# Table 6B: Quality of Care Measures

## PURPOSE:

Table 6B reports on selected quality of care measures that are viewed as indicators of health center performance.

## HOW DATA ARE USED:

Compliance rates for clinical measures and percentage of target population receiving routine or preventive service are calculated and reviewed by the Health Resources and Services Administration (HRSA).

## CHANGES:

Several key changes have been made to Table 6B, as outlined below:

- The specifications for the reported clinical quality measures (CQMs) have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic clinical quality measures (eCQMs). The CQMs are aligned with the most current eCQMs for Eligible Professionals for the 2026 version number referenced in the Uniform Data System (UDS) Manual for the measurement period. (Later version updates are available, but they should not be used for the 2026 reporting.) https://ecqi.healthit.gov/ecqms.
- The childhood immunization status measure reporting is voluntary for 2026.
- The breast cancer screening measure denominator age range changed from 52–74 years of age to 42–74 years of age.
- The HIV screening measure denominator has been updated to include patients 15–65 years of age at the start of the measurement period without an HIV diagnosis before the start of the measurement period.
- The depression screening measure numerator has been revised to indicate that if there is a positive depression screen, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter, or an active depression medication overlaps the date of the qualifying encounter.
- The dental sealants for children between 6–9 years measure has been replaced with a new measure with two rates for sealant receipt on permanent first molars.
- A new measure has been added for patients age 65 years of age and older who were screened for future fall risk.

For more detailed information, see UDS Reporting Requirements for 2026 Health Center Data.

# Table 6B: Quality of Care Measures

| TABLE 1. ELECTRONIC CLINICAL QUALITY MEASURES (ECQMS) | | | |
|---|---|---|---|
| **Table** | **Line** | **2026 Quality Care Measure** | **eCQM Version** |
| **6B** | **10** | Childhood Immunization Status | CMS117v14 |
| **6B** | **11** | Cervical Cancer Screening | CMS124v14 |
| **6B** | **11a** | Breast Cancer Screening | CMS125v14 |
| **6B** | **12** | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | CMS155v14 |
| **6B** | **13** | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | CMS69v14 |
| **6B** | **14a** | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | CMS138v14 |
| **6B** | **17a** | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | CMS347v9 |
| **6B** | **18** | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | CMS164v7 |
| **6B** | **19** | Colorectal Cancer Screening | CMS130v14 |
| **6B** | **20a** | HIV Screening | CMS349v8 |
| **6B** | **21** | Preventive Care and Screening: Screening for Depression and Follow-Up Plan | CMS2v15 |
| **6B** | **21a** | Depression Remission at Twelve Months | CMS159v14 |
| **6B** | **22a & 22b** | Sealant Receipt on Permanent First Molars | SFM-CH-A |
| **6B** | **23a & 23b** | Initiation and Engagement of Substance Use Disorder Treatment | CMS137v14 |
| **6B** | **24** | Falls: Screening for Future Fall Risk | CMS139v14 |
| **7** | **Section B** | Controlling High Blood Pressure | CMS165v14 |
| **7** | **Section C** | Diabetes: Glycemic Status Assessment Greater Than 9% | CMS122v14 |

**Table 1.** For the 2026 reporting period, use the electronic specifications available for the 2026 performance period noted in this table and in the UDS Reporting Requirements.

# Table 6B: Quality of Care Measures

## WHY ARE PROCESS MEASURES IMPORTANT?

A process measure tells you whether an evidence-based action or recommended care process occurred. As examples, these outcomes happen when the recommended action occurs:

- Children who receive vaccinations are less likely to contract preventable diseases.
- Women who receive cervical cancer screenings are more likely to be treated earlier and less likely to suffer adverse outcomes from human papillomavirus (HPV) and cervical cancer.
- Prompt follow-up care for patients newly diagnosed with HIV reduces morbidity and mortality and the risk of further transmission.

## TABLE TIPS:

In Sections C through O, report the findings of your review of services provided to targeted populations:

- **Column A**: **Number of Patients in the Denominator.** Report the total number of patients who fit the detailed criteria described in the specific measure.
- **Column B: Number of Records Reviewed.** The total number of health center patients from the denominator (Column A) for whom data have been reviewed. Column B must be:
  - All patients who fit the denominator criteria (the same number reported in Column A); *or*
  - A number equal to or greater than 80%* of all patients who meet the denominator criteria (no less than 80% of the number reported in Column A); see sample on page 14.

***Note:** The reduced total (in Column B) may not be the result of excluding patients based on a variable related to the measure.

- **Column C: Number of Charts/Records Meeting the Numerator Criteria.** Report the total number of records (included in the count for Column B) that meet the numerator criteria for the specified CQM.

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### CHILDHOOD IMMUNIZATION STATUS (LINE 10) CMS117v14

**Note**: For the 2026 performance year, the childhood immunization status measure reporting is voluntary.

**Measure Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

**Denominator**

Children who turn 2 years of age during the measurement period and who had a qualifying encounter during the measurement period, as specified in the measure criteria.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Children who have evidence showing they received the recommended vaccines outlined by the measure steward on or before their second birthday.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Children with any of the following on or before the child's second birthday: Severe combined

# Table 6B: Quality of Care Measures

immunodeficiency, immunodeficiency, human immunodeficiency virus (HIV), lymphoreticular cancer, multiple myeloma, leukemia, or intussusception.

- Children who were in hospice care for any part of the measurement period.

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## CERVICAL CANCER SCREENING (LINE 11) CMS124v14

**Measure Description:** Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21*–64 who had cervical cytology performed within the last 3 years.
- Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years.

***Note:** To report on women who received cervical cancer screening on or after 21 years of age, the denominator will include patients who are 24 years of age as of December 31. See Specification Guidance for further detail.

**Denominator**

Women 24 through 64 years of age* with a qualifying encounter during the measurement period, as specified in the measure criteria.

***Note:** Include women with birthdate on or after January 1, 1962, and birthdate on or before December 31, 2002.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:

- Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women 24–64 years of age by the end of the measurement period.
- Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test.

**Note:** A self-collected HPV test (self-swab) may count toward the cervical cancer screening measure if it is FDA approved, processed by a clinical laboratory, appropriately coded, documented in the health record with a valid result and date, and completed within the required timeframe. See 2026 UDS Manual for details.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Women who had a hysterectomy with no residual cervix or a congenital absence of cervix.
- Patients who were in hospice care for any part of the measurement period.
- Patients who received palliative care for any part of the measurement period.

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## BREAST CANCER SCREENING (LINE 11a) CMS125v14

**Measure Description**: Percentage of women 40*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

***Note**: To report on women who received breast cancer screening on or after 40 years of age, the denominator will include patients who are 42 years of age on or after December 31. See Specification Guidance in the UDS Manual for further detail.

**Denominator**

Women 42 through 74 years of age* by the end of the measurement period with a qualifying encounter during

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the measurement period, as specified in the measure criteria.

*__Note:__ Include women with birthdate on or after January 1, 1952, and birthdate on or before December 31, 1984.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy on or before the end of the measurement period.
- Patients who were in hospice care for any part of the measurement period.
- Patients aged 66 or older by the end of the measurement period who were living long-term in a nursing home at any time on or before the end of the measurement period.
- Patients aged 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet criteria for advanced illness:
    - Advanced illness diagnosis during the measurement period or the year prior
    - *Or* taking dementia medications during the measurement period or the year prior
- Patients who received palliative care for any part of the measurement period.

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## WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (LINE 12)

**CMS155v14**

**Measure Description**: Percentage of patients 3–17 years of age who had an outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation **and** who had documentation of counseling for nutrition **and** who had documentation of counseling for physical activity during the measurement period.

**Denominator**

Patients 3 through 17 years of age* with a qualifying encounter during the measurement period, as specified in the measure criteria.

*__Note__: Include children and adolescents with birthdate on or after January 1, 2009, and birthdate on or before December 31, 2023.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Children and adolescents who have had:

- Their height, weight, and BMI percentile recorded during the measurement period ***and***
- Counseling for nutrition during the measurement period ***and***
- Counseling for physical activity during the measurement period.

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**Exclusions/Exceptions**
**Denominator Exclusions**

- Women who have a diagnosis of pregnancy during the measurement period.
- Patients who were in hospice care for any part of the measurement period.

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## PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN (LINE 13) CMS69v14

**Measure Description:** Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period ***and*** who had a follow-up plan documented if BMI was outside of normal parameters*.

***Note:** Normal parameters: For age 18 years and older, BMI greater than or equal to 18.5 kg/$m^2$ and less than 25 kg/$m^2$.

**Denominator**

Patients 18 years of age or older* on the date of the visit with at least one qualifying encounter during the measurement period, as specified in the measure criteria.

***Note:** Include patients with birthdate on or before January 1, 2008, who were 18 years of age or older on the date of their last visit.

**Note:** *Do not* include patients who only had virtual visits during the year in the assessment of this measure (denominator).

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

- Patients with a documented BMI during the most recent visit or during the measurement period, **and** BMI is within normal parameters, **and**
- Patients with a documented BMI during the most recent visit or during the measurement period, **and** when the BMI is outside of normal parameters, a follow-up plan is documented at the visit where the BMI was outside of normal parameters or during the measurement period.

**Exclusions/Exceptions**

**Denominator Exclusions**

- Women who are pregnant at any time during the measurement period.
- Patients receiving palliative or hospice care at any time during the measurement period.

**Denominator Exceptions**

- Patients who refuse measurement of height and/or weight.
- Patients with a documented medical reason for not documenting BMI or for not documenting a follow-up plan for a BMI outside normal parameters (see Specification Guidance).

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## PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION (LINE 14a) CMS138v14

**Measure Description**: Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period **and** who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user.

**Denominator**

Patients aged 12 years and older* at the start of the measurement period seen for at least two qualifying encounters in the measurement period or at least one preventive care qualifying encounter during the

# Table 6B: Quality of Care Measures

measurement period, as specified in the measure criteria.

***Note:** Include patients with birthdate on or before January 1, 2014.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

- Patients who were screened for tobacco use at least once during the measurement period and *not* identified as a tobacco user, **and**
- Patients who were screened for tobacco use at least once during the measurement period **and**, if identified as a tobacco user, received tobacco cessation intervention during the measurement period or during the 6 months prior to the measurement period.

**Note:** Include in the numerator patients with a negative screening and those with a positive screening who had cessation intervention if a tobacco user.

**Exclusions/Exceptions**
**Denominator Exclusions**

Patients who were in hospice care for any part of the measurement period.

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## STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (Line 17a) CMS347v9

**Measure Description**: Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:

- All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, **or**
- Patients 20 through 75 years of age who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/ dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, **or**
- Patients 40 through 75 years of age with a diagnosis of diabetes, **or**
- Patients 40-75 years of age with a 10-year ASCVD risk score greater than or equal to 20%.

**Denominator**

To prevent patients from being counted more than once in the denominator, identify patients meeting the criteria listed in the first bullet below. If a patient is identified, they meet the risk requirement and are included in the denominator. If the patient is **not** identified from the first criteria, move to the next. Continue through the four categories of risk criteria to identify individual patients at high risk of cardiovascular events.

- **Population 1:** Clinical ASCVD risk: All patients who were previously diagnosed with or currently have a diagnosis of ASCVD. including the ASCVD procedure.

If **not**, screen for Population 2.

- **Population 2:** LDL-C level or familial hypercholesterolemia risk: Patients who were 20 years of age and older at the start of the measurement period who:
  - Ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or
  - Were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia

If **not**, screen for Population 3.

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- **Population 3:** Diabetes risk: Patients 40 through 75 years of age at the start of the measurement period with type 1 or type 2 diabetes;

If **not**, screen for Population 4.

- **Population 4:** ASCVD score risk: Patients aged 40 through 75 at the start of the measurement period with a 10-year ASCVD risk score greater than or equal to 20% during the measurement period
- With a qualifying encounter during the measurement period, as specified in the measurement criteria.
- Include patients of any age for the clinical ASCVD determination; patients with birthdate on or before January 1, 2006 for LDL-C determination; and patients with birthdate on or after January 2, 1950, and birthdate on or before January 1, 1986 for diabetes determination and high 10-year ASCVD risk score.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients who are breastfeeding at any time during the measurement period.
- Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period.

**Denominator Exceptions**

- Patients with statin-associated muscle symptoms or an allergy to statin medication.
- Patients who are receiving palliative or hospice care.
- Patients with active liver disease or hepatic disease or insufficiency.
- Patients with end-stage renal disease (ESRD).
- Patients with documentation of a medical reason for not being prescribed statin therapy.

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## ISCHEMIC VASCULAR DISEASE (IVD): USE OF ASPIRIN OR ANOTHER ANTIPLATELET (LINE 18) CMS164v7

**Measure Description**: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an **active** diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period.

**Denominator**

Patients 18 years of age and older* with a qualifying encounter during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had an active diagnosis of IVD overlapping the measurement period, as specified in the measure criteria.

***Note:** Include patients with birthdate on or before January 1, 2008.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Patients who had an active medication of aspirin or another antiplatelet during the measurement period.

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**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients who had documentation of use of anticoagulant medications overlapping the measurement period.
- Patients who were in hospice care during the measurement period.

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## COLORECTAL CANCER SCREENING (LINE 19) CMS130v14

**Measure Description:** Percentage of adults 45*–75 years of age who had appropriate screening for colorectal cancer.

***Note**: Use 46 on or after December 31 as the initial age to include in assessment.

**Denominator**

Patients 46 through 75 years of age* by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria.

***Note**: Include patients with birthdate on or after January 1, 1951, and birthdate on or before December 31, 1980.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

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) during the measurement period.
- Stool deoxyribonucleic acid (DNA) (sDNA) with fecal immunochemical test (FIT) during the measurement period or the 2 years prior to the measurement period.
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period.
- Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period.
- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients who were in hospice care for any part of the measurement period.
- Patients with a diagnosis or past history of total colectomy or colorectal cancer.
- Patients receiving palliative care for any part of the measurement period.
- Patients aged 66 and older by the end of the measurement period who were living long-term in a nursing home any time on or before the end of the measurement period.
- Patients aged 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: advanced illness diagnosis during the measurement period or the year prior or taking dementia medications during the measurement period or the prior year.

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## HIV LINKAGE TO CARE (LINE 20) NO eCQM

**Measure Description:** Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

**Denominator:**

Patients newly diagnosed with HIV by the health center between December 1 of the prior year through November 30* of the current measurement period and who had at least one qualifying encounter during the

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measurement period, as specified in the measure criteria.

*__Note:__ Include patients who were diagnosed with HIV for the first time ever by the health center between December 1, 2025, and November 30, 2026, and had at least one visit during the measurement period.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers **and**:

- Had a documented medical visit with your health center provider who initiates treatment for HIV **or**
- Had a documented visit with a referral resource who initiates treatment for HIV.

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## HIV SCREENING (LINE 20a) CMS349v8

**Measure Description:** Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV.

**Denominator**

Patients aged 15 through 65 years of age* at the start of the measurement period without an HIV diagnosis prior to the start of the measurement period **and** who had at least one outpatient qualifying encounter visit during the measurement period, as specified in the measure criteria.

*__Note:__ Include patients with birthdate on or after January 2, 1960, and birthdate on or before January 1, 2011.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday.

**Exclusions/Exceptions**

**Denominator Exclusions**

- Patients diagnosed with HIV prior to the start of the measurement period.

**Denominator Exceptions**

- Patients who died on or before the end of the measurement period.

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## PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (LINE 21) CMS2v15

**Measure Description:** Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool **and**, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit.

**Denominator**

Patients aged 12 years and older* at the beginning of the measurement period with at least one qualifying encounter during the measurement period, as specified in the measure criteria.

*__Note:__ Include patients with birthdate on or before January 1, 2014.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

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**Numerator**

- Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and screened negative for depression.
- Patients who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, and if screened positive for depression, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter or an active depression medication overlaps the date of the qualifying encounter.

**Note:** Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients who have ever been diagnosed with bipolar disorder at any time prior to the qualifying encounter.

**Denominator Exceptions**

- Patients who refuse to participate in or complete the depression screening.
- Medical reason(s), including:
  - Patients who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status.
  - Patients with documentation of medical reason for not screening the patient for depression (e.g., cognitive, functional, or motivational limitations) that may impact the accuracy of results.

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## DEPRESSION REMISSION AT TWELVE MONTHS (LINE 21a) CMS159v14

**Measure Description**: Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

**Denominator**

Patients aged 12 years and older* at the start of the measurement period with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2024, through October 31, 2025, and at least one qualifying encounter during the measurement period, as specified in the measure criteria.

***Note:** Include patients with birthdate on or before November 1, 2012, who were 12 years of age or older on the date of the index event.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Patients who achieved remission at 12 months as demonstrated by the most recent 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5.

**Note:** If a patient had multiple PHQ-9 or PHQ-9M scores within the 12-month (+/- 60 days) window, the *most recent* score must be used to assess the patient for the numerator.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder (e.g., autism spectrum disorder).

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- Patients who died or who received hospice or palliative care services.

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## SEALANT RECEIPT ON PERMANENT FIRST MOLARS (Lines 22a and 22b) SFM-CH-A

**Measure Description:** Percentage of children 10 years of age who have ever received sealants on permanent first molar teeth (two rates are reported):

a. Percentage of children who have ever received at least one sealant on a permanent first molar tooth
b. Percentage of children who have received sealants on all four molar teeth.

**Denominator**

Children who turn 10 years of age* during the measurement period and had at least one qualifying encounter during the measurement period, as specified in the measure criteria .

***Note:** Include only patients who turn 10 years of age during the measurement period reflective of children with birthdate on or after January 1, 2016, and birthdate on or before December 31, 2016.

**Note:** The denominator for Lines 22a and 22b must be the same.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Numerator 1 (Line 22a): Children who received a sealant on at least one permanent first molar tooth in the 48 months prior to their 10th birthday.

Numerator 2 (Line 22b): Children who received sealants on all four permanent first molars in the 48 months prior to their 10th birthday.

**Exclusions/Exceptions**
**Denominator Exceptions**

- Children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday

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## INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREAMENT (Lines 23a and 23b) CMS137v14

**Measure Description:** Percentage of patients 13 years of age and older with a new substance use disorder (SUD) episode who received the following (two rates are reported):

a. Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode
b. Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation

**Denominator**

Patients 13 years of age and older* as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period.

***Note:** Include patients with birthdate on or before January 1, 2013.

**Note:** The denominator for Lines 23a and 23b must be the same.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

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Numerator 1 (Line 23a): Patients with initiation of treatment that includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode.

Numerator 2 (Line 23b): Patients with engagement in ongoing SUD treatment within 34 days of initiation, which includes:

- A long-acting SUD medication on the day after the initiation of treatment through 34 days after the initiation of treatment.
- One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment: (a) two engagement visits, (b) two engagement medication treatment events, (c) one engagement visit and one engagement medication treatment event.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients who are in hospice care for any part of the measurement period

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## FALLS: SCREENING FOR FUTURE FALL RISK (LINE 24) CMS139v14

**Measure Description**: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

**Denominator**

Patients 65 years of age* and older at the start of the measurement period with a visit during the measurement period.

***Note:** Include patients with birthdate on or before January 1, 1961.

**Number of Records Reviewed**

The total number of health center patients from the denominator (Column A) for whom data have been reviewed.

**Numerator**

Patients who were screened for future fall risk at least once within the measurement period.

**Exclusions/Exceptions**
**Denominator Exclusions**

- Patients who are in hospice care for any part of the measurement period.

## TABLE AND CROSS-TABLE CONSIDERATIONS:

- Patients with medical visits on Table 5 are generally eligible for inclusion in CQMs reported on Table 6B if they also have a visit that meets the qualifying encounter definition in the CQM criteria.
- The count of patients by diagnosis on Table 6A will not be the same count as on Table 6B, due to differences in criteria that must be met for inclusion on Table 6B.
- Tables 3A, 5, and 6B: The relationship between the denominators on Table 6B should be verified as reasonable when compared to the total number of patients by the same age group on Table 3A and by service category on Table 5.
- On the following page, you can see the Childhood Immunization and the Cervical Cancer Screening measures and the relationship for each measure across Tables 3A, 5, and 6B.
- Reporting of the denominator of patients for childhood immunizations and cervical cancer screening must be reasonable (as must all denominator selections) given total patients by age on Table 3A and/or the percentage of patients who are medical patients on Table 5.

# Table 6B: Quality of Care Measures

| SECTION C—CHILDHOOD IMMUNIZATION STATUS | | | | |
|---|---|---|---|---|
| **Line** | **Childhood Immunization Status** | **Total Patients with 2nd Birthday (A)** | **Number of Records Reviewed (B)** | **Number of Patients Immunized (C)** |
| **10** | **MEASURE**: Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday | 32 | 32 | 28 |
| **SECTION D—CERVICAL AND BREAST CANCER SCREENING** | | | | |
| **Line** | **Cervical Cancer Screening** | **Total Female Patients Aged 23 through 64 (A)** | **Number of Records Reviewed (B)** | **Number of Patients Tested (C)** |
| **11** | **MEASURE**: Percentage of women 23–64 years of age who were screened for cervical cancer. | 24,636 | 24,636 | 18,455 |

| TABLE 3A: PATIENTS BY AGE AND BY SEX | | | |
|---|---|---|---|
| **Line** | **Age Groups** | **Male Patients (A)** | **Female Patients (B)** |
| **3** | Age 2 | 20 | 14 |
| **4** | Age 3 | 766 | 750 |
| **24** | Age 23 | | 901 |
| **25** | Age 24 | | 973 |
| **26** | Ages 25–29 | | 6,162 |
| **27** | Ages 30–34 | | 3,719 |
| **28** | Ages 35–39 | | 3,149 |
| **29** | Ages 40–44 | | 2,845 |
| **30** | Ages 45–49 | | 2,737 |
| **31** | Ages 50–54 | | 2,582 |
| **32** | Ages 55–59 | | 2,110 |
| **33** | Ages 60–64 | | 1,600 |

**Note**: The Childhood Immunization Status and Cervical Cancer Screening measures require that the patient had at least one qualifying encounter during the measurement period. This means that the total number of patients reported by age on Table 3A will not equal the denominator on Table 6B, as some patients in those age groups may only receive non-medical services (such as dental or mental health care) and therefore will not meet the qualifying encounter criteria. Additionally, Table 3A measures age as of December 31 of the calendar year, whereas measure stewards may define other periods to measure age. Finally, denominator exclusions and exceptions will further reduce the total number of patients who meet the denominator criteria.