

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.
- Clinical measure guidance clarifies that to be included in the CQM denominator, patients must have:
 - Had a countable UDS visit during the calendar year that is reported on Table 5, and
 - the visit must meet the qualifying encounter definitions included in each CQM measure criteria.
- Age “as of” for several clinical quality measures has been changed and revised to align with CQL criteria.
- The Childhood Immunization Measure expands criteria for anaphylaxis due to vaccine.
- The Cervical Cancer Screening measure include language to capture screenings performed outside of the measurement period.
- The Breast Cancer Screening measure includes additional denominator exclusion language added to confirm timing of bilateral mastectomy “on or before the end of the measurement period.” This measure added guidance to capture screenings performed outside the measurement period.
- The Colorectal Cancer Screening measure’s numerator terminology has changed to refer to “Stool DNA (sDNA) with FIT test” in place of “FIT-DNA.”
- The Controlling High Blood Pressure measure guidance language has changed from ‘remote monitoring device’ to “automated blood pressure monitor or devise.”
- The Tobacco Screening Measure denominator has changed from patients 18 and older to those aged 12 and older.
- The Statin Therapy measure now includes:
 - Patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ACVD).
 - Patients 40 through 75 years of age with a 10-year ACVD risk score more than or equal to 20 percent.
- The HIV measure has added a denominator exception for patients who died on or before the end of the measurement period.
- Depression Screening Measure has removed diagnosis of depression as a denominator exclusion. This change is based on updated clinical guidance. Denominator exception language has been updated to include patient refusal to participate in or completing the screening.
- The Depression Remission measure no longer excludes permanent nursing home residents from the denominator.

For more detailed information see UDS Reporting Requirements for 2024 Health Center Data, pages 89 – 125.

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- 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 2024, 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: <https://ecqi.healthit.gov/ecqms>.

KEY TERMS:

Measure Description

- A detailed explanation of a specific quality measure used to assess various aspects of patient care and outcomes.

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.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

Numerator

- Total number of records (included in the count

TABLE 1. ELECTRONIC CLINICAL QUALITY MEASURES (ECQMS)			
Table	Line	2024 Quality Care Measure	eCQM Version
6B	10	Childhood Immunization Status	CMS117v12
6B	11	Cervical Cancer Screening	CMS124v12
6B	11a	Breast Cancer Screening	CMS125v12
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v12
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v12
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v12
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v7
6B	19	Colorectal Cancer Screening	CMS130v12
6B	20a	HIV Screening	CMS349v6
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v13
6B	21a	Depression Remission at Twelve Months	CMS159v12
7	2a-2c	Controlling High Blood Pressure	CMS165v12
7	3a-3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v12

Table 1. For 2024 reporting period, use the electronic specifications available for 2024 Performance Period noted in this table and in the UDS Reporting Requirements.

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for the denominator) that meet the criteria in the specific measure to be evaluated.

Exclusions/Exceptions

- Patients who should not be considered or included in the denominator (exclusions) or removed if identified (exceptions). [2024 UDS Clinical Measures Exclusions and Exceptions](#).

Specification Guidance

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

UDS Reporting Considerations

- BPHC requirements and guidance to be applied to the specific measure that may differ from or expand on the eQCM 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 2024 UDS Manual. Use the most current CMS-issued eQCM specifications for the version numbers referenced in the UDS Manual for 2024 reporting and measurement period. Although there may be other updates available from CMS, *they are not to be used* for 2024 UDS reporting.

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 ($\geq 80\%$ 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), [CMS117V12](#)

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

- Children who turn 2 years of age during the measurement period and who had a qualifying

For more detailed information see UDS Reporting Requirements for 2024 Health Center Data, pages 89 – 125.

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encounter 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, 2022, and birthdate on or before December 31, 2022.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

Numerator

- 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.

CERVICAL CANCER SCREENING (LINE 11), [CMS124V12](#)

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

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, 1960, and birthdate on or before December 31, 2000.

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 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 at least 30 years old or older 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 for any part of the measurement period.
- Patients who received palliative care during the measurement period.

BREAST CANCER SCREENING (LINE 11a), [CMS125V12](#)

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

Women 52 through 74 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria.

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

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.
- 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 with frailty for any part of the measurement period who also meet criteria for advanced illness.
- Patients who received palliative care during the measurement period.

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS (LINE 12), [CMS155V12](#)

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.

- Include children and adolescents with birthdate on or after January 1, 2007, and birthdate on or before December 31, 2021.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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.

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.

PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN (LINE 13), [CMS69V12](#)

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/m² and less than 25 kg/m².

For more detailed information see UDS Reporting Requirements for 2024 Health Center Data, pages 89 – 125.

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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.

- Include patients with birthdate on or before January 1, 2006, 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

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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.

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), [CMS138V12](#)

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 preventative care qualifying encounter during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or before January 1, 2012.

Numerator

- Patients who were screened for tobacco use at least once during the measurement period and NOT identified as tobacco users, 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.

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), [CMS347v7](#)

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 clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure, **or**
- Patients 20 through 75 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.
- Patients 40-75 years of age with a 10-year ASCVD risk score greater than or equal to 20 percent.

Denominator

- All patients who were previously diagnosed with or currently have a diagnosis of ASCVD, including the ASCVD procedure.
- 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 a qualifying encounter 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, 2004 for LDL-C determination; and patients with birthdate on or after January 1, 1948, and birthdate on or before January 1, 1984 for high 10-year ASCVD risk score.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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).

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- Patients with documentation of a medical reason for not being prescribed statin therapy.

- Patients who were in hospice care during the measurement period.

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 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, 2006.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

Numerator

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.

COLORECTAL CANCER SCREENING (LINE 19), [CMS130V12](#)

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

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

- Include patients with birthdate on or after January 1, 1949, and birthdate on or before December 31, 1978.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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

For more detailed information see UDS Reporting Requirements for 2024 Health Center Data, pages 89 – 125.

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measurement period.

- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

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 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 with one inpatient visit or two outpatient visits during the measurement period or the year prior; or taking dementia medications the measurement period or the prior year.

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 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 qualifying encounter 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 of the prior year and November 30 of the current measurement period, and had at least one qualifying encounter during the measurement period or the prior year.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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 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), [CMS349v6](#)

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 who had at least one outpatient qualifying encounter visit during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or after January 2, 1958, and birthdate on or before January 1, 2009.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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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

PREVENTIVE CARE AND SCREENING: SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (LINE 21), [CMS2V13](#)

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.
- Include patients with birthdate on or before January 1, 2012.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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 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 bipolar disorder at any time prior to the qualifying encounter, 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), [CMS159v12](#)

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.

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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, 2022, through October 31, 2023, and at least one qualifying encounter during the measurement period, as specified in the measure criteria.

- Include patients with birthdate on or before November 1, 2010, who were 12 years of age or older on the date of the index event.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

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.

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.

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

- Children 6 through 9 years of age with an eligible oral assessment or comprehensive or periodic oral evaluation qualifying encounter 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, 2014, and birthdate on or before January 1, 2018.

Number of Records Reviewed

- Total number of records (included in the count for the denominator) that meet the criteria in the specific measure to be evaluated

Numerator

- 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.

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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.

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 3A and/or the percentage of patients who are medical patients on Table 5.

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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 qualifying encounter 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.