

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

2025 COLLECTION TYPE: **MIPS CLINICAL QUALITY MEASURES (CQMS)**

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:
This measure is to be submitted a minimum of **once per performance period** for patients, without specific disease, seen during the performance period. 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 provided the measure-specific denominator coding.

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 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.

This measure will be calculated with 3 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.
- 3) Average change between baseline PAM® score and the second score within 4 to 12 months of a baseline PAM® score.[^]

NOTE: ^CMS determined that it’s not technologically feasible to calculate the 3rd performance rate using the existing submission JavaScript Object Notation (JSON) structure. As a result, the submission of data for the 3rd stratum won’t be required when reporting the measure. While not required, this data may be captured by the MIPS eligible clinicians, groups, or third-party intermediaries for quality improvement purposes. For accountability reporting in the CMS MIPS program, Submission Criteria 2 will be used for performance.

NOTE: Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, POS 02, POS 10) are allowable. Please note that effective January 1, 2025, while a measure may be denoted as telehealth eligible, specific denominator codes within the encounter may no longer be eligible due to changes outlined in the CY 2024 PFS Final Rule List of Medicare Telehealth Services.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE FOUR 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
AND
- 4) Average change in PAM® score^

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

DENOMINATOR (SUBMISSION 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 (ICD-10-CM): 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

OR

Diagnosis of Huntington's disease (ICD-10-CM): G10

OR

Diagnosis of Cognitive Impairment or Alzheimer's disease (ICD-10-CM): 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

NUMERATOR (SUBMISSION 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 (SUBMISSION 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 (ICD-10-CM): 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

OR

Diagnosis of Huntington's disease (ICD-10-CM): G10

OR

Diagnosis of Cognitive Impairment or Alzheimer's disease (ICD-10-CM): 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

NUMERATOR (SUBMISSION 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 (SUBMISSION 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 (ICD-10-CM): 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

OR

Diagnosis of Huntington's disease (ICD-10-CM): G10

OR

Diagnosis of Cognitive Impairment or Alzheimer's disease (ICD-10-CM): 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

NUMERATOR (SUBMISSION 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)**

AND

SUBMISSION CRITERIA 4: AVERAGE CHANGE IN PAM® SCORE DENOMINATOR (SUBMISSION CRITERIA 4):

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 the baseline PAM® score and who were seen for a qualifying visit at least twice during the performance period

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)

NUMERATOR (SUBMISSION CRITERIA 4):

The average change (net difference) for all eligible patients between the baseline PAM® score and the second score taken within 12 months of the baseline (but not less than 4 months)

Definitions:

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 of baseline measure. The difference in PAM® scores from time 1 to time 2, or the change score is used to report the PAM®-PM.

Change in PAM® score – The change in PAM® score of eligible patients associated with a specific eligible clinician or group unit (e.g., patients in a primary care provider’s panel or in a clinic), expressed as the difference between the baseline PAM® score and then a second score taken within 12 months of the baseline (but not less than 4 months).

NUMERATOR NOTE: *The average change in PAM® scores is calculated as the sum of the change in PAM® scores for eligible patients divided by the total eligible patients in denominator of Submission Criteria 4.*

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.

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Phreesia has committed to a free version of the tool that will be publicly available online, and include the following components: the PAM® survey, translations of the survey, and automated scoring to eligible clinicians/groups wanting to report this measure.

THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

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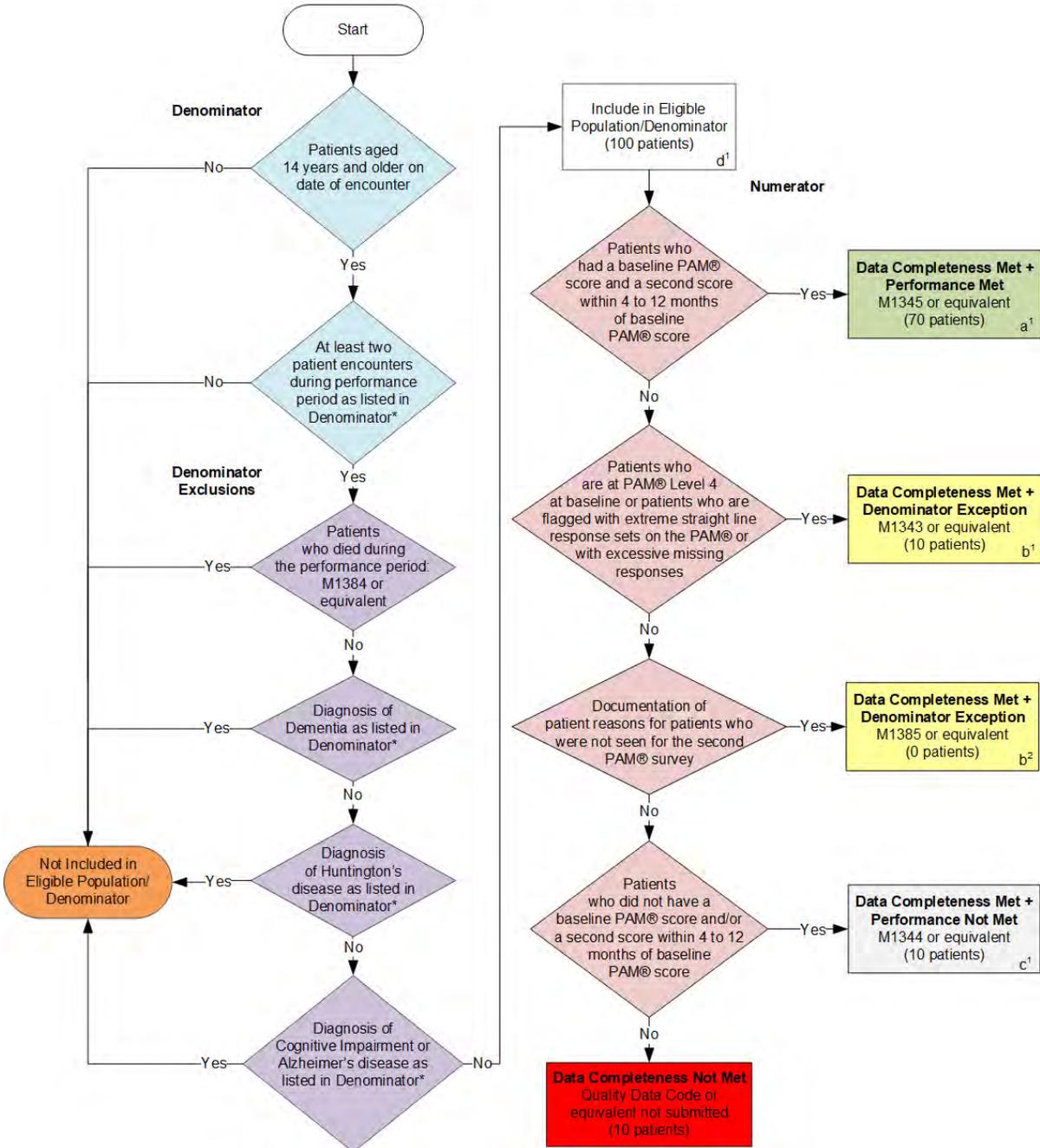
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**2025 Clinical Quality Measure Flow for Quality ID #503 (CBE 2483):
Gains in Patient Activation Measure (PAM) Scores at 12 Months
Submission Criteria One**

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

Multiple Performance Rates



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=

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

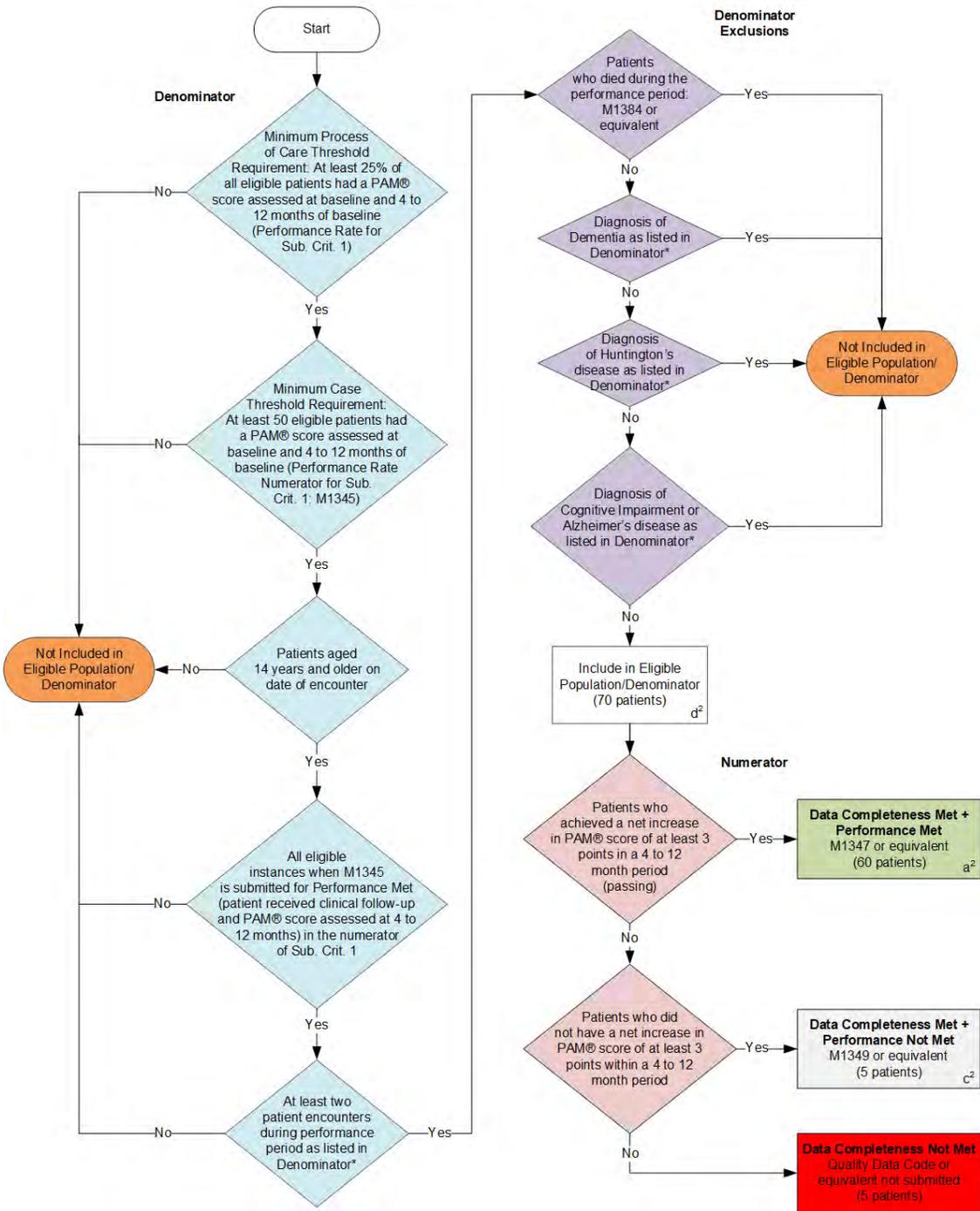
*See the posted measure specification for specific coding and instructions to submit this measure.

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



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=

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

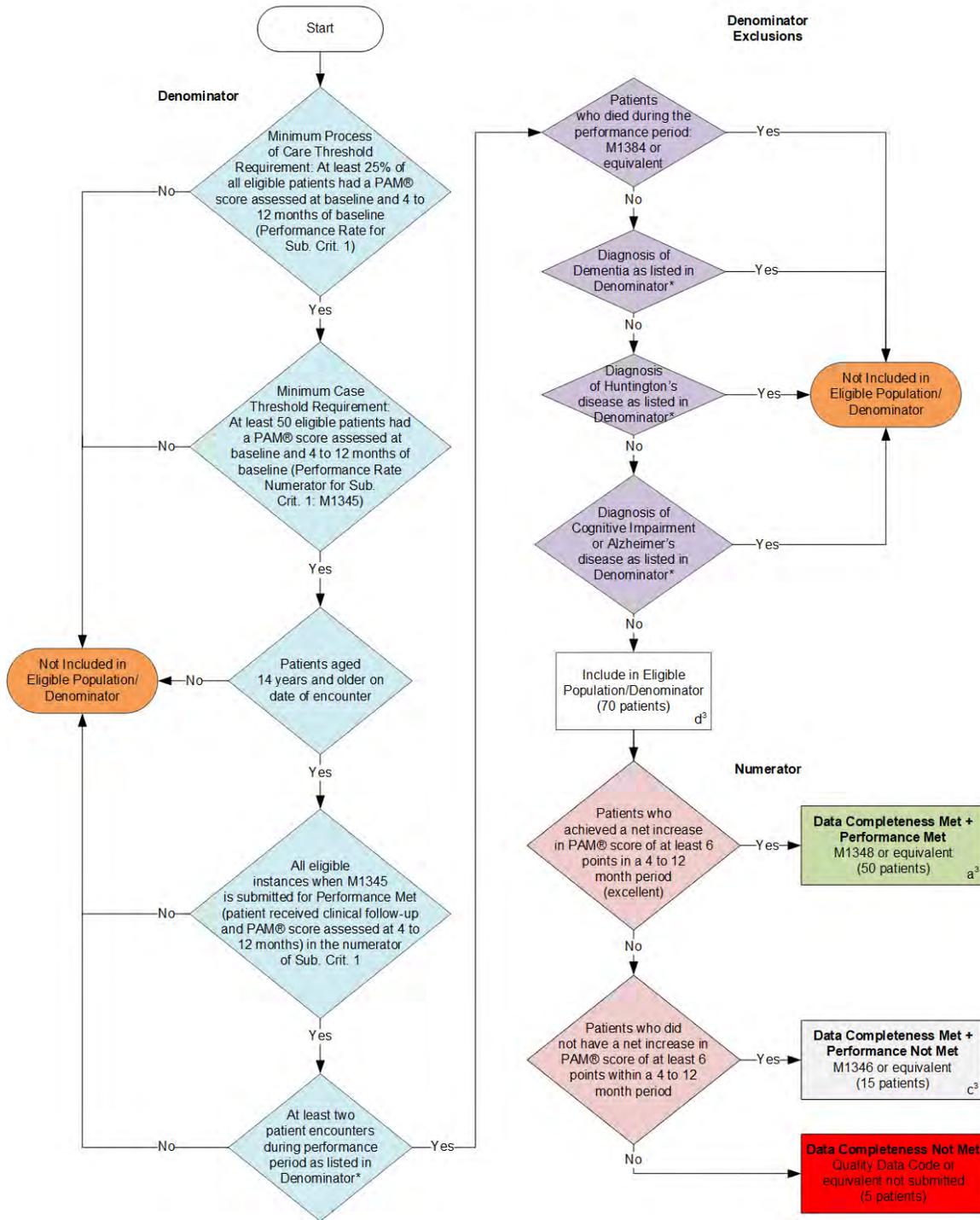
*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Periodic

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v9

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=

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

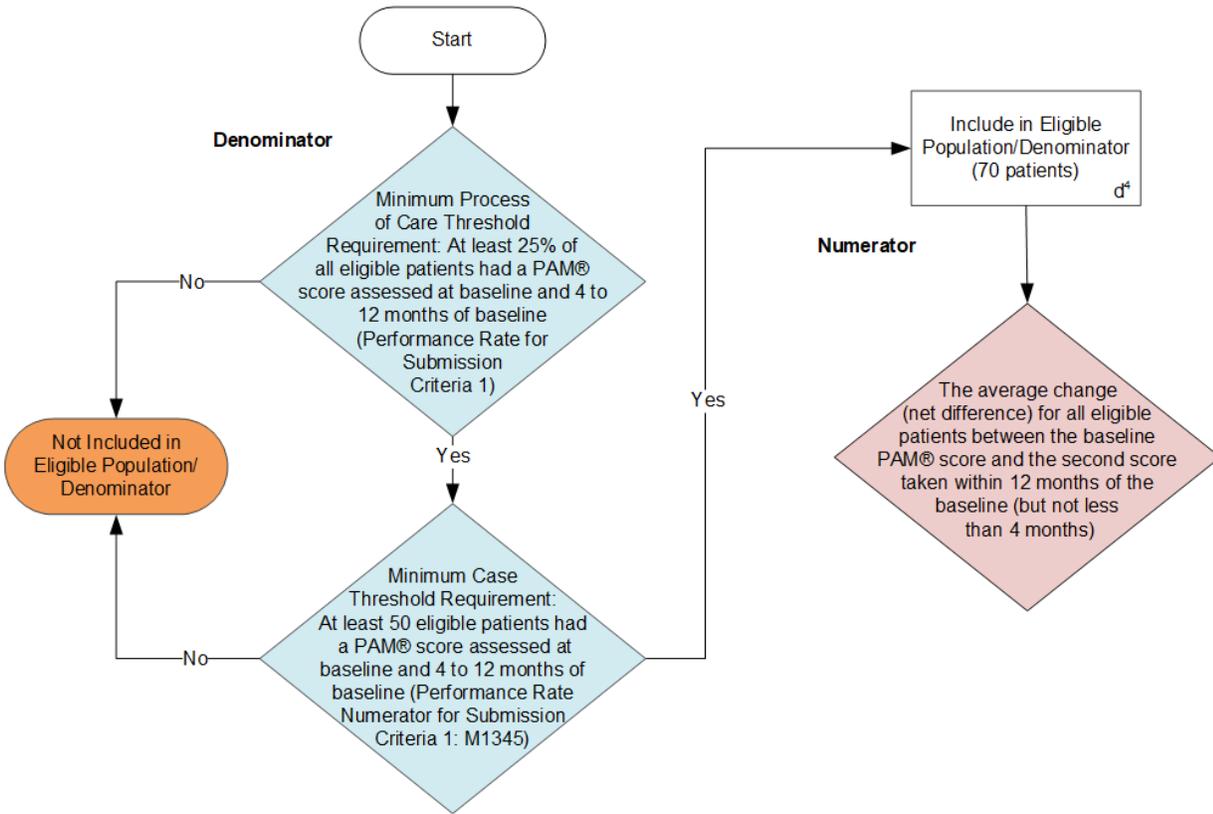
*See the posted measure specification for specific coding and instructions to submit this measure.

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v9

Submission Criteria Four



Step 1: Calculate the Sum of the Change in PAM® Score

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	...	Patient 70	Sum of the Change in PAM® Score
Change in PAM® Score	2.00	3.00	1.00	5.00	2.00	6.00	...	3.00	222.00

Step 2: Calculate the Average Change in PAM® Score

Average Change in PAM® Score = (222.00)/70 patients = 3.17

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

NOTE: Submission Frequency: Patient-Periodic

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v9

**2025 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

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 No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who died during the performance period* equals Yes, proceed to check *Diagnosis of Dementia as listed in Denominator**.
5. Check *Diagnosis of Dementia as listed in Denominator**:
 - a. If *Diagnosis of Dementia as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Dementia as listed in Denominator** equals No, proceed to check *Diagnosis of Huntington's disease as listed in Denominator**.
6. Check *Diagnosis of Huntington's disease as listed in Denominator**:
 - a. If *Diagnosis of Huntington's disease as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Huntington's disease as listed in Denominator** equals No, proceed to check *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator**.
7. Check *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator**:
 - a. If *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

- b. If *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator** equals No, include in *Eligible Population/Denominator*.
8. 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 d¹ equals 100 patients.
9. Start Numerator
10. 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 a¹ 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*.
11. 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 b¹ 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*.
12. 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 b² 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*.
13. 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 c¹ equals 10 patients.

- 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*.

14. 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 (a¹ equals 70 patients) plus Denominator Exception (b¹ plus b² equals 10 patients) plus Performance Not Met (c¹ equals 10 patients) divided by Eligible Population/Denominator (d¹ equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a¹ equals 70 patients) divided by Data Completeness Numerator (90 patients) minus Denominator Exception (b¹ 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

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Submission Criteria Two:

- Start with Denominator
- 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)*:
 - 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.
 - 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)*.
- 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)*:
 - 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.
 - 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 as listed in Denominator**.
8. Check *Diagnosis of Dementia as listed in Denominator**:
 - a. If *Diagnosis of Dementia as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Dementia as listed in Denominator** equals No, proceed to check *Diagnosis of Huntington's disease as listed in Denominator**.
9. Check *Diagnosis of Huntington's disease as listed in Denominator**:
 - a. If *Diagnosis of Huntington's disease as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Huntington's disease as listed in Denominator** equals No, proceed to check *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator**.
10. Check *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator**:
 - a. If *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

- b. If *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator** equals No, include in *Eligible Population/Denominator*.

11. 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 d² equals 70 patients in the Sample Calculation.

12. Start Numerator

13. 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 a² 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*.

14. 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 c² 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*.

15. 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 (a² equals 60 patients) plus Performance Not Met (c² equals 5 patients) divided by Eligible Population/Denominator (d² equals 70 patients). All equals 65 patients divided by 70 patients. All equals 92.86 percent.

Performance Rate equals Performance Met (a² 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

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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 as listed in Denominator**.
 8. Check *Diagnosis of Dementia as listed in Denominator**:
 - a. If *Diagnosis of Dementia as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Dementia as listed in Denominator** equals No, proceed to check *Diagnosis of Huntington's disease as listed in Denominator**.
 9. Check *Diagnosis of Huntington's disease as listed in Denominator**:
 - a. If *Diagnosis of Huntington's disease as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Huntington's disease as listed in Denominator** equals No, proceed to check *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator**.
 10. Check *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator**:
 - a. If *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis of Cognitive Impairment or Alzheimer's disease as listed in Denominator** equals No, include in *Eligible Population/Denominator*.
 11. 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 d³ equals 70 patients.
 12. Start Numerator
 13. 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 a³ 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 4 to 12 month period*.
 14. Check *Patients who did not have a net increase in PAM® score of at least 6 points within 4 to 12 month period*:

- a. If Patients who did not have a net increase in PAM® score of at least 6 points within 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 c³ equals 15 patients.
- b. If Patients who did not have a net increase in PAM® score of at least 6 points within 4 to 12 month period equals No, proceed to check *Data Completeness Not Met*.

15. 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 (a³ equals 50 patients) plus Performance Not Met (c³ equals 15 patients) divided by Eligible Population/Denominator (d³ equals 70 patients). All equals 65 patients divided by 70 patients. All equals 92.86 percent.

Performance Rate equals Performance Met (a³ 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

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Submission Criteria Four:

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, include in Eligible Population/Denominator.*

4. 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 d⁴ equals 70 patients in the Sample Calculation.

5. Start Numerator

- Calculate the average change (net difference) for all eligible patients between the baseline PAM® score and the second score taken within 12 months of the baseline (but not less than 4 months).

Sample Calculations: Submission Criteria Four

1. Step 1: Calculate the total sum of the change in PAM® scores for each patient.

2. Step 2: Calculate the Average Change in PAM® Score:

- a. Sum of the change in PAM® Scores (e.g., 222) divided by Denominator (d⁴ equals 70 patients). All equals 3.17 percent.

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

NOTE: Submission Frequency: Patient-Periodic

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