

**National Home-Based Primary Care & Palliative Care
Registry in Collaboration with the American Academy
of Home Care Medicine, Powered by Premier, Inc.**

2018 non-MIPS Measure Specifications

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NHBPC2: Alcohol Problem Use Assessment for Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of newly enrolled and active home-based primary care and palliative care patients who were assessed for a problem with alcohol use at enrollment

Reporting Frequency:

Once per measurement period for patients who meet the denominator criteria during the measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

DENOMINATOR:

Total number of newly enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

New Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND NOT

Patient dependent in feeding activity of daily living (CONDITION): NHBPC2.DEN.1.YES

NUMERATOR:

Newly enrolled and active home-based primary care and palliative care patients who were assessed for a problem with alcohol use at enrollment

Numerator Options:

Performance Met:

Alcohol use assessment documented at enrollment
(NHBPC2.NUMER.1.YES)

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP

OR

Performance Not Met:

Alcohol use assessment not documented at enrollment
(NHBPC2.NUMER.2.NO)

NHBPC4: Pain Screen for Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of home-based primary care and palliative care visits at which a patient was screened for the presence of pain

Reporting Frequency:

Once per denominator-eligible encounter during the measurement period

DENOMINATOR:

Total number of home visits to actively enrolled* home-based primary care and palliative care patients.

*A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

NUMERATOR:

Number of visits to actively enrolled home-based primary care and palliative care patients at which a pain screen was performed

Numerator Options:

Performance Met:

Pain screen performed (NHBPC4.NUMER.1.YES)

OR

Performance Not Met:

Pain screen not performed (NHBPC4.NUMER.2.NO)

NHBPC6: Screen for Risk of Future Fall for Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

HIGH PRIORITY:

Yes

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients who were screened for risk of future fall at enrollment and annually.

Reporting Frequency:

Once per measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:

NOTE: If patient meets both reporting criteria, patient will be reported as Newly Enrolled Patient (reporting criteria 1)

DENOMINATOR (REPORTING CRITERIA 1):

Total number of newly enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

New Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

DENOMINATOR (REPORTING CRITERIA 2):

Total number of established enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

At least two instances of Established Patient Encounter (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

NUMERATOR (REPORTING CRITERIA 1):

Number of actively enrolled home-based primary care and palliative care patients who were screened for risk***of future fall**at enrollment and annually.

Numerator Options:

Performance Met:

Fall risk screening performed and documented within 90 days of New Patient Encounter (**NHBPC6.NUMER.1.YES**)

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP

OR

Performance Not Met:

Fall risk screening not performed and/or not documented within 90 days of New Patient Encounter (**NHBPC6.NUMER.2.NO**)

NUMERATOR (REPORTING CRITERIA 2):

Number of actively enrolled home-based primary care and palliative care patients who were screened for risk***of future fall**at enrollment and annually.

Numerator Options:

Performance Met:

Fall risk screening performed (NHBPC6.NUMER.1.YES)

OR

Performance Not Met:

Fall risk screening not performed (NHBPC6.NUMER.2.NO)

NHBPC7: Delirium Assessment in Home-Based Primary Care and Palliative Care Patients: Medication List Reviewed & Offending Medications Discontinued (Multiple Performance Rate Measure)

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients with new or unexpected cognitive decline. Two rates are reported.

- 1) Percentage of patients whose medication regimens were reviewed for possible offending medications for altered mental status, delirium, or cognitive decline
- 2) Percentage of patients whose offending medications were discontinued or continued use justified

Reporting Frequency:

Once per measurement period. A patient will have a result specific to each reporting provider (i.e., the same patient may be Numerator Met and Numerator Not-Met for different providers).

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:

DENOMINATOR (REPORTING CRITERIA 1):

Total number of actively enrolled* home-based primary care and palliative care patients with a new diagnosis of altered mental status, delirium, or cognitive decline. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Documentation of Cognitive Impairment (CONDITION): NHBPC7.DEN.1.YES

DENOMINATOR (REPORTING CRITERIA 2):

Total number of actively enrolled* home-based primary care and palliative care patients with a new diagnosis of altered mental status, delirium, or cognitive decline with an offending medication identified. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Documentation of Cognitive Impairment (CONDITION): NHBPC7.DEN.1.YES

AND

Documentation of Offending Medications (CONDITION): NHBPC7.NUMER.1.YES

Attribution Note: The encounters do not need to come from the same provider. If the patient meets the denominator criteria, any provider with an established patient encounter with the patient AND documentation of Cognitive Change on the same encounter (must be reported with the same NPI as the NPI of the encounter being evaluated) that NPI will be eligible to report the patient and will be attributed to the measure result for the patient encounter

NUMERATOR (REPORTING CRITERIA 1):

Number of actively enrolled home-based primary care and palliative care patients with a new diagnosis of altered mental status, delirium, or cognitive decline whose medication regimens were reviewed for possible offending medications for altered mental status, delirium, or cognitive decline.

Numerator Options:

Performance Met:

Medication list reviewed and offending medications found
(NHBPC7.NUMER.1.YES)

OR

Performance Met:

Medication list reviewed and no offending medications found
(NHBPC7.NUMER.2.YES)

OR

Performance Not Met:

Medication list not reviewed **(NHBPC7.NUMER.3.NO)**

NUMERATOR (REPORTING CRITERIA 2):

Number of actively enrolled home-based primary care and palliative care patients with a new diagnosis of altered mental status, delirium, or cognitive decline whose offending medications were discontinued or continued use justified.

Numerator Options:

Performance Met:

Use of offending medication discontinued
(NHBPC7.NUMER.4.YES)

OR

Performance Met:

Continued use of offending medication justified
(NHBPC7.NUMER.5.YES)

OR

Performance Not Met:

Medication not discontinued or continued use not justified
(NHBPC7.NUMER.6.NO)

NHBPC9: Referral to Hospice for Appropriate Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

HIGH PRIORITY:

Yes

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients with a prognosis of 6 months or less who were offered referral to hospice.

Reporting Frequency:

Once per measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

DENOMINATOR:

Total number of actively enrolled* home-based primary care and palliative care patients with a prognosis of 6 months or less.

*A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Prognosis of six months or less (CONDITION): NHBPC9.DEN.1.YES

NUMERATOR:

Number of actively enrolled home-based primary care and palliative care patients with a prognosis of 6 months or less who were offered referral to hospice.

Numerator Options:

<u>OR</u>	<i>Performance Met:</i>	Patient offered referral to hospice (NHBPC9.NUMER.1.YES)
	<i>Performance Not Met:</i>	Patient not offered referral to hospice (NHBPC9.NUMER.2.NO)

NHBPC10: Telephone Contact, Virtual, or In-person Visit within 48 Hours of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

HIGH PRIORITY:

Yes

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients who had a telephone contact, virtual, or in-person visit within 48 hours of hospital discharge

Reporting Frequency:

Once per denominator-eligible encounter during the measurement period.

DENOMINATOR:

Total number of actively enrolled* home-based primary care and palliative care patients discharged from the hospital to home.

*A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Discharge from hospital (CONDITION): NHBPC.HOSPITAL_DISCHARGE

NUMERATOR:

Number of actively enrolled home-based primary care and palliative care patients discharged from the hospital to home with a follow-up telephone contact, virtual or in-person visit documented within 48 hours of hospital discharge.

Numerator Options:

Performance Met:

Follow-up contact with patient (telephone, virtual, or in-person) documented within 48 hours of hospital discharge
(NHBPC10.NUMER.1.YES)

OR

Performance Not Met:

Follow-up contact with patient (telephone, virtual, or in-person) not documented within 48 hours of hospital discharge
(NHBPC10.NUMER.2.NO)

NHBPC11: Medication Reconciliation within 2 Weeks of Hospital Discharge of Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

HIGH PRIORITY:

Yes

DESCRIPTION:

Percentage of hospitalizations in which actively enrolled home-based primary care and palliative care patients are discharged home and medications were reconciled in the practice medical record within 2 weeks of hospital discharge.

Reporting Frequency:

Once per denominator-eligible encounter during the measurement period.

DENOMINATOR:

Total number of hospitalizations of actively enrolled* home-based primary care and palliative care patients discharged from the hospital to home. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Discharge from hospital (CONDITION): NHBPC.HOSPITAL_DISCHARGE

AND NOT

Patient readmitted within two weeks or patient discharged to institutional care (CONDITION): NHBPC.11.DEN.1.YES

NUMERATOR:

Number of hospitalizations in which actively enrolled home-based primary care and palliative care patients are discharged home and medications reconciled in the practice medical records within 2 weeks of hospital discharge.

Numerator Options:

Performance Met:

Medications reconciled in practice's medical records within two weeks of hospital discharge (**NHBPC11.NUMER.1.YES**)

OR

Performance Not Met:

Medications not reconciled in practice's medical records within two weeks of hospital discharge (**NHBPC11.NUMER.2.NO**)

NHBPC13: Interdisciplinary Team Assessment for Home-based Primary care and Palliative Care Patients

MEASURE TYPE:

Process

HIGH PRIORITY:

Yes

DESCRIPTION:

Percentage of newly enrolled and active home-based primary care and palliative care patients who were discussed by an interdisciplinary team** at enrollment. **Interdisciplinary team must include, at minimum, the following disciplines: MD or NP or PA, nursing, and social work

Reporting Frequency:

Once per measurement period for patients who meet the denominator criteria during the measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

DENOMINATOR:

Total number of newly enrolled* and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

New Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

NUMERATOR:

Number of newly enrolled and active home-based primary care and palliative care patients who were discussed by an interdisciplinary team** at enrollment. **Interdisciplinary team must include, at minimum, the following disciplines: MD or NP or PA, nursing, and social work.

Numerator Options:

Performance Met:

Patient discussed by interdisciplinary team
(NHBPC13.NUMER.1.YES)

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP.

OR

Performance Not Met:

Patient not discussed by interdisciplinary team
(NHBPC13.NUMER.2.NO)

NHBPC14: Cognitive Assessment for Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients who received an assessment of their cognitive ability.

Reporting Frequency:

Once per measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:

NOTE: If patient meets both reporting criteria, patient will be reported as Newly Enrolled Patient (reporting criteria 1)

DENOMINATOR (REPORTING CRITERIA 1):

Total number of newly enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

New Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

DENOMINATOR (REPORTING CRITERIA 2):

Total number of established enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

At least two instances of Established Patient Encounter (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

NUMERATOR (REPORTING CRITERIA 1):

Number of newly enrolled and active home-based primary care and palliative care patients whose cognitive status was assessed at enrollment and annually.

Numerator Options:

Performance Met:

Cognitive status assessment performed, documented within 90 days of New Patient Encounter (**NHBPC14.NUMER.1.YES**)

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP

OR

Performance Not Met:

Cognitive status assessment not performed and/or not documented within 90 days of New Patient Encounter (**NHBPC14.NUMER.2.NO**)

NUMERATOR (REPORTING CRITERIA 2):

Number of established enrolled and active home-based primary care and palliative care patients whose cognitive status was assessed at enrollment and annually.

Numerator Options:

Performance Met:

Cognitive status assessment performed
(NHBPC14.NUMER.1.YES)

OR

Performance Not Met:

Cognitive status assessment not performed
(NHBPC14.NUMER.2.NO)

NHBPC15: Functional Assessment (Basic and Instrumental Activities of Daily Living [ADL]) for Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients who receive an ADL and/or IADL assessment. Three rates are reported.

- 1) Percentage of patients who received a Basic ADL assessment at enrollment and annually
- 2) Percentage of patients who received an IADL assessment at enrollment and annually
- 3) Percentage of patients who received both a Basic ADL and IADL assessment at enrollment and annually.

Reporting Frequency:

Once per measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:

NOTE: If patient meets both reporting criteria, patient will be reported as Newly Enrolled Patient (reporting criteria 1)

DENOMINATOR (REPORTING CRITERIA 1):

Total number of newly enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

DENOMINATOR (REPORTING CRITERIA 2):

Total number of established enrolled and active home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

At least two instances of Established Patient Encounter (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

NUMERATOR (REPORTING CRITERIA 1/RATE 1):

Number of actively enrolled home-based primary care and palliative care patients who were assessed for basic ADL impairment at enrollment and annually

Numerator Options:

Performance Met:

Basic ADL assessment performed and documented within 90 days of New Patient Encounter (**NHBPC15.NUMER.1.YES**)

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP

OR

Performance Not Met:

Basic ADL assessment not performed and/or not documented within 90 days of New Patient Encounter
(NHBPC15.NUMER.2.NO)

NUMERATOR (REPORTING CRITERIA 1/RATE 2):

Number of actively enrolled home-based primary care and palliative care patients who were assessed for IADL impairment at enrollment and annually

Numerator Options:

Performance Met:

IADL assessment performed and documented within 90 days of New Patient Encounter **(NHBPC15.NUMER.3.YES)**

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP

OR

Performance Not Met:

IADL assessment not performed and/or not documented within 90 days of New Patient Encounter **(NHBPC15.NUMER.4.NO)**

NUMERATOR (REPORTING CRITERIA 1/RATE 3):

Number of actively enrolled home-based primary care and palliative care patients who were assessed for both ADL and IADL impairment at enrollment and annually

Performance Met from Performance Rate 1 AND Performance Rate 2

NUMERATOR (REPORTING CRITERIA 2/RATE 1):

Number of actively enrolled home-based primary care and palliative care patients who were assessed for basic ADL impairment at enrollment and annually

Numerator Options:

Performance Met:

Basic ADL assessment performed **(NHBPC15.NUMER.1.YES)**

OR

Performance Not Met:

Basic ADL assessment not performed
(NHBPC15.NUMER.2.NO)

NUMERATOR (REPORTING CRITERIA 2/RATE 2):

Number of actively enrolled home-based primary care and palliative care patients who were assessed for IADL impairment at enrollment and annually

Numerator Options:

Performance Met:

IADL assessment performed **(NHBPC15.NUMER.3.YES)**

OR

Performance Not Met:

IADL assessment not performed **(NHBPC15.NUMER.4.NO)**

NUMERATOR (REPORTING CRITERIA 2/RATE 3):

Number of actively enrolled home-based primary care and palliative care patients who were assessed for both ADL and IADL impairment at enrollment and annually

Performance Met from Performance Rate 1 AND Performance Rate 2

NHBPC16 - Patient Reported Outcome for Home-Based Primary Care and Palliative Care Practices: Provider Trust

MEASURE TYPE:

Outcome

HIGH PRIORITY:

Yes

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients who report that their provider is caring and inspires trust.

Reporting Frequency:

Once per measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

DENOMINATOR:

Total number of actively enrolled* home-based primary care and palliative care patients who report the outcome. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND NOT

Patient unable to communicate, no proxy present OR patient did not respond to query (CONDITION):
NHBPC16.DEN.1.YES

NUMERATOR:

Number of actively enrolled home-based primary and palliative care patients who report that their provider is caring and inspires trust

Numerator Options:

Performance Met:

Patient reported their provider is caring and inspires trust
(NHBPC16.NUMER.1.YES)

OR

Performance Not Met:

Patient reported their provider is not caring or does not inspire trust
(NHBPC16.NUMER.2.NO)

NHBPC17 - Screening for Depression and Follow-up Plan in Home-Based Primary Care and Palliative Care Patients

MEASURE TYPE:

Process

HIGH PRIORITY:

No

DESCRIPTION:

Percentage of actively enrolled home-based primary care and palliative care patients who were screened for the presence of depression symptoms at enrollment and annually AND if positive, have a treatment plan for depression documented on the date of the positive screen.

Reporting Frequency:

Once per measurement period. A patient will have a single result that may be attributed to multiple eligible providers.

DENOMINATOR:

Total number of actively enrolled* home-based primary care and palliative care patients. *A patient is considered actively enrolled if they have at least 2 E&M visit codes with a provider from the practice within the reporting period. The enrollment period includes 90 days from the first recorded new patient E&M visit code with the practice.

Denominator Criteria (Eligible Cases):

New/Established Patient Encounter during the performance period (CPT): 99324, 99325, 99326, 99327, 99328, 99341, 99342, 99343, 99344, 99345, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND

Subsequent Established Patient Encounter during the performance period (CPT): 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99497

AND NOT

Diagnosis of depression or bipolar disorder (ICD10): F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345

NUMERATOR:

Number of actively enrolled home-based primary care and palliative care patients with either:

(a) a negative depression symptoms assessment at enrollment and annually, or

(b) a positive depression symptoms assessment and a treatment plan** documented on the date of the positive screen for depression at enrollment or annually.

Definition

Treatment Plan - A treatment plan for depression must include at least one of the following: additional evaluation, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological intervention, or other interventions or follow-up for the diagnosis or treatment of depression.

Numerator Options:

Performance Met:

Patient had a negative depression systems assessment at enrollment and annually an/or a positive depression symptoms assessment and a treatment plan** documented on the date of the positive screen for depression at enrollment or annually (NHBPC17.NUMER.1.YES)

OR

Denominator Exception:

Most recent new patient encounter (with subsequent established patient encounter) occurs between 10/1 – 12/31 of the MP

OR

Performance Not Met:

The patient did not have a negative depression systems assessment at enrollment and annually nor a positive depression symptoms assessment and a treatment plan** documented on the date of the positive screen for depression at enrollment or annually **(NHBPC17.NUMER.2.NO)**