



2017 Performance Measures Crosswalk

The table below provides the 16 Clinical Performance Measures and three Financial Performance Measures required for all applicants.

PAL 2017-02: Approved Uniform Data System Changes for Calendar Year 2017 (<http://bphc.hrsa.gov/datareporting/pdf/pal201702.pdf>) notes revisions to select Clinical Performance Measures to align with the Centers for Medicare & Medicaid Services' electronic-specified Clinical Quality Measures (e-CQMs). Two measures are noted in the crosswalk below as being significantly revised.

The focus areas, performance measure, numerator description, and denominator description will be pre-populated in the Required Clinical and Financial Performance Measures forms in EHB. Pre-populated baseline data will be sourced from the 2016 UDS report for competing continuation applicants for measures that have not been revised. The source of the pre-populated information is identified in the Numerator and Denominator Pre-population Source from 2016 UDS columns for the measures that have not been revised. Refer to the 2016 UDS Manual (<https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf>) for details.

Further instructions for the Clinical and Financial Performance Measures forms are located in Appendix B of the notice of funding opportunity.

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre-population Source from 2016 UDS*	Denominator Description	Denominator Pre-population Source from 2016 UDS*
Clinical Performance Measures						
Diabetes: Hemoglobin A1c Poor Control (CMS122v5)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0%	No revision	Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0% or who had	T7, Li, C3A* (T7, Li, C3F / T7, Li, C3B)	Patients 18-75 years of age with Type 1 or Type 2 diabetes who have a medical visit during the measurement period,	T7, Li, C3A

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	during the measurement period		no test conducted during the measurement period		excluding patients with gestational diabetes or steroid-induced diabetes (Note: Patients with a diagnosis of secondary diabetes due to another condition should not be included)	

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre-population Source from 2016 UDS*	Denominator Description	Denominator Pre-population Source from 2016 UDS*
Controlling High Blood Pressure (CMS165v5)	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement period	No revision	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mm Hg and diastolic blood pressure <90 mm Hg) during the measurement period	T7, Li, C2A * (T7, Li, C2C / T7, Li, C2B)	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period, excluding patients with evidence of end stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period. Also exclude patients who are pregnant during the measurement period.	T7, Li, C2A
Low Birth Weight	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)	No revision	Children born with a birth weight under 2,500 grams	T7, Li, C1b + T7, Li, C1c	Babies born during the measurement period to prenatal care patients, excluding still-births and miscarriages	T7, Li, C1b + T7, Li, C1c + T7, Li, C1d
Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester	No revision	Women entering prenatal care at the health center, including a referral provider, or with another health center during their first trimester	T6B, L7, CA + T6B, L7, CB	Women seen for prenatal care during the measurement period	T6B, L7, CA + T6B, L8, CA + T6B, L9, CA + T6B, L7, CB + T6B, L8, CB + T6B, L9, CB

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre- population Source from 2016 UDS*	Denominator Description	Denominator Pre- population Source from 2016 UDS*
Childhood Immunization Status (CIS) (CMS117v5)	Percentage of children 2 years of age who were fully immunized by their second birthday	No revision	Number of children who were fully immunized before their second birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines)	T6B, L10, CA * (T6B, L10, CC / T6B, L10, CB)	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period	T6B, L10, CA

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre-population Source from 2016 UDS*	Denominator Description	Denominator Pre-population Source from 2016 UDS*
Cervical Cancer Screening (CMS124v5)	Percentage of women 21-64 years of age, who were screened for cervical cancer using either of the following criteria: 1) Women age 21-64 who had cervical cytology performed every three years, or 2) Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years	Reintroduces concurrent HPV and Pap test for those age 30-64	Women with one or more screenings for cervical cancer, defined by any one of the following: 1) Cervical cytology performed during the measurement period, or the two years prior to the measurement period, for women who are at least 21 years old at the time of the test, or 2) Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period, or the four years prior to the measurement period, for women who are at least 30 years old at the time of the test	N/A	Women 23-64 years of age with a visit during the measurement period, excluding women who had a hysterectomy with no residual cervix	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for	Percentage of patients 3-17 years of age who had a medical visit and evidence of height, weight, and BMI percentile documentation, and who had documentation of (1) counseling for nutrition; and	No revision	Number of patients who had their BMI percentile (not just BMI or height and weight) documented during the measurement period, and who had documentation of (1) counseling for nutrition and (2) counseling for	T6B, L12, CA * (T6B, L12, CC / T6B, L12, CB)	Patients 3-17 years of age with at least one medical visit during the measurement period	T6B, L12, CA

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre-population Source from 2016 UDS*	Denominator Description	Denominator Pre-population Source from 2016 UDS*
Children and Adolescents (CMS155v5)	(2) counseling for physical activity during the measurement year		physical activity during the measurement period			
Body Mass Index (BMI) Screening and Follow-up (CMS69v5)	Percentage of patients age 18 years and older who have a visit during the measurement period with a documented BMI during the most recent visit, or within the six months prior to that visit, and when the BMI is outside of normal parameters a follow-up plan is documented during the visit, or during the previous six months of the visit with the BMI outside of normal parameters	No revision	Patients age 18 -64 years with a BMI greater than or equal to 18.5 and less than 25, or patients age 65 years and older with a BMI greater than or equal to 23 and less than 30	T6B, L13, CA * (T6B, L13, CC / T6B, L13, CB)	All patients age 18 years of age and older with a medical visit during the measurement period, excluding patients who are pregnant (18-64) or visits where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the	T6B, L13, CA

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre- population Source from 2016 UDS*	Denominator Description	Denominator Pre- population Source from 2016 UDS*
					patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate	
Tobacco Use: Screening and Cessation Intervention (CMS138v5)	Percentage of patients 18 years of age and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention, if identified as a tobacco user	No revision	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	T6B, L14A, CA * (T6B, L14A, CC / T6B, L14A, CB)	All patients 18 years of age and older seen for at least two medical visits, or at least one preventive medical visit, during the measurement period	T6B, L14A, CA
Use of Appropriate Medications for Asthma (CMS126v5)	Percentage of patients 5-64 years of age with a diagnosis of persistent asthma and who were appropriately ordered medication during the measurement period	No revision	Patients who were dispensed at least one prescription for a preferred therapy during the measurement period	T6B, L16, CA * (T6B, L16, CC / T6B, L16, CB)	Patients 5-64 years of age with persistent asthma and who had at least one medical visit during the measurement period, excluding patients with a diagnosis of emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period	T6B, L16, CA

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre- population Source from 2016 UDS*	Denominator Description	Denominator Pre- population Source from 2016 UDS*
Coronary Artery Disease (CAD): Lipid Therapy	Percentage of patients 18 years of age and older with a diagnosis of coronary artery disease (CAD) who were prescribed a lipid-lowering therapy	No revision	Number of patients who received a prescription for, were provided, or were taking lipid lowering medications	T6B, L17, CA * (T6B, L17, CC / T6B, L17, CB)	Number of patients 18 years of age and older who had an active diagnosis of coronary artery disease (CAD), were diagnosed as having a myocardial infarction (MI), or who had cardiac surgery in the past , excluding patients whose last LDL lab test during the measurement period was less than 130 mg/dL and individuals with an allergy to, or a history of, adverse outcomes from, or intolerance to, LDL lowering medications	T6B, L17, CA
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (CMS164v5)	Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease	Numerator includes use of aspirin or another antiplatelet, not antithrombotic (no longer accepts	Patients who have documentation of use of aspirin or another antiplatelet during the measurement period	N/A	Patients 18 years of age and older with a visit during the measurement period, who had an active diagnosis of IVD or who were discharged alive for AMI, CABG, or PCI during the 12 months prior to the measurement period	N/A

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	(IVD) during the measurement period, and had documentation of use of aspirin or another antiplatelet during the measurement period	anticoagulant)				
Colorectal Cancer Screening (CMS130v5)	Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer	No revision	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: fecal occult blood test (FOBT), including the fecal immunochemical test (FIT) during the measurement period; flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; or colonoscopy during the measurement period or the nine years prior to the measurement period	T6B, L19, CA * (T6B, L19, CC / T6B, L19, CB)	Patients 50-75 years of age with a medical visit during the measurement period, excluding patients with a diagnosis or past history of total colectomy or colorectal cancer	T6B, L19, CA

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre- population Source from 2016 UDS*	Denominator Description	Denominator Pre- population Source from 2016 UDS*
Screening for Clinical Depression and Follow- up Plan (CMS2v6)	Percentage of patients 12 years of age and older screened for depression on the date of the visit using an age appropriate standardized depression screening tool AND, if screening is positive, a follow-up plan is documented on the date of the positive screen	No revision	Patients screened for depression on the date of the visit using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen	T6B, L21, CA * (T6B, L21, CC / T6B, L21, CB)	All patients 12 years of age and older with at least one eligible visit during the measurement period, excluding patients with an active diagnosis of Depression or Bipolar Disorder, patient refuses to participate, medical reason(s), such as patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools	T6B, L21, CA
HIV Linkage To Care	Percentage of newly diagnosed HIV patients who were seen for follow-up treatment within 90 days of the first-ever HIV diagnosis	No revision	Newly diagnosed HIV patients that received treatment within 90 days of diagnosis, including patients who were newly diagnosed by health center providers,	T6B, L20, CA * (T6B, L20, CC / T6B, L20, CB)	Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year, and had at least one medical visit	T6B, L20, CA

Focus Area (2017 e-CQMs reference)	Performance Measure	2017 Revision	Numerator Description	Numerator Pre-population Source from 2016 UDS*	Denominator Description	Denominator Pre-population Source from 2016 UDS*
			had a medical visit with a health center provider who initiates treatment for HIV, or had a visit with a referral resource who initiates treatment for HIV		during the measurement period or prior year	
Dental Sealants for Children between 6-9 Years (CMS277v0)	Percentage of children, 6 through 9 years of age, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period	No revision	Children who received a sealant on a permanent first molar tooth during the measurement period	T6B, L22, CA * (T6B, L22, CC / T6B, L22, CB)	Children 6-9 years of age who had a dental visit in the measurement period who had an oral assessment, or comprehensive or periodic oral evaluation visit, and are at moderate to high risk for caries, except children for whom all first permanent molars are non-sealable	T6B, L22, CA
Financial Performance Measures						
Total Cost Per Total Patient (Costs)	Ratio of total cost per patient served in the measurement calendar year	No revision	Total accrued cost before donations and after allocation of overhead	T8A, L17, CC	Total number of patients	T4, L6, CA
BPHC Health Center Program Grant Cost Per Total	Ratio of total BPHC section 330 grant funds per patient served in the measurement calendar year	No revision	BPHC section 330 grants drawn-down for the period from January 1 to December 31 of the measurement calendar year	T9E, L1g, CA	Total number of patients	T4, L6, CA

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Patient (Grant costs)						
Medical Cost Per Medical Visit (Costs)	Ratio of total medical cost per medical visit in the measurement calendar year	No revision	Total accrued medical staff and other medical cost after allocation of overhead, excluding medical lab and x-ray cost	(T8A, L1, CC + T8A, L3, CC)	Medical visits, excluding nurse visits	(T5, L15, CB – T5, L11, CB)

*Source notation: The formula references specify the table, line, and column from the 2016 UDS Report (<https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf>) and are abbreviated as follows:

- T=Table
- L=Line
- C=Column