Telehealth Impact on 2020 Uniform Data System (UDS) Clinical Measure Reporting

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

<table>
<thead>
<tr>
<th>Clinical Measure Name, eCQM Code, UDS Table, and UDS Section</th>
<th>Illustrative Examples of Types of Visits</th>
<th>Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?</th>
<th>Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?</th>
<th>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)?</th>
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<tr>
<td>Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9</td>
<td>- OB/GYN routine check up  - Physical with primary care provider (PCP)</td>
<td>No. Prenatal patients are defined based on a comprehensive in-person prenatal physical exam.</td>
<td>Yes. Trimester of entry may be identified in this way.</td>
<td>Yes</td>
</tr>
<tr>
<td>Childhood Immunization Status, CMS117v8, Table 6B, Line 10</td>
<td>- Well-child visits for newborns  - Acute pain or illness</td>
<td>Yes</td>
<td>No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.</td>
<td>Yes</td>
</tr>
<tr>
<td>Cervical Cancer Screening, CMS124v8, Table 6B, Line 11</td>
<td>- Physical with PCP  - OB/GYN routine check up  - Acute pain or illness  - Signs or symptoms of conditions</td>
<td>Yes</td>
<td>No. Cervical cytology/HPV testing are not acceptable in this way. These services cannot be conducted via telehealth.</td>
<td>Yes</td>
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<tr>
<td>Breast Cancer Screening, CMS125v8, Table 6B, Line 11a</td>
<td>- Physical with PCP  - OB/GYN routine check up  - Acute pain or illness  - Signs or symptoms of conditions</td>
<td>Yes</td>
<td>No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.</td>
<td>Yes</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, CMS155v8, Table 6B, Line 12</td>
<td>- Well-child visits  - Sport or school activity physical  - Acute pain or illness</td>
<td>Yes</td>
<td>No. Height and weight are not acceptable in this way.</td>
<td>No. Height and weight are to be performed or paid for by health center staff.</td>
</tr>
<tr>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, CMS69v8, Table 6B, Line 13</td>
<td>- Physical with PCP  - Acute pain or illness  - Signs or symptoms of conditions</td>
<td>No. This screening measure requires therapy, treatment, or assessment that cannot be conducted via telehealth.</td>
<td>Yes. Follow-up plan is acceptable in this way.</td>
<td>No. Follow-up plan is to be performed or paid for by health center staff.</td>
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| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, CMS138v8, Table 6B, Line 14a | • 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. | No. Screening for tobacco use is to be performed or paid for by health center staff. |
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, CMS347v3, Table 6B, Line 17a | • 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 | • 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 | • 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 |
| HIV Linkage to Care, no eCQM, Table 6B, Line 20 | • 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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<td>HIV Screening, CMS349v2, Table 6B, Line 20a</td>
<td>• Physical with PCP</td>
<td>Yes</td>
<td>No. Patient attestation or self-report of HIV results is not acceptable in this way.</td>
<td>Yes. HIV self-tests may be acceptable; the provider must receive documentation of the lab test result.</td>
</tr>
<tr>
<td>Preventive Care and Screening: Screening for Depression and Follow-Up Plan, CMS2v9, Table 6B, Line 21</td>
<td>• Physical with PCP</td>
<td>Yes</td>
<td>No. Screening for depression and follow-up plan are acceptable in this way.</td>
<td>Yes. Follow-up plan may include a referral to another provider.</td>
</tr>
<tr>
<td>Depression Remission at Twelve Months, CMS159v8, Table 6B, Line 21a</td>
<td>• Physical with PCP or specialist</td>
<td>Yes</td>
<td>Yes. Identification of remission achieved is acceptable in this way.</td>
<td>Yes</td>
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<tr>
<td>Dental Sealants for Children between 6–9 Years, CMS277v0, Table 6B, Line 22</td>
<td>• Routine exam with dentist</td>
<td>Yes</td>
<td>No. Application of sealants is not acceptable in this way. These services cannot be conducted via telehealth.</td>
<td>Yes</td>
</tr>
<tr>
<td>Low Birth Weight, no eCQM, Table 7, Section A</td>
<td>• Postnatal care visit</td>
<td>Yes</td>
<td>Yes. Birth weights may be identified in this way.</td>
<td>Yes</td>
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<tr>
<td>Controlling High Blood Pressure, CMS165v8, Table 7, Section B</td>
<td>• Physical with PCP or specialist</td>
<td>Yes</td>
<td>No. Patient self-report blood pressure is not acceptable in this way.</td>
<td>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.</td>
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<tr>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9 percent), CMS122v8, Table 7, Section C</td>
<td>• Physical with PCP or specialist</td>
<td>Yes</td>
<td>No. HbA1c lab test is not acceptable in this way. These services cannot be conducted via telehealth.</td>
<td>Yes. HbA1c is to be performed, paid for, or approved by a health center provider or provider delegate.</td>
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