



Uniform Data System (UDS) Clinical Tables

Part 2: Maternal and Child Health

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This webinar was produced for the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care under contract number 47QRAA23D0087/75R60223F80123. This publication lists non-federal resources in order to provide additional information to consumers. Neither HHS nor HRSA has formally approved the non-federal resources in this manual. Listing these is not an endorsement by HHS or HRSA.

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Opening Remarks

Dylan Podson

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Agenda

1

Discuss Uniform Data System (UDS) reporting instructions on clinical quality measures (CQMs)

2

Identify reporting strategies and tips for data reporting

3

Review UDS maternal care and child health measures reporting requirements

4

Review 2025 UDS training resources

Objectives

1

Understand reporting requirements for maternal and child health CQMs.

2

Identify opportunities for quality improvement.

3

Access additional reporting support.

UDS CQM Reporting

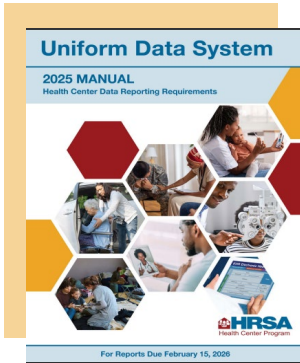
Key considerations and structures
to accurately report CQMs in the
UDS

Key Terms in UDS CQM Measurement

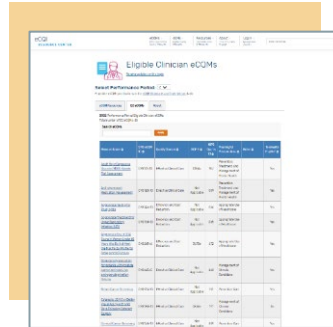
| | |
|---------------------------------|---|
| Specification Guidance | The Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs. |
| UDS Reporting Considerations | Additional BPHC requirements and guidance that must be applied to the specific measure and that may differ from or expand on the electronic clinical quality measure (eCQM) specifications. |
| CQMs | Quantified indicators used to evaluate how well the health center is achieving standards. |
| eCQMs | CQMs expressed and formatted to use data from electronic health record (EHR) and/or health information technology (health IT) systems to measure health care quality. |
| Clinical Quality Language (CQL) | An open-source standard that allows a human-readable description of clinical quality logic to express clinical knowledge. |
| Value Sets | Lists of codes and corresponding terms from the National Library of Medicine–hosted standard clinical vocabularies (such as SNOMED CT, RxNorm, and LOINC®) that define clinical concepts. |
| Measurement Period | Represents Calendar Year 2025 (January 1–December 31) unless another time frame is specifically noted in the UDS Manual or measure specifications. |
| Measure Steward | An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward. |

Getting Started with CQMs

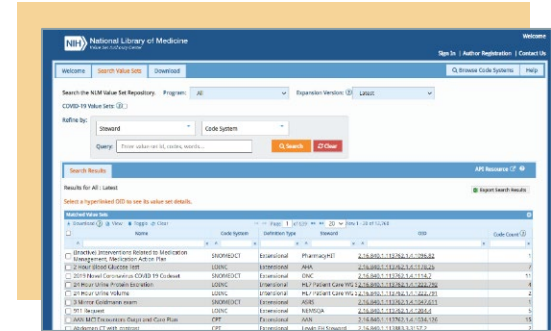
Key Resources



The UDS Manual provides an overview of the UDS, covers UDS-specific considerations, and links to measure specifications.



The manual links to the Electronic Clinical Quality Improvement (eCQI) Resource Center, where measure information, specifications, data elements, and value sets are found.



The codes that make up each value set within the measure specifications are available from the Value Set Authority Center (VSAC) site.

Denominators: Qualifying Encounters



Clinical measure guidance for the UDS specifies that in order to be included in any given CQM denominator, patients must have:

a **countable UDS visit** during the calendar year, reported on Table 5, **and**

a visit that meets the **qualifying encounter definitions** for that particular eCQM's measure criteria and specifications, if applicable. (Each measure has its own qualifying encounters definition in its specifications.)

Understanding Qualifying Encounters for CQMs



Does this mean that *all* patients with UDS countable visits are included in the denominator for CQMs?

No! It means that those patients who meet the measure specifications are included in each measure's denominator. For some measures, this is *a lot* of visit types; in others, it's fairly narrow. Each measure steward identifies the population or denominator for the measures that they develop.



Does this mean we need to be doing weight assessment and counseling for nutrition for our pediatric dental patients?

Dental visit types are not specified in the denominator for the weight assessment and counseling for nutrition and physical activity for children and adolescents measure. If the patient had other visits, they could be eligible. Again, the visit types/codes are specified for each measure and can be seen in the measure specifications in the eCQI Resource Center.

After a review of CQMs, we will apply this logic to one of the specific measures discussed today!

Tables 6B and 7 CQMs

Reporting format

Key changes

UDS CQMs

Components of Each Clinical Measure

| Denominator | Numerator | Exclusions and Exceptions |
|---|---|---|
| <ul style="list-style-type: none">Identifies the group of patients that the measure looks at for whether they have received the service, test, or outcome.Equal to the initial population identified in the CQM.Reported in Column A. | <ul style="list-style-type: none">Measures whether the service, event, or outcome requirements were met.Each patient in the denominator is assessed to determine if they meet the numerator.Reported in Column C. | <ul style="list-style-type: none">EXCLUSIONS: Patients who meet exclusion criteria are not to be considered for the measure. They are removed from the denominator before determining if numerator criteria are met.EXCEPTIONS: Patients who do meet denominator criteria but do not meet numerator criteria and meet any of the exceptions criteria are removed from the denominator. |

UDS CQMs

| Screening and Preventive Care | Maternal and Child Health | Disease Management |
|--|--|---|
| <ul style="list-style-type: none"> • Cervical Cancer Screening • Breast Cancer Screening • Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan • Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention • Colorectal Cancer Screening • HIV Screening • Preventive Care and Screening: Screening for Depression and Follow-Up Plan <p>Webinar recorded on October 14, 2025</p> | <ul style="list-style-type: none"> • Prenatal Care Provided by Referral Only • Age of Prenatal Care Patients • Early Entry into Prenatal Care • HIV-Positive Pregnant Women • Deliveries Performed by Health Center's Providers • Prenatal Care Patients Who Delivered During the Year • Low Birth Weight • Childhood Immunization Status • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents • Dental Sealants for Children between 6–9 Years | <ul style="list-style-type: none"> • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet • HIV Linkage to Care • Depression Remission at Twelve Months • Initiation and Engagement of Substance Use Disorder Treatment • Controlling High Blood Pressure • Diabetes: Glycemic Status Assessment Greater than 9% <p>Webinar on October 29, 2:00–3:30 p.m. ET</p> |

Children's Health Measures



| UDS Table | Measure | eCQM |
|-------------------|---|---------------------------|
| Table 6B, Line 10 | Childhood Immunization Status | CMS117v13 |
| Table 6B, Line 12 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | CMS155v13 |
| Table 6B, Line 22 | Dental Sealants for Children between 6–9 Years | CMS277v0* |

*Access measure value set details on the [Clinical Care](#) page of the UDS Technical Assistance site.

Changes to Align with eCQMs

Table 6B was updated to align with the latest CMS eCQMs. The 2025 UDS CQM Criteria handout is available to review for 2025 updates.

| Line/Columns | Quality Care Measure | Updated eCQM |
|--------------|---|------------------|
| 10 | Childhood Immunization Status | <u>CMS117v13</u> |
| 12 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | <u>CMS155v13</u> |

Childhood Immunization Status

Table 6B, Line 10 (CMS117v13)

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 | Exclusions | Numerator |
|---|--|---|
| 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 | <p>Patients who were in hospice care for any part of the measurement period</p> <p>Children with any of the following on or before their second birthday:</p> <ul style="list-style-type: none">• Severe combined immunodeficiency• Immunodeficiency• Human immunodeficiency virus (HIV)• Lymphoreticular cancer, multiple myeloma, or leukemia• Intussusception | <p>Demonstrated vaccinations for DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV, and flu</p> <p>Or anaphylaxis due to DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV, or flu vaccinations</p> |

Childhood Immunization Status

CMS117v13



- Do not include children here or anywhere on the UDS if they only received a vaccination and did not have a countable visit during the calendar year.
- Use immunization registries to ensure patient health records are up to date and complete.
 - Registries can be used to fill any voids in the immunization record prior to or immediately after a visit and before the end of the measurement period, as long as the health IT/EHR is updated with the immunization details and coded correctly.
- Assess patient health records for evidence of vaccinations per specifications.
- If a patient was seen via telehealth, determine whether the record shows evidence of vaccine completion or whether the patient will need to be seen in person to complete the immunization series.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents **Table 6B, Line 12 (CMS155v13)**

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

| Denominator | Exclusions | Numerator |
|---|---|---|
| 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 | <p>Patients who have a diagnosis of pregnancy during the measurement period</p> <p>Patients who were in hospice care for any part of the measurement period</p> | <p>Children and adolescents who have had:</p> <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 |

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents CMS155v13



- The patient must have all three numerator components completed and documented to meet the measurement standard.
- This measure requires that the height and weight measurements and counseling for physical activity and nutrition be performed by health center staff or paid for by the health center.
 - Include qualifying encounters performed by any provider, as included in the specification criteria. Note that this is different from the eQCM description, which states that the visit must be performed by a PCP or an OB/GYN.
- Height and weight are to be captured using a standardized, set process for consistency.
 - Patient-reported height and weight are allowed, provided the information is recorded in the EHR and is sufficiently accurate for use in clinical care. Determining the acceptability, reliability, and validity of patient-reported information is left to the discretion of the clinician.
 - Counseling for physical activity and nutrition may also be provided via telehealth.
 - Refer to the [Jira ticket](#) on this measure for more information.

Dental Sealants for Children between 6–9 Years

Table 6B, Line 22 (CMS277v0*)

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.

| Denominator | Exceptions | Numerator |
|--|---|--|
| 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 for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing) | Children who received a sealant on a permanent first molar tooth during the measurement period |


*Access measure value set details on the [Clinical Care](#) page of the UDS Technical Assistance site.

Dental Sealant Measure eCQM



Dental Sealants (CMS277v0) electronic specifications have not been updated and are no longer readily accessible from the eCQI Resource Center or VSAC.

Find the value sets used in the specifications on the [BPHC UDS Resources Clinical Care page](#).



UNIFORM DATA SYSTEM

Dental Sealants for Children between 6–9 Years (CMS277v0) Value Sets

Dental Sealants for Children between 6-9 Years, CMS277v0, is a draft clinical quality measure stewarded by the Dental Quality Alliance-American Dental Association. For the purposes of Uniform Data System (UDS) reporting, the Dental Sealants for Children between 6–9 Years measure continues to align with CMS277v0, but electronic specifications for this measure have not been updated and are no longer readily accessible online. To assist health centers with UDS reporting of this measure, the CMS277v0 value set codes used in the specifications (exported from the United States Health Information Knowledgebase (USHIK) website in 2020) are provided below.

| Category | Data Element | Value Set ¹ |
|-----------|---|---|
| attribute | attribute: Permanent mandibular left first molar tooth | Permanent mandibular left first molar tooth 2.16.840.1.113762.1.4.1065.29 SNOMEDCT (2014-03) 245604007 |
| attribute | attribute: Permanent mandibular right first molar tooth | Permanent mandibular right first molar tooth 2.16.840.1.113762.1.4.1065.27 SNOMEDCT (2014-03) 245592005 |
| attribute | attribute: Permanent maxillary left first molar tooth | Permanent maxillary left first molar tooth 2.16.840.1.113762.1.4.1065.28 SNOMEDCT (2014-03) 245579007 |
| attribute | attribute: Permanent maxillary right First Molar Tooth | Permanent maxillary right First Molar Tooth 2.16.840.1.113762.1.4.1065.26 SNOMEDCT (2014-03) 245568002 |

Knowledge Check #1

Which of the following patients should be included in both the denominator and numerator for the dental sealants measure?

- A. A 7-year-old patient with no permanent first molars erupted yet, who received a dental exam but no sealant.
- B. A 9-year-old patient with at least one erupted permanent first molar, who received a sealant during a preventive dental visit at the health center.
- C. An 8-year-old who received sealants on primary molars at an outside dental office, with *no* records sent to the health center.
- D. A 6-year-old with erupted permanent molars who received fluoride varnish but no sealants during the year.

Knowledge Check #1

Which of the following patients should be included in both the denominator and numerator for the dental sealants measure?

- A. A 7-year-old patient with no permanent first molars erupted yet, who received a dental exam but no sealant.
- B. A 9-year-old patient with at least one erupted permanent first molar, who received a sealant during a preventive dental visit at the health center.**
- C. An 8-year-old who received sealants on primary molars at an outside dental office, with *no* records sent to the health center.
- D. A 6-year-old with erupted permanent molars who received fluoride varnish but no sealants during the year.

Maternal Care: Prenatal and Birth Outcome Measures

Table 6B:

Prenatal Care Patients

Report *all* prenatal care patients who received prenatal care services (either from the health center directly or its referral network) during the calendar year.

Report prenatal patients by age as of December 31 and by trimester of entry.

Table 7:

Deliveries

Report all prenatal care patients who delivered during the calendar year by race and ethnicity of the woman delivering.

Include stillbirths and multiple births, each as one delivery.

Miscarriages are not reported as deliveries.

Table 7:

Birth Outcomes

Report babies according to their birth weight in grams by race and ethnicity of the baby.

Multiple births are reported separately by birth weight of each baby.

Stillbirths are not reported in the birth outcome section.

Maternal Health: Prenatal Care Measures



| UDS Table | Measure | eCQM |
|---------------------|--------------------------------|---------|
| Table 6B, Line 0 | Prenatal Care by Referral Only | No eCQM |
| Table 6B, Lines 1–6 | Age of Prenatal Care Patients | No eCQM |
| Table 6B, Lines 7–9 | Early Entry into Prenatal Care | No eCQM |

Trimester of Entry

- Determination for trimester of entry has been updated.

| 2024 Definition | 2025 Definition |
|--|--|
| Determine trimester of entry based on last menstrual period. | Determine trimester of entry based on last menstrual period or when the prenatal care patient was clinically determined to have been in their first trimester based on documented estimated date of delivery. |



Maternal Health: Prenatal Care Measures



Who is considered a prenatal care patient for UDS reporting?

Health center patients who *initiate prenatal care with the health center or its referral network* are counted in the **Prenatal section of Table 6B** and are tracked through delivery and reported in the **Delivery and Birth Outcomes section of Table 7**.

Prenatal care initiated with “the health center or its referral network” refers to:

- Prenatal care initiated with the health center directly **or**
- Prenatal care initiated with a provider/entity with which the health center has formal referral contractual agreements (as indicated in Column II of Form 5A) **or**
- Prenatal care initiated with a provider/entity with which the health center has formal written referral arrangements (as indicated in Column III of Form 5A).

Tracking systems must be in place for all that apply!

Maternal Health: Prenatal Care Measures

Table 6B

Section A: Line 0: Mark the check box if your health center provides prenatal care through direct referral only.

| | | |
|---|--|--|
| 0 | Prenatal Care Provided by Referral Only (Check if Yes) | |
|---|--|--|

Section A: Lines 1–6: Report all prenatal care patients by their age *as of December 31*.

| Line | Age | Number of Patients (a) |
|------|-----------------------------------|------------------------|
| 1 | Less than 15 years | |
| 2 | Ages 15–19 | |
| 3 | Ages 20–24 | |
| 4 | Ages 25–44 | |
| 5 | Ages 45 and over | |
| 6 | Total Patients (Sum of Lines 1–5) | |

Section B: Lines 7–9: Report all prenatal care patients by the trimester they began prenatal care (including any patient you may have referred out for care). Report in Column B if care began with another provider and was then transferred into your health center’s care.

| Line | Early Entry into Prenatal Care | Patients Having First Visit with Health Center (a) | Patients Having First Visit with Another Provider (b) |
|------|--------------------------------|--|---|
| 7 | First Trimester | | |
| 8 | Second Trimester | | |
| 9 | Third Trimester | | |

Maternal Health: Deliveries and Birth Weight Measures



| UDS Table | Measure | eCQM |
|--|--|---------|
| Table 7, Section A, Line 0 | HIV-Positive Pregnant Women | No eCQM |
| Table 7, Section A, Line 2 | Deliveries Performed by Health Center's Providers | No eCQM |
| Table 7, Section A, Lines 1a1m–h | Prenatal Care Patients Who Delivered During the Year (Column 1A) | No eCQM |
| Table 7, Section A, Lines 1a1m–h | Live Birth Weights (Columns 1B–1D) | No eCQM |

Deliveries and Birth Outcomes

Table 7, Lines 0 and 2

Section A

Line 0: Number of health center patients who are pregnant and HIV positive, regardless of whether they received prenatal care from the health center or have a delivery during the year.

Line 2: Number of deliveries performed by health center clinicians, including deliveries to non–health center patients.

| Line | Description | Patients (a) |
|------|---|--------------|
| 0 | HIV-Positive Pregnant Women | |
| 2 | Deliveries Performed by Health Center’s Providers | |

Deliveries and Birth Outcomes

Deliveries

| Line | Race and Ethnicity | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500–2499 grams (1c) | Live Births: ≥2500 grams (1d) |
|------|---|---|-------------------------------|-----------------------------------|-------------------------------|
| | Mexican, Mexican American, Chicano/a | | | | |
| 1a1m | Asian Indian | | | | |
| 1a2m | Chinese | | | | |
| 1a3m | Filipino | | | | |
| 1a4m | Japanese | | | | |
| 1a5m | Korean | | | | |
| 1a6m | Vietnamese | | | | |
| 1a7m | Other Asian | | | | |
| 1b1m | Native Hawaiian | | | | |
| 1b2m | Other Pacific Islander | | | | |
| 1b3m | Guamanian or Chamorro | | | | |
| 1b4m | Samoan | | | | |
| 1cm | Black or African American | | | | |
| 1dm | American Indian/Alaska Native | | | | |
| 1em | White | | | | |
| 1fm | More than One Race | | | | |
| 1gm | Unreported/Chose Not to Disclose Race | | | | |
| | Subtotal Mexican, Mexican American, Chicano/a | | | | |

Column 1A: Include prenatal care **patients who delivered** during the calendar year (exclude miscarriages) **by their race and ethnicity**.

- For multiple births (e.g., twins), report only one patient as having delivered.
- Report on patients who were successfully referred out for care.

Deliveries and Birth Outcomes

Birth Weight

| Line | Race and Ethnicity | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500–2499 grams (1c) | Live Births: ≥2500 grams (1d) |
|------|--------------------------------------|--|-------------------------------------|---|-------------------------------------|
| | Mexican, Mexican American, Chicano/a | | | | |
| 1a1m | Asian Indian | | | | |
| 1a2m | Chinese | | | | |
| 1a3m | Filipino | | | | |
| 1a4m | Japanese | | | | |
| 1a5m | Korean | | | | |
| 1a6m | Vietnamese | | | | |
| 1a7m | Other Asian | | | | |
| 1b1m | Native Hawaiian | | | | |
| 1b2m | Other Pacific Islander | | | | |

Columns 1B–1D: Report each live birth by **birth weight** (exclude stillbirths or miscarriages) and **by race and ethnicity of baby**.

- Count twins as two births, triplets as three, etc.
- Column 1D ($\geq 2,500$ grams) is normal birth weight.
- Column 1C (1,500–2,499 grams) is low birth weight.
- Column 1B ($< 1,500$ grams) is very low birth weight.

Deliveries and Birth Outcomes



- Deliveries reported on Table 7 are those deliveries of the health center's prenatal patients.
- The babies reported in the birth outcome section of Table 7 do not need to have their own separate visits, nor do they need to be health center patients; they just need to be delivered to a health center prenatal patient who delivered in the year.



Deliveries and Birth Outcomes



Report delivery and birth outcome data regardless of whether the health center performed the delivery or referred the delivery to another provider and regardless of whether the patient transferred to another provider on their own. Tracking and follow-up on all prenatal care patients are required.

Deliveries (Column 1A)

- Report one patient as having delivered, even if the delivery results in multiple births (e.g., twins or triplets) or is a stillbirth.
- *Do not* include deliveries when you have no documentation that the delivery occurred (patients lost to follow-up).
- *Do not* include miscarriages.
- *Do not* include patients who, based on their due date, should have delivered but for whom you *do not* have explicit documentation of the delivery.

Birth Outcomes (Columns 1B–1D)

- If the delivery is of multiple babies (e.g., twins or triplets), report the birth weight of each baby separately.

Tips for Tracking Delivery and Birth Outcomes



Positive pregnancy diagnosis codes can be added to the prenatal care patient's health record and provide a reporting mechanism for monitoring outcomes. Include corresponding fields to track whether a patient is referred to a prenatal care provider or receiving prenatal care from the health center or its network partners.

To obtain delivery and birth outcomes:

- Some health centers match the baby birth record to the prenatal care patient. This may be direct if their providers perform the delivery or the baby becomes a patient.
- For health centers without direct care (referrals), obtain the information from the referral provider, hospital, or patient self-report.
 - Staff can call the patient to discuss how far along they were and enter that into their systems. Follow up with the prenatal care patient after 9 months to ask birth weight.
 - Perform quarterly check-ins with the health center's referral network for patients referred.
 - When establishing referral arrangements, make it clear that these data are to be communicated back to the health center.

Tips for Tracking Delivery and Birth Outcomes (cont'd)



Establishment of agreements to receive prenatal care and delivery details from referral providers and from delivery hospitals is a necessary step to leveraging health information exchange (HIE) and communications.

- Specifying and agreeing to the method for accessing the necessary data should be created to incorporate standardized processes for data access or data transfer.
- These may include establishing data exchange protocols, access to vital records, or other building system notification processes to share with prenatal and delivery partners so they may update the records.
- Establishing systematic processes that allow for updates on pregnancy can be further expanded at initiation of care to get prenatal patient engaged in a pregnancy/delivery portal update process, so the prenatal patient can provide updates on care and delivery details, as well as receive pre-, intra-, and post-partum supports and information.

Knowledge Check #2

A health center has a formal referral network for prenatal care and does not provide prenatal visits themselves. A patient's only encounter during the calendar year is their first comprehensive prenatal exam with the referral provider. Where should this patient be reported?

- A. The patient is reported as a prenatal patient on Table 6B, and the prenatal exam with the referral provider is also reported as a countable visit on Table 5.
- B. The patient is reported on Table 6B only, because the health center did not directly provide the prenatal visit.
- C. The patient is not reported on either table because care was provided externally.

Knowledge Check #2

A health center has a formal referral network for prenatal care and does not provide prenatal visits themselves. A patient's only encounter during the calendar year is their first comprehensive prenatal exam with the referral provider. Where should this patient be reported?

- A. The patient is reported as a prenatal patient on Table 6B, and the prenatal exam with the referral provider is also reported as a countable visit on Table 5.**
- B. The patient is reported on Table 6B only, because the health center did not directly provide the prenatal visit.
- C. The patient is not reported on either table because care was provided externally.

UDS Workflow for eCQMs Demonstration

**Goal: Learn how to access and assess the
measure specifications and value sets for UDS eCQMs.**



Example question: Does XYZ visit meet the numerator criteria for the counseling part of the weight assessment and counseling for children and adolescents measure?

Step 1: Review CQM Guidance in the UDS Manual

- Familiarize yourself with the measure by reviewing UDS Manual guidance.
- **Specification Guidance** summarizes CMS guidance to help with understanding and implementing eCQMs.
- **UDS Reporting Considerations** offer additional requirements and guidance that must be applied to a specific measure and may differ from or expand on eCQM specifications.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Line 12), [CMS155v13](#)

Measure Description

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.

Calculate as follows:

Denominator: Columns A and B

- 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
 - Include children and adolescents with birthdate on or after January 1, 2008, and birthdate on or before December 31, 2022.

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 were in hospice care for any part of the measurement period
 - Women who have a diagnosis of pregnancy during the measurement period
- Denominator Exceptions
 - Not applicable

Specification Guidance

- Because BMI norms for youth vary with age and sex, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

UDS Reporting Considerations

- The patient must have a countable visit reported on Table 5 of the UDS Report in the measurement period to be included in this measure.
- Include qualifying encounters performed by any provider, as included in the specification criteria. Note that this is different from the eCQM description, which states that the visit must be performed by a PCP or an OB/GYN. For example, include patients who had a medical visit with an NP.
- The UDS numerator differs from the eCQM in that the eCQM requires the numerator elements to be reported separately against two age strata (age 3–11, age 12–17). For UDS purposes, the patients must have had all three numerator components completed to meet the numerator criteria using one age strata (age 3–17).

Step 2: Access the Measure Specifications

Click the link next to the measure name in the UDS Manual.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Line 12), CMS155v13

Measure Description

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

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measure Information

Specifications and Data Elements

Release Notes

Specifications

- [CMS155v13.html](#)
- [CMS155v13.zip \(ZIP\)](#)

Additional Resources for CMS155v13

- [Value Sets](#)
- [Data Elements](#)
- [eCQM Flow \(PDF\)](#)
- [Technical Release Notes \(Excel\)](#)
- [Jira Issue Tracker tickets](#)

This will bring you to the measure page on the **eCQI Resource Center**. Click on the “Specifications and Data Elements” tab, then select the first .html file to access the measure specifications.

Step 3: Read Specifications for Relevant Criteria, Definitions, and Terminology

The population criteria for the measure will be listed first in the specifications. This is the CQL that defines each population: denominator, numerator, exclusions, and exceptions.

Population Criteria 2

Initial Population

AgeInYearsAt(date from
end of "Measurement Period"
) in Interval[3, 17]
and exists ("Qualifying Encounters")

Denominator

"Initial Population"

Denominator Exclusions

Hospice."Has Hospice Services"
or exists ("Pregnancy Diagnosis Which Overlaps Measurement Period")

Numerator

exists ["Intervention, Performed": "Counseling for Nutrition"] NutritionCounseling
where Global."NormalizeInterval" (NutritionCounseling.relevantDatetime, NutritionCounseling.relevantPeriod) during day of "Measurement Period"

The measure specifications show that the **numerator** for this measure is:

exists ("BMI Percentile in Measurement Period")

and exists ("Height in Measurement Period")

and exists ("Weight in Measurement Period")

exists ["Intervention, Performed": "Counseling for Nutrition"] NutritionCounseling

where Global."NormalizeInterval" (NutritionCounseling.relevantDatetime, NutritionCounseling.relevantPeriod) during day of "Measurement Period"

exists ["Intervention, Performed": "Counseling for Physical Activity"] ActivityCounseling

where Global."NormalizeInterval" (ActivityCounseling.relevantDatetime, ActivityCounseling.relevantPeriod) during day of "Measurement Period"

Step 3: Read Specifications for Relevant Criteria, Definitions, and Terminology (cont.)

The **definitions** section further define the numerator criteria:

“BMI Percentile in the Measurement Period”

“Height in Measurement Period”

“Weight in the Measurement Period”

“Counseling for Nutrition”

“Counseling for Physical Activity”

▲ Numerator 1

exists ("BMI Percentile in Measurement Period")
and exists ("Height in Measurement Period")
and exists ("Weight in Measurement Period")

▲ Numerator 2

exists ["Intervention, Performed": "Counseling for Nutrition"] NutritionCounseling
where Global."NormalizeInterval" (NutritionCounseling.relevantDatetime, NutritionCounseling.relevantPeriod) during day of "Measurement Period"

▲ Numerator 3

exists ["Intervention, Performed": "Counseling for Physical Activity"] ActivityCounseling
where Global."NormalizeInterval" (ActivityCounseling.relevantDatetime, ActivityCounseling.relevantPeriod) during day of "Measurement Period"

Step 4: Find the Relevant Value Set in Measure Specifications

Terminology

- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)")
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)")
- valueset "BMI percentile" (2.16.840.1.113883.3.464.1003.121.12.1012)
- valueset "Counseling for Nutrition" (2.16.840.1.113883.3.464.1003.195.12.1003)
- valueset "Counseling for Physical Activity" (2.16.840.1.113883.3.464.1003.116.12.1035)
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Height" (2.16.840.1.113883.3.464.1003.121.12.1014)
- valueset "Home Healthcare Services" (2.16.840.1.113883.3.464.1003.101.12.1016)
- valueset "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1584)
- valueset "Hospice Diagnosis" (2.16.840.1.113883.3.464.1003.1165)
- valueset "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003)
- valueset "Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Payer Type" (2.16.840.1.114222.4.11.3591)
- valueset "Pregnancy" (2.16.840.1.113883.3.526.3.378)
- valueset "Preventive Care Services Group Counseling" (2.16.840.1.113883.3.464.1003.101.12.1027)
- valueset "Preventive Care Services Individual Counseling" (2.16.840.1.113883.3.464.1003.101.12.1026)
- valueset "Preventive Care Services, Initial Office Visit, 0 to 17" (2.16.840.1.113883.3.464.1003.101.12.1022)
- valueset "Preventive Care, Established Office Visit, 0 to 17" (2.16.840.1.113883.3.464.1003.101.12.1024)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)
- valueset "Weight" (2.16.840.1.113883.3.464.1003.121.12.1015)

Scroll down to the **“Terminology”** section of the specifications, where all value sets for the measure will be found. Here are the **“Counseling for Nutrition”** and other relevant value sets that are part of the numerator criteria.

The string of numbers beginning with “2” next to the value set name is the **value set ID**. This can be used to search the VSAC for codes included in the value sets.

Step 5: Access Value Sets from VSAC

In the VSAC, you can use the query field to search for the **measure ID** and see all value sets included in the measure, as shown here.

Or just search for the specific “Counseling for Nutrition” value sets using the **value set ID** shown on the last slide.

Click on any value set in the **OID** column to see the list of included codes.

The screenshot displays the VSAC Search Value Sets interface. At the top, there are tabs for 'Welcome', 'Search Value Sets' (highlighted with a red box), and 'Download'. Below these, the search criteria are set to 'Program: CMS eCQM and Hybrid Measure' and 'Release: eCQM Update 2024-05-02'. The 'Refine by' section includes 'Steward' (set to 'NCQA'), 'Code System' (set to 'CPT SNOMEDCT'), and 'Include Retired Value Sets' (unchecked). The 'Query' field (highlighted with a red box) contains the value '2.16.840.1.113883.3.464.1003.195.12.1003'. The 'Search' button is highlighted in orange.

Below the search bar, the 'Search Results' tab is active. The results are for 'CMS eCQM and Hybrid Measure : eCQM Update 2024-05-02 : "2.16.840.1.113883.3.464.1003.195.12.1003"'. A message states: 'Select a hyperlinked OID to see its value set expansion detail.' The 'Export Search Results' button is visible.

The 'Matched Value Sets' table is displayed with the following columns: Name, Code System, Definition Type, Steward, OID, Expansion Status, Expansion Date, and Code Count. The table contains one row:

| Name | Code System | Definition Type | Steward | OID | Expansion Status | Expansion Date | Code Count |
|--------------------------|--------------|-----------------|---------|--|------------------|----------------|------------|
| Counseling for Nutrition | CPT SNOMEDCT | Grouping | NCQA | 2.16.840.1.113883.3.464.1003.195.12.1003 | Active | 2024-05-02 | 73 |

The 'OID' column value is highlighted in yellow. The table has a pagination bar at the bottom showing 'Page 1 of 1' and '20' items per page.

Step 6: Review Codes

Review the codes included in the “Counseling for Nutrition” value sets to determine if the particular service from our original question is included.

Value Set Members

| Expanded Code List | | | | |
|---|---|-------------|---------|------------------------|
| View Toggle Clear Columns ? Reset Columns | | | | |
| Page 1 of 4 20 View 1 - 20 of 73 | | | | |
| Code | Descriptor | Code System | Version | Code System OID |
| 11816003 | Diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 1230141004 | Education about nutrition influence on health (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 1405100017510 | Dietary education for cardiovascular disorder (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183059007 | High fiber diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183060002 | Low residue diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183061003 | Low fat diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183062005 | Low cholesterol diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183063000 | Low salt diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183065007 | Low carbohydrate diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183066008 | Low protein diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183067004 | High protein diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183070000 | Vegetarian diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 183071001 | Vegan diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 226067002 | Food hygiene education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 266724001 | Weight-reducing diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 275919002 | Weight loss advised (situation) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 281085002 | Sugar-free diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 284352003 | Obesity diet education (procedure) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 305849009 | Seen by dietetics service (finding) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |
| 305850009 | Seen by community-based dietetics service (finding) | SNOMEDCT | 2023-09 | 2.16.840.1.113883.6.96 |

Pro Tip: How to Access Codes for All Measures

To download all codes from the VSAC site:

- Create a free Unified Medical Language System (UMLS) account.
- Once you are logged in, go to the Download tab → 2025 Reporting → eCQM Value Sets for Eligible Clinicians.

There are two download options:

- Download Excel Sorted by CMS ID to get the full set for each measure—you'll match the CMS # from the UDS Manual to the CMS # on the tabs of the downloaded spreadsheet. There are more measures in the spreadsheet than there are in the UDS.
- Download Excel Sorted by Value Set Name to find codes for only certain value sets. (Remember, value sets are the defined components of each measure.)

The screenshot shows the 'Download' tab of the VSAC website. A red arrow points to the 'Download' tab in the top navigation bar. Another red arrow points to the 'CMS eCQM & Hybrid Measure Value Sets' link in the left sidebar. A third red arrow points to the 'Excel (xlsx)' download button for 'eCQM Value Sets for Eligible Clinicians Published May 02, 2024' in the table.

VSAC Downloadable Resources

This page contains groups of value sets designated for a particular program usage. You can search the entire repository of published VSAC value sets in the [Search Value Sets](#) tab.

eCQMs will not be eligible for reporting to CMS unless and until they are proposed and finalized through notice, public comment, and rulemaking for each applicable program. For more information about eCQMs please visit the [eCQM Resource Center](#).

- ▶ 2026 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets
- ▶ 2025 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets
- ▶ May 2024 Release eCQM & Hybrid Measure Value Sets Publication Date: May 02, 2024

Expansion Version: eCQM Update 2024-05-02

All program candidate measures, including Eligible Hospital measures CMS1017, CMS1218, and CMS986v3 and Eligible Clinician measure CMS1157, are located here in the CMS eCQM & Hybrid Measure Value Sets.

| Available Downloads | Sorted by CMS ID* | Sorted by Value Set Name* | Sorted by Quality Data Model Category* |
|--|--|---|--|
| eCQM Value Sets for Eligible Hospitals Published May 02, 2024 | Excel (xlsx) SVS (xml) | Excel (xlsx) SVS (xml) SVS (text) | Excel (xlsx) |
| eCQM Value Sets for Eligible Clinicians Published May 02, 2024 | Excel (xlsx) SVS (xml) | Excel (xlsx) SVS (xml) SVS (text) | Excel (xlsx) |
| eCQM Value Sets for Hospital... | | | |

How to Access Measure Specifications

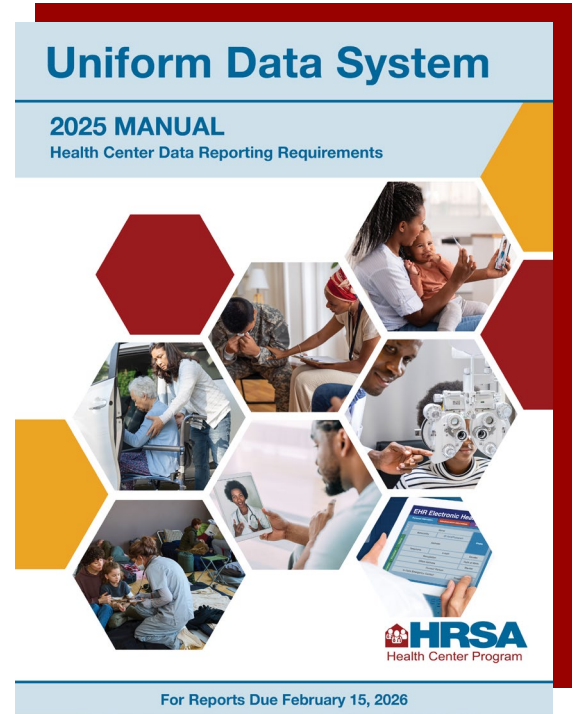
Available to all at
<https://vimeo.com/635520357>



Strategies for Successful Reporting

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2025 UDS Manual.
- See other available guidance:
 - Program Assistance Letter
 - eCQI Resource Center
 - VSAC
- The UDS Support Center offers assistance with UDS measures and requirements.
 - Call 866-UDS-HELP (available year-round from 8:30 a.m. to 5 p.m. ET).
 - Email udshelp330@bphcdata.net.
 - Submit a ticket via the BPHC Contact Form (select Uniform Data System/UDS Reporting).



Check Data for Accuracy

- Vendor-developed reports and other reporting advancements will not replace the need for data governance and validation in your health center!
- Work with your EHR vendor to understand data output and to verify that calendar-year updates have been programmed.
- Check data trends and relationships across tables: Previous-year UDS data can be compared in the Electronic Handbooks (EHBs) with the Data Comparison tool.
- Review last year's letter from your reviewer to ensure all issues are addressed in this year's report.



Work as a Team



Tables are interrelated.

- Communicate early and throughout the process with your internal UDS data preparation team.
- Review data across tables to ensure data are consistent and reasonable.
- Review changes in performance to validate accuracy and to identify potential quality improvement initiatives.



Use available tools.

- The Preliminary Reporting Environment will be available in fall 2025.
- Use the modernized reporting features—Excel file, offline HTML file, Comparison Tool, and Excel mapping document—to help you prepare for UDS data reporting.

UDS Reporting Resources

UDS Technical Assistance Resources

UDS reporting resources on the BPHC website

- Introduction
- Reporting Training Schedule
- Reporting Guidance
- Patient Characteristics
- Staffing and Utilization
- Clinical Care
- Financials
- Appendices
- Additional Reporting Topics
- Technical Assistance Contacts
- UDS Data

The screenshot displays the HRSA Health Center Program website. The header includes the HRSA logo and navigation links such as Home, Funding, Compliance, About the Health Center Program, Focus Areas, Data & Reporting, and Technical Assistance. A search bar and a 'Find a health center' button are also present. The main content area features a large banner with the text 'Uniform Data System (UDS) Training and Technical Assistance' and a collage of images showing healthcare professionals. Below the banner, there is an 'Announcement' section titled 'Updates to Community Health Quality Recognition (CHQR) badges, eligibility, and criteria for Calendar Year (CY) 2025-2027'. This section includes a link to the 'CHQR Overview webpage' and a note that 2024 UDS data will determine CY25 CHQR badges. Another link, '2024 UDS Data Available', directs users to the HRSA Data Warehouse. The 'Featured resources' section lists two documents: the '2025 UDS Manual' (PDF - 4 MB) which provides reporting instructions and example data tables, and the '2025 UDS Final Changes Program Assistance Letter (PAL)' (PDF - 283 KB) which provides an overview of final updates to 2025 UDS reporting.

UDS Reporting Webinar Series

The webinar series includes:

- UDS Changes Technical Assistance Webinar
- Understanding UDS Patient Characteristics Tables for Quality Improvement
- The Foundation of the UDS: Counting Visits
- UDS Clinical Tables Part 1: Screening and Preventive Care Measures
- UDS Clinical Tables Part 2: Maternal Care and Children's Health Measures
- UDS Clinical Tables Part 3: Disease Management Measures
- Reporting UDS Financial and Operational Tables
- Successful Submission Strategies



All webinars are
archived on the
[HRSA website](#);
watch them
anytime!



Available Assistance

- Technical assistance materials, including local trainings, available online:
 - [UDS Technical Assistance](#)
- UDS Support Center for assistance with UDS reporting questions:
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
 - [BPHC Contact Form](#), select Uniform Data System/UDS Reporting.
- For EHBs help and account access/roles questions:
 - 877-464-4772
 - [BPHC Contact Form](#), select Technical Support/EHBs Tasks/EHBs Technical Issues.

For more information, visit the [Technical Assistance Contacts](#) webpage.

Q&A

What questions do you have for us?

Thank You!



Call the UDS
Support Line at
1-866-837-4357.



Email at
udshelp330@bphcdata.net



Contact the
[BPHC Contact](#)
[Form.](#)

Please fill out the evaluation form after the webinar!