

### Measures

- #47: Care Plan
- #134: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- #280: Dementia: Staging of Dementia
- #281: Dementia: Cognitive Assessment
- #282 Dementia: Functional Status Assessment
- #283 Dementia: Neuropsychiatric Symptom Assessment
- #284 Dementia: Management of Neuropsychiatric Symptoms
- #286 Dementia: Counseling Regarding Safety Concerns
- #287 Dementia: Counseling Regarding Risks of Driving
- #288 Dementia: Caregiver Education and Support

### Reporting Instructions

**(1)** Identify patients with the following criteria:

- All ages on date of encounter
- Encounter during January 1 - December 31, 2016 with the following:
  - One of the following diagnosis codes indicating Dementia: A52.17, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F06.8, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83
  - and
  - One of the following patient encounter codes: 90791, 90792, 90832, 90834, 90837, 96116, 96118, 96119, 96120, 96150, 96151, 96152, 96154, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**(2)** Report all applicable measures within the measures group for at least 20 patients.

- The majority of the patients reported must be Medicare Part B Fee-for-service (FFS) patients, including Medicare Secondary and Railroad Medicare.
- For each measure, the measure's clinical performance must be satisfied for at least 1 patient. [Note: An asterisk (\*) indicates that the measure's clinical performance is satisfied.]

For additional information or clinical rationale for measures, review the CMS Measure Specification for 2016 PQRS. All measures group Measure Specifications can be found on the NJII Member Portal > Registry > Getting Started section.

Need more information? Connect with NJII PQRS Registry  
973-642-4055 • [pqrs@njii.com](mailto:pqrs@njii.com) • [www.njii.com/pqrs](http://www.njii.com/pqrs)

### Patient Information

First Name

Middle Initial

Last Name

Date of Birth

Visit Date

Medical Record Number

Gender

Male

Female

Medicare FFS Patient

Yes

No

### Select Measures Performance

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\* Recommended clinical performance satisfied

^ Patient is excluded from measure's performance

Select one (1) clinical action for each measure below, where applicable:

#### #47: Care Plan

*Patients (65 years or 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 patient did not wish or was unable to name a surrogate decision maker or provide an advance care plan.*

Advance Care Plan or surrogate decision maker documented in the medical record \*

Advance Care Planning discussed and documented, patient did not wish to name surrogate decision maker \*

Advance care planning not documented, (No reason documented)

### Select Measures Performance

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#### #134: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

*Patients (12 years or older) screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen.*

Screening performed and documented as negative\*

Screening documented as positive with a follow-up plan\*

Screening documented as positive with no follow-up plan documented (Reason documented)^

Screening documented as positive with no follow-up plan documented (Reason not documented)

Screening not performed (Reason documented)^

Screening not performed (Reason not documented)

#### #280: Dementia: Staging of Dementia

*Patients with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12-month period.*

Classified\*

Not Classified

#### #281: Dementia: Cognitive Assessment

*Patients with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.*

Assessed and reviewed\*

Not assessed (Reason documented)^

Not assessed (No reason documented)

### Select Measures Performance

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#### #282: Dementia: Functional Status Assessment

*Patients with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12-month period.*

Assessed and reviewed\*

Not assessed (Medical reason documented)^

Not assessed (No reason documented)

#### #283: Dementia: Neuropsychiatric Symptom Assessment

*Patients with a diagnosis of dementia for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12-month period.*

Assessed and reviewed\*

Not assessed

#### #284: Dementia: Management of Neuropsychiatric Symptoms

*Patients with a diagnosis of dementia who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12-month period.*

One or more neuropsychiatric symptoms AND Neuropsychiatric intervention ordered\*

Neuropsychiatric intervention received\*

No neuropsychiatric symptoms^

One or more neuropsychiatric symptoms AND Neuropsychiatric intervention not ordered or received (No Reason Documented)

#### #286: Dementia: Counseling Regarding Safety Concerns

*Patients or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12-month period.*

Counseled or ordered\*

Not counseled or ordered (Reason Documented)^

Not counseled or ordered (No Reason Documented)

### Select Measures Performance

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#### **#287: Dementia: Counseling Regarding Risks of Driving**

*Patients or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period.*

Counseled and alternatives reviewed\*

Not counseled (Reason Documented)^

Not counseled and alternatives not reviewed (Reason not documented)

#### **#288: Dementia: Caregiver Education and Support**

*Patients whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12-month period.*

Education provided and referred\*

Education NOT provided (Medical Reason Documented)^

Education NOT provided (No Reason Documented)