2022 Uniform Data Set (UDS) Measure Crosswalk to Other Quality Reporting Programs

	UDS 2022 Manual								
Measure Name	**UDS Table**	**UDS Line/ Section**	**Detailed Measure Description**	**2022 CMS eCQM**	**NQF#**	**CMS Quality Payment Program (QPP)**	**2022 Medicare Shared Savings Program (SSP ACO Measure Set)**	**Core Quality Measures Collaborative (CQMC) Core Sets (Updated 2021)**	**Comparable 2023 HEDIS Measure**
Early Entry Into Prenatal Care	6B	7,8,9	Percentage of prenatal care patients who entered prenatal care during their first trimester.		1517 (endorsement removed 2016)				Access/Availability of Care: Prenatal and Postpartum Care (PPC)
Childhood Immunization Status	6B	10	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.	CMS 117v10	0038	240		Pediatrics	Effectiveness of Care: Child Immunization Status (CIS)
Cervical Cancer Screening	6B	11	Percentage of women 21*-64 years of age who were screened for cervical cancer using either of the following criteria: 1) Women age 21*-64 who had cervical cytology performed within the last 3 years 2) Women age 30-64 who had human papillomavirus (HPV) testing performed within the last 5 years *Use 23 as the initial age to include in assessment.	CMS 124v10	0032	309		ACO & PCMH/Primary Care Obstetrics & Gynecology	Effectiveness of Care: Cervical Cancer Screening (CCS)
Breast Cancer Screening	6B	11a	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. *Use 51 as the initial age to include in assessment.	CMS 125v10	2372	112	112	ACO & PCMH/Primary Care Obstetrics & Gynecology	Effectiveness of Care: Breast Cancer Screening (BCS)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	6B	12	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. *Use 16 as the final age at the start of the measurement period to include in assessment.	CMS 155v10	0024	239		Pediatrics	Effectiveness of Care: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	6B	13	Percentage of patients aged 18 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	CMS 69v10	0421 (endorsement removed 2020)	128		ACO & PCMH/Primary Care	
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	6B	14a	Percentage of patients aged 18 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.	CMS 138v10	0028	226	226	ACO & PCMH/Primary Care Behavioral Health Cardiology	Effectiveness of Care: Medical Assistance with Smoking and Tobacco Cessation (MSC)
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	6B	17a	Percentage of the following patients at high risk of cardiovascular events -who were prescribed or were on statin therapy during the measurement period: - All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including and 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 or hypercholesterolemia, **or** - Patients 40 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes	CMS 347v5	Close to 0543 (endorsement removed 2015)	438	438	Cardiology	Effectiveness of Care: Cardiovascular Conditions: Statin Therapy for Patients with Cardiovascular Disease and Diabetes (SPC/SPD)
Ischemic vascular disease (IVD): Use of Aspirin or Another Antiplatelet	6B	18	Percentage of patients aged 18 and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary 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 documented use of aspirin or another antiplatelet during the measurement period.	164v7 (no longer active)	0068 (endorsement removed 2022)	Close to 006			
Colorectal Cancer Screening	6B	19	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	CMS 130v10	0034	113	113	ACO & PCMH/Primary Care	Effectiveness of Care: Colorectal Cancer Screening (COL)
HIV Linkage to Care	6B	20	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.						
HIV Screening	6B	20a	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV.	CMS 349v4		475		HIV & Hepatitis C Obstetrics and Gynecology	
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	6B	21	Percentage of patients aged 12 years and older screened for depression on the date of the encounter visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool **and**, if screening was positive, had a follow-up plan documented on the date of the visit.	CMS 2v11	0418 (endorsement removed 2020)	134	134	ACO & PCMH/Primary Care Behavioral Health Pediatrics Obstetrics & Gynecology Medical Oncology Care	Measures Collected Using Electronic Clinical Data Systems: Depression Screening and Follow-Up for Adolescents and Adults (DSF)
Depression Remission at Twelve Months	6B	21a	Percentage of patients aged 12 and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.	CMS159v10	0710	370	370		Measures Collected Using Electronic Clinical Data Systems: Depression Remission or Response for Adolescents and Adults (DRR)
Dental Sealants for Children between 6-9 Years	6B	22	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.		2508 (endorsement removed 2018)				
Low Birth Weight	7	1b-1d	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams).		1382				

Measure Name	UDS 2022 Manual: UDS Table	UDS 2022 Manual: UDS Line/ Section	UDS 2022 Manual: Detailed Measure Description	2022 CMS eCQM	NQF#	CMS Quality Payment Program (QPP)	2022 Medicare Shared Savings Program (SSP ACO Measure Set)	Core Quality Measures Collaborative (CQMC) Core Sets (Updated 2021)	Comparable 2023 HEDIS Measure
Controlling High Blood Pressure	7	2a-2c	Percentage of patients 18-85 years of age who had a diagnosis of 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 mm Hg) during the measurement period.	CMS 165v10	0018	236	236	ACO & PCMH/Primary Care Cardiology	Effectiveness of Care: Controlling High Blood Pressure (CBP)
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	7	3a-3f	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period.	CMS 122v10	0059	001	001	ACO & PCMH/Primary Care	Effectiveness of Care: Comprehensive Diabetes Care (CDC)

Sources:

Uniform Data System (UDS) Reporting Resources
National Quality Forum (NQF) Quality Positioning System
CMS eCQM Library Annual Updates
CMS Quality Payment Program Merit Based Incentive System (QPP MIPS) Quality Measures Requirements
Medicare Shared Savings Program - Alternative Payment Model (APM) Performance Pathway (APP), starting in 2022 - measures align with QPP
Core Quality Measures Collaborative Core Sets
HEDIS Measures and Technical Resources

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $740,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. Updated November 2022.