

UDS Clinical Quality Measures 2023

Table, Line/ Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe) ¹	Numerator	Exclusions/Exceptions	2022 National Average	Major Changes 2022 to 2023	Major Diff. UDS to eCQM	Common UDS Service Category of Eligible Countable Visits for Denominator ²	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	71.99%	None	None	Medical	Yes
6B, 10	Childhood Immunization Status	CMS117 v11	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 an eligible countable visit during the measurement period	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	Exclusions: <ul style="list-style-type: none"> • Patients who were in hospice care for any part of the measurement period • Children with any of the following on or before the child's second birthday: <ul style="list-style-type: none"> ○ Severe combined immunodeficiency ○ Immunodeficiency ○ HIV ○ Lymphoreticular cancer, multiple myeloma, or leukemia ○ Intussusception 	33.23%	None	None	Medical	Yes

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6B, 11	Cervical Cancer Screening	CMS124 v11	<p>Percentage of women 21*-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • 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 <p>Note: *Use 24 as of December 31 as the initial age to include in assessment.</p>	Women 24 through 64 years of age by the end of the measurement period with an eligible countable visit during the measurement period	<p>Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> • 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 30 years or older at the time of the test 	<p>Exclusions:</p> <ul style="list-style-type: none"> • Women who had a hysterectomy with no residual cervix or a congenital absence of cervix • Patients who were in hospice care for any part of the measurement period • Patients who received palliative care during the measurement period 	53.99%	Denominator age changed from age as of January 1 to age as of December 31.	None	Medical	Yes

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6B, 11a	Breast Cancer Screening	CMS125 v11	<p>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</p> <p>Note: *Use 52 on or after December 31 as the initial age to include in assessment.</p>	Women 52 through 74 years of age by the end of the measurement period with an eligible countable visit during the measurement period	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	<p>Exclusions:</p> <ul style="list-style-type: none"> • 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 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 	50.28%	Denominator age changed from age as of January 1 to age as of December 31.	None	Medical	Yes

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6B, 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	CMS155 v11	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	Patients 3 through 17 years of age with at least one outpatient medical visit by the end of the measurement period	Children and adolescents who have had: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Patients who have a diagnosis of pregnancy during the measurement period • Patients who were in hospice care for any part of the measurement period 	69.81%	Denominator age changed from age as of January 1 to age as of December 31 and inclusion age updated from 16 to 17.	<ul style="list-style-type: none"> • eCQM denominator is limited to outpatient visits with a primary care physician or OB/GYN. UDS includes children seen by NPs, CNMs, and PAs • Numerator BMI, nutrition, and activity are reported separately in the eCQM, but combined in the UDS 	Medical	No

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6B, 13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v11	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	<p>Patients 18 years of age or older on the date of the visit with at least one eligible countable visit during the measurement period</p> <p>Note: Do not include patients who only had virtual visits during the year in the assessment of this measure</p>	<p>Patients with a documented:</p> <ul style="list-style-type: none"> BMI during the most recent visit or during the measurement period, and BMI is within normal parameters and 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 <p>Note: Include patients within normal parameters who had their BMI documented and those with a follow-up plan if BMI is outside normal parameters.</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> Patients who are pregnant at any time during the measurement period Patients receiving palliative or hospice care at any time during the measurement period <p>Exceptions:</p> <ul style="list-style-type: none"> 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 BMI outside normal parameters 	61.04%	Measure numerator changed from a 12-month requirement to a requirement during the measurement period.	None	<p>Medical Dental Mental Health Substance Use Disorder (SUD) Other Professional (Physical Therapy [PT], Occupational Therapy [OT], Nutrition)</p>	<p>No. Height and weight are to be performed or paid for by health center staff.</p> <p>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.</p>

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6B, 14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138 v11	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	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	<ul style="list-style-type: none"> 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 <p>Note: Include patients with a negative screening and those with a positive screening who had cessation intervention if a tobacco user.</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> Patients who were in hospice care for any part of the measurement period 	84.60%	<ul style="list-style-type: none"> Tobacco Screening measure now considers e-cigarette use as tobacco use. Hospice care is now a denominator exclusion. All denominator exceptions removed. 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. 	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	<p>No. Screening for tobacco use is to be performed or paid for by health center staff.</p> <p>Yes. Cessation intervention may be referred out.</p>

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6B, 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347 v6	Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> 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 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 	<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 with Type 1 or Type 2 diabetes; with an eligible countable visit during the 	Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period	<p>Exclusions:</p> <ul style="list-style-type: none"> Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period Patients who are breastfeeding at any time during the measurement period <p>Exceptions:</p> <ul style="list-style-type: none"> 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 	76.07%	<ul style="list-style-type: none"> Measure changed from current or prior diagnosis of atherosclerotic cardiovascular disease (ASCVD) to now requiring active diagnosis of ASCVD. Patients who had telephone-only visits are now excluded from the denominator. Removed pregnancy exclusion. Patients with a documented reason for not being prescribed statin therapy has been added as a denominator exception. 	None	Medical	Yes

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				<p>measurement period</p> <p>Patients who had telephone-only visits are excluded from the denominator.</p>							

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6B, 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164 v7	Percentage of patients aged 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 documentation of use of aspirin or another antiplatelet during the measurement period	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	Patients who had an active medication of aspirin or another antiplatelet during the measurement period	Exclusions: <ul style="list-style-type: none"> Patients who had documentation of use of anticoagulant medications overlapping the measurement period Patients who were in hospice care during the measurement period 	76.83%	None	None	Medical	Yes

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6B, 19	Colorectal Cancer Screening	CMS130 v11	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 an eligible countable visit during the measurement period	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> • 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 	Exclusions: <ul style="list-style-type: none"> • Patients with a diagnosis or past history of colorectal cancer or total colectomy • Patients who were in 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 or the year prior; or taking dementia medications during the measurement period or the year prior 	42.82%	Denominator age changed from age as of January 1 to age as of December 31 and updated denominator age range from 50-75 to 45-75.	None	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 eligible countable visit during the measurement period or prior year	Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers and: <ul style="list-style-type: none"> 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. 	None	82.20%	None	None	Medical	Yes
6B, 20a	HIV Screening	CMS349 v5	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 eligible countable visit during the measurement period Telephone-only visits are excluded from the denominator.	Patients with documentation of an HIV test performed on or after their 15 th birthday and before their 66 th birthday	Exclusions: <ul style="list-style-type: none"> Patients diagnosed with HIV prior to the start of the measurement period 	43.82%	Telephone-only visits are excluded from the denominator.	None	Medical	Yes

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6B, 21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v1.2	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 eligible countable visit during the measurement period	<p>Patients who:</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ screened negative for depression ○ 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 <p>Note: Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> ● 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 <p>Exceptions:</p> <ul style="list-style-type: none"> ● Patients who refuse to participate ● Medical reason(s), including patients: <ul style="list-style-type: none"> ○ who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status ○ 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 	70.02%	Numerator updated to include follow-up plan documented on the date of or up to two days after the date of the qualifying visit.	None	Medical Mental Health SUD Other Professional (PT, OT, ST)	<p>No. Screening for depression and development of follow-up plan are to be performed or paid for by health center staff.</p> <p>Yes. Follow-up plan may include a referral to another provider.</p>

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6B, 21a	Depression Remission at Twelve Months	CMS159 v11	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 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 11/01/2021 through 10/31/2022 and at least one eligible countable visit during the measurement period 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	Exclusions: <ul style="list-style-type: none"> ● Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder ● Patients: <ul style="list-style-type: none"> ○ Who died ○ Who received hospice or palliative care services ○ Who were permanent nursing home residents 	13.64%	None	None	Medical Mental Health SUD	Yes

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6B, 22	Dental Sealants for Children between 6-9 Years	CMS277 v0* * 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 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	Children who received a sealant on a permanent first molar tooth during the measurement period	Exceptions: <ul style="list-style-type: none"> Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing) 	58.39%	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
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)	Exclusions: <ul style="list-style-type: none"> Still-births or miscarriages 	8.43%	None	None	Medical	Yes

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7, Section B	Controlling High Blood Pressure	CMS165 v11	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 an eligible countable visit during the measurement period	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	<p>Exclusions:</p> <ul style="list-style-type: none"> • Patients with evidence of ESRD, dialysis, or renal transplant before or during the measurement period • Patients with a diagnosis of pregnancy during the measurement period • Patients who were in hospice care for any part of the measurement period • Patients aged 66 or older by the end of the measurement period who were living long-term in a nursing home any time on or before the end of the measurement period • 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 visits or taking dementia medications during the measurement period or the year prior • Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period • Patients who received palliative care for any part of the measurement period 	63.40%	<ul style="list-style-type: none"> • Denominator age changed from age as of January 1 to age as of December 31 • Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period has been added as a denominator exclusion 	None	Medical	Yes. Blood pressure is to be performed, paid for, or approved by a health center provider or provider delegate and documented in the patient health record.

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7, Section C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent)	CMS122 v11	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 an eligible countable visit during the measurement period	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	<p>Exclusions:</p> <ul style="list-style-type: none"> 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 any time on or before the end of the measurement period 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 Patients who received palliative care for any part of the measurement period 	30.42%	<ul style="list-style-type: none"> Denominator age changed from age as of January 1 to age as of December 31 Specification guidance no longer indicates that patients with a diagnosis of secondary diabetes due to another condition (such as gestational diabetes) are to be excluded from the denominator. Use codes to determine if a secondary condition is to be considered or not. 	None	Medical Other Professional (Nutrition)	Yes. HbA1c is to be performed, paid for, or approved by a health center provider or provider delegate and documented in the patient health record.

¹ The removal of the requirement that patients have a UDS countable medical visit 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.

² Service categories are provided as a general reference only. Codes listed in the eCQMs must 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.