

UDS Clinical Quality Measures 2020

Table	Line	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe)	Numerator	Exclusions/Exceptions	2019 National Average	Major Changes 2019 to 2020	Major Diff. UDS to eCQM
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 beginning prenatal care at the health center or with a referral provider, or with the another prenatal care provider, during their first trimester	None	73.81%	None	None
T6B	10	Childhood Immunization Status	CMS117v8	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 medical visit during the measurement period	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday	Patients who were in hospice care during the measurement period	39.75%	Numerator: Updated with addition of 4 dose HiB vaccine (does depends on the manufacturer of the vaccine)	None
T6B	11	Cervical Cancer Screening	CMS124v8	Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> •Women age 21*–64 who had cervical cytology performed every 3 years •Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years Note: *Use 23 as the initial age to include in assessment.	Women 23 through 64 years of age with a medical visit during the measurement period	Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: <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 cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test. 	<ul style="list-style-type: none"> •Women who had a hysterectomy with no residual cervix or a congenital absence of cervix •Women who were in hospice care during the measurement period 	56.53%	None	None

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T6B	11a	Breast Cancer Screening	CMS125v8	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 Note: *Use 51 as the initial age to include in assessment.	Women 51 through 73 years of age with a medical visit during the measurement period Note: Use 51 as the initial age to include in assessment.	Women with one or more mammograms during the 27 months prior to the end of the measurement period	<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 during the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period •Patients aged 66 and older with advanced illness and frailty 	N/A	New	None
T6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v8	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 Note: *Use age 3 through 16 at the start of the measurement year as the initial age to include in assessment.	Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period	Children and adolescents who have had: <ul style="list-style-type: none"> • Their BMI percentile (not just BMI or height and weight) recorded during the measurement period and • Counseling for nutrition during the measurement period and • Counseling for physical activity during the measurement period 	<ul style="list-style-type: none"> •Patients who have a diagnosis of pregnancy during the measurement period •Patients who were in hospice care during the measurement period 	71.21%	None	<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 and PAs • Numerator BMI, nutrition, and activity are reported separately in the eCQM, but combined in the UDS

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T6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v8	Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and, when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit	Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period	<p>Patients with:</p> <ul style="list-style-type: none"> • a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and • when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit <p>Note: Include in the numerator patients within normal parameters who had their BMI documented and those with a follow-up plan if BMI is outside normal parameters.</p>	<ul style="list-style-type: none"> • Patients who are pregnant during the measurement period • Patients receiving palliative care during or prior to the visit • Patients who refuse measurement of height and/or weight • Patients with a documented medical reason (see Specification Guidance) • Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status 	72.43%	None	None
T6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v8	Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if defined as a tobacco user	Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period.	<ul style="list-style-type: none"> • Patients who were screened for tobacco use at least once within 24 months before the end of the measurement period and • Who received tobacco cessation intervention if identified as a tobacco user 	Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	87.17%	None	Three separate rates are reported in the eCQM, but combined in the UDS

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T6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v3	<p>Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> • Patients 21 years of age or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or • Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70–189 mg/dL 	<ul style="list-style-type: none"> • Patients 21 years of age and older who have an active diagnosis of ASCVD or ever had a fasting or direct 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 or pure hypercholesterolemia, or • Patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior; with a medical visit during the measurement period 	<ul style="list-style-type: none"> • Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period 	<ul style="list-style-type: none"> • Patients who have a diagnosis of pregnancy • Patients who are breastfeeding • Patients who have a diagnosis of rhabdomyolysis • Patients with adverse effect, allergy, or intolerance to statin medication • Patients who are receiving palliative care • Patients with active liver disease or hepatic disease or insufficiency • Patients with end-stage renal disease (ESRD) • Patients 40 through 75 years of age with diabetes whose most recent fasting or direct LDL-C laboratory test result was less than 70 mg/dL and who are not taking statin therapy 	69.94%	None	None
T6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7	<p>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</p>	<p>Patients 18 years of age and older with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement period</p>	<p>Patients who had an active medication of aspirin or another antiplatelet during the measurement period</p>	<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 	80.78%	None	<p>None</p> <p>Note: This measure is no longer e-specified. Use CMS164v7 specifications for UDS reporting</p>

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T6B	19	Colorectal Cancer Screening	CMS130v8	Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer	Patients 50 through 74 years of age with a medical visit during the measurement period	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <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 	<ul style="list-style-type: none"> •Patients with a diagnosis of colorectal cancer or a history of total colectomy •Patients who were in hospice care during the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period •Patients aged 66 and older with advanced illness and frailty 	45.56%	Two exclusions added for patients aged 66 and older living in long-term institutions or with advances illness or frailty	None
T6B	20	HIV Linkage to Care	<u>no eCQM</u>	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 year and who had at least one medical visit during the measurement period or prior year	<p>Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers and:</p> <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. 	Patients already having diagnosis of HIV prior to measurement period	87.21%	None	None

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T6B	20a	HIV Screening	CMS349v2	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 and with at least one outpatient medical visit during the measurement period	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Patients diagnosed with HIV prior to the start of the measurement period	N/A	New	None
T6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v9	Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if positive, had a follow-up plan documented on the date of the visit	Patients aged 12 years and older with at least one medical visit during the measurement period	Patients who: <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, if screened positive for depression, had a follow-up plan documented on the date of the visit. Note: Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.	<ul style="list-style-type: none"> Patients with an active diagnosis for depression or a diagnosis of bipolar disorder Patients: <ul style="list-style-type: none"> Who refuse to participate Who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient’s health status Whose cognitive or functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools 	71.61%	Numerator: Added option to screen for depression up to 14 days prior to visit and follow-up plan documented on date of the visit	None
T6B	21a	Depression Remission at Twelve Months	CMS159v8	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 score greater than 9 during the index event between 11/01/2018 through 10/31/2019 and at least one medical visit during the measurement period	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 Note: Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit, including the day of the visit.	<ul style="list-style-type: none"> Patients with a diagnosis of bipolar disorder, personality disorder, 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 	N/A	New	None

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T6B	22	Dental Sealants for Children between 6–9 Years	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	Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation dental 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	Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing)	56.80%	None	Note: Although measure title is age 6 through 9 years, draft eCQM reflects age 5 through 9 years — Health centers should continue to use age 6 through 9 years, as measure steward intended
7	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)	Still-births or miscarriages	8.05%	None	None

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7	B	Controlling High Blood Pressure	CMS165v8	Percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping 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 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period with a medical 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	<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 during the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period •Patients aged 66 and older with advanced illness and frailty 	64.62%	<ul style="list-style-type: none"> •Denominator no longer has limit of diagnosis within first 6 months or prior to the measurement period •Two exclusions added for patients aged 66 and older living in long-term institutions or with advanced illness or frailty 	Note: Although measure CQL was not updated in 2020 to remove the limit of 6 months, health centers should adjust denominator to account for patients diagnosis overlapping the measurement year, as measure steward intended
7	C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent)	CMS122v8	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 74 years of age with diabetes with a medical visit during the measurement period	Patients whose most recent HbA1c level performed during the measurement year was greater than 9.0 percent or patients who had no test conducted during the measurement period	<ul style="list-style-type: none"> •Patients who were in hospice care during the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period •Patients aged 66 and older with advanced illness and frailty 	31.95%	Two exclusions added for patients aged 66 and older living in long-term institutions or with advanced illness or frailty	None



- Purpose:**
- The table is intended to help health centers determine how services to patients provided via telehealth should be considered for the three measure components.
 - This guidance applies only to UDS clinical measure denominator, numerator, and exclusion reporting on Tables 6B and 7.
 - This crosswalk applies the Centers for Medicare & Medicaid Services (CMS) [guidance](#) on telehealth visits to electronic clinical quality measure (eCQM) reporting standards.
 - This is not intended to provide guidance on federal and state regulations or restrictions on the use of telehealth.

- Requirement:**
- Clinical care provided to health center patients is reported in the UDS.
 - Health centers are to identify the number of patients meeting each measure's criteria in three components:
 - Denominator: Patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.
 - Numerator: Patients (included in the denominator) that meet the measurement standard for the specified measure.
 - Exclusions/Exceptions: Patients who should not be included in the denominator.

- Table Notes:**
- Each of the UDS clinical measures are included as separate rows, with their corresponding CMS eCQM number.
 - Some examples (not all inclusive) of visit types are included.
 - Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes used to identify eligible patient visits used for identification of a patient for the denominator need to be identified by reviewing the eCQM criteria and codes directly.
 - Exclusions are generally able to be determined through characteristics outside of a visit.
 - Verification of already performed/completed services does not require a visit.

Column

- Considerations:**
- Denominator:*
- This column is limited to defining whether patients whose only visit(s) during the year are provided via telehealth are to be included.
- Numerator:*
- This column considers activity of all patients included in the denominator, which may include in-person and/or telehealth visits.
 - Verification of completed services can be done outside of a visit.
 - For example, a mammogram cannot be completed via telehealth. However, if the patient had a mammogram performed during the measurement period (or identified timeframe) and documentation is included in the patient record, the patient record could be considered compliant for the Breast Cancer Screening measure.
 - To meet the measurement standard, review the associated eCQM guidance. Some require the service to be performed by, paid for, or approved by the health center provider, while

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others permit service completion by any provider as long as the service is in the specified
timeframe, meets the measure requirements, and is documented in the patient record.

Resources:

- [Calendar Year 2020 UDS Manual](#)
- [CMS Telehealth Guidance](#)
- [UDS Support Line](#)

Telehealth Impacts on 2020 UDS Clinical Measures

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator)?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	<ul style="list-style-type: none"> •OB/GYN routine check up •Physical with primary care provider (PCP) 	No. Prenatal patients are defined based on a comprehensive in-person prenatal physical exam.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v8 , Table 6B, Line 10	<ul style="list-style-type: none"> •Well-child visits for newborns •Acute pain or illness 	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v8 , Table 6B, Line 11	<ul style="list-style-type: none"> •Physical with PCP •OB/GYN routine check up •Acute pain or illness •Signs or symptoms of conditions 	Yes	No. Cervical cytology/HPV testing are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Breast Cancer Screening, CMS125v8 , Table 6B, Line 11a	<ul style="list-style-type: none"> •Physical with PCP •OB/GYN routine check up •Acute pain or illness •Signs or symptoms of conditions 	Yes	No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, CMS155v8 , Table 6B, Line 12	<ul style="list-style-type: none"> •Well-child visits •Sport or school activity physical •Acute pain or illness 	Yes	No. Height and weight are not acceptable in this way.	No. Height and weight are to be performed or paid for by health center staff.
			Yes. Counseling for physical activity and nutrition are acceptable in this way.	No. Counseling for physical activity and nutrition are to be performed or paid for by health center staff.
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, CMS69v8 , Table 6B, Line 13	<ul style="list-style-type: none"> •Physical with PCP •Acute pain or illness •Signs or symptoms of conditions 	No. This screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth.	No. Height and weight are not acceptable in this way.	No. Height and weight are to be performed or paid for by health center staff.
			Yes. Follow-up plan is acceptable in this way.	No. Follow-up plan is to be performed or paid for by health center staff.

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Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, CMS138v8 , Table 6B, Line 14a	<ul style="list-style-type: none"> •Physical with PCP •OB/GYN routine check up •Acute pain or illness •Signs or symptoms of use 	Yes	Yes. Screening for tobacco use and cessation intervention are acceptable in this way.	<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>
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, CMS347v3 , Table 6B, Line 17a	<ul style="list-style-type: none"> •Physical with PCP or specialist •Acute pain or illness •Care for chronic condition 	Yes	Yes. Prescription or an order for statin therapy is acceptable in this way.	Yes
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet, CMS164v7 , Table 6B, Line 18	<ul style="list-style-type: none"> •Physical with PCP or specialist •Acute pain or illness •Care for chronic condition 	Yes	Yes. An order for medication (of aspirin or antiplatelet) is acceptable in this way.	Yes
Colorectal Cancer Screening, CMS130v8 , Table 6B, Line 19	<ul style="list-style-type: none"> •Physical with PCP •OB/GYN routine check up •Acute pain or illness •Signs or symptoms of conditions 	Yes	No. Procedures (Flex Sig and Colonoscopy) and diagnostic studies (CT colography) are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
			Yes. An FOBT or FIT-DNA that is mailed and processed by a lab are acceptable.	Yes
HIV Linkage to Care, no eCQM, Table 6B, Line 20	<ul style="list-style-type: none"> •Physical with PCP or specialist •OB/GYN routine check up •Acute pain or illness •Care for chronic condition 	Yes	Yes. At the discretion of the healthcare and prescribing provider, the medical visit may be conducted and HIV treatment are acceptable in this way.	Yes

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HIV Screening, CMS349v2 , Table 6B, Line 20a	<ul style="list-style-type: none"> •Physical with PCP •OB/GYN routine check up •Acute pain or illness •Signs or symptoms of conditions 	Yes	No. Patient attestation or self-report of HIV results is not acceptable in this way.	Yes
			Yes. HIV self-tests may be acceptable; the provider must receive documentation of the lab test result.	
Preventive Care and Screening: Screening for Depression and Follow-Up Plan, CMS2v9 , Table 6B, Line 21	<ul style="list-style-type: none"> •Physical with PCP •OB/GYN routine check up •Acute pain or illness •Signs or symptoms of conditions 	Yes	Yes. Screening for depression and follow-up plan are acceptable in this way.	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.
Depression Remission at Twelve Months, CMS159v8 , Table 6B, Line 21a	<ul style="list-style-type: none"> •Physical with PCP or specialist •Acute pain or illness •Care for chronic condition 	Yes	Yes. Identification of remission achieved is acceptable in this way.	Yes
Dental Sealants for Children between 6–9 Years, CMS277v0 , Table 6B, Line 22	<ul style="list-style-type: none"> •Routine exam with dentist •Acute pain or illness •Signs or symptoms of risk factors 	Yes	No. Application of sealants is not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Low Birth Weight, no eCQM, Table 7, Section A	<ul style="list-style-type: none"> •Postnatal care visit •OB/GYN routine check up •Physical with PCP 	Yes	Yes. Birth weights may be identified in this way.	Yes
Controlling High Blood Pressure, CMS165v8 , Table 7, Section B	<ul style="list-style-type: none"> •Physical with PCP or specialist •Acute pain or illness •Care for chronic condition 	Yes	No. Patient self-report blood pressure is not acceptable in this way.	Yes. Blood pressure taken at a qualified encounter is to be performed, paid for, or approved by a health center provider or provider delegate or done by a remote monitoring device.
			Yes. Blood pressure through remote monitoring device only is acceptable in this way.	

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Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent), CMS122v8 , Table 7, Section C	<ul style="list-style-type: none"> •Physical with PCP or specialist •Acute pain or illness •Care for chronic condition 	Yes	No. HbA1c lab test is not acceptable in this way. These services cannot be conducted via telehealth.	Yes. HbA1c is to be performed, paid for, or approved by a health center provider or provider delegate.

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Professional/Eligible Clinician 2020 Quality Reporting

This document provides supplemental information related to the allowance of telehealth encounters for the eligible professional/eligible clinician electronic clinical quality measures (eCQMs) used in CMS quality reporting programs for performance period 2020. This guidance is specific to the 2020 quality reporting performance period. Guidance provided applies to eCQMs used in each of the following programs:

- [Quality Payment Program: The Merit-based Incentive Payment System \(MIPS\) and Advanced Alternative Payment Models \(Advanced APMs\)](#)
- [APM: Comprehensive Primary Care Plus \(CPC+\)](#)
- [APM: Primary Care First \(PCF\)](#)
- [Medicaid Promoting Interoperability Program for Eligible Professionals](#)

The eCQM specifications posted on the Electronic Clinical Quality Improvement (eCQI) Resource Center for 2020 are final and are not subject to revision for the 2020 performance period.

For the 2020 performance period, the majority of the eligible professional/eligible clinician eCQMs include Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) encounter codes that are appropriate to use for either in-person or telehealth encounters based on the list of services payable under the Medicare Physician Fee Schedule (see <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>).¹ The current eCQM logic and value sets do not differentiate between in-person encounters or telehealth encounters when these “telehealth-eligible” CPT and HCPCS codes are used. Unless otherwise stated in the guidance or definition statements in the header of an eCQM HTML document, encounters identified with CMS telehealth-eligible codes are eligible for inclusion within the eligible professional/eligible clinician eCQMs for the 2020 performance period, whether the encounter was provided in person or via telehealth.

There are 42 telehealth-eligible eCQMs for the 2020 performance period. When reviewing this list of eCQMs, please note there may be instances where the quality action cannot be completed during the telehealth encounter by eligible professionals and eligible clinicians. Specifically, telehealth-eligible CPT and HCPCS codes may be included in value sets where the required quality action in the numerator cannot be completed via telehealth. Therefore, it is the eligible professionals’ and eligible clinicians’ responsibility to make sure they can meet all other aspects of the quality action within the measure specification, including other quality actions that cannot be completed by telehealth.

To report questions or comments on the eCQM specifications, visit the [eCQM Issue Tracker](#).

¹ The Centers for Medicare & Medicaid Services may update this Medicare Telehealth Service list. The information provided in this guidance document is based on an analysis done using the April 30, 2020, publication titled, “Telehealth Services for PHE for the COVID-19 pandemic effective March 1 2020-updated April 30 2020.xlsx.”

TABLE 1. ELIGIBLE FOR TELEHEALTH ENCOUNTER^a ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2020 REPORTING

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS2v9	134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
CMS50v8	374	Closing the Referral Loop: Receipt of Specialist Report
CMS56v8	376	Functional Status Assessment for Total Hip Replacement
CMS66v8	375	Functional Status Assessment for Total Knee Replacement
CMS68v9	130	Documentation of Current Medications in the Medical Record
CMS74v9	379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
CMS75v8	378	Children Who Have Dental Decay or Cavities
CMS90v9	377	Functional Status Assessments for Congestive Heart Failure
CMS117v8	240	Childhood Immunization Status
CMS122v8	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS124v8	309	Cervical Cancer Screening
CMS125v8	112	Breast Cancer Screening
CMS127v8	111	Pneumococcal Vaccination Status for Older Adults
CMS128v8	009	Anti-depressant Medication Management
CMS130v8	113	Colorectal Cancer Screening
CMS131v8	117	Diabetes: Eye Exam
CMS134v8	119	Diabetes: Medical Attention for Nephropathy
CMS135v8	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS136v9	366	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
CMS137v8	305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
CMS138v8	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
CMS139v8	318	Falls: Screening for Future Fall Risk
CMS142v8	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
CMS143v8	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
CMS144v8	008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
CMS145v8	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
CMS146v8	066	Appropriate Testing for Children with Pharyngitis
CMS147v9	110	Preventive Care and Screening: Influenza Immunization
CMS149v8	281	Dementia: Cognitive Assessment
CMS153v8	310	Chlamydia Screening for Women
CMS154v8	065	Appropriate Treatment for Children with Upper Respiratory Infection (URI)

CMS eCQM ID	MIPS Quality ID	Measure Title
CMS155v8	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
CMS156v8	238	Use of High-Risk Medications in the Elderly
CMS159v8	370	Depression Remission at Twelve Months
CMS161v8	107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS165v8	236	Controlling High Blood Pressure
CMS177v8	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
CMS249v2	472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
CMS347v3	438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
CMS349v2	475	HIV Screening
CMS645v3	462	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy
CMS771v1	476	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

^aThese eCQMs contain Medicare telehealth-eligible codes found in encounter value sets, which can be used for in-person or telehealth encounters.

TABLE 2. NOT ELIGIBLE FOR TELEHEALTH ENCOUNTER^{b,c} ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE CLINICIANS: 2020 REPORTING

CMS eCQM ID	MIPS Quality ID	Measure Title	Reason Not Eligible for Telehealth
CMS22v8 ^b	317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS69v8 ^b	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth
CMS157v8 ^b	143	Oncology: Medical and Radiation - Pain Intensity Quantified	Measure guidance specifies face-to-face encounter is required
CMS129v9 ^c	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period
CMS133v8 ^c	191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Measure does not contain telehealth-eligible codes and does not require an encounter during the measurement period

^bTelehealth is not appropriate for encounters within these eCQMs for performance period 2020, based on other information provided directly in the measure specification, such as in the measure guidance section, precluding them from becoming telehealth eligible. The 2020 specifications are final and guidance cannot be changed. Medicare telehealth-eligible codes found in any encounter value set in these measures cannot be used for telehealth encounters and must only be used for in-person encounters for these eCQMs.

^cThese eCQMs are not appropriate for telehealth, as they either do not require an encounter or the encounter value sets within the measure do not contain any temporary or permanent “telehealth-eligible” CPT or HCPCS codes from the Medicare Telehealth Service list.