: At least 50 eligible patients had a PAM® score assessed at baseline and 4 to 12 months of baseline (Performance Rate Numerator for Submission Criteria 1: M1345)* equals Yes, proceed to check *Patients aged 14 years and older on date of encounter*.
4. Check *Patients aged 14 years and older on date of encounter*:
  - a. If *Patients aged 14 years and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged 14 years and older on date of encounter* equals Yes, proceed to check *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria*.
5. Check *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1*:
  - a. If *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *All eligible instances when M1345 is submitted for Performance Met (patient received clinical follow-up and PAM® score assessed at 4 to 12 months) in the numerator of Submission Criteria 1* equals Yes, proceed to check *At least two patient encounters during performance period as listed in Denominator\**.
6. Check *At least two patient encounters during performance period as listed in Denominator\**:
  - a. If *At least two patient encounters during performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *At least two patient encounters during performance period as listed in Denominator\** equals Yes, proceed to check *Patients who died during the performance period\**.
7. Check *Patients who died during the performance period*:
  - a. If *Patients who died during the performance period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients who died during the performance period* equals No, proceed to check *Diagnosis of Dementia*.
8. Check *Diagnosis of Dementia*:
  - a. If *Diagnosis of Dementia* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Dementia* equals No, proceed to check *Diagnosis of Huntington's disease*.
9. Check *Diagnosis of Huntington's disease*:
  - a. If *Diagnosis of Huntington's disease* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Huntington's disease* equals No, proceed to check *Diagnosis of Cognitive Impairment or Alzheimer's disease*.

10. Check *Diagnosis of Cognitive Impairment or Alzheimer's disease*:
  - a. If *Diagnosis of Cognitive Impairment or Alzheimer's disease* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Cognitive Impairment or Alzheimer's disease* equals No, proceed to check *Diagnosis of Delirium*.
11. Check *Diagnosis of Delirium*:
  - a. If *Diagnosis of Delirium* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of Delirium* equals No, proceed to check *Psychoactive substance abuse*.
12. Check *Psychoactive substance abuse*:
  - a. If *Psychoactive substance abuse* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Psychoactive substance abuse* equals No, include in *Eligible Population/Denominator*.
13. Denominator Population:
  - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d<sup>3</sup> equals 70 patients.
14. Start Numerator
15. Check *Patients who achieved a net increase in PAM® score of at least 6-points in a 4 to 12 month period (excellent)*:
  - a. If *Patients who achieved a net increase in PAM® score of at least 6-points in a 4 to 12 month period (excellent)* equal Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>3</sup> equals 50 patients.
  - b. If *Patients who achieved a net increase in PAM® score of at least 6-points in a 4 to 12 month period (excellent)* equals No, proceed to check *Patients who did not have a net increase in PAM® score of at least 6 points within a 4 to 12 month period*.
16. Check *Patients who did not have a net increase in PAM® score of at least 6 points within a 4 to 12 month period*:
  - a. If *Patients who did not have a net increase in PAM® score of at least 6 points within a 4 to 12 month period* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c<sup>3</sup> equals 15 patients.
  - b. If *Patients who did not have a net increase in PAM® score of at least 6 points within a 4 to 12 month period* equals No, proceed to check *Data Completeness Not Met*.
17. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 5 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

### Sample Calculations: Submission Criteria Three

Data Completeness Rate equals Performance Met ( $a^3$  equals 50 patients) plus Performance Not Met ( $c^3$  equals 15 patients) divided by Eligible Population/Denominator ( $d^3$  equals 70 patients). All equals 65 patients divided by 70 patients. All equals 92.86 percent.

Performance Rate equals Performance Met ( $a^3$  equals 50 patients) divided by Data Completeness Numerator (65 patients). All equals 50 patients divided by 65 patients. All equals 76.92 percent.

\*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.