Quality ID #495 (CBE 3665): Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood

<u>2026 COLLECTION TYPE:</u>
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

<u>MEASURE TYPE:</u>
Patient-Reported Outcome-Based Performance Measure (PRO-PM) – High Priority

<u>DESCRIPTION:</u>
The percentage of top-box responses among patients aged 18 years and older who had an ambulatory palliative care visit and report feeling heard and understood by their palliative care clinician and team within 2 months (60 days) of the ambulatory palliative care visit.

<u>INSTRUCTIONS:</u>
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 Clinical Applicability:
The intent of this measure is to reflect the quality of services provided for patients that have an ambulatory palliative care visit. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible palliative care providers and clinicians who provide denominator-eligible services will submit this measure.

Measure Strata and Performance Rates:
This measure contains four strata defined by four submission criteria.
This measure produces four performance rates.

<u>There are 4 Submission Criteria for this measure:</u>
1) Patient felt heard and understood by this provider and team

AND

2) Patient felt this provider and team put my best interests first when making recommendations about my care

AND

3) Patient felt this provider and team saw me as a person, not just someone with a medical problem

AND

4) Patient felt this provider and team understood what is important to me in my life

<u>This measure will be calculated with 4 performance rates:</u>
1) Top-box response to Q1- "I felt heard and understood by this provider and team."
2) Top-box response to Q2- "I felt this provider and team put my best interests first when making recommendations about my care."
3) Top-box response to Q3- "I felt this provider and team saw me as a person, not just someone with a medical problem."
4) Top-box response to Q4- "I felt this provider and team understood what is important to me in my life."

Submission of all 4 performance rates is required for this measure. For accountability reporting in the CMS MIPS program, a weighted average will be used.

<u>Implementation Consideration:</u>
All valid Feeling Heard and Understood (HU) survey results (as defined in the specification) should be included in the aggregate score. The survey tool and recommended survey administration procedures are found in the appendix of

American Academy of Hospice and Palliative Medicine's Implementation Guide-
https://aahpm.org/uploads/AAHPM22_PRO-PM_IMPLEMENTATION_GUIDE.pdf. Although the implementation guide recommends a survey vendor, this is not required for MIPS reporting.
- For MIPS eligible individual clinicians, a minimum of 12 HU surveys would need to be received in order to submit this measure.
- For MIPS eligible groups, subgroups*, virtual groups, and APM entities, a minimum of 38 HU surveys would need to be received in order to submit this measure.
- If the MIPS eligible clinician, group, subgroup*, virtual group, and APM entity encompasses multiple sites/locations, each site/location would need to meet the HU survey requirements as stated.
*Subgroups are only available through MVP reporting. All measure-specific criteria must be met by the subgroup.

For the purposes of MIPS implementation of this measure, this patient-periodic measure is submitted a minimum of once per patient per timeframe specified by the measure during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once. If more than one quality data code is submitted during the episode time period, performance rates shall be calculated by the most advantageous quality data code.

Telehealth:
NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting. Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from 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 (FOR ALL SUBMISSION CRITERIA):
All patients aged 18 years and older who had an ambulatory palliative care visit between January 1 – October 31.

> *DENOMINATOR NOTE:*
> *The same denominator is used for all submission criteria within this quality measure. This measure has two specific pathways to be considered denominator eligible. Patients may be denominator eligible based on a diagnosis of palliative care and an encounter (as indicated below) OR an encounter (as listed below) along with the Hospice and Palliative Care Specialty Code 17.*
>
> Denominator Criteria (Eligible Cases):
> Patients aged 18 years and older on date of encounter
> AND
> **Diagnosis for palliative care (ICD-10-CM):** Z51.5
>   OR
>   **Patient encounter during the performance period with Hospice and Palliative Care Specialty Code 17:** M1365
> AND

Patient encounter during the performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
WITHOUT
Encounters conducted via telehealth: M1426
OR
Patient encounter during the performance period with place of service code 11: M1382
AND NOT
DENOMINATOR EXCLUSIONS:
Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit: M1252
OR
Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal): M1253
OR
Patients who were deceased when the HU survey reached them: M1254
OR
Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement): M1251

NUMERATOR:
The Feeling Heard and Understood survey is calculated using top-box scoring within 2 months (60 days) of the ambulatory palliative care visit.

Definition:
Top-box score – The most positive response available within the HU survey. In this instance, respondents must provide the response of "Completely True" which contributes to overall performance of the measure.

Numerator Instructions:
The performance of this measure is based on a multi-item HU survey consisting of 4 questions:
Q1- "I felt heard and understood by this provider and team."
Q2- "I felt this provider and team put my best interests first when making recommendations about my care."
Q3- "I felt this provider and team saw me as a person, not just someone with a medical problem."
Q4- "I felt this provider and team understood what is important to me in my life."
For all four questions in this measure, the top box numerator is the number of respondents who answer "Completely true." An individual's score can be considered an average of the four top-box responses. Individual scores are combined to calculate an average score for an overall palliative care clinician or group.

NUMERATOR (SUBMISSION CRITERIA 1):
Patient felt heard and understood by this provider and team.

Numerator Options:
Performance Met: Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team **(M1250)**

OR

Denominator Exception: Patient did not respond to the question of patient felt heard and understood by this provider and team **(M1239)**

OR

Performance Not Met:	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team **(M1243)**

NUMERATOR (SUBMISSION CRITERIA 2):

Patient felt this provider and team put my best interests first when making recommendations about my care.

Numerator Options:

Performance Met:	Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care **(M1247)**

OR

Denominator Exception:	Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care **(M1240)**

OR

Performance Not Met:	Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care **(M1244)**

NUMERATOR (SUBMISSION CRITERIA 3):

Patient felt this provider and team saw me as a person, not just someone with a medical problem.

Numerator Options:

Performance Met:	Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem **(M1248)**

OR

Denominator Exception:	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem **(M1241)**

OR

Performance Not Met:	Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem **(M1245)**

NUMERATOR (SUBMISSION CRITERIA 4):

Patient felt this provider and team understood what is important to me in my life.

Numerator Options:

Performance Met:		Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life **(M1249)**

OR

Denominator Exception:		Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life **(M1242)**

OR

Performance Not Met:		Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life **(M1246)**

RATIONALE:

Seriously ill persons often report feeling silenced, ignored, and misunderstood in medical institutions (Frosch, 2012) (Institute of Medicine (IOM), 2015). Systematically monitoring, reporting, and responding to how well patients feel heard and understood are crucial to creating and sustaining a health care environment that excels in caring for those who are seriously ill (Gramling et al., 2016). The quality of provider communication in serious illness is built on at least four mutually reinforcing processes: information gathering, information sharing, responding to emotion, and fostering relationships (Street et al., 2009). These elements directly shape patient experience and, when done well, help patients feel known, informed, in control, and satisfied, thus improving well-being and quality of life (Murray et al., 2015; Street et al., 2009).

CLINICAL RECOMMENDATION STATEMENTS:

The purpose of the *Feeling Heard and Understood* measure is to facilitate and improve effective patient-provider communication in palliative care that engenders trust, acknowledgement, and a whole-person orientation to care. The importance of this measure is predicated on existing guidelines and conceptual models of the quality of palliative care, including the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care (2018), the National Quality Forum Preferred Practices of Palliative and Hospice Care (2006) (i.e., Preferred Practices 7, 9, and 24), a consensus building process from the National Coalition for Hospice and Palliative Care, and input from qualitative inquiry of patients and providers.

REFERENCES

Frosch DL, May SG, Rendle KAS, Tietbohl C, Elwyn G. Authoritarian physicians and patients' fear of being labeled 'difficult' among key obstacles to shared decision making. *Health Aff.* 2012;31(5):1030–1038.

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Murray CD, McDonald C, Atkin H. The communication experiences of patients with palliative care needs: A systematic review and meta-synthesis of qualitative findings. *Palliat Support Care.* 2015;13(2):369–383.

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National Quality Forum. A National Framework and Preferred Practices for Palliative and Hospice Care Quality: A Consensus Report. 2006.

Street RL, Makoul G, Arora NK, Epstein RM. How does communication heal? Pathways linking clinician–patient communication to health outcomes. *Patient Educ Couns.* 2009;74(3):295–301.

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2026 Clinical Quality Measure Flow for Quality ID #495 (CBE 3665): Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood Multiple Performance Rates

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

*See the posted measure specification for specific coding and instructions to submit this measure.
Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.
NOTE: Submission Frequency: Patient-Periodic

Submission Criteria One

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Continued from
Denominator
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Numerator

Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team —Yes→ **Data Completeness Met + Performance Met**
M1250 or equivalent
(40 patients)   a[1]

No ↓

Patient did not respond to the question of patient felt heard and understood by this provider and team —Yes→ **Data Completeness Met + Denominator Exception**
M1239 or equivalent
(10 patients)   b[1]

No ↓

Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team —Yes→ **Data Completeness Met + Performance Not Met**
M1243 or equivalent
(20 patients)   c[1]

No ↓

Data Completeness Not Met
Quality Data Code or equivalent not submitted
(10 patients)

SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness =

$$\frac{\text{Performance Met (a}^1\text{=40 patients) + Denominator Exception (b}^1\text{=10 patients) + Performance Not Met (c}^1\text{=20 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b}^1\text{=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

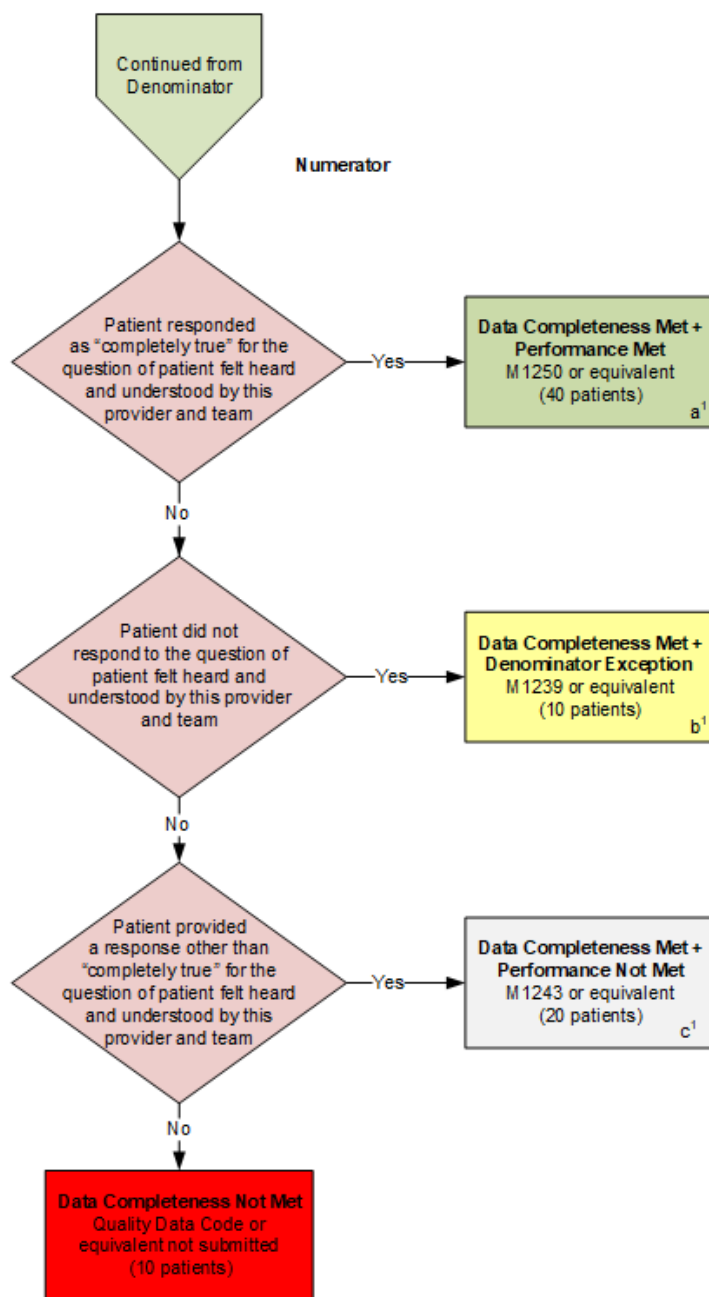*See the posted measure specification for specific coding and instructions to submit this measure.
Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.
NOTE : Submission Frequency: Patient-Periodic

Submission Criteria Two

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Continued from
Denominator
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Numerator

Patient responded as "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care

— Yes → **Data Completeness Met + Performance Met** M1247 or equivalent (40 patients) a^2

No ↓

Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care

— Yes → **Data Completeness Met + Denominator Exception** M1240 or equivalent (10 patients) b^2

No ↓

Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care

— Yes → **Data Completeness Met + Performance Not Met** M1244 or equivalent (20 patients) c^2

No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness =

$$\frac{\text{Performance Met } (a^2=40 \text{ patients}) + \text{Denominator Exception } (b^2=10 \text{ patients}) + \text{Performance Not Met } (c^2=20 \text{ patients})}{\text{Eligible Population / Denominator } (d^2=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^2=40 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^2=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$
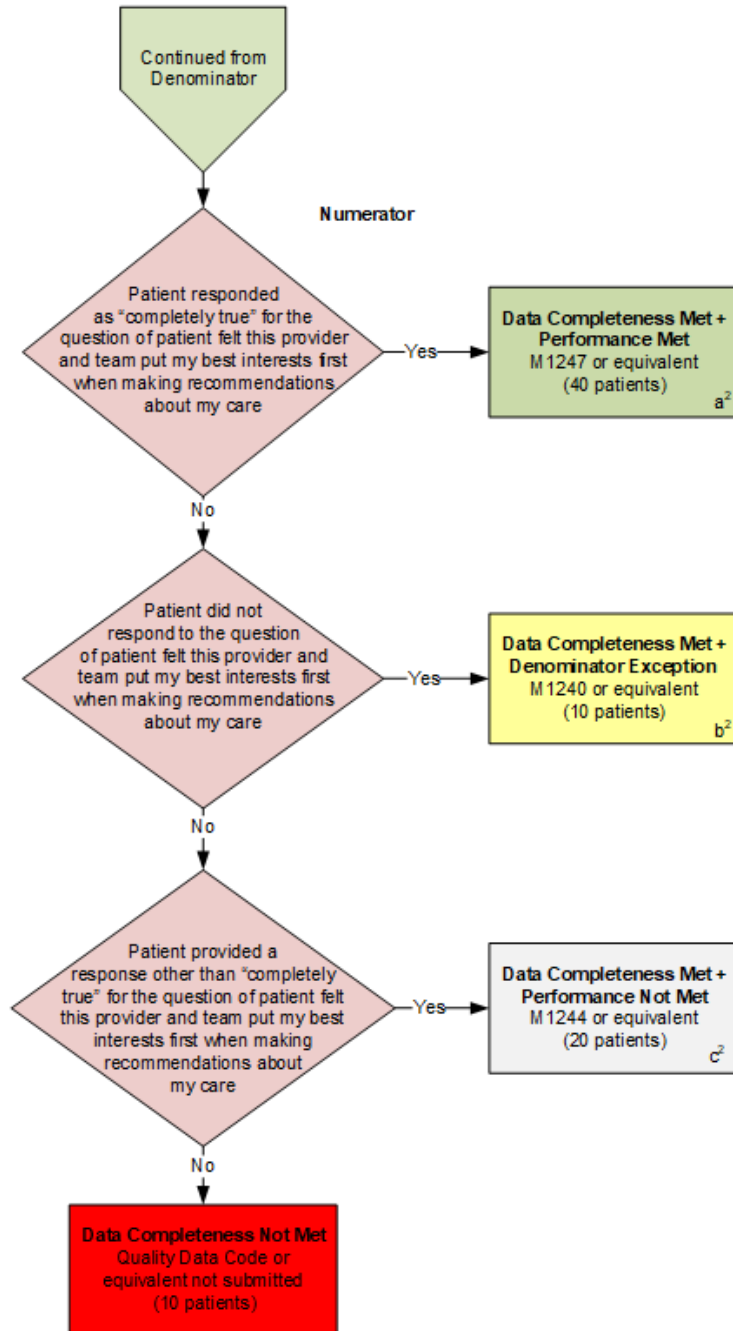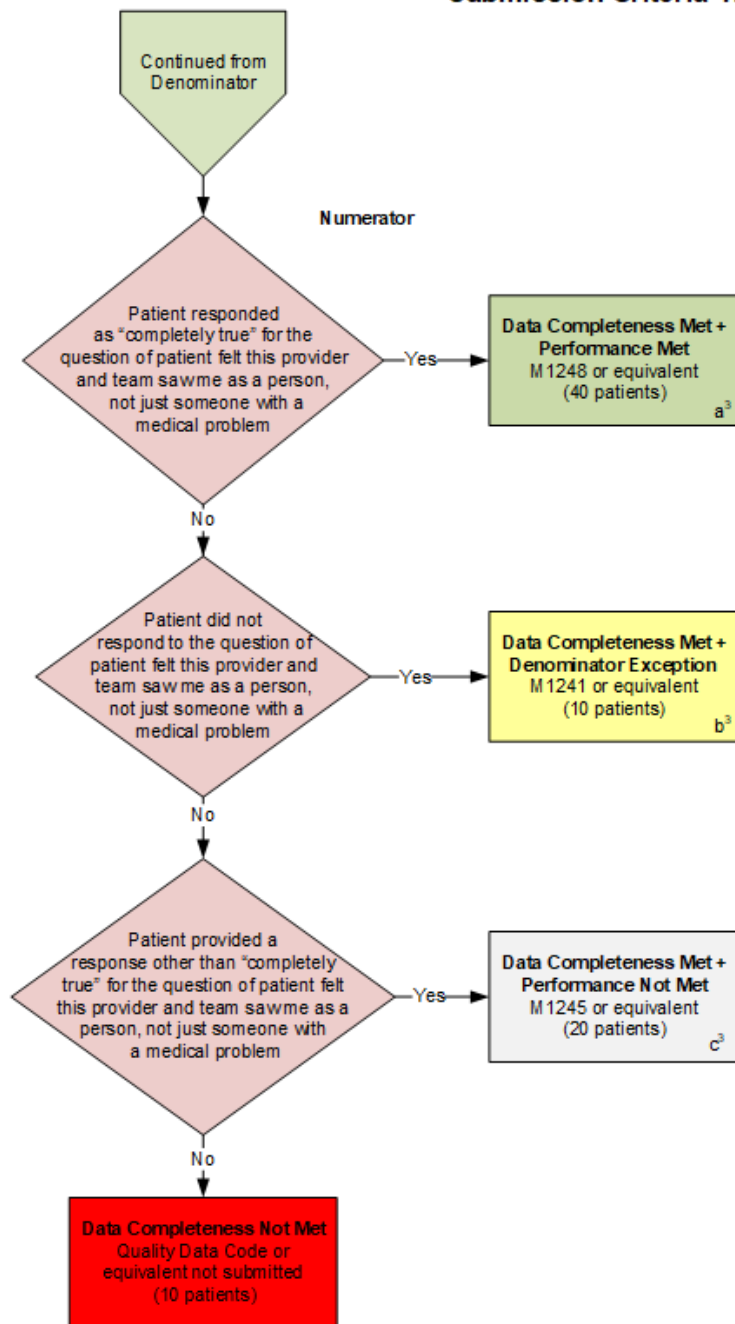
*See the posted measure specification for specific coding and instructions to submit this measure.
Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.
NOTE : Submission Frequency: Patient-Periodic

Submission Criteria Three

Numerator

Patient responded as "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem

—Yes→ **Data Completeness Met + Performance Met** M1248 or equivalent (40 patients) a^3

No ↓

Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem

—Yes→ **Data Completeness Met + Denominator Exception** M1241 or equivalent (10 patients) b^3

No ↓

Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem

—Yes→ **Data Completeness Met + Performance Not Met** M1245 or equivalent (20 patients) c^3

No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATIONS: SUBMISSION CRITERIA THREE

Data Completeness =

$$\frac{\text{Performance Met } (a^3=40 \text{ patients}) + \text{Denominator Exception } (b^3=10 \text{ patients}) + \text{Performance Not Met } (c^3=20 \text{ patients})}{\text{Eligible Population / Denominator } (d^3=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$
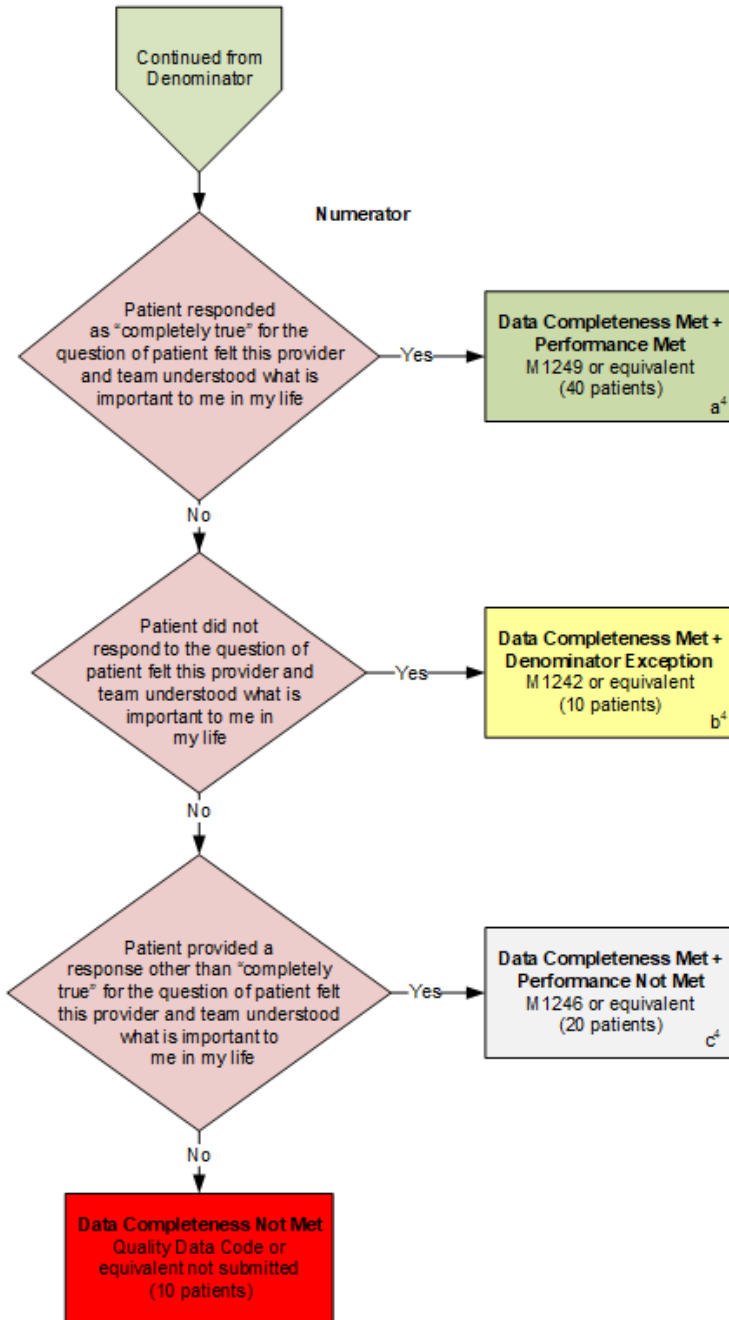
Performance Rate=

$$\frac{\text{Performance Met } (a^3=40 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception } (b^3=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.
NOTE: Submission Frequency: Patient-Periodic

Submission Criteria Four

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Continued from
Denominator
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Numerator

Patient responded as "completely true" for the question of patient felt this provider and team understood what is important to me in my life

— Yes →

Data Completeness Met + Performance Met
M1249 or equivalent
(40 patients)
a⁴

No ↓

Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life

— Yes →

Data Completeness Met + Denominator Exception
M1242 or equivalent
(10 patients)
b⁴

No ↓

Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life

— Yes →

Data Completeness Met + Performance Not Met
M1246 or equivalent
(20 patients)
c⁴

No ↓

Data Completeness Not Met
Quality Data Code or equivalent not submitted
(10 patients)

SAMPLE CALCULATIONS: SUBMISSION CRITERIA FOUR

Data Completeness =

$$\frac{\text{Performance Met } (a^4=40 \text{ patients}) + \text{Denominator Exception } (b^4=10 \text{ patients}) + \text{Performance Not Met } (c^4=20 \text{ patients})}{\text{Eligible Population / Denominator } (d^4=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^4=40 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients}) - \text{Denominator Exception } (b^4=10 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.
NOTE : Submission Frequency: Patient-Periodic

2026 Clinical Quality Measure Flow Narrative for Quality ID #495 (CBE 3665): Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood

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

Multiple Performance Rates

Accountability Reporting in the CMS MIPS Program: Sample Calculations:

Overall Data Completeness (All Submission Criteria) equals Performance Met (a^1 plus a^2 plus a^3 plus a^4 equals 160 patients) plus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 40 patients) plus Performance Not Met (c^1 plus c^2 plus c^3 plus c^4 equals 80 patients) divided by Eligible Population/Denominator (d^1 plus d^2 plus d^3 plus d^4 equals 320 patients). All equals 280 patients divided by 320 patients. All equals 87.50 percent.

Overall Performance Rate (Weighted Average) equals Performance Met (a^1 plus a^2 plus a^3 plus a^4 equals 160 patients) divided by Data Completeness Numerator (280 patients) minus Denominator Exception (b^1 plus b^2 plus b^3 plus b^4 equals 40 patients). All equals 160 patients divided by 240 patients. All equals 66.67 percent.

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

*Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.

NOTE: Submission Frequency: Patient-Periodic

Submission Criteria One:

1. Start with Denominator (Denominator is the same for all four Submission Criteria)

2. Check *Patients aged greater than or equal to 18 years on date of encounter*:

    a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for palliative care*.

3. Check *Diagnosis for palliative care:*

    a. If *Diagnosis for palliative care* equals Yes, proceed to check *Patient encounter during the performance period as listed in the Denominator*.

    b. If *Diagnosis for palliative care* equals No, proceed to check *Patient encounter during the performance period with Hospice and Palliative Care Specialty Code 17.*

4. Check *Patient encounter during the performance period with Hospice and Palliative Care Specialty Code 17:*

    a. If *Patient encounter during the performance period with Hospice and Palliative Care Specialty Code* 17 equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient encounter during the performance period with Hospice and Palliative Care Specialty Code* 17 equals Yes, proceed to check *Patient encounter during the performance period as listed in the Denominator*.

5. Check *Patient encounter during the performance period as listed in the Denominator*:

a. If *Patient encounter during the performance period as listed in the Denominator* equals No, do not include in *Eligible Population/Denominator.* Stop processing.

b. If *Patient encounter during the performance period as listed in the Denominator* equals Yes, proceed to check *Encounters conducted via telehealth.*

6. Check *Encounters conducted via telehealth:*

a. If *Encounters conducted via telehealth* equals Yes, stop processing.

b. If *Encounters conducted via telehealth* equals No, proceed to check *Patient encounter during the performance period with place of service code 11.*

7. Check *Patient encounter during the performance period with place of service code 11:*

a. If *Patient encounter during the performance period with place of service code 11* equals Yes, stop processing.

b. If *Patient encounter during the performance period with place of service code 11* equals No, proceed to check *Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit.*

8. Check *Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit.*

a. If *Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.

b. If *Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit* equals No, proceed to check *Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal).*

9. Check *Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal).*

a. If *Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.

b. If *Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)* equals No, proceed to check Patients who were deceased when the HU survey reached them.

10. Check *Patients who were deceased when the HU survey reached them.*

a. If *Patients who were deceased when the HU survey reached them* equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.

b. If *Patients who were deceased when the HU survey reached them* equals No, proceed to check *Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement).*

11. Check *Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement):*

a. If *Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

b. If *Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)* equals No, include in *Eligible Population/Denominator*.

12. Denominator Population:

a. 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[1-4] equals 80 patients in the Sample Calculation.

13. Start Numerator

14. Check *Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team*:

a. If *Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team 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 a[1] equals 40 patients in the Sample Calculation.

b. If *Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team* equals No, proceed to check *Patient did not respond to the question of patient felt heard and understood by this provider and team*.

15. Check *Patient did not respond to the question of patient felt heard and understood by this provider and team*:

a. If *Patient did not respond to the question of patient felt heard and understood by this provider and team* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b[1] equals 10 patients in the Sample Calculation.

b. If *Patient did not respond to the question of patient felt heard and understood by this provider and team* equals No, proceed to check *Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team*.

16. Check *Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team*:

a. If *Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team* 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 c[1] equals 20 patients in the Sample Calculation.

b. If *Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team* equals No, proceed to check *Data Completeness Not Met*.

17. Check *Data Completeness Not Met*:

18. 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 equals Performance Met (a^1 equals 40 patients) plus Denominator Exception (b^1 equals 10) Performance Not Met (c^1 equals 20 patients) divided by Eligible Population/Denominator (d^1 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^1 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^1 equals 10). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

*Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.

NOTE: Submission Frequency: Patient-Periodic

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.

Submission Criteria Two:

1. Denominator is the same as Submission Criteria One.

    a. 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^2 equals 80 patients in the Sample Calculation.

2. Start Numerator

3. Check *Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care*:

    a. If *Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care* 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 a2 equals 40 patients in the Sample Calculation.*

    b. If *Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care* equals No, proceed to check *Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care.*

4. Check *Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care*:

    a. If *Patient did not respond to the question of patient felt this provider and team put my best interests*

first when making recommendations about my care equals Yes, include in *Data Completeness Met and Denominator Exception.*

- • *Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 10 patients in the Sample Calculation.*

   b. If *Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care* equals No, proceed to check *Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care.*

5. Check *Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care*:

   a. If *Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care* 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 20 patients in the Sample Calculation.*

   b. If *Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care* equals No, proceed to check *Data Completeness Not Met.*

6. Check *Data Completeness Not Met*:

7. 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 Two

Data Completeness equals Performance Met (a^2 equals 40 patients) plus Denominator Exception (b^2 equals 10) Performance Not Met (c^2 equals 20 patients) divided by Eligible Population/Denominator (d^2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^2 equals 10). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

*Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.

NOTE: Submission Frequency: Patient-Periodic

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Submission Criteria Three:

1. Denominator is the same as Submission Criteria One.

   a. 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^3 equals 80 patients in the Sample Calculation.

2. Start Numerator

3. Check *Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem*:

   a. If *Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem* 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 a3 equals 40 patients in the Sample Calculation.*

   b. If *Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem* equals No, proceed to check *Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem.*

4. Check Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem:

   a. If *Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem* equals Yes, include in *Data Completeness Met and Denominator Exception.*

      - *Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b3 equals 10 patients in the Sample Calculation.*

   b. If *Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem* equals No, proceed to check *Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem.*

5. Check *Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem*:

   a. If *Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem* 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 20 patients in the Sample Calculation.*

   b. If *Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem* equals No, proceed to check *Data Completeness Not Met.*

6. Check *Data Completeness Not Met*:

7. 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 Three

Data Completeness equals Performance Met (a^3 equals 40 patients) plus Denominator Exception (b^3 equals 10) Performance Not Met (c^3 equals 20 patients) divided by Eligible Population/Denominator (d^3 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^3 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b^3 equals 10). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

*Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.

NOTE: Submission Frequency: Patient-Periodic

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Submission Criteria Four:

1. Denominator is the same as Submission Criteria One.

   a. 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^4 equals 80 patients in the Sample Calculation.

2. Start Numerator

3. Check *Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life*:

   a. If *Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life* 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 a4 equals 40 patients in the Sample Calculation.*

   b. If *Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life* equals No, proceed to check *Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life.*

4. Check *Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life*:

   a. If *Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life* Yes, include in *Data Completeness Met and Denominator Exception.*

      • *Data Completeness Met and Denominator Exception letter is represented as Data*

Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b4 equals 10 patients in the Sample Calculation.

b. If *Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life* equals No, proceed to check *Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life.*

5. Check *Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life*:

   a. If *Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life* 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 c4 equals 20 patients in the Sample Calculation.*

   b. If *Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life* equals No, proceed to check *Data Completeness Not Met.*

6. Check *Data Completeness Not Met*:

7. 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 Four

Data Completeness equals Performance Met (a_4 equals 40 patients) plus Denominator Exception (b_4 equals 10) Performance Not Met (c_4 equals 20 patients) divided by Eligible Population/Denominator (d_4 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a_4 equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b_4 equals 10). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

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

NOTE: Submission Frequency: Patient-Periodic

*Submission of the four performance rates is required for this measure. A weighted average, which is the sum of the performance numerator values divided by the sum of performance denominator values, will be used to calculate performance. The same denominator is used for all submission criterion.

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