

Guidance for Eligible Professional/Eligible Clinician 2022 Quality Reporting for CMS69v10 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

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This document provides supplemental information related to implementing CMS69v10: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan for the 2022 performance period. Guidance provided applies to this eCQM used in the following CMS quality reporting program:

- Quality Payment Program (QPP): The Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)

The Preventive Care and Screening: BMI Screening and Follow-Up Plan measure promotes regular assessment of BMI and timely follow-up for patients whose BMI is outside normal parameters. During performance period 2021, CMS identified a misalignment between the narrative and logic sections of the CMS69v9 specification. This misalignment also appears in the CMS69v10 specification used in CMS quality reporting programs for performance period 2022. Guidance provided within this document is intended to provide stakeholders with information on how to implement the measure considering the known misalignment.

Based on a planned update to the Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan measure, CMS made a Clinical Quality Language (CQL) logic change to CMS69 between v8 (performance period 2020) and v9 (performance period 2021). This changed the timing of the BMI screening and associated follow-up to support the workflow of having the BMI intervention occur **after** the most recent BMI documentation.

Since making the change, CMS identified two issues with the v9 (performance period 2021) and v10 (performance period 2022) measure specifications. These issues now appear in the Known Issues Log of the [Jira ONC Project Tracking System dashboard](#):

Issue #1. The measure narrative and logic are misaligned. Narrative statements were not updated to reflect the logic change below, creating misalignment between header and logic and causing confusion for implementers. For the purposes of determining compliance with the quality action of documenting a follow-up, apply the measure logic.

- Measure narrative numerator: Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, **a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.**
- Measure logic numerator: The lookback period of 12 months, used in the narrative definition to identify if a follow-up plan occurred in the specified time frame (within 12 months **prior** to the encounter), was removed from the logic in CMS69v9 (2021). Logic introduced in v9 (2021) and still present in v10 (2022) changes the numerator query such

that a documented follow-up plan within 12 months **after** the most recent BMI now meets performance.

Issue #2. The revised logic for documenting a follow-up plan up to 12 months after the most recent BMI assessment creates a potential conflict between the timing in the measure logic and the end of the performance period. The look-back period of 12 months previously used in CMS69 v8 to identify if a follow-up plan occurred in the specified timeframe (same day or within 12 months prior to the qualifying encounter) has been removed from CMS69v9 and CMS69v10. In v9 and v10, the numerator states that a documented follow-up plan on the day of or within 12 months **after** the latest BMI now meets the performance criteria.

Due to this change in the CQL, the timing for documenting this quality action (the follow-up plan) might in some cases extend beyond the end of the measurement period. Submitters may submit data for reporting per the defined time-period except when the quality action takes place after the end of the current measurement period.

For more details about this issue, please see the following resource:

[eCQM Known Issues EKI-13](#)