

## Ryan White (RW) Part B Clinical Quality Management (CQM) Plan Attachment 7: Performance Measures Data

	<b>Measure</b>	<b>Target for April 1, 2022 – March 31, 2023</b>	<b>Data Period April 1, 2021 – March 31, 2022</b>	<b>Data period July 1, 2021 – June 30, 2022</b>	<b>Data period Oct. 1, 2021 – Sept. 30, 2022</b>	<b>Data Period Jan 1, 2022 - Dec. 31, 2022</b>
		(Using April 1, 2021 – March 31, 2022, as baseline)	*Data were run June 2022	*Data were run September 2022	*Data to be run in December 2022	*Data to be run in March 2023
MCM-1	Medical Case Management Viral Suppression		1691/1984 (85.2%)	1590/1912 (83.2%)		
MCM-2	Medical Case Management Annual Retention		932/3613 (25.8%)	877/3152 (27.8%)		
NMCM-1	Non-Medical Case Management / Housing Viral Suppression		161/220 (73.2%)	156/224 (69.6%)		
NMCM-2	Non-Medical Case Management Viral Suppression		976/1080 (90.4%)	983/1098 (89.5%)		
ADAP-1	ADAP Full-pay/Formulary Viral Suppression		307/363 (84.6%)	313/366 (85.5%)		
ADAP-2	ADAP Eligibility Recertification		2021/2296 (88.0%)	1983/2274 (87.2%)		
HIPP-1	HIPP Premium and/or Co-pay Viral Suppression		933/1041 (89.6%)	909/1023 (88.9%)		
HIPP-2	HIPP Eligibility Recertification		1439/1510 (95.3%)	1421/1502 (94.6%)		
EFA-1	Emergency Financial Assistance Viral Suppression		2637/3027 (87.1%)	2539/2972 (85.4%)		
Core-1	Overall Viral Suppression		3024/3466 (87.2%)	2909/3388 (85.9%)		
Core-2	Overall Prescribed Anti-Retroviral Therapy		3459/3466 (99.8%)	3379/3388 (99.7%)		
Core-3	Overall Annual Retention		1655/6444 (25.7%)	1592/5760 (27.6%)		

## RW Part B CQM Plan Attachment 6: Performance Measures Summary

### MCM-1: Medical Case Management Viral Suppression

- Funded service category: Medical Case Management (MCM).
- Funded service category utilization: MCM client utilization for 7/1/20 – 7/31/21: 4580/7848 (58%).
- Performance Measure Description: Improve viral suppression percentages for clients enrolled in MCM during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients enrolled in MCM during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: Ryan White Application Database (RWAD). Contributors to the data: third party administrator, case managers, client self-report; medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and verification of medical information and treatment (VMIT) form medical visit dates.
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (case managers, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Data presented for the state overall, by HIV planning regions and by case management (CM) agency.
- Method for sharing data: Share quarterly with HIV Care quality improvement (QI) Committee and Ryan White program managers.

### MCM-2: Medical Case Management Annual Retention

- Funded service category: MCM.
- Funded service category utilization: MCM client utilization for 7/1/20 – 7/31/21: 4580/7848 (58%).
- Performance Measure Description: Improve annual retention in HIV medical care for clients enrolled in MCM during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA MCM Annual Retention performance measure.
- Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.
- Denominator: Number of clients enrolled in MCM during the measurement year, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year. Exclusions: Clients who died during the measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test. Use same medical visit data for other outcomes (PPL and VMIT).
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (case managers, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. \*Data presented for the state overall, by HIV planning regions and by CM agency.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

### **NMCM-1: Housing Case Management Viral Suppression**

- Funded service category: Non-Medical Case Management (NMCM).
- Funded service category utilization: NMCM client utilization for 7/1/20 – 7/31/21: [1697/7848 (22%)].
- Performance Measure Description: Improve viral suppression percentages for clients working with a housing case manager during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Housing Case Management Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients working with a housing case manager during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Use Housing CM checkbox in client application. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every 6 months as part of client's Part B/Ohio HIV Drug Assistance Program (OHDAP) application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. \*Data presented for the state overall, by HIV planning regions and by CM agency.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

### **NMCM-2: Non-Medical Case Management Viral Suppression**

- Funded service category: NMCM.
- Funded service category utilization: NMCM client utilization for 7/1/20 – 7/31/21: [1697/7848 (22%)].
- Performance Measure Description: Improve viral suppression percentages for clients enrolled in NMCM during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients enrolled in NMCM during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every 6 months as part of client's Part B/OHDAP application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. \*Data presented for the state overall, by HIV planning regions and by CM agency.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

#### **ADAP-1: AIDS Drug Assistance Program (ADAP) Full pay/Formulary Viral Suppression**

- Funded service category: ADAP Formulary [known as the Ohio HIV Drug Assistance Program (OHDAP) in Ohio].
- Funded service category utilization: ADAP Formulary client utilization for 7/1/20 – 7/31/21: [1149/1999 (57%)].
- Performance Measure Description: Improve viral suppression percentages for clients with a full-pay/Formulary medication dispense through the Pharmacy Benefits Manager during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA ADAP Full pay/Formulary Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients with a full-pay/Formulary medication dispense through the Pharmacy Benefits Manager during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every 6 months as part of client's Part B/OHDAP application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Run for the state overall and by HIV planning region.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

#### **ADAP-2: ADAP Eligibility Recertification**

- Funded service category: ADAP Formulary [known as the Ohio HIV Drug Assistance Program in Ohio].
- Funded service category utilization: OHDAP Formulary client utilization for 7/1/20 – 7/31/21: [1149/1999 (57%)].
- Performance Measure Description: Increase the percentage of OHDAP client enrollments that are reviewed for continued OHDAP eligibility (OHDAP Formulary) two or more times a measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA ADAP Eligibility Recertification performance measure.
- Numerator: The number of OHDAP client enrollments in the denominator that are reviewed two or more times a measurement year.
- Denominator: Number of clients with an OHDAP Formulary enrollment during the reporting period, regardless of age, with a diagnosis of HIV. Exclusions: 1. Clients approved for new OHDAP enrollment in measurement year. 2. Clients terminated from OHDAP in first 180 days of the measurement year.
- Data source: RWAD. Contributors to the data: case managers, OHDAP coordinators.
- Frequency of data collection: Ongoing collection.
- Method of data collection: Case managers, or clients if applying directly without a case manager.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Run for the state overall and by HIV planning region. HRSA guidance for data selection: Was the client enrolled in OHDAP during the measurement year? (Y/N) a. If yes, was the client reviewed for continued OHDAP eligibility two or more times at least 150 days apart during the measurement year? (Y/N).
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

### **HIPP-1: HIPP Premium and/or co-pay Viral Suppression**

- Funded service category: HIPP.
- Funded service category utilization: HIPP client utilization for 7/1/20 – 7/31/21: [1482/6427 (23%)].
- Performance Measure Description: Improve viral suppression percentages for clients with a co-pay medication dispense through the Pharmacy Benefits Manager and/or paid premium during the measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients with a co-pay medication dispense through the Pharmacy Benefits Manager and/or paid premium during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Every 6 months as part of client's Part B/OHDAP application.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources and recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Run for the state overall and by HIV planning region.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

### **HIPP-2: HIPP Eligibility Recertification**

- Funded service category: HIPP.
- Funded service category utilization: HIPP client utilization for 7/1/20 – 7/31/21: [1482/6427 (23%)].
- Performance Measure Description: Increase the percentage of HIPP client enrollments that are reviewed for continued HIPP Service eligibility (HIPP Premium and Medicare Part D Premium) two or more times a measurement year.
- Included in Implementation Plan: Yes.
- Similar national measures: HRSA HIPP Eligibility Recertification performance measure.
- Numerator: The number of HIPP client enrollments in the denominator that are reviewed two or more times a measurement year.
- Denominator: Number of clients with an HIPP Premium or Medicare Part D Premium enrollment during the reporting period, regardless of age, with a diagnosis of HIV. Exclusions: 1. Clients approved for new HIPP enrollment in measurement year 2. Clients terminated from HIPP in first 180 days of the measurement year.
- Data source: RWAD. Contributors to the data: case managers, OHDAP coordinators.
- Frequency of data collection: Ongoing collection.
- Method of data collection: Case managers, or clients if applying directly without a case manager.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Run for the state overall and by HIV planning region. HRSA guidance for data selection: Was the client enrolled in HIPP during the measurement year? (Y/N) a. If yes, was the client reviewed for continued HIPP eligibility two or more times at least 150 days apart during the measurement year? (Y/N).
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

#### **EFA-1: Emergency Financial Assistance Viral Suppression**

- Funded service category: Emergency Financial Assistance (EFA).
- Funded service category utilization: EFA client utilization for 7/1/20 – 7/31/21: 1517/6427 (24%).
- Performance Measure Description: Improve viral suppression percentages for clients enrolled in EFA during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA EFA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients with an EFA enrollment during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (case managers, medical prescribers, third-party administrator (HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Data presented for the state overall, by HIV planning regions and by CM agency.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

#### **CORE-1: Viral Suppression**

- Funded service category: Core Measure (Multiple).
- Funded service category utilization: None.
- Performance Measure Description: Improve viral suppression percentages for all clients enrolled in any Part B service during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA Viral Suppression performance measure; National Quality Forum Measure #2082.
- Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
- Denominator: Number of clients enrolled in any Part B service during the reporting period, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Medical visits are visits with a provider who has prescribing privileges. Medical visits should be pulled from all sources including PPL paid medical visits (both full-pay and co-pay) and VMIT medical visit dates.
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (case managers, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Data presented for the state overall, by HIV planning regions, by CM agency and by medical prescriber. (Medical prescriber could be a filter or drill-down feature if needed since so many prescribers? Having data by medical provider is an alternative) HRSA guidance for data selection: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement? (Y/N) If yes, did the patient have a HIV viral load test with a result.
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

## **CORE-2: Prescribed Anti-Retroviral Therapy (ART)**

- Funded service category: Core Measure (Multiple).
- Funded service category utilization: None.
- Performance Measure Description: Increase percentage of patients, regardless of age, with a diagnosis of HIV who are prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA Prescribed ART performance measure; National Quality Forum Measure #2083.
- Numerator: Number of patients from the denominator prescribed HIV ART during the measurement year.
- Denominator: Number of patients from the denominator prescribed HIV ART during the measurement year.
- Data source: RWAD. Contributors to the data: contract pharmacy, case managers, client self-report, medical prescribers.
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (contract pharmacy, medical prescribers, case managers); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Data presented for the state overall, by HIV planning regions, by CM agency and by medical prescriber. (Medical prescriber could be a filter or drill-down feature if needed since so many prescribers? Having data by medical provider is an alternative) HRSA guidance for data selection: Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) If yes, was the patient prescribed HIV ART during the measurement year? (Y/N).
- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.

## **CORE-3: Annual Retention**

- Funded service category: Core Measure (Multiple).
- Funded service category utilization: None.
- Performance Measure Description: Improve annual retention in HIV medical care for all clients enrolled in any Part B service during the measurement year.
- Included in Implementation Plan: No.
- Similar national measures: HRSA Annual Retention performance measure.
- Numerator: Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.
- Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year.
- Data source: RWAD. Contributors to the data: third party administrator, case managers, client self-report, medical prescribers, HIV surveillance. Exclusions: Clients who died during the measurement year. HIV medical care encounter is a medical visit with a provider with prescribing privileges or an HIV viral load test. Use same medical visit data for other outcomes (PPL and VMIT).
- Frequency of data collection: Ongoing collection.
- Method of data collection: Data entered or uploaded into RWAD from the multiple data sources (case managers, medical prescribers, third-party administrator; HIV Surveillance labs); recipient aggregates and analyzes data.
- Method to analyze data: SAS/Tableau report code run by HIV Care Epidemiology team. Data presented for the state overall, by HIV planning regions, by CM agency and by medical prescriber. (Medical prescriber could be a filter or drill-down feature if needed since so many prescribers? Having data by medical provider is an alternative) HRSA guidance for data selection: Does the patient, regardless of

age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least two medical care encounters during the measurement year? (Y/N) i. If yes, did the patient have a HIV viral load test within the measurement year? (Y/N) ii. If yes, did the patient have at least one additional medical visit encounter with a provider with prescribing privileges within the measurement year? (Y/N) iii. Or did the patient have two medical visits with provider with prescribing privileges within the measurement year? (Y/N).

- Method for sharing data: Share quarterly with HIV Care QI committee and Ryan White program managers.