athenaClinicals®

Quality Management:

Satisfying Care Plan Measure (NQF 0326)

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Overview

How does CMS define this measure?

The percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

How does CMS define an encounter?

Please see the table below for the list of visits eligible for the care plan measure.

PQRS Reporting Method	Measure Name	Denominator		
		Age Range	Eligible Visits	Diagnosis
Qualified Registry: Individual	Registry: Care Plan	65+	An encounter during the reporting period (99201-99205, 99212-99215, 99218-99223, 99231-99236, 99291, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347, 99348, 99349, 99350, HCPCS:G0402,G0438, G0439)	N/A
Qualified Registry: Measures Group	Measures Group: **Chronic Kidney Disease**: Care Plan	65+	An encounter during the reporting period (99201-99205,99212-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350)	Chronic Kidney Disease
Qualified Registry: Measures Group	Measures Group: **COPD**: Care Plan	65+	An encounter during the reporting period (99201-99205, 99212-99215)	Chronic obstructive Pulmonary Disease
Qualified Registry: Measures Group	Measures Group: **Dementia**: Care Plan	65+	At least two encounters during the reporting period. (90791-90792, 90832, 90834, 90837, 96116-96120, 96150-96154, 97003, 97004, 99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99350)	Dementia
Qualified Registry: Measures Group	Measures Group: **Heart Failure**: Care Plan	65+	At least two encounters during the reporting period (99201-99205, 99212-99215, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350)	Heart Failure

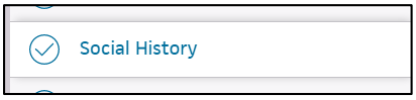
Satisfy the Measures

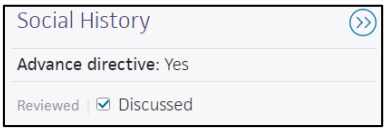
How is this measure satisfied?

Measure is satisfied for patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

Social History Advance Directive Question

This measure can be satisfied by having a patient answer the advance directive question in Social History. The Social History section must be marked "Reviewed" every 12 months, even if the answer to this question has not changed.

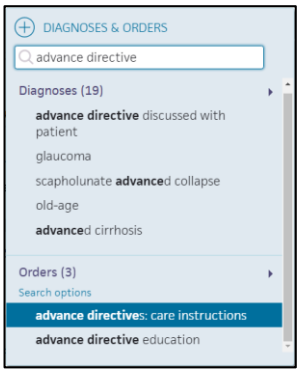




Patient Info Order

To satisfy a measure with an patient info order pertaining to advanced directives, power of attorney or DNR, during a clinical encounter, the provider may add diagnoses & orders – throughout the exam stage of the encounter – via the "diagnoses & orders" field.

In the A/P section of the encounter, the provider may enter order details and sign the order.



Manual Satisfaction

Measure can be satisfied by manual indicating in the Results column of the patient's Quality Management tab the date in which the suicide risk assessment was performed. Please refer to the Manual Satisfaction document for details on how to use the Results column of the Quality Management Tab.

Or, you may satisfy the measure using a billed code. To do so, the CPT II codes **1123F**, **1124F, 99497, 99498** must be added to the practice fee schedule *and* any relevant encounter's Billing tab.

Refer to our Standard Configuration document for details on how to:

- Use the Results column of the Quality Management Tab,
- Configure the Screening section,
- Add a procedure code to the fee schedule, and/or
- Add a procedure code to the encounter's Billing tab.