

Quality ID #288: Dementia: Education and Support of Caregivers for Patients with Dementia

2026 COLLECTION TYPE:

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

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months.

INSTRUCTIONS:

Reporting Frequency:

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

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients with dementia. This measure may be submitted by that Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

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

Measure Submission:

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

DENOMINATOR:

All patients with dementia.

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):

All patients regardless of age

AND

Diagnosis for dementia (ICD-10-CM): A52.17, A81.00, A81.01, A81.89, 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, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G31.85, G31.89, G94

AND

Patient encounter during the performance period (CPT or HCPCS): 78811, 78814, 90791, 90792, 90832, 90834, 90837, 92507, 92508, 92526, 96116, 96130, 96132, 96136, 96138, 96146, 96156, 96158, 96164, 96167, 96170*, 97129, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97550, 97552, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426, 99487, 99490, 99491, 99497, A9586, A9601, Q9982, Q9983

NUMERATOR:

Patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months.

Definitions:

Caregiver – Is broadly defined and the Work Group adopted the definition utilized by the National Quality Forum and Feinberg. (1) "Caregiver" refers to any relative, partner, friend, or neighbor who has a significant relationship with, and who provides a broad range of assistance for, an older adult or an adult with chronic or disabling conditions. (1)

Education – Requires learning and processing information about disease management and health behavior changes. This should also include advising the caregiver that, as a caregiver, he or she is at "increased risk of serious illness (including circulatory and heart conditions and respiratory disease and hypertension), increased physician visits and use of prescription medications, emotional strain, anxiety, and depression." (2) Providers are encouraged to review state specific guidelines to ensure education is being provided as required.

Additional Resources – Are defined as situation-specific, tailored programs to assist the caregiver; these included national organizations such as the Alzheimer's Association, but also include local resources, such as community, senior center and religion-based support groups.

Numerator Instructions:

There are a number of assessment tools available for the caregiver. These should be considered as an integral component of comprehensive caregiver education and support. The American Medical Association has developed a Caregiver Health Self-Assessment Questionnaire to help caregivers analyze their own behavior and health risks and, with their physician's help, make decisions that will benefit both the caregiver and the patient. This questionnaire can be found on the Health In Aging website by searching "Caregiver Self-Assessment."

NUMERATOR NOTE:

The 12 month look back period is defined as 12 months from the date of the denominator eligible encounter.

Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Numerator Options:

Performance Met:

OR

Denominator Exception:

OR

Denominator Exception:

OR

Denominator Exception:

OR

Performance Not Met:

Caregiver provided with education and referred to additional resources for support (4322F)

Patient does not have a caregiver (G2184)

Documentation caregiver is trained and certified in dementia care (G2185)

Patient/caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed (G2186)

Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified (4322F with 8P)

RATIONALE:

By providing education as well as resources to caregivers it is anticipated that caregiver will act on information received connecting to support networks and gain a greater understanding of dementia. As a result, caregiver burden will decrease, caregiver and patient Quality of Life will improve, and caregiver and patient physical health will improve.

CLINICAL RECOMMENDATION STATEMENTS:

"Important aspects of psychiatric management include educating patients and families about the illness, its treatment, and sources of additional care and support (e.g., support groups, respite care, nursing homes, and other long-term-care facilities) and advising patients and their families of the need for financial and legal planning due to the patient's eventual incapacity (e.g., power of attorney for medical and financial decisions, an up-to-date will, and the cost of long-term care) (Category I)... The family should be educated regarding basic principles of care, including:

1. recognizing declines in capacity and adjusting expectations appropriately,
2. bringing sudden declines in function and the emergence of new symptoms to professional attention,
3. keeping requests and demands relatively simple,
4. deferring requests if the patient becomes overly upset or angered,
5. avoiding overly complex tasks that may lead to frustration,
6. not confronting patients about their deficits,
7. remaining calm, firm, and supportive and providing redirection if the patient becomes upset,
8. being consistent and avoiding unnecessary change, and
9. providing frequent reminders, explanations, and orientation cues... In addition to providing families with information on support groups, there are a number of benefits of referral to the local chapter or national office of the Alzheimer's Association (1-800-272-3900; <http://www.alz.org>), the Alzheimer's Disease Education and Referral Center (ADEAR) (1-800-438-4380; <http://www.nia.nih.gov/Alzheimers/>), and other support organizations." (3)

- "Short-term programs directed toward educating family caregivers about AD should be offered to improve caregiver satisfaction" (4).
- "Intensive long-term education and support services (when available) should be offered to caregivers of patients with AD to delay time to nursing home placement" (4).
- "Staff of long-term care facilities should receive education about AD to reduce the use of unnecessary antipsychotics" (4)
- "Support programs for caregivers and patients with dementia significantly decreased the odds of institutionalization and improved caregiver well-being." (5)

- "A dementia diagnosis mandates an inquiry to the community for available public health care support programs (Good Practice Point). Counselling and case/care management amongst caring family members have positive effects on burden and satisfaction for caregivers of people with dementia (Good Practice Point)." (6)
- "Following a diagnosis of dementia, health and social care professionals should, unless the person with dementia clearly indicates to the contrary, provide, them and their family with written information about:
 1. The signs and symptoms of dementia
 2. The course and prognosis of the condition
 3. Treatments
 4. Local care and support services
 5. Support groups
 6. Sources of financial and legal advice, and advocacy
 7. Medico-legal issues, including driving
 8. Local information sources, including libraries and voluntary organisations." (7)
- "Emphasize that professional support should have a wide focus that includes helping family and friends to support the person with dementia, rather than being limited to an exclusive and direct focus on the person with dementia." (8)

REFERENCES:

3. American Psychiatric Association (APA). Practice guideline for the treatment of patients with Alzheimer's disease and other dementias. Arlington (VA): American Psychiatric Association (APA). October 2007 85 p.
4. Doody RS, Stevens JC, Beck C, et al. Practice parameter: Management of dementia (an evidence based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2001;56:1154-1166.
5. Rabins PV, Rovner BW, Rummans T, et al. Guideline Watch (October 2014): Practice Guideline For The Treatment Of Patients With Alzheimer's Disease And Other Dementias. American Psychiatric Association. 26 p. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/alzheimerwatch.pdf Accessed on September 2, 2015
6. Sorbi S, Hort J, Erkinjuntti T, et al. EFNS-ENS Guidelines on the diagnosis and management of disorders associated with dementia. *Eur J Neurol* 2012;19(9):1159-1179.
7. National Institute for Health and Care Excellence (NIICE). Dementia: Supporting people with dementia and their carers in health and social care. NICE guidelines [CG42]. November 2006. 52p

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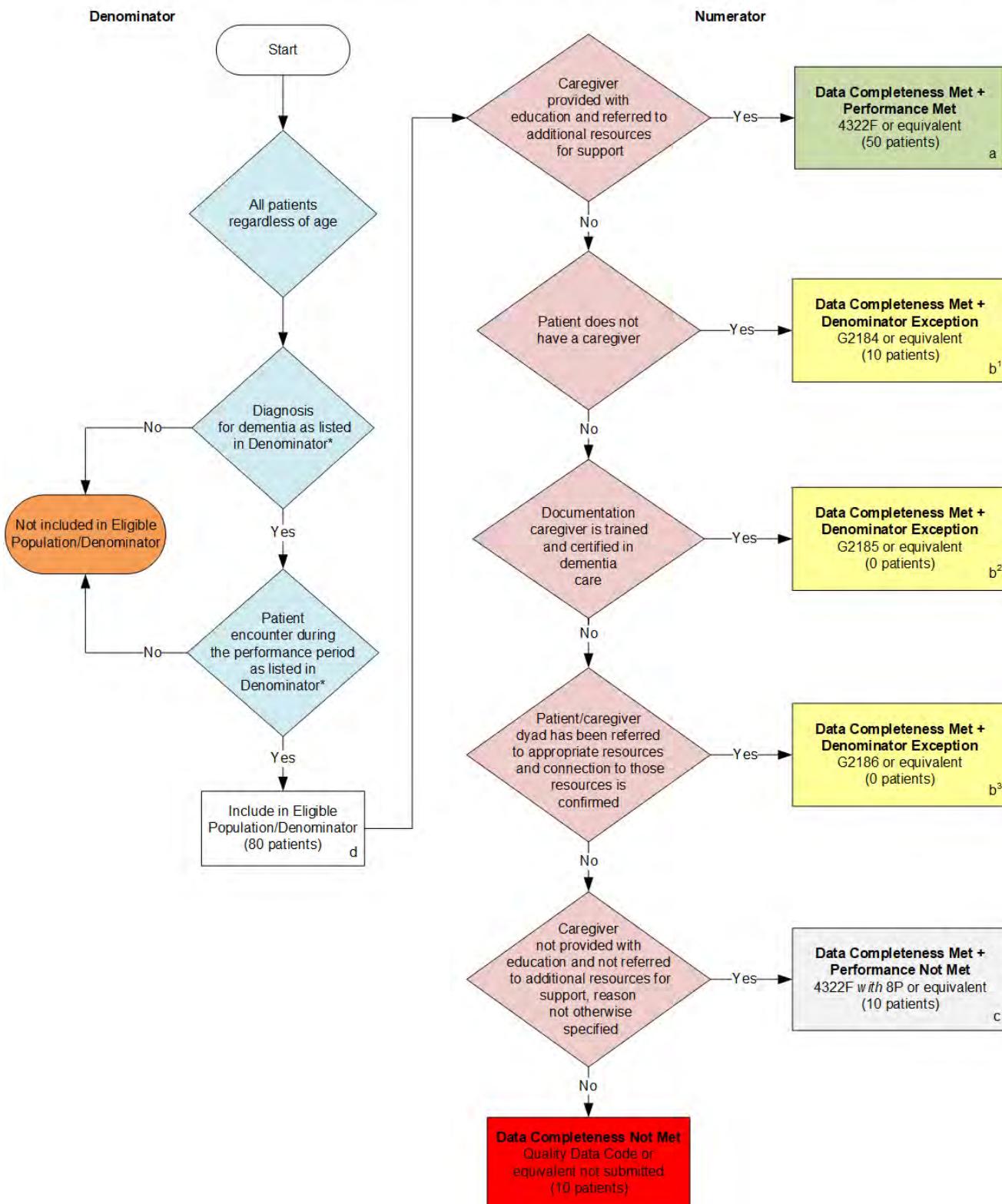
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**2026 Clinical Quality Measure Flow for Quality ID #288:
Dementia: Education and Support of Caregivers for Patients with Dementia**

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



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exceptions (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exceptions (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$

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

NOTE: Submission Frequency: Patient-Process

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in conjunction with the measure specifications. They should not be used alone or as a
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2026 Clinical Quality Measure Flow Narrative for Quality ID #288:
Dementia: Education and Support of Caregivers for Patients with Dementia

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

1. Start with Denominator
2. *All patients regardless of age*
3. Check *Diagnosis for dementia as listed in Denominator**:
 - a. If *Diagnosis for dementia as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for dementia as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population:
 - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Caregiver provided with education and referred to additional resources for support*:
 - a. If *Caregiver provided with education and referred to additional resources for support* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in the Sample Calculation.
 - b. If *Caregiver provided with education and referred to additional resources for support* equals No, proceed to check *Patient does not have a caregiver*.
8. Check *Patient does not have a caregiver*:
 - a. If *Patient does not have a caregiver* 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 in the Sample Calculation.
 - b. If *Patient does not have a caregiver* equals No, proceed to check *Documentation caregiver is trained and certified in dementia care*.

9. Check *Documentation caregiver is trained and certified in dementia care*.
 - a. If *Documentation caregiver is trained and certified in dementia care* 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 in the Sample Calculation.
 - b. If *Documentation caregiver is trained and certified in dementia care* equals No, proceed to check *Patient/caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed*.
10. Check *Patient/caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed*.
 - a. If *Patient/caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed* 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 b³ equals 0 patients in the Sample Calculation.
 - b. If *Patient/caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed* equals No, proceed to check *Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified*.
11. Check *Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified*.
 - a. If *Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness and in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.
 - b. If *Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.
12. 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

Data Completeness equals Performance Met (a equals 50 patients) plus Denominator Exception (b¹ plus b² plus b³ equals 10 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b¹ plus b² plus b³ equals 10 patients). All equals 50 patients divided by 60 patients. All equals 83.33 percent.

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

NOTE: Submission Frequency: Patient-Process

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.