

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 <u>only</u> 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

Telehealth Impact on 2020 Uniform Data System (UDS) Clinical Measure Reporting 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	•OB/GYN routine check up •Physical with primary care provider (PCP)	No. Prenatal patients are defined based on a comprehensive inperson prenatal physical exam.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, <u>CMS117v8</u> , Table 6B, Line 10	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	 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	 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	 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	•Physical with PCP		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.

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)?
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, CMS138v8, Table 6B, Line 14a	Physical with PCPOB/GYN routine check	Yes	Yes. Screening for tobacco use	No. Screening for tobacco use is to be performed or paid for by health center staff. Yes. Cessation intervention may be referred out.
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, <u>CMS347v3</u> , 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		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
	 Physical with PCP or specialist OB/GYN routine check up Acute pain or illness Care for chronic condition 		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,	Physical with PCP OB/GYN routine check		No. Patient attestation or self- report of HIV results is not acceptable in this way.	
CMS349v2, Table 6B, Line 20a	Acute pain or illnessSigns or symptoms of conditions	Yes	Yes. HIV self-tests may be acceptable; the provider must receive documentation of the lab test result.	Yes
Preventive Care and Screening: Screening for Depression and Follow-Up Plan,	Physical with PCP OB/GYN routine check up Acute pain or illness	Yes		No. Screening for depression and development of follow-up plan are to be performed or paid for by health center staff.
CMS2v9, Table 6B, Line 21	•Signs or symptoms of conditions			Yes. Follow-up plan may include a referral to another provider.
Depression Remission at Twelve Months, CMS159v8, Table 6B, Line 21a	 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	 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	Postnatal care visitOB/GYN routine checkupPhysical with PCP	Yes	Yes. Birth weights may be identified in this way.	Yes
Controlling High Blood Pressure, CMS165v8, Table 7, Section B	 Physical with PCP or specialist Acute pain or illness Care for chronic condition 		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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(HbA1c) Poor Control (>9	 Physical with PCP or specialist Acute pain or illness Care for chronic condition 	Yes	services cannot be conducted via telehealth.	Yes. HbA1c is to be performed, paid for, or approved by a health center provider or provider delegate.

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