

RFP # 1008-23 Electronic Health Record Plan B, Q&A Round Two

#	Question	Answer
1	Who are your payors and can you provide a breakdown (Ex: Medicare, Medicaid, and Commercial?)	<p>a. 8 Traditional Medicaid Plans (QMB Medicaid; YES Medicaid; IDD TCM Medicaid; ICF-IDD Medicaid; PASRR Medicaid; Texas Healthy Women & Texas Healthy Women Plus);</p> <p>b. 13 Medicaid Managed Care Organization (MCO) (Amerigroup, United Healthcare; Texas Children Health Plan; Molina & Superior (<i>MCO plans are tracked by product i.e. STAR, STAR Kids, STAR Plus etc...</i>))</p> <p>c. 1 Medicare Plan;</p> <p>d. 4 Medicare Advantage Plans</p> <p>e. 85 Commercial Plans</p>
2	Can you list the percentage breakdown for programs? (Ex: Are you 10%, IDD, 20% Primary Care, 70% Behavioral Health)	<p>A break out of our percentages based on Service Count:</p> <ul style="list-style-type: none"> • CRISIS 7.883% • IDD 21.888% • CMH 35.255% • AMH 24.716% • SUD 9.287% • Primary Care 0.971%
3	Does the Center use a General Ledger? If so, which one?	Community Healthcare utilizes SAGE 100 (MAS) for our general ledger package.
4	Please confirm the sources you use for 835/837 transactions?	ClaimMD
5	Please define what measures you will need to report regarding HRSA?	Please find at the end of this document the 12 page, HRSA Health Center Program, Uniform Data System, UDS Clinical Quality Measures 2022.
6	Please provide further details on what data elements you are anticipating the vendor to pull for DPP reporting	<p>f. Community Healthcare needs the following abilities to pull data for the DPP reporting”</p> <ol style="list-style-type: none"> 1. Need the ability to stratify activity by individual payers (see response 1), including uninsured. 2. Need the ability to pull all data by client, by payer, by procedure code for any specified time period. 3. For FY24 DPP, need the ability to pull data related to various data measures including the following data for the period 01/01/023 – 12/31/23:

		<ul style="list-style-type: none"> a. Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling b. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment c. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment d. Follow-Up After Hospitalization for Mental Illness 7-Day (discharges from state hospital) e. Follow-Up after Hospitalization for Mental Illness 30-Day (discharges from state hospital) f. Depression Remission at Six Months (DEP-REM-6) <p>4. Additional, or different data measures may be selected for FY25 (01/01/24 – 12/31/24).</p>
7	Has the Center considered or had the conversation with Cerner-Anasazi to determine if they would allow the Center to extend your contract on a month to month basis to allow the Center more time to implement a new solution?	Yes, the product has an EOL (End of Life) date on 12/31/2023 and will not be not supported after 12/31/2023. So although we still have access to the system all third party subscriptions will stop on 12/31/2023.
8	As the timeline for the RFP submission and demo dates have been modified, and to allow more time for preparation, will you be utilizing the demo script from the year 2019/2020? If not, will you be able to share the demo script with more than a week's notice to allow vendors that are selected more time to prepare?	<ul style="list-style-type: none"> a. Yes, with some modifications. b. Our goal is to send it out at least a week before.
9	Not a complete response to “Do you authorize and pay contracted providers? If yes, how many providers? And are those claims being adjudicated prior to payment.”	<p>Yes there are contractors who enter services into the system that the Center authorizes, adjudicates and pays the provider.</p> <p>Services provided to individuals served, we have the following number of contractors</p> <ul style="list-style-type: none"> a. ECI Services: 4; 4 adjudicated b. IDD Services, Host Companion: 32; 0 adjudicated c. IDD Services, All others: 5; 1 adjudicated d. Mental Health Services: 6; 3 adjudicated e. Substance Use Services: 0 f. Primary Care Services: 1; 0 adjudicated

10	<p>Not a complete response: Do you provide any managed care services where you adjudicate claims for an outside provider?</p> <p>Follow-up question is how many provider do you currently have that you adjudicate claims?</p>	<p>Yes there are contractors who enter services into the system that the Center authorizes, adjudicates and pays the provider.</p> <p>IDD = 0 CMH =4 AMH =3</p>
11	Request for follow-up clarification for the developer at present at the demo either onsite or virtually.	The request is for a qualified person who is well versed in the technical side of the EHR that is proposed. A technician/programmer/developer – someone who can answer the technical questions of the system.
12	<p>Attachments - Section III E Mandated Forms, Section III F Mandated State/Federal Reports, and Section III I. Contracts are not included on the website with the rest of the documents. Can you please provide those to us?</p>	<p>Instructions for these sections are provided in RFP 1008-23 Electronic Backup Attachment A; there are no posted documents on the website.</p> <ul style="list-style-type: none"> • For Mandated Forms see Attachment A, page 24 • For Mandated State/Federal Reports see Attachment A, page 24 • For Contracts see Attachment A, page 26

In response to Question #5

The following is from the HRSA Health Center Program

Uniform Data System

UDS Clinical Quality Measures 2022

UDS Clinical Quality Measures 2022

Table	Line/Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe)	Numerator	Exclusions/Exceptions	2021 National Average	Major Changes 2021 to 2022	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 who began prenatal care at the health center or with a referral provider (Column A), or who began care with another prenatal provider (Column B), during their first trimester	None	74.08%	None	None
6B	10	Childhood Immunization Status	CMS117 v10	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	Exclusions: •Patients who were in hospice care for any part of the measurement period	38.06%	Vaccines administered on the second birthday will not count towards inclusion in the numerator	None

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6B	11	Cervical Cancer Screening	CMS124 v10	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 within the last 3 years •Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 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 HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test. 	Exclusions: <ul style="list-style-type: none"> •Women who had a hysterectomy with no residual cervix or a congenital absence of cervix •Patients who were in hospice care for any part of the measurement period •Patients who received palliative care during the measurement period 	52.95%	Added palliative care as a denominator exclusion	None
6B	11a	Breast Cancer Screening	CMS125 v10	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	Women with one or more mammograms during the 27 months prior to the end of the measurement period	Exclusions: <ul style="list-style-type: none"> •Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy •Patients who were in hospice care for any part of the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive 	46.29%	Added palliative care as a denominator exclusion	None

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							<p>days during the measurement period</p> <ul style="list-style-type: none"> •Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit or two outpatient visits) or taking dementia medications during the measurement period or the year prior •Patients who received palliative care during the measurement period 			
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	CMS155 v10	<p>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</p> <p>Note: *Use age 16 as the final age at the start of the measurement period to include in assessment.</p>	Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period	<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 	<p>Exclusions:</p> <ul style="list-style-type: none"> •Patients who have a diagnosis of pregnancy during the measurement period •Patients who were in hospice care for any part of the measurement period 	68.72%	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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6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v10	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 who had a follow-up plan documented if the most recent BMI was outside of normal parameters	Patients 18 years of age or older on the date of their last visit with at least one medical visit during the measurement period Note: Do not include patients who only had virtual visits during the year	Patients with: <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 on or after* the most recent documented BMI 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.	Exclusions: <ul style="list-style-type: none"> • Patients who are pregnant at any time during the measurement period • Patients receiving palliative or hospice care during or prior to the visit Exceptions: <ul style="list-style-type: none"> • Patients who refuse measurement of height and/or weight • Patients with a documented medical reason for not documenting BMI or a follow-up plan for BMI outside normal parameters 	61.32%	None	None
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v10	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention if identified 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 during the measurement period and • Who received tobacco cessation intervention if identified as a tobacco user Note: Include patients with a negative screening and those with a positive screening who had cessation intervention if a tobacco user.	Exceptions: <ul style="list-style-type: none"> • 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) 	82.34%	Numerator changed from a 12-month requirement to a requirement during the measurement period	Three separate rates are reported in the eCQM, but combined in the UDS

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6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347 v5	<p>Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> •All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure, or •Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or •Patients 40 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes 	<p>Patients who were previously diagnosed with or currently have an active diagnosis of ASCVD, including an ASCVD procedure, or</p> <p>Patients who were 20 years of age and older at the start of the measurement period who:</p> <ul style="list-style-type: none"> • ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or • were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or <p>Patients 40 through 75 years of age with Type 1 or Type 2 diabetes; with a medical visit during the measurement period</p> <p>Include patients of any age for the ASCVD determination; patients with birthdate on or before January 1, 2002 for LDL-C determination; and patients with birthdate on or after January 1, 1947, and birthdate on or before January 1, 1982 for diabetes determination</p>	Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period	<p>Exclusions:</p> <ul style="list-style-type: none"> •Patients who have a diagnosis of pregnancy at any time during the measurement period •Patients who are breastfeeding at any time during the measurement period •Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period <p>Exceptions:</p> <ul style="list-style-type: none"> •Patients with statin-associated muscle symptoms or an allergy to statin medication •Patients who are receiving palliative or hospice care •Patients with active liver disease or hepatic disease or insufficiency •Patients with end-stage renal disease (ESRD) 	73.10%	<p>Changes to denominator:</p> <ul style="list-style-type: none"> •criteria for ASCVD component was changed from age 21 and older to all patients with ASCVD •for patients with LDL-C \geq 190 mg/dL, the age changed from 21 and older to 20 and older •for patients with diabetes, the LDL-C level of 70-189 mg/dL criteria was removed •Added hospice care as a denominator exception •Removed denominator exception: 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 	None

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6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7	Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period	Patients 18 years of age and older with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period	Patients who had an active medication of aspirin or another antiplatelet during the measurement period	Exclusions: <ul style="list-style-type: none"> • Patients who had documentation of use of anticoagulant medications overlapping the measurement period • Patients who were in hospice care during the measurement period 	78.25%	None	None Note: The electronic specifications for this measure have not been updated. Use CMS164v7 specifications for UDS reporting.

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6B	19	Colorectal Cancer Screening	CMS130 v10	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	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> •Fecal occult blood test (FOBT) during the measurement period •Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period •Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period •Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period •Colonoscopy during the measurement period or the 9 years prior to the measurement period 	Exclusions: <ul style="list-style-type: none"> •Patients with a diagnosis or past history of colorectal cancer or total colectomy •Patients who were in palliative or hospice care for any part of the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement period •Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit or two outpatient visits) or taking dementia medications during the measurement period or the year prior 	41.93%	None	None

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6B	20	HIV Linkage to Care	no eCQM	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis	Patients first diagnosed with HIV by the health center between December 1 of the prior year through November 30 of the current measurement period and who had at least one medical visit during the measurement period or prior year	Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers and: <ul style="list-style-type: none"> •had a medical visit with your health center provider who initiates treatment for HIV, or •had a visit with a referral resource who initiates treatment for HIV. 	None	82.70%	None	None
6B	20a	HIV Screening	CMS349 v4	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 15 th birthday and before their 66 th birthday	Exclusions: <ul style="list-style-type: none"> •Patients diagnosed with HIV prior to the start of the measurement period 	38.09%	None	None

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6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v1.1	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	<p>Patients who:</p> <ul style="list-style-type: none"> •were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, •if screened positive for depression, had a follow-up plan documented on the date of the visit. <p>Note: Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> •Patients who have been diagnosed with depression or bipolar disorder <p>Exceptions:</p> <ul style="list-style-type: none"> •Patients who refuse to participate •Medical reason(s), including patients: <ul style="list-style-type: none"> ○ who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status ○ whose cognitive, functional, or motivational limitations may impact the accuracy of results 	67.42%	None	None
6B	21a	Depression Remission at Twelve Months	CMS159v10	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	<p>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 11/01/2020 through 10/31/2021 and at least one medical visit during the measurement period</p> <p>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.</p>	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	<p>Exclusions:</p> <ul style="list-style-type: none"> •Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder •Patients: <ul style="list-style-type: none"> ○ Who died ○ Who received hospice or palliative care services ○ Who were permanent nursing home residents 	13.84%	None	None

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6B	22	Dental Sealants for Children between 6–9 Years	CMS277 v0* *Contact the UDS Support Center to access measure details	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	Exceptions: •Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing)	55.91%	None	Although draft e-CQM reflects age 5 through 9 years — Health centers should continue to use age 6 through 9 years, as measure steward intended. Note: The electronic specifications for this measure have not been updated. Use CMS277v0 specifications for UDS reporting.
7	Section A	Low Birth Weight	no eCQM	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)	Babies born during measurement period to prenatal care patients	Babies born with a birth weight below normal (under 2,500 grams)	Exclusions: •Still-births or miscarriages	8.57%	None	None

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7	Section B	Controlling High Blood Pressure	CMS165 v10	Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period	Patients 18 through 84 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period 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	Exclusions: <ul style="list-style-type: none"> •Patients with evidence of ESRD, dialysis, or renal transplant before or during the measurement period •Patients with a diagnosis of pregnancy during the measurement period •Patients who were in hospice care for any part of the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement period •Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit or two outpatient visits) or taking dementia medications during the measurement period of the year prior •Patients who received palliative care during the measurement period 	60.15%	<ul style="list-style-type: none"> •Added palliative care as a denominator exclusion •Change in denominator to require diagnosis prior to (and continuing into) the measurement year or starting in the first 6 months of the measurement year 	None

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7	Section C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent)	CMS122 v10	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 period was greater than 9.0%, or was missing, or was not performed during the measurement period	Exclusions: <ul style="list-style-type: none"> •Patients who were in hospice care for any part of the measurement period •Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement period •Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit or two outpatient visits) or taking dementia medications during the measurement period or the year prior •Patients who received palliative care during the measurement period 	32.29%	Added palliative care as a denominator exclusion	None