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:

CLINICAL QUALITY MEASURES

- The specifications for the clinical quality measures reported have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic-specified Clinical Quality Measures (eCQMs). A list of these measures is shown in Table 1.
- Patients with eligible visits, as defined by the measure steward for the selected measure, are to be considered for the denominator.
- Age "as of" for several clinical quality measures has been changed and revised to align with CQL criteria.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Final age to include in assessment has changed from age 16 to 17.
- The Body Mass Index (BMI) Screening and Follow-Up Plan measure numerator changed from a 12-month requirement to a requirement during the measurement period.
- The Tobacco Screening measure now considers e-cigarette use as tobacco use. Tobacco cessation intervention must now occur during the measurement period or during the 6 months prior to the measurement period if identified as a tobacco user.
- The Colorectal Cancer Screening measure changed the denominator age from 50–75 to 45–75.
- The Screening for Depression and Follow-Up Plan changed from follow-up, if needed, on the date of the visit to follow-up up to two days after the date of the visit.
- The Statin Therapy measure changed from current or prior diagnosis of atherosclerotic cardiovascular disease (ASCVD) to now requiring active diagnosis of ASCVD.
- Exclusions/exceptions have been updated to align with measure specifications.
- In addition to submitting this table as described below within the EHBs, health centers may voluntarily submit de-identified patient-level report data using Health Level Seven (HL7®) Fast Healthcare Interoperability Resources (FHIR®) R4 standards for this table.
- For 2023, the UDS Manual's Table 6B has been updated to mirror the CMS eCQM logic for those variables which are aligned. Extensive information pertaining to eCQMs can be found at the eCQI Resource Center

KEY TERMS:

Measure Description

- The quantifiable indicator to be evaluated.

Denominator (also referred to as Initial Patient Population in the eCQM)

- Patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

Numerator

- Patient health records (from the denominator) that meet criteria for the specified measure.

Exclusions/Exceptions

- Patients who should not be considered or included in the denominator (exclusions) or removed if identified (exceptions).

Specification Guidance

- CMS measure guidance that assists with the understanding and implementing of eCQMs.

UDS Reporting Considerations

- BPHC requirements and guidance to be applied to the specific measure that may differ from or expand on the eCQM specifications.

The clinical quality measures (CQMs) described in the fact sheet must be reported by all health centers using specifications detailed in the measure definitions described in the 2023 UDS Manual. Use the most current CMS-issued eCQM specifications for the version numbers referenced in the UDS Manual for 2023 reporting and measurement period. Although there may be other updates available from CMS, *they are not to be used* for 2023 UDS reporting.

TABLE 1. 2022 TABLE 6B: CLINICAL QUALITY MEASURES

Table	Line	2023 Quality Care Measure	eCQM Version
6B	10	Childhood Immunization Status	CMS117v11
6B	11	Cervical Cancer Screening	CMS124v11
6B	11a	Breast Cancer Screening	CMS125v11
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v11
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v11
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v11
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v6
6B	19	Colorectal Cancer Screening	CMS130v11
6B	20a	HIV Screening	CMS349v5
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v12
6B	21a	Depression Remission at Twelve Months	CMS159v11
6B	22	Dental Sealants for Children between 6–9 Years	CMS277v0
7	2a-2c	Controlling High Blood Pressure	CMS165v11
7	3a-3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v11

Table 1. For 2023 reporting period, use the electronic specifications available for 2023 Performance Period noted in this table and in the UDS Reporting Requirements.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

WHY ARE PROCESS MEASURES IMPORTANT?

- Children who receive vaccinations are less likely to contract preventable diseases;
- Women who receive Pap tests are more likely to be treated earlier and less likely to suffer adverse outcomes from HPV and cervical cancer; and
- Timely follow-up care for patients who test positive for HIV reduces morbidity and mortality and the risk of further transmission.

TABLE TIPS:

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

- **Column A: Number of Patients in the Denominator.** Number of patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.
- **Column B: Number of Records Reviewed.** Number of patients from the denominator (Column A) for whom data have been reviewed. Two options are available:
  - All patients who fit the criteria for the clinical measure (same as the denominator in Column A); OR
  - A number equal to or greater than 80%* of all patients who fit the criteria (≥ 80% of the denominator reported in Column A); see sample on page 13.

***Note:** If you choose Option 2 (greater than or equal to 80% of Column A), the sample cannot be restricted by any variable related to the clinical measure.*

- **Column C: Number of Charts/Records Meeting the Numerator Criteria.** Number of records (from Column B) whose clinical record indicates that the measure has been met.

CHILDHOOD IMMUNIZATION STATUS (LINE 10), CMS117v11

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 (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 by their second birthday.

Denominator (Column A)

- Children who turn 2 years of age during the measurement period and who had an eligible countable visit during the measurement period, as specified in the measure criteria

***Note:** Include patients who were 2 years of age at the end of the measurement period, reflective of children with birthdate on or after January 1, 2021, and birthdate on or before December 31, 2021.*

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- Children who have evidence showing they received the recommended vaccines outlined by the measure steward.

Exclusions/Exceptions

Denominator Exclusions

- Children with any of the following on or before the child's second birthday: Severe combined immunodeficiency, immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma, or leukemia, or intussusception.
- Patients who were in hospice care during the measurement period.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

CERVICAL CANCER SCREENING (LINE 11), CMS124V11

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.

Denominator (Column A)
Women 24 through 64 years of age* with a with an eligible countable visit during the measurement period, as specified in the measure criteria.

Use 24 as of December 31 as the initial age to include in assessment. See Specification Guidance for further detail.

**Include women with birthdate on or after January 1, 1959, and birthdate on or before December 31, 1999.*

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
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 who are at least 21 years old at the time of the test.
- Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.

Exclusions/Exceptions
Denominator Exclusions
- Women who had a hysterectomy with no residual cervix or a congenital absence of cervix.
- Women who were in hospice care during the measurement period.
- Patients who received palliative care during the measurement period.

BREAST CANCER SCREENING (LINE 11a), CMS125v11

Measure Description
Percentage of women 50*–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.

Denominator (Column A)
Women 52 through 74 years of age by the end of the measurement period with an eligible **countable** visit during the measurement period, as specified in the measure criteria.

**Use 52 on or after December 31 as the initial age to include in assessment. See UDS Reporting Considerations for further detail.*

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
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.
- Patients who were in hospice care for any part of the measurement period.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

- Patients aged 66 or older by the end of the measurement period who were living long-term in an institution for more than 90 consecutive days during the measurement period.
- Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit or two outpatient visits) or taking dementia medications during the measurement period or the year prior.
- Patients who received palliative care during the measurement period.

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS (LINE 12), CMS155v11

Measure Description
Percentage of patients 3–17 years of age who had an outpatient medical visit 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 (Column A)
Patients 3 through 17 years of age with at least one outpatient medical visit by the end of the measurement period, as specified in the measure criteria.

- Include children and adolescents with birthdate on or after January 1, 2006, and birthdate on or before December 31, 2020.

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
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.

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

PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN (LINE 13), CMS69V11

Measure Description
Percentage of patients 3–17 years of age who had an outpatient medical visit and who had evidence of height, weight, and BMI percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period.

Note: *Normal parameters: For age 18 years and older, BMI greater than or equal to 18.5 kg/m² and less than 25 kg/m².*

Denominator (Column A)
Patients 18 years of age or older on the date of the visit with at least one eligible countable visit during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or before January 1, 2005, 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).*

Table 6B: Quality of Care Measures

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

Children and adolescents who have had:

- 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 during the most recent visit or during the measurement period.

Note: *Include in the numerator patients within normal parameters who had their BMI documented and those with a follow-up plan if BMI is outside normal parameters.*

Exclusions/Exceptions

Denominator Exclusions

- Patients 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).

PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION (LINE 14a), CMS138V11

Measure Description

Percentage of patients aged 18 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 (Column A)

Patients aged 18 years and older seen for at least two eligible countable visits in the measurement period or at least one preventive eligible countable visit during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or before January 1, 2005.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- 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 received tobacco cessation intervention during the measurement period or during the 6 months prior to the measurement period if identified as a tobacco user.

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.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (LINE 17a), CMS347v6

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 have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, **or**
- Patients 20 years of age or older 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.

Denominator (Column A)

- All patients who have an active diagnosis of ASCVD or have ever had an ASCVD procedure, **or**
- 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, **or**
- Patients 40 through 75 years of age at the start of the measurement period with type 1 or type 2 diabetes;
- With an eligible countable visit during the measurement period, as specified in the measure criteria.
- Include patients of any age for the ASCVD determination; patients with birthdate on or before January 1, 2003 for LDL-C determination; and patients with birthdate on or after January 1, 1948, and birthdate on or before January 1, 1983 for diabetes determination.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- 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.

Table 6B: Quality of Care Measures

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 (Column A)
Patients 18 years of age and older with an eligible countable visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or before January 1, 2005.

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
Patients who had an active medication of aspirin or another antiplatelet during the measurement period.

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.

COLORECTAL CANCER SCREENING (LINE 19), CMS130v11

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

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

Denominator (Column A)
Patients 46 through 75 years of age by the end of the measurement period with an eligible countable visit during the measurement period, as specified in the measure criteria

- Include patients with birthdate on or after January 1, 1948, and birthdate on or before December 31, 1977.

Denominator (Column B)
- Number of records reviewed.

Numerator (Column C)
- 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.
  - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) 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.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

Exclusions/Exceptions
Denominator Exclusions

- Patients with a diagnosis or past history of colorectal cancer or total colectomy.
- Patients who were receiving palliative or 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 an institution for more than 90 consecutive days during 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 with one inpatient visit or two outpatient visits during the measurement period.

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 (Column A)
Patients first 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 eligible countable visit during the measurement period or prior year, as specified in the measure criteria.

- Include patients who were diagnosed with HIV for the first time ever by the health center between December 1, 2022, and November 30, 2023, and had at least one medical visit during 2023 or 2022.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)
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 medical visit with your health center provider who initiates treatment for HIV, or
- had a visit with a referral resource who initiates treatment for HIV.

HIV SCREENING (LINE 20a), CMS349v5

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 (Column A)
Patients aged 15 through 65 years of age at the start of the measurement period who had at least one outpatient eligible countable visit during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or after January 2, 1957, and birthdate on or before January 1, 2008.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)
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

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (LINE 21), CMS2v12

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 (Column A)

- Patients aged 12 years and older at the beginning of the measurement period with at least one eligible countable visit during the measurement period, as specified in the measure criteria.
- Include patients with birthdate on or before January 1, 2011.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- 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 visit.

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 been diagnosed with depression or bipolar disorder at any time prior to the qualifying visit, regardless of whether the diagnosis is active or not.

Denominator Exceptions

- Patients who refuse to participate.
- 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.

DEPRESSION REMISSION AT TWELVE MONTHS (LINE 21a), CMS159v11

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 (Column A)

Patients aged 12 years and older 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, 2021 through October 31, 2022 and at least one eligible countable visit during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or before November 1, 2009, who were 12 years of age or older on the date of the index event.

Note: *Patients may be screened using PHQ-9 and PHQ-9M on the same date or up to 7 days prior to the visit (index event).*

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- 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.

Exclusions/Exceptions

Denominator Exclusions

- Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder.
- Patients:
  - Who died.
  - Who received hospice or palliative care services.
  - Who were permanent nursing home residents.

DENTAL SEALANTS FOR CHILDREN BETWEEN 6-9 YEARS (LINE 22), CMS277v0

Measure Description

Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period.

Note: *Although the draft eCQM reflects 5 through 9 years of age, use ages 6 through 9 as the measure steward intended. This includes patients who were 9 years of age at the beginning of the measurement period.*

Denominator (Column A)

- Children 6 through 9 years of age with an eligible oral assessment or comprehensive or periodic oral evaluation countable visit who are at moderate to high risk for caries in the measurement period, as specified in the measure criteria.
- Include children with birthdate on or after January 2, 2013, and birthdate on or before January 1, 2017.

Denominator (Column B)

- Number of records reviewed.

Numerator (Column C)

- Children who received a sealant on a permanent first molar tooth during the measurement period.

Exclusions/Exceptions Denominator Exceptions

- Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/ missing).

Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

Table 6B: Quality of Care Measures

TABLE AND CROSS TABLE CONSIDERATIONS:

- Patients with medical visits on Table 5 are generally eligible for inclusion in eCQMs reported on Table 6B.
- 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.
- Table 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.

In the examples on the next page, look at 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 3A and/or the percentage of patients who are medical patients on Table 5.

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.

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 GENDER			
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 25-39		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 immunization and cervical cancer screening measures require that the patient had at least one medical visit in the reporting year. This means that on Table 3A, it is likely that some of the patients in the relevant age groups for these measures may not be medical patients and therefore would not be included in the denominator. It is also important to consider any exclusions/exceptions that may reduce the number of patients who meet denominator criteria.*

For more detailed information see UDS Reporting Requirements for 2023 Health Center Data, UDS Manual, pages 89 – 124.