

## Uniform Data System (UDS) Clinical Quality Measures 2024

Table, Line/ Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe) <sup>1</sup>	Numerator	Exclusions/Exceptions	2023 National Average	Major Changes 2023 to 2024	Major Diff. UDS to eCQM	Common UDS Service Category of Eligible Countable Visits for Denominator <sup>2</sup>	Count Services Performed by External Providers in Numerator
6B, 7-9	Early Entry into Prenatal Care	no eCQM	Percentage of prenatal care patients who entered prenatal care during their first trimester	Patients seen for prenatal care during the year	Patients who began prenatal care at the health center or with a referral provider (Column A), or who began care with another prenatal provider (Column B), during their first trimester	None	70.98%	None	None	Medical	Yes
6B, 10	Childhood Immunization Status	<u>CMS117v12</u>	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	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	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had evidence of antigen, anaphylaxis, encephalitis, or there is a contraindication for the vaccine, as specified by the measure steward	<ul> <li>Exclusions:</li> <li>Children who are in hospice care for any part of the measurement period</li> <li>Children with any of the following on or before the child's second birthday: <ul> <li>Severe combined immunodeficiency</li> <li>Immunodeficiency</li> <li>HIV</li> <li>Lymphoreticular cancer, multiple myeloma, or leukemia</li> <li>Intussusception</li> </ul> </li> </ul>	30.23%	Numerator revised to add anaphylaxis due to vaccine as criteria for all vaccines	None	Medical	Yes
6B, 11	Cervical Cancer Screening	<u>CMS124v12</u>	<ul> <li>Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:</li> <li>Women age 21*–64 who had cervical cytology performed within the last 3 years</li> <li>Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years</li> <li>* Use 24 as of December 31 as the initial age to include in assessment. See Specification Guidance for further detail.</li> </ul>	Women 24 through 64 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria	<ul> <li>Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:</li> <li>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</li> <li>Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period or the test</li> </ul>	<ul> <li>Exclusions:</li> <li>Women who had a hysterectomy with no residual cervix or a congenital absence of cervix</li> <li>Patients who were in hospice care for any part of the measurement period</li> <li>Patients who received palliative care for any part of the measurement period</li> </ul>	54.96%	None	None	Medical	Yes

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6B, 11a	Breast Cancer Screening	<u>CMS125v12</u>	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 * Use 52 on or after December 31 as the initial age to include in assessment. See specification guidance for further detail.	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	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	<ul> <li>Exclusions:</li> <li>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</li> <li>Patients who were in hospice care for any part of the measurement period</li> <li>Patients aged 66 and older by the end of the measurement period</li> <li>Patients aged 66 and older by the end of the measurement period</li> <li>Patients aged 66 and older by the end of the measurement period</li> <li>Patients aged 66 and older by the end of the measurement period</li> <li>Patients aged 66 and older by the end of the measurement period</li> <li>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 with an indication of frailty for any part of the measurement period with an indication of frailty for any part of the measurement period with an indication of frailty for any part of the measurement period with an indication of frailty for any part of the measurement period with an indication of frailty for any part of the measurement period with an indication of frailty for any part of the measurement period with an indication of frailty for any part of the measurement period with one inpatient visit) or taking dementia medications during the measurement period or the year prior</li> <li>Patients who received palliative care for any part of the measurement period</li> </ul>	52.40%	None	None	Medical	Yes

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6B, 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	<u>CMS155v12</u>	Percentage of patients 3–17 years of age who had an outpatient visit with a primary care physician (PCP) or 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	Patients 3 through 17 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria	<ul> <li>Children and adolescents who have had:</li> <li>their height, weight, and BMI percentile recorded during the measurement period and</li> <li>counseling for nutrition during the measurement period and</li> <li>counseling for physical activity during the measurement period</li> </ul>	<ul> <li>Exclusions:</li> <li>Patients who have a diagnosis of pregnancy during the measurement period</li> <li>Patients who were in hospice care for any part of the measurement period</li> </ul>	71.50%	None	<ul> <li>eCQM denominator description is limited to outpatient visits with a primary care physician or OB/GYN</li> <li>The specification criteria and the UDS includes children seen by any provider (e.g., NP, CNMs, PAs).</li> <li>Numerator BMI percentile, nutrition, and physical activity are reported separately in the eCQM, but combined in the UDS</li> </ul>	Medical	No

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6B, 13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<u>CMS69v12</u>	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	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: Do not include patients who only had virtual visits during the year in the assessment of this measure	<ul> <li>Patients with a documented BMI during the most recent visit or during the measurement period, and BMI is within normal parameters, and</li> <li>Patients with a documented BMI during the most recent visit or during the most recent visit or during 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</li> <li>Note: Include patients within normal parameters with a follow-up plan documented in the measurement period if BMI is outside normal parameters.</li> </ul>	<ul> <li>Exclusions:</li> <li>Patients who are pregnant at any time during the measurement period</li> <li>Patients receiving palliative or hospice care at any time during the measurement period</li> <li>Exceptions:</li> <li>Patients who refuse measurement of height and/or weight</li> <li>Patients with a documented medical reason for not documenting BMI or for not documenting a follow-up plan for BMI outside normal parameters (See Specification Guidance.)</li> </ul>	67.13%	None	None	Medical Dental Mental Health Substance Use Disorder (SUD) Other Professional (Physical Therapy [PT], Occupational Therapy [OT], Nutrition)	No. Height and weight are to be performed or paid for by health center staff. Yes. Documentation of a referral for nutrition counseling or providing counseling during a telehealth visit for patients with low or high BMI would meet that specific part of the numerator requirements.

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6B, 14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<u>CMS138v12</u>	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	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 qualifying encounter during the measurement period, as specified in the measure criteria	<ul> <li>Patients who were screened for tobacco use at least once during the measurement period and NOT identified as a tobacco user, and</li> <li>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.</li> <li>Note: Include in the numerator patients with a negative screening and those with a positive screening who had cessation intervention if a tobacco user.</li> </ul>	<ul><li>Exclusions:</li><li>Patients who were in hospice care for any part of the measurement period</li></ul>	84.90%	The denominator age changed from patients '18 years and older' to '12 years and older'	Three separate rates are reported in the eCQM, but combined in the UDS	Medical Mental Health SUD Other Professional (PT, OT, Speech Therapy [ST], Nutrition) Vision	No. Screening for tobacco use is to be performed or paid for by health center staff. Yes. Cessation intervention may be referred out.
6B, 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<u>CMS347v7</u>	<ul> <li>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:</li> <li>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</li> <li>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</li> <li>Patients 40 through 75 years of age with a diagnosis of diabetes, or</li> </ul>	<ul> <li>All patients who were previously diagnosed with or currently have a diagnosis of ASCVD, including an ASCVD procedure</li> <li>Patients who were 20 through 75 years of age at the start of the measurement period who:</li> <li>ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or</li> <li>were previously diagnosed with</li> </ul>	Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period	<ul> <li>Exclusions:</li> <li>Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period</li> <li>Patients who are breastfeeding at any time during the measurement period</li> <li>Exceptions:</li> <li>Patients with statin-associated muscle symptoms or an allergy to statin medication</li> <li>Patients wich are receiving palliative or hospice care</li> <li>Patients with active liver disease or hepatic disease or insufficiency</li> <li>Patients with end-stage renal disease (ESRD)</li> <li>Patients with documentation of a medical reason for not</li> </ul>	77.31%	<ul> <li>Denominator now includes:</li> <li>Patient who were previously diagnosed with or currently have a diagnosis of clinical ASCVD</li> <li>Patients 40 through 75 years of age with a 10- year ASCVD risk score greater than or equal to 20 percent</li> <li>Age range for LDL-C &gt;= 190 mg/dL or</li> </ul>	None	Medical	Yes

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			<ul> <li>Patients 40 through 75 years of age with a 10-year ASCVD risk score greater than or equal to 20 percent</li> </ul>	<ul> <li>or currently have an active diagnosis of familial</li> <li>hypercholestero lemia, or</li> <li>Patients 40 through 75 at the start of the measurement period with type 1 or type 2 diabetes;</li> <li>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 percent during the measurement period</li> <li>Patients with a qualifying encounter during the measurement period, as specified in the measure criteria</li> <li>Note: Patients who had telephone-only visits are excluded from the denominator.</li> </ul>		being prescribed statin therapy		diagnosis of familial hypercholest erolemia changed from '>=20' to '20 to 75' years of age			

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6B, 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	<u>CMS164v7</u>	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	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 a diagnosis of IVD overlapping the measurement period, as specified in the measure criteria	Patients who had an active medication of aspirin or another antiplatelet during the measurement period	<ul> <li>Exclusions:</li> <li>Patients who had documentation of use of anticoagulant medications overlapping the measurement period</li> <li>Patients who were in hospice care during the measurement period</li> </ul>	75.78%	None	None Note: The electronic specifications for this measure have not been updated. Use CMS164v7 specifications for UDS reporting.	Medical	Yes
6B, 19	Colorectal Cancer Screening	<u>CMS130v12</u>	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.	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	<ul> <li>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</li> <li>Fecal occult blood test (FOBT) during the measurement period</li> <li>Stool deoxyribonucleic acid (DNA) (sDNA) with fecal immunochemical test (FIT) during the measurement period or the 2 years prior to the measurement period</li> <li>Flexible sigmoidoscopy during the measurement period</li> <li>Computerized tomography during the measurement period</li> <li>Computerized tomography during the measurement period</li> <li>Computerized tomography during the measurement period</li> <li>Colonoscopy during the measurement period</li> <li>Colonoscopy during the measurement period</li> </ul>	<ul> <li>Exclusions:</li> <li>Patients with a diagnosis or past history of colorectal cancer or total colectomy</li> <li>Patients who were receiving palliative or hospice care for any part of the measurement period</li> <li>Patients aged 66 or older by the end of the measurement period who were living longterm in a nursing home any time on or before 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 visits during the measurement period or the year prior; or taking dementia medications during the measurement period or the year prior</li> </ul>	41.10%	None	Numerator terminology changed to refer to 'Stool DNA (sDNA) with FIT test' in place of 'FIT-DNA'	Medical	Yes

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6B, 20	HIV Linkage to Care	no eCQM	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis	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	<ul> <li>treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers and:</li> <li>had a medical visit with your health center provider who initiates treatment for HIV, or</li> </ul>	None	79.65%	None	None	Medical	Yes
6B, 20a	HIV Screening	<u>CMS349v6</u>	Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV	Patients aged 15 through 65 years of age at the start of the measurement period who had at least one outpatient qualifying encounter during the measurement period, as specified in the measure criteria. If the only visits during the year are telephone visits, exclude the patient from the denominator.	Patients with documentation of an HIV test performed on or after their 15 <sup>th</sup> birthday and before their 66 <sup>th</sup> birthday	<ul> <li>Exclusions:</li> <li>Patients diagnosed with HIV prior to the start of the measurement period</li> <li>Exceptions:</li> <li>Patients who died on or before the end of the measurement period</li> </ul>	48.45%	Patients who died on or before the end of the measurement period was added as a denominator exception	None	Medical	Yes

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6B, 21	Preventive Care and Screening: Screening for Depression and Follow- Up Plan	<u>CMS2v13</u>	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	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	<ul> <li>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</li> <li>screened negative for depression</li> <li>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</li> <li>Note: Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.</li> </ul>	<ul> <li>Exclusions:</li> <li>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</li> <li>Exceptions:</li> <li>Patients who refuse to participate in or complete the depression screening</li> <li>Medical reason(s), including patients: <ul> <li>who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status</li> <li>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</li> </ul> </li> </ul>	, , ,	Diagnosis of depression removed from denominator exclusions Patients refusal to participate as an exception was expanded to "patient refuses to participate in or complete the depression screening"	None	Medical Mental Health SUD Other Professional (PT, OT, ST)	No. Screening for depression and development of follow-up plan are to be performed or paid for by health center staff. Yes. Follow-up plan may include a referral to another provider.

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6B, 21a	Depression Remission at Twelve Months	<u>CMS159v12</u>	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	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 11/01/2022, through 10/31/2023, and at least one qualifying encounter during the measurement period, as specified in the measure criteria 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).	Patients who achieved remission at 12 months as demonstrated by a 12- month (+/- 60 days) PHQ- 9 or PHQ-9M score of less than 5	<ul> <li>Exclusions:</li> <li>Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder</li> <li>Patients: <ul> <li>Who died</li> <li>Who received hospice or palliative care services</li> </ul> </li> </ul>	13.60%	Removed exclusion for patients who were permanent nursing home residents	None	Medical Mental Health SUD	Yes
6B, 22	Dental Sealants for Children between 6–9 Years	CMS277v0* * Note: The electronic specifications for this measure have not been updated. Use CMS277v0 specifications for UDS reporting.	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	Children 6 through 9 years of age at the start of the measurement period with an 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	Children who received a sealant on a permanent first molar tooth during the measurement period	<ul> <li>Exceptions:</li> <li>Children for whom all first permanent molars are non- sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/ missing)</li> </ul>	58.80%	None	Although draft e- CQM reflects age 5 through 9 years —Health centers should continue to use age 6 through 9 years, as measure steward intended.	Dental	Yes

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7, Section A	Low Birth Weight	no eCQM	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)	Babies born during measurement period to prenatal care patients	Babies born with a birth weight below normal (under 2,500 grams)	<ul><li>Exclusions:</li><li>Stillbirths or miscarriages</li></ul>	8.59%	None	None	Medical	Yes
7, Section B	Controlling High Blood Pressure	<u>CMS165v12</u>	Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period	Patients 18 through 85 years of age by the end of the measurement period who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period, with a qualifying encounter during the measurement period, as specified in the measure criteria	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period	<ul> <li>Exclusions:</li> <li>Patients with evidence of ESRD, dialysis, or renal transplant before or during the measurement period</li> <li>Patients with a diagnosis of pregnancy during the measurement period</li> <li>Patients who were in hospice care for any part of the measurement period</li> <li>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</li> <li>Patients aged 66–80 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 visit or two outpatient visit or taking dementia medications during the measurement period or the year prior</li> <li>Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period</li> <li>Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period</li> <li>Patients who received palliative care for any part of the measurement period</li> </ul>	65.68%	None	None	Medical	Yes. Blood pressure is to be performed, paid for, or approved by a health center provider delegate and documented in the patient health record.
7, Section C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent)	<u>CMS122v12</u>	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period	Patients 18 through 75 years of age by the end of the measurement period with diabetes with a qualifying	Patients whose most recent HbA1c level performed during the measurement period was greater than 9.0%, or was missing, or was not performed during the measurement period	<ul> <li>Exclusions:</li> <li>Patients who were in hospice care for any part of the measurement period</li> <li>Patients aged 66 or older by the end of the measurement period who were living long-term in a nursing home any</li> </ul>	28.81%	None	None	Medical Other Professional (Nutrition)	Yes. HbA1c is to be performed, paid for, or approved by a health center provider or provider

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				encounter during the measurement period, as specified in the measure criteria		<ul> <li>time on or before the end of the measurement period</li> <li>Patients aged 66 or 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 or taking dementia medications during the measurement period or the year prior</li> <li>Patients who received palliative care for any part of the measurement period</li> </ul>					delegate and documented in the patient health record.

<sup>1</sup> The patient must have a countable visit reported on Table 5 of the UDS Report in the measurement period to be considered for the measure assessment. This does not mean that all patients with any countable UDS visit in the year are now included in each measure denominator. Rather, inclusion in the denominator for each measure is determined by whether the patient has a qualifying encounter, as defined by the eCQM specifications and related value sets.

<sup>2</sup> Service categories are provided as a general reference only. Codes listed in the eCQMs <u>must</u> be used for determining which patients are to be included in the assessment. Evaluation and Management (E/M) codes can be used for services performed by a physician or other qualified health care professional who may report E/M services. When E/M codes are listed in the eCQM denominator specifications, services may include medical and non-medical providers who conduct outpatient office visits that meet the specification requirements and who are permitted to use E/M codes for the services they provide.