



**Department  
of Health**

**Medicaid  
Redesign Team**

# HIV/AIDS

## Clinical Advisory Group

Meeting Date: October 13

October 2015

# Tentative Meeting Schedule & Agenda

Depending on the number of issues address during each meeting, the meeting agenda for each CAG meeting will consist of the following:

## Meeting 1

- Clinical Advisory Group - Roles and Responsibilities
- Introduction to Value Based Payment
- Contracting Chronic Care: the Different Options
- Examples of VBP
- Introduction to Outcome Measures
- Introduction to Ending the Epidemic

## Meeting 2

- Recap of Last Meeting
- Use of PACs for HIV/AIDS
- ACO Model Overview
- Introduction to Business Case

- AIDS Institute – The New York State HIV Quality of Care Program
- Discussion of Interventions
- Outcome Measures

## Meeting 3

- Recap of Last Meeting
- Intervention Discussion
- HIV/AIDS Subpopulation Outcome Measures
- Pilot Introduction

# Are there Any Questions, Comments or Suggestions Based on the Content of the Second Meeting?

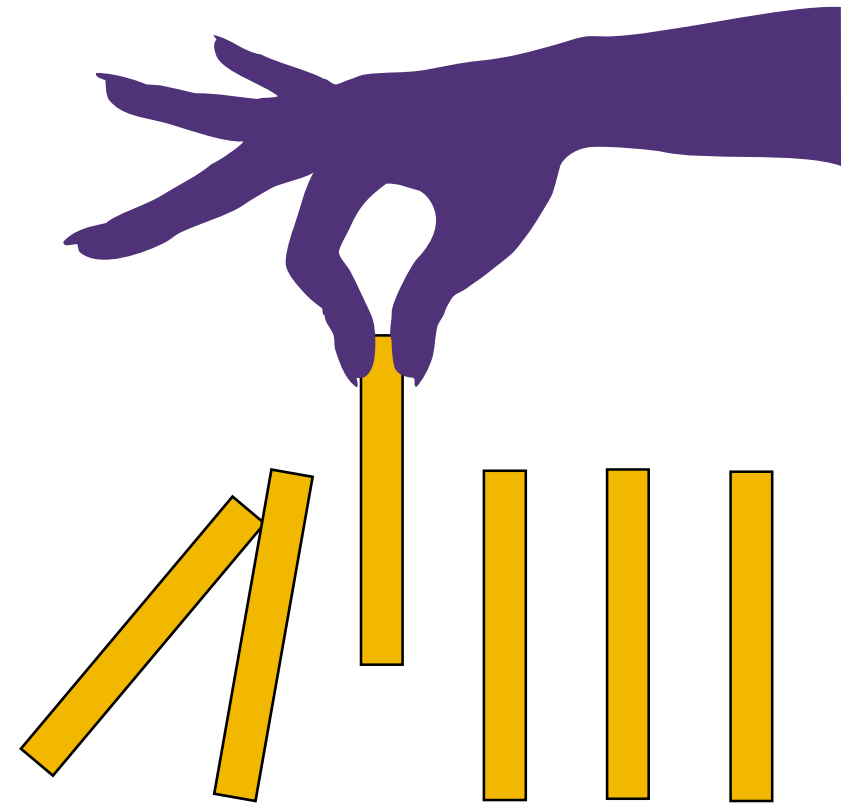
## HIV/AIDS Meeting 2 Agenda Topics

- ACO Model Overview
- PAC discussion
- Introduction of Business Case
- AIDS Institute – The New York State HIV Quality of Care Program
- Outcome Measures

## A. Interventions Discussion

## Discussion of Interventions

- As a reminder, for the business case we would like to come up with different scenarios featuring different interventions
- We are looking for interventions at provider level for the Medicaid population:
  1. What interventions could help to identify patients who remain undiagnosed and link them to care?
  2. What interventions would be useful to link and retain individuals diagnosed with HIV to anti-HIV therapy?
  3. What interventions would help to facilitate access to PrEP and nPEP for high risk individuals?



# Examples of Interventions

## Possible Interventions

- Outreaching teams to find patients that are known to be HIV positive, but can't be found in the health care records anymore and link them to care
- Education about PreP mandatory in public schools for 9<sup>th</sup> graders
- Test homeless people for different conditions such as HIV, they receive a backpack with things like toiletries and a shirt
- Incentivize patients for healthy behavior (taking medication, appear on health checkups) by giving them rewards such as redeemable points, cash or useful items.
- Increased adherence counseling
- Outreach phone calls
- Case conference without patients
- ...
- ...

## Source

- San Francisco Is Changing Face of AIDS Treatment (NYT, October 5)
- San Francisco Is Changing Face of AIDS Treatment (NYT, October 5)
- VBP workgroup advocacy and engagement
- VBP workgroup advocacy and engagement
- AIDS Institute
- AIDS Institute
- AIDS Institute

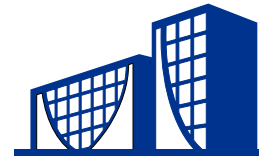
## B. HIV/AIDS Subpopulation Quality Measures

## How Are the Quality Measures Going to be Used?



### NY State / MCO relationship

- MCO's will be held accountable for the quality measures, and will get upward or downward adjustments based on the value of the care their network.
- The State will make the outcomes of the recommended measures transparent to all stakeholders. The quality measures set by the CAG and accepted by the State will be mandatory for the VBP arrangement involved.

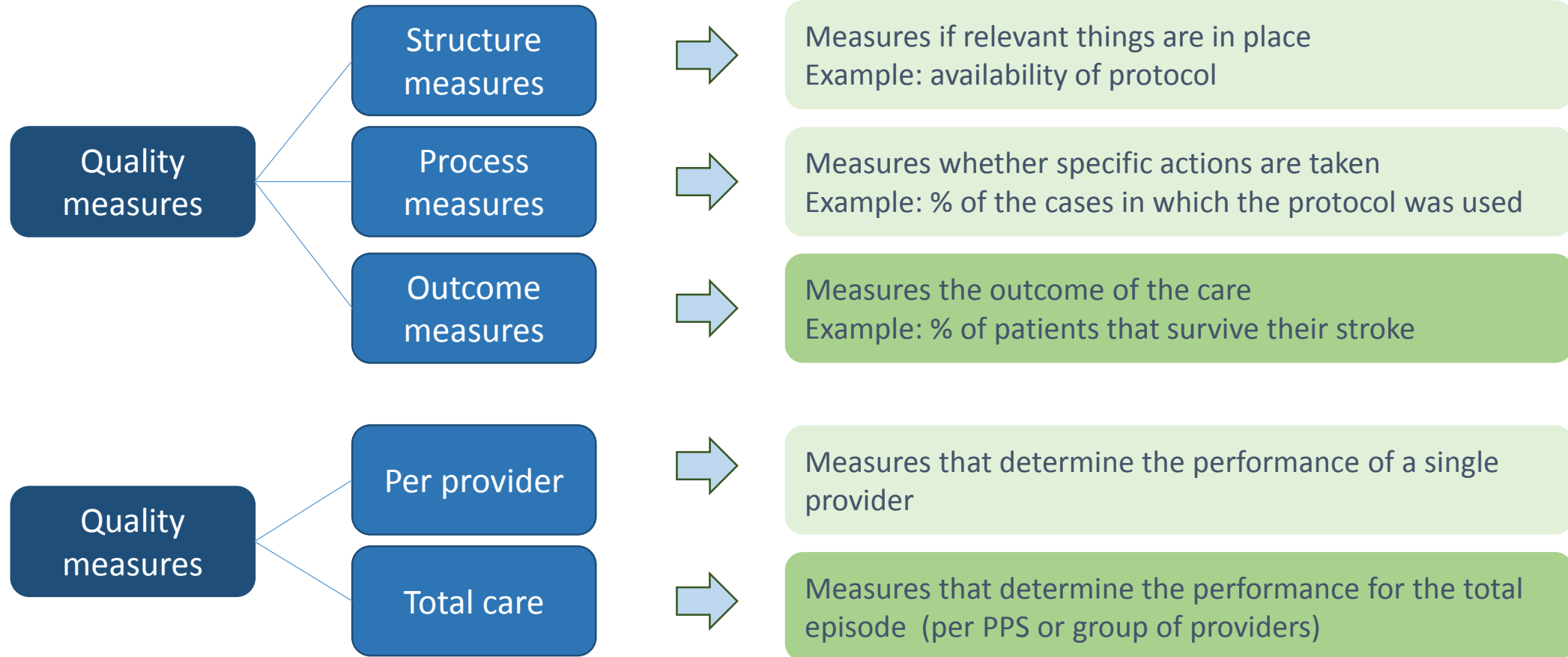


### MCO / Provider relationship

- How the providers and MCO's translate the quality measures into financial consequences, and which measure(s) they want to focus on primarily, is left to these stakeholders.
- Improvement of quality measures could affect payment in different ways:
  - A higher or lower score leading to a higher or lower percentage of savings respectively available for the providers
  - A higher or lower score leading to a higher or lower negotiated rate respectively

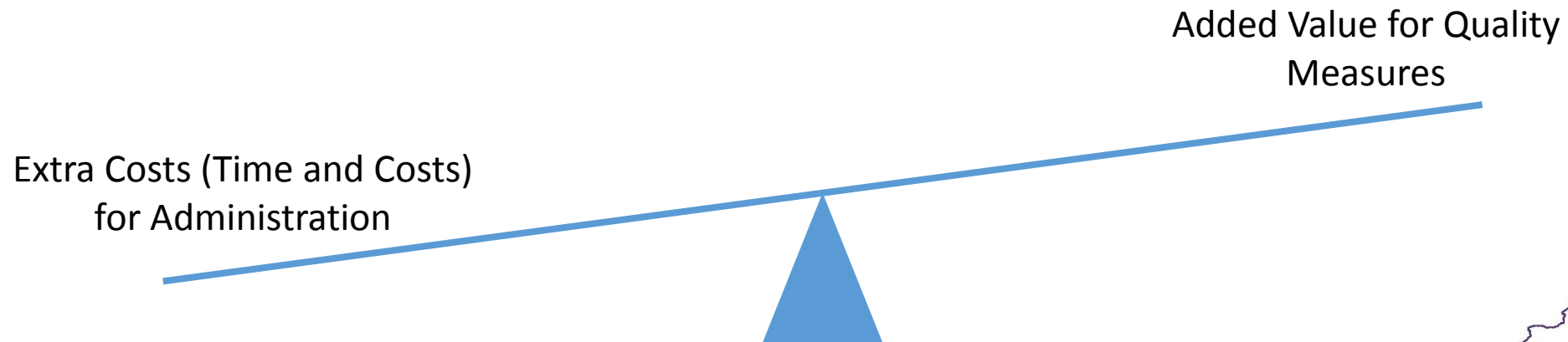


# To Assess Value, a Small Key Set of Outcome Measures is Needed. Focus Should Be on the *Performance* of the Overall Episode

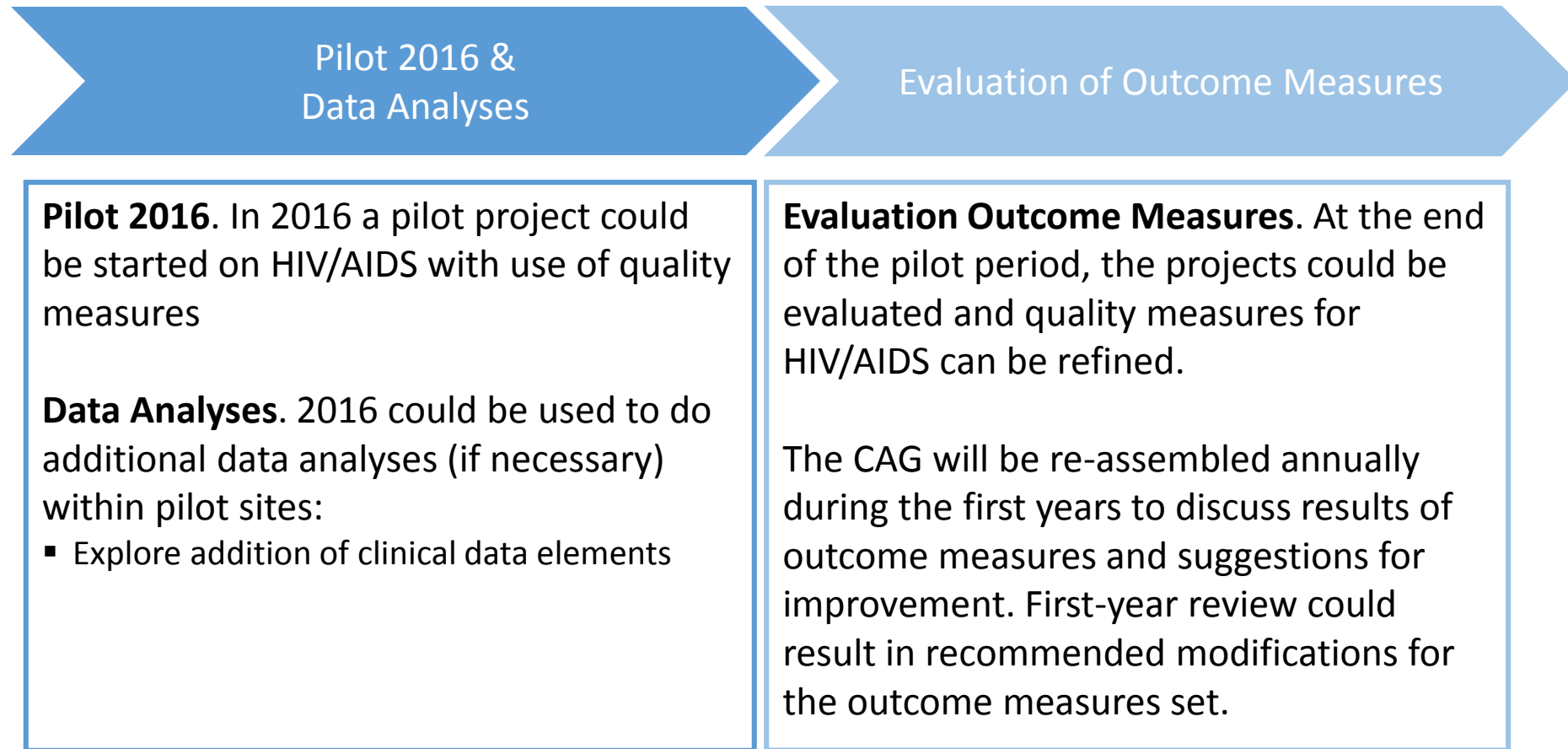


# The Effort of Collecting Additional Data for Quality Measurement Must Be Weighed Against the Added Value

- For care for patients with HIV/AIDS, some of the most widely used outcome measures can be derived from claims data and clinical data.
- Other data sources for outcome measures including patient surveys, medical records and assessments. Incorporating this data will require standardized collection efforts and can be costly, unless currently existing clinical registries or available data collection mechanisms are used. Identification of key measures is important.
  - *The extra costs (in time and money) of collecting the additional data has to be weighed against the added value that the measure brings.*



# Suggested Process for Fine Tuning Outcome Measures



# Criteria for Selecting Outcome Measures

## CLINICAL RELEVANCE

- **Focused on key outcomes of integrated care process**

*I.e. outcome measures are preferred over process measures; outcomes of the total care process are preferred over outcomes of a single component of the care process (i.e. the quality of one type of professional's care).*

- **For process measures: crucial evidence-based steps in integrated care process that may not be reflected in the patient outcome measures**
- **Existing variability in performance and/or possibility for improvement**

## RELIABILITY AND VALIDITY

- **Measure is well established by reputable organization**

*By focusing on established measures (owned by e.g. NYS Office of Quality and Patient Safety (OQPS), endorsed by the National Quality Forum (NQF), HEDIS measures and/or measures owned by organizations such as the Joint Commission, the validity and reliability of measures can be assumed to be acceptable.*

- **Outcome measures are adequately risk-adjusted**  
*Measures without adequate risk adjustment make it impossible to compare outcomes between providers.*

# Criteria for Selecting Outcome Measures

## FEASIBILITY

- **Claims-based measures are preferred over non-claims based measures (clinical data, surveys)**
- **When clinical data or surveys are required, existing sources must be available**

*I.e. the link between the Medicaid claims data and this clinical registry is already established.*

- **Preferably, data sources be patient-level data**

*This allows drill-down to patient level and/or adequate risk-adjustment. The exception here is measures using samples from a patient panel or records. When such a measure is deemed crucial, and the infrastructure exists to gather the data, these measures could be accepted.*

- **Data sources must be available without significant delay**

*I.e. data sources should not have a lag longer than the claims-based measures (which have a lag of six months).*

## Process to Walk Through Measures in this Meeting

1. Decide about the measures of the AIDS Institute Quality Program
2. Decide whether additions are needed per theme:
  - Outcomes of Care
  - Screening and Assessment
  - Access to and Utilization of Care
  - Medication Management and Vaccinations
  - Planning of Treatment and Education
3. Sort all measures into a 'bucket' category.



# For Categorizing and Prioritization of Measures We Use Three Categories (or 'Buckets')



## **CATEGORY 1**

Approved outcome measures that are felt to be both clinically relevant, reliable and valid, and feasible.



## **CATEGORY 2**

Measures that are clinically relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016 or 2017 pilot.



## **CATEGORY 3**

Measures that are insufficiently relevant, valid, reliable and/or feasible.

# Outcome Measure Stewards and Sources

- AIDS Institute Quality Program
- DSRIP Measure Specification Manual (Attachment J)
- QARR/HEDIS (National Committee for Quality Assurance)
- Centers for Medicare & Medicaid Services
- NQF – National Quality Forum
- HAB – HIV/AIDS bureau



## Quality Measures – AIDS Institute

# Selection of Measures – AIDS Institute Quality Program

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Outcomes of Care	1	HIV viral load suppression	Outcome	HRSA	X			X	X		X	NO	YES	
Screening and Assessment	4	Sexually transmitted diseases – Screening for chlamydia, gonorrhea, and syphilis	Process	NCQA, HRSA, NYS	X	X	X	X	X	X	X	YES	YES	
Screening and Assessment	5	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	AMA-PCPI					X		X	YES	YES	
Screening and Assessment	6	Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients	Process	AI							X	NO	YES	
Screening and Assessment	7	Rectal Chlamydia Testing Among MSM and MtF Transgender Patients	Process	AI							X	NO	YES	
Screening and Assessment	8	Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients	Process	AI							X	NO	YES	
Screening and Assessment	9	Sexual History Taking – Anal, Oral, and Genital	Process	AI							X	NO	YES	
Screening and Assessment	10	Hepatitis C (HCV) RNA Assay for Positives	Process	AI							X	NO	YES	
Screening and Assessment	11	Hepatitis C (HCV) Further Evaluation of RNA Positive Patients	Process	AI							X	NO	YES	
Screening and Assessment	12	Hepatitis C (HCV) Retest for Negatives, High Risk	Process	AI							X	NO	YES	
Screening and Assessment	13	Gynecology Care – Pap Test	Process	AI							X	NO	YES	
Screening and Assessment	14	Digital Rectal Exam	Process	AI							X	NO	YES	
Screening and Assessment	15	Anal Pap Test	Process	AI							X	NO	YES	
Screening and Assessment	16	Colon Cancer Screening	Process	AI							X	NO	YES	
Screening and Assessment	17	Colon Cancer Screening Follow-Up	Process	AI							X	NO	YES	
Screening and Assessment	18	Diabetes Screening	Process	AI							X	NO	YES	

# Selection of Measures – AIDS Institute Quality Program

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Access to and Utilization of Care	36	HIV medical visit frequency	Process	HRSA				X	X		X	YES	YES	
Access to and Utilization of Care	37	New Patient Visit Frequency	Process	AI							X	NO	YES	
Access to and Utilization of Care	38	Gonorrhea Treatment	Process	AI							X	NO	YES	
Access to and Utilization of Care	39	Chlamydia Treatment	Process	AI							X	NO	YES	
Access to and Utilization of Care	40	Syphilis – Treatment for Positives	Process	AI							X	NO	YES	
Access to and Utilization of Care	41	Mental Health – Referral for Treatment Made	Process	AI							X	NO	YES	
Access to and Utilization of Care	42	Mental Health – Appointment Kept	Process	AI							X	NO	YES	
Access to and Utilization of Care	43	Substance Abuse Treatment for Current Users	Process	AI							X	NO	YES	
Access to and Utilization of Care	44	Substance Abuse Treatment for Past Users	Process	AI							X	NO	YES	
Access to and Utilization of Care	45	Mammography	Process	AI							X	YES	NO	
Access to and Utilization of Care	46	Diabetic Control Among Diabetic Patients	Process	AI							X	NO	YES	
Access to and Utilization of Care	47	Diabetes Management – Serum Creatinine	Process	AI							X	NO	YES	
Access to and Utilization of Care	48	Diabetes Management – Retinal Exam	Process	AI							X	NO	YES	
Access to and Utilization of Care	49	Patient Involvement in Care Coordination Planning	Process	AI							X	NO	YES	
Medication Management and Vaccinations	58	Prescription of HIV antiretroviral therapy	Process	HRSA				X	X		X	NO	YES	

## Quality Measures – including other sources

# Selection of Measures – Outcomes of Care

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Outcomes of Care	1	HIV viral load suppression	Outcome	HRSA	X			X	X		X	NO	YES	
Outcomes of Care	2	HIV/AIDS: RNA Control for Patients with HIV	Outcome	CMS						X		YES	YES	
Outcomes of Care	3	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	Outcome	HCI3				X				YES	NO	

# Selection of Measures – Assessment and Screening

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Screening and Assessment	4	Sexually transmitted diseases – Screening for chlamydia, gonorrhea, and syphilis	Process	NCQA, HRSA, NYS	X	X	X	X	X	X	X	YES	YES	
Screening and Assessment	5	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process	AMA-PCPI					X		X	YES	YES	
Screening and Assessment	6	Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients	Process	AI							X	NO	YES	
Screening and Assessment	7	Rectal Chlamydia Testing Among MSM and MtF Transgender Patients	Process	AI							X	NO	YES	
Screening and Assessment	8	Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients	Process	AI							X	NO	YES	
Screening and Assessment	9	Sexual History Taking – Anal, Oral, and Genital	Process	AI							X	NO	YES	
Screening and Assessment	10	Hepatitis C (HCV) RNA Assay for Positives	Process	AI							X	NO	YES	
Screening and Assessment	11	Hepatitis C (HCV) Further Evaluation of RNA Positive Patients	Process	AI							X	NO	YES	
Screening and Assessment	12	Hepatitis C (HCV) Retest for Negatives, High Risk	Process	AI							X	NO	YES	
Screening and Assessment	13	Gynecology Care – Pap Test	Process	AI							X	NO	YES	
Screening and Assessment	14	Digital Rectal Exam	Process	AI							X	NO	YES	
Screening and Assessment	15	Anal Pap Test	Process	AI							X	NO	YES	
Screening and Assessment	16	Colon Cancer Screening	Process	AI							X	NO	YES	
Screening and Assessment	17	Colon Cancer Screening Follow-Up	Process	AI							X	NO	YES	
Screening and Assessment	18	Diabetes Screening	Process	AI							X	NO	YES	

# Selection of Measures – Screening and Assessment

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Screening and Assessment	19	Cervical Cancer Screening	Process	NCQA, HRSA	X	X	X		X	X		YES	YES	
Screening and Assessment	20	CD4 cell count or percentage performed	Process	NCQA				X				NO	YES	
Screening and Assessment	21	Hepatitis B Screening	Process	HRSA					X			YES	YES	
Screening and Assessment	22	Hepatitis C Screening	Process	HRSA					X			NO	YES	
Screening and Assessment	23	Lipids Screening	Process	HRSA					X			NO	YES	
Screening and Assessment	24	HIV Positivity	Outcome	HRSA					X			NO	YES	
Screening and Assessment	25	HIV Drug Resistance Testing Before Initiation of Therapy	Process	HRSA					X			YES	YES	
Screening and Assessment	26	System Level: HIV Test Results for PLWHA	Process	HRSA					X			NO	YES	
Screening and Assessment	27	Late HIV Diagnosis	Outcome	CDC					X			<b>NO</b>	YES	
Screening and Assessment	28	HIV/AIDS Comprehensive Care : Viral Load Monitoring	Process	NYS	X							YES	NO	
Screening and Assessment	29	Dental and Medical History	Process	HRSA					X			YES	YES	
Screening and Assessment	30	Oral Exam	Process	HRSA					X			NO	YES	
Screening and Assessment	31	Periodontal Screening or Examination	Process	HRSA					X			YES	YES	
Screening and Assessment	32	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Process	CMS					X			YES	YES	
Screening and Assessment	33	Medical Assistance With Smoking and Tobacco Use Cessation	Process	NCQA	X	X	X					YES	NO	
Screening and Assessment	34	Substance Use Screening	Process	HRSA					X			YES	YES	
Screening and Assessment	35	Tuberculosis (TB) Screening	Process	NCQA				X	X			NO	YES	

# Selection of Measures – Access to and Utilization of Care

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQU	Availability		CAG categorization
												AL	Medicaid Claims Data	
Access to and Utilization of Care	36	HIV medical visit frequency	Process	HRSA				X	X		X	YES	YES	
Access to and Utilization of Care	37	New Patient Visit Frequency	Process	AI							X	NO	YES	
Access to and Utilization of Care	38	Gonorrhea Treatment	Process	AI							X	NO	YES	
Access to and Utilization of Care	39	Chlamydia Treatment	Process	AI							X	NO	YES	
Access to and Utilization of Care	40	Syphilis – Treatment for Positives	Process	AI							X	NO	YES	
Access to and Utilization of Care	41	Mental Health – Referral for Treatment Made	Process	AI							X	NO	YES	
Access to and Utilization of Care	42	Mental Health – Appointment Kept	Process	AI							X	NO	YES	
Access to and Utilization of Care	43	Substance Abuse Treatment for Current Users	Process	AI							X	NO	YES	
Access to and Utilization of Care	44	Substance Abuse Treatment for Past Users	Process	AI							X	NO	YES	
Access to and Utilization of Care	45	Mammography	Process	AI							X	YES	NO	
Access to and Utilization of Care	46	Diabetic Control Among Diabetic Patients	Process	AI							X	NO	YES	
Access to and Utilization of Care	47	Diabetes Management – Serum Creatinine	Process	AI							X	NO	YES	
Access to and Utilization of Care	48	Diabetes Management – Retinal Exam	Process	AI							X	NO	YES	
Access to and Utilization of Care	49	Patient Involvement in Care Coordination Planning	Process	AI							X	NO	YES	
Access to and Utilization of Care	50	ADAP: Application Determination	Process	HRSA					X			NO	YES	
Access to and Utilization of Care	51	ADAP: Eligibility Recertification	Process	HRSA					X			NO	YES	
Access to and Utilization of Care	52	Gap in HIV medical visits	Process	HRSA				X	X			YES	YES	
Access to and Utilization of Care	53	HIV/AIDS: Medical Visit	Process	NCQA						X		YES	YES	
Access to and Utilization of Care	54	Linkage to HIV Medical Care	Process	HRSA					X			YES	YES	
Access to and Utilization of Care	55	HIV/AIDS Comprehensive Care	Process	NYS	X		X					YES	NO	
Access to and Utilization of Care	56	Housing Status	Process	HRSA					X			NO	YES	
Access to and Utilization of Care	57	Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	Process	HRSA					X			NO	NO	



# Selection of Measures – Medication Management and Vaccinations

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Medication Management and Vaccinations	58	Prescription of HIV antiretroviral therapy	Process	HRSA				X	X		X	NO	YES	
Medication Management and Vaccinations	59	ADAP: Inappropriate Antiretroviral Regimen	Process	HRSA					X			NO	YES	
Medication Management and Vaccinations	60	Hepatitis B Vaccination	Process	HRSA					X			NO	YES	
Medication Management and Vaccinations	61	Influenza Vaccination	Process	AMA-PCPI					X			YES	YES	
Medication Management and Vaccinations	62	PCP Prophylaxis	Process	NCQA					X			NO	YES	
Medication Management and Vaccinations	63	Pneumocystis jiroveci pneumonia (PCP) prophylaxis	Process	NCQA				X		X		NO	YES	
Medication Management and Vaccinations	64	Pneumococcal Vaccination	Process	HRSA					X			YES	YES	

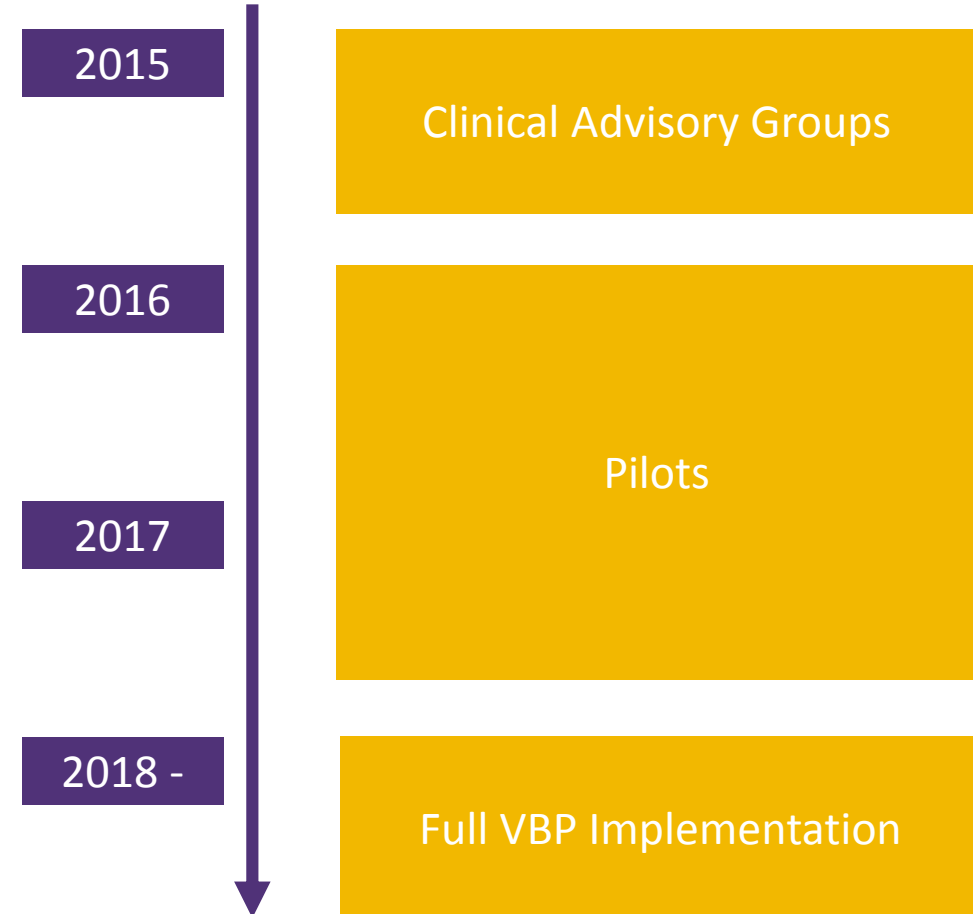
# Selection of Measures – Planning of Treatment and Education

Topic	#	Quality Measure	Type of Measure	Measure Steward	DSRIP	HEDIS	QARR	NQF	HAB	CMS	eHIVQUAL	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Planning of Treatment and Education	65	ADAP: Formulary	Process	HRSA					X			NO	YES	
Planning of Treatment and Education	66	MCM: Care Plan	Process	HRSA					X			NO	YES	
Planning of Treatment and Education	67	HIV Risk Counseling	Process	HRSA					X			NO	YES	
Planning of Treatment and Education	68	Dental Treatment Plan	Process	HRSA					X			YES	YES	
Planning of Treatment and Education	69	Oral Health Education	Process	HRSA					X			YES	YES	
Planning of Treatment and Education	70	Phase I Treatment Plan Completion	Process	HRSA					X			YES	YES	

## C. Pilot Introduction

## Pilot Introduction

- Transitioning toward value based payments will utilize outcome measures pursuant to the CAG discussion and final reports.
- Beginning in 2016, pilots will start implementing full VBP arrangements based on the discussed structure of the HIV/AIDS VBP arrangement, including outcome measures.
- Additionally, providers and other stakeholders may identify additional measures to include in the VBP arrangement.
- Throughout the pilot and implementation phase, those measures will be assessed for potential inclusion into the VBP arrangement.





**Department  
of Health**

**Medicaid  
Redesign Team**

# Appendix

# 2015 HIV/AIDS Quality Measures - Outcomes of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
1	DSRIP, NQF, HAB	Viral Load Suppression	HRSA	Clinical Data	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
2	CMS	HIV/AIDS: RNA Control for Patients with HIV	CMS	Claims data/ clinical data	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL..	Patients whose most recent HIV RNA level is <200 copies/mL.	All patients aged 13 years and older with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 90 days between each visit.
3	NQF	Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	HCI3	Claims	Percent of adult population aged 18 – 65 years who were identified as having at least one of the following six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, were followed for one-year, and had one or more potentially avoidable complications (PACs).	Outcome: Potentially avoidable complications (PACs) in patients having one of six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma, during the episode time window of one calendar year (or 12 consecutive months).	Adult patients aged 18 – 65 years who had a trigger code for one of the six chronic conditions: Diabetes Mellitus (DM), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Hypertension (HTN), Chronic Obstructive Pulmonary Disease (COPD) or Asthma (with no exclusions), and were followed for one year from the trigger code.

# 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
4	NQF	Sexually transmitted diseases – Screening for chlamydia, gonorrhea, and syphilis	NCQA	Clinical Data	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection	Patients who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection	All patients aged 13 years and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days between visits
4A	HEDIS, QARR, DSRIP, CMS	Chlamydia Screening in Women	NCQA	Claims data	This measure is used to assess the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	At least one chlamydia test during the measurement year	Women age 16 to 24 years as of December 31 of the measurement year who were identified as sexually active

# 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
4B	HAB	Chlamydia Screening	HRSA	Claims data/clinical data	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year	Number of patients with a diagnosis of HIV who had a test for chlamydia	Number of patients with a diagnosis of HIV who: - were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and - had a medical visit with a provider with prescribing privileges <sup>2</sup> at least once in the measurement year
4C	HAB	Gonorrhea Screening	HRSA	Claims data/clinical data	Percentage of patients <sup>1</sup> with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year	Number of patients with a diagnosis of HIV who had a test for gonorrhea	Number of patients with a diagnosis of HIV who: - were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months; and - had a medical visit with a provider with prescribing privileges <sup>2</sup> at least once in the measurement year



# 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
4D	HAB	Syphilis Screening	HRSA	Clinical Data	Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year	Number of patients with a diagnosis of HIV who had a serologic test for syphilis performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: - were >18 years old in the measurement year1 or had a history of sexual activity < 18 years, and - had a medical visit with a provider with prescribing privileges at least once in the measurement year
4E	DSRIP, QARR	HIV/AIDS Comprehensive Care: Syphilis Screening	NYS	Claims Data	The percentage of members from the eligible population who have had one syphilis screen performed within the measurement year.	One syphilis screening test performed in the measurement year.	All members of the eligible population ages 19 and older as of December 31 of the measurement year.
5	HAB	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA-PCPI	Claims data/ clinical data	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user	All patients aged 18 years and older

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
6	eHIVQUAL	Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients	AIDS Institute	Clinical data	Percentage of MSM or MtF transgender patients who had a rectal test for gonorrhea.	Number of MSM or MtF transgender patients who had one or more rectal tests (nucleic acid test or culture) for gonorrhea performed during the review period.	Number of MSM or MtF transgender patients.
7	eHIVQUAL	Rectal Chlamydia Testing Among MSM and MtF Transgender Patients	AIDS Institute	Clinical data	Percentage of MSM or MtF transgender patients who had a rectal test for Chlamydia.	Number of MSM or MtF transgender patients who had one or more rectal tests (nucleic acid test or culture) for Chlamydia performed during the review period.	Number of MSM or MtF transgender patients.
8	eHIVQUAL	Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients	AIDS Institute	Clinical data	Percentage of MSM or MtF transgender patients who had a pharyngeal test for gonorrhea.	Number of MSM or MtF transgender patients who had one or more pharyngeal tests (nucleic acid test or culture) for gonorrhea performed during the review period.	Number of MSM or MtF transgender patients
9	eHIVQUAL	Sexual History Taking – Anal, Oral, and Genital	AIDS Institute	Clinical data	Percentage of patients who were asked about sexual activity.	Number of patients who were asked about sexual activity during the review period.	All patients.

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
10	eHIVQUAL	Hepatitis C (HCV) RNA Assay for Positives	AIDS Institute	Clinical data	Percentage of patients for whom an HCV RNA assay was performed.	Number of patients for whom an HCV RNA assay was performed.	Number of patients whose HCV serostatus is positive during the first nine months of the review period or known to be positive at the start of the review period.
11	eHIVQUAL	Hepatitis C (HCV) Further Evaluation of RNA Positive Patients	AIDS Institute	Clinical data	Percentage of HCV RNA+ patients with a documented discussion of further treatment or evaluation	Number of patients with documented discussion of further treatment or evaluation during the review period.	Number of HCV RNA+ patients.
12	eHIVQUAL	Hepatitis C (HCV) Retest for Negatives, High Risk	AIDS Institute	Clinical data	Percentage of patients who have a known negative HCV serostatus and are at a high risk for infection who are retested for HCV.	Number of patients who were retested for HCV during the review period.	Number of patients whose HCV serostatus is negative at the start of the review period and are at high risk for infection as defined by active IDU, multiple partners, MSM without barrier protection, new abnormal LFTs.
13	eHIVQUAL	Gynecology Care – Pap Test	AIDS Institute	Clinical data	Percentage of female and transgender with biological cervix patients who received a Pap test.	Number of patients who had a Pap test recorded during the review period.	Number of female and transgender patients with biological cervix who were > 18 years old or reported having a history of sexual activity.

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
14	eHIVQUAL	Digital Rectal Exam	AIDS Institute	Clinical data	Percentage of patients for whom a digital rectal exam was performed.	Number of patients for whom a digital rectal exam was performed during the review period.	All patients.
15	eHIVQUAL	Anal Pap Test	AIDS Institute	Clinical data	Percentage of at-risk patients for whom a high-resolution anoscopy (HRA) or anal pap test was performed.	Number of patients for whom an HRA or anal pap test was performed during the review period	Number of patients who are: MSM; OR female and have confirmed genital cancerous or pre-cancerous lesions; OR otherwise have a history of anogenital condyloma.
16	eHIVQUAL	Colon Cancer Screening	AIDS Institute	Clinical data	Percentage of patients aged 50-75 years of age, or 45-75 if African-American, who received an appropriate colon cancer screening	Number of patients who received one of the following colon cancer screenings: fecal occult blood test (FOBT, guaiac or immunochemical) during the review period; flexible sigmoidoscopy (FSIG) either during the review period or the four years preceding the start of the review period; colonoscopy performed either during the review period or the nine years preceding the start of the review period.	Number of patients who are 50-75 years of age, or if African American, 45-75 years of age.

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
17	eHIVQUAL	Colon Cancer Screening Follow-Up	AIDS Institute	Clinical data	Percentage of patients with an abnormal colon cancer screening with a follow-up colonoscopy documented.	Number of patients with a follow-up colonoscopy documented within 60 days of the positive screening.	Number of patients with a positive FOBT or FSIG during the review period.
18	eHIVQUAL	Diabetes Screening	AIDS Institute	Clinical data	Percentage of patients with any random blood sugar > 100 mg/dL who received diabetes screening.	Number of patients with a fasting serum glucose test result, Oral Glucose Tolerance Test (OGTT) result, and/or HbA1c test result during the review period.	Number of patients without a history of previous diabetes and with any random blood sugar (RBS) > 100 mg/dL during the review period

# 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
19	HEDIS, QARR, DSRIP, CMS	Cervical Cancer Screening	NCQA	Claims data/clinical data	This measure is used to assess the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:  -Women age 21 to 64 who had cervical cytology performed every 3 years -Women age 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	he number of women who were screened for cervical cancer using either of the following criteria:  -Women age 21 to 64 who had cervical cytology performed every 3 years -Women age 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	Women age 24 to 64 years as of December 31 of the measurement year
19A	HAB	Cervical Cancer Screening	HRSA	Clinical data	Percentage of female patient with a diagnosis of HIV who have a Pap screening in the measurement year	Number of female patient with a diagnosis of HIV who had Pap screen results documented in the measurement year	Number of female patient with a diagnosis of HIV who: - were >18 years old in the measurement year or reported having a history of sexual activity , and - had a medical visit with a provider with prescribing privilege <sup>2</sup> at least once in the measurement year

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
20	NQF	CD4 cell count or percentage performed	NCQA	Clinical Data	Percentage of patients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart	Patients with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart	All patients aged 6 months and older with a diagnosis of HIV/AIDS, who had at least two medical visits during the measurement year, with at least 90 days between each visit
21	HAB	Hepatitis B Screening	HRSA	Claims data/ clinical data	Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity	Number of patients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV or for whom there is documented infection or immunity	Number of patients, regardless of age, with a diagnosis of HIV and who had at least two medical visits during the measurement year, with at least 60 days in between each visit

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
22	HAB	Hepatitis C Screening	HRSA	Clinical Data	Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV	Number of patients with a diagnosis of HIV who have documented HCV status in chart	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
23	HAB	Lipids Screening	HRSA	Clinical Data	Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid1 panel during the measurement year	Number of patients who had a fasting lipid panel in the measurement year	Number of patients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges at least once in the measurement year



# 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
24	HAB	HIV Positivity	HRSA	Clinical Data	Percentage of HIV positive tests in the measurement year	Number of HIV positive tests in the 12-month measurement period	Number of HIV tests conducted in the 12-month measurement period
25	HAB	HIV Drug Resistance Testing Before Initiation of Therapy	HRSA	Claims data/clinical data	Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year	Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy	Number of patients, regardless of age, with a diagnosis of HIV who <ul style="list-style-type: none"> <li>• were prescribed HIV antiretroviral therapy during the measurement year for the first time; and</li> <li>• had a medical visit with a provider with prescribing privileges<sup>3</sup> at least once in the measurement year</li> </ul>
26	HAB	System Level: HIV Test Results for PLWHA	HRSA	Clinical Data	Percentage of individuals who test positive for HIV who are given their HIV-antibody test results in the measurement year	Number of individuals who are tested in the system/network who test positive for HIV and who are given their HIV antibody test results in the measurement year.	Number of individuals who are tested in the system/network and who test positive <sup>1</sup> for HIV in the measurement year.
27	HAB	Late HIV Diagnosis	CDC	Clinical Data	Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
28	DSRIP, QARR	HIV/AIDS Comprehensive Care: Viral Load Monitoring	NYS	Claims Data	The percentage of members from the eligible population who had a viral load test performed during each half of the measurement year. Any member with at least one viral load test conducted on or between January 1 and June 30 and at least one viral load test conducted on or between July 1 and December 31 of the measurement year would be numerator compliant for this measure.	At least one viral load test (Table HIV-F) conducted on or between January 1 and June 30 and at least one viral load test conducted on or between July 1 and December 31 of the measurement year.	All members of the eligible population ages 2 and older as of December 31 of the measurement year.
29	HAB	Dental and Medical History	HRSA	Claims data/ clinical data	Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.	Number of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year.	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.
30	HAB	Oral Exam	HRSA	Clinical Data	Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year	Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year

## 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
31	HAB	Periodontal Screening or Examination	HRSA	Claims data/ clinical data	Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year.	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.
32	HAB	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	Claims data/ clinical data	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period

# 2015 HIV/AIDS Quality Measures - Screening and Assessment

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
33	HEDIS, QARR, DSRIP	Medical Assistance With Smoking and Tobacco Use Cessation	NCQA	Claims data	This measure is one component of a three-part survey measure that assesses different facets of providing medical assistance with smoking and tobacco cessation. This measure uses survey data to assess the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.	The number of members in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies	The number of eligible members who responded to the survey and indicated that they were current smokers or tobacco users
34	HAB	Substance Use Screening	HRSA	Claims data /clinical data	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year	Number of patients with a diagnosis of HIV who: - were new during the measurement year, and - had a medical visit with a medical provider with prescribing privileges at least once in the measurement year
35	NQF, HAB	Tuberculosis (TB) Screening	NCQA	Clinical Data	Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection.	All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit

## 2015 HIV/AIDS Quality Measures - Access to and Utilization of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
36	NQF, HAB	HIV medical visit frequency	HRSA	Claims data/ clinical data	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period
37	eHIVQUAL	New Patient Visit Frequency	AIDS Institute	Clinical data	Percentage of newly enrolled patients who were retained in care.	Number of patients who had at least one medical visit in each 4-month period of the measurement year	Number of patients who were newly enrolled to care (not seen in previous two years), with at least one medical visit in the clinic in the first 4 months of the measurement year
38	eHIVQUAL	Gonorrhea Treatment	AIDS Institute	Clinical data	Percentage of patients who were treated following a positive gonorrhea test.	Number of patients who were treated following a positive gonorrhea test result during the review period.	Number of patients who tested positive for gonorrhea during the review period.
39	eHIVQUAL	Chlamydia Treatment	AIDS Institute	Clinical data	Percentage of patients who were treated following a positive Chlamydia test.	Number of patients who were treated following a positive Chlamydia test result during the review period.	Number of patients who tested positive for Chlamydia during the review period.

## 2015 HIV/AIDS Quality Measures - Access to and Utilization of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
40	eHIVQUAL	Syphilis – Treatment for Positives	AIDS Institute	Clinical data	Percentage of patients who were treated following a positive result from a syphilis test.	Number of patients who were treated following a positive serum syphilis test result during the review period.	Number of patients who tested positive for syphilis during the review period.
41	eHIVQUAL	Mental Health – Referral for Treatment Made	AIDS Institute	Clinical data	Percentage of patients with a problem identified as a result of a mental health screening for whom a referral for treatment was made.	Number of patients for whom a referral for treatment was made during the review period.	Number of patients with either depression, anxiety, PTSD and/or a cognitive function problem identified through screening during the review period.
42	eHIVQUAL	Mental Health – Appointment Kept	AIDS Institute	Clinical data	Percentage of patients referred to mental health treatment who kept the referral appointment.	Number of patients who kept the referral appointment.	Number of patients with either depression, anxiety, PTSD and/or a cognitive function problem identified through screening during the review period for whom a referral for treatment was made.
43	eHIVQUAL	Substance Abuse Treatment for Current Users	AIDS Institute	Clinical data	Percentage of patients identified as current users for which referrals were made for substance use treatment.	Number of patients for whom referrals for substance abuse treatment have been made.	Number of patients who abused drugs in the 0-6 months prior to the date of assessment who were not in treatment during the review period.
44	eHIVQUAL	Substance Abuse Treatment for Past Users	AIDS Institute	Clinical data	Percentage of patients identified as past users with whom relapse prevention or ongoing treatment was discussed.	Number of patients with whom relapse prevention or ongoing treatment has been discussed.	Number of patients who used drugs in the 6-24 months prior to the date of assessment.

## 2015 HIV/AIDS Quality Measures - Access to and Utilization of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
45	eHIVQUAL	Mammography	AIDS Institute	Claims data	Percentage of female patients aged 40 years and older who received a mammogram.	Number of patients who received a mammogram either during the review period or the twelve months preceding the start of the review period.	Number of female patients who are aged 40 years and older.
46	eHIVQUAL	Diabetic Control Among Diabetic Patients	AIDS Institute	Clinical data	Percentage of patients diagnosed with diabetes (type 1 or type 2) whose most recent HbA1c was <8.0%.	Number of patients whose most recent HbA1c was <8.0% (performed during the review period).	Number of patients diagnosed with diabetes (type 1 or type 2).
47	eHIVQUAL	Diabetes Management – Serum Creatinine	AIDS Institute	Clinical data	Percentage of diabetic patients for whom serum creatinine measurement was performed.	Number of patients for whom a serum creatinine was measured during the review period.	Number of patients with a known or new diagnosis of diabetes during the review period.
48	eHIVQUAL	Diabetes Management – Retinal Exam	AIDS Institute	Clinical data	Percentage of diabetic patients for whom a retinal exam was performed.	Number of patients for whom a retinal exam was performed during the review period.	Number of patients with a known or new diagnosis of diabetes during the review period.
49	eHIVQUAL	Patient Involvement in Care Coordination Planning	AIDS Institute	Clinical data	Percentage of patients who were involved in care coordination planning.	Number of patients for whom there is evidence of patient's involvement in the coordination of these services.	Number of patients receiving supportive services <sup>1</sup> from an outside agency during the review period.

## 2015 HIV/AIDS Quality Measures - Access to and Utilization of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
50	HAB	ADAP: Application Determination	HRSA	ADAP Report	Percent of ADAP applications approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year	Number of applications that were approved or denied for new ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year	Total number of complete ADAP applications for new ADAP enrollment received in the measurement year
51	HAB	ADAP: Eligibility Recertification	HRSA	ADAP Report	Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year.	Number of ADAP enrollees who are reviewed for continued ADAP eligibility at least two or more times which are at least 150 days apart in the measurement year.	Number of clients enrolled in ADAP in the measurement year.
52	NQF, HAB	Gap in HIV medical visits	HRSA	Claims data/clinical data	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year



## 2015 HIV/AIDS Quality Measures - Access to and Utilization of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
53	CMS	HIV/AIDS: Medical Visit	NCQA	Claims data/ clinical data	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit	Patients with at least two medical visits during the measurement year with a minimum of 90 days between each visit	All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period
54	HAB	Linkage to HIV Medical Care	HRSA	Claims data/ clinical data	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period

# 2015 HIV/AIDS Quality Measures - Access to and Utilization of Care

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
55	DSRIP, QARR	HIV/AIDS Comprehensive Care : Engaged in Care	NYS	Claims Data	The percentage of members from the eligible population who had at least one outpatient visit for physician services of primary care or HIV related care occurring during each half of the measurement year.	Outpatient Visits (Ambulatory Visits Value Set) are defined by Tables HIV-C. For numerator compliance, each member will have at least one visit meeting criteria for Table HIV-C with practitioners managing the HIV and preventive care needs, occurring on or between January 1 and June 30 and at least one qualifying visit occurring on or between July 1 and December 31 of the measurement year.	All members of the eligible population ages 2 and older as of December 31 of the measurement year
56	HAB	Housing Status	HRSA	Clinical data	Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months
57	HAB	Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	HRSA	N/A	Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care.	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year.

# 2015 HIV/AIDS Quality Measures - Medication Management and Vaccinations

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
58	NQF, HAB	Prescription of HIV antiretroviral therapy	HRSA	Clinical Data	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy <sup>1</sup> for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy <sup>1</sup> during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
59	HAB	ADAP: Inappropriate Antiretroviral Regimen	HRSA	ADAP Report	Percent of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the ADAP program during the measurement year.	Number of antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should NOT Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should NOT Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" that are resolved by the ADAP program during the measurement year.	Number of inappropriate antiretroviral (ARV) regimen components prescriptions included in the US Public Health Service Guidelines, "Antiretroviral Regimens or Components That Should NOT Be Offered At Any Time" and "Antiretroviral Regimens or Components That Should NOT Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children" that are identified by ADAP.

## 2015 HIV/AIDS Quality Measures - Medication Management and Vaccinations

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
60	HAB	Hepatitis B Vaccination	HRSA	Clinical Data	Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B	Number of patients with a diagnosis of HIV with documentation of having ever completed the vaccination series for Hepatitis B	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
61	HAB	Influenza Vaccination	AMA-PCPI	Clinical Data/ Claims Data	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Patients who received an influenza immunization OR who reported previous receipt* of an influenza immunization during the current season	All patients aged 6 months and older seen for a visit between October 1 and March 31

# 2015 HIV/AIDS Quality Measures - Medication Management and Vaccinations

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
62	HAB	PCP Prophylaxis	NCQA	Clinical Data	Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denominator that reflect patient population.)	Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm3 Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm3 or a CD4 percentage below 15% Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis Aggregate numerator: The sum of the three numerators	Denominator 1. All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm3 , who had at least two visits during the measurement year, with at least 90 days in between each visit; and, Denominator 2. All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm3 or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit; and, Denominator 3. All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit Total denominator: The sum of the three denominators

# 2015 HIV/AIDS Quality Measures - Medication Management and Vaccinations

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
63	NQF, CMS	Pneumocystis jiroveci pneumonia (PCP) prophylaxis	NCQA	Clinical Data	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	<p>Numerator 1: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm3</p> <p>Numerator 2: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm3 or a CD4 percentage below 15%</p> <p>Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of diagnosis of HIV</p>	<p>Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm3 who had at least two visits during the measurement year, with at least 90 days in between each visit</p> <p>Denominator 2: All patients aged 1-5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm3 or a CD4 percentage below 15% who had at least two visits during the measurement year, with at least 90 days in between each visit</p> <p>Denominator 3: All patients aged 6 weeks to 12 months with a diagnosis of HIV who had at least two visits during the measurement year, with at least 90 days in between each visit</p>
64	HAB	Pneumococcal Vaccination	HRSA	Claims Data/Clinical Data	Percentage of patients <sup>1</sup> with a diagnosis of HIV who ever received pneumococcal vaccine	Number of patients with a diagnosis of HIV who ever received pneumococcal vaccine	Number of patient with HIV who had: <ul style="list-style-type: none"> <li>- no documented evidence<sup>2</sup> of vaccination; and</li> <li>- a medical visit with a provider with prescribing privileges<sup>3</sup> at least once in the measurement year</li> </ul>

# 2015 HIV/AIDS Quality Measures - Planning of Treatment and Education

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
65	HAB	ADAP: Formulary	HRSA	ADAP Report	Percentage of new anti-retroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV- 1-infected Adults and Adolescents during the measurement year.	Number of new anti-retroviral classes included into the ADAP formulary within 90 days of the publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents that include new anti-retroviral drug class during the measurement year.	Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year.
66	HAB	MCM: Care Plan	HRSA	Clinical Data	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year
67	HAB	HIV Risk Counseling	HRSA	Clinical Data	Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year	Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges <sup>2</sup> at least once in the measurement year

## 2015 HIV/AIDS Quality Measures - Planning of Treatment and Education

#	Source	Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
68	HAB	Dental Treatment Plan	HRSA	Claims data/clinical data	Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year.	Number of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.
69	HAB	Oral Health Education	HRSA	Claims data/clinical data	Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year.	Number of HIV-infected oral health patients who received oral health education at least once in the measurement year.	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year.
70	HAB	Phase I Treatment Plan Completion	HRSA	Claims data/clinical data	Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months.	Number of HIV-infected oral health patients that completed Phase 1 treatment within 12 months of establishing a treatment plan.	Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year.



## 2015 HIV/AIDS Quality Measures - Links

Source	Link
CMS	<a href="https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/2014_ep_measurestable_june2013.pdf">https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/2014_ep_measurestable_june2013.pdf</a>
DSRIP, QARR	<a href="https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf">https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf</a>
HAB	<a href="http://hab.hrsa.gov/deliverhivaidscare/adapmeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/adapmeasures.pdf</a>
	<a href="http://hab.hrsa.gov/deliverhivaidscare/adolescentadultmeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/adolescentadultmeasures.pdf</a>
	<a href="http://hab.hrsa.gov/deliverhivaidscare/medicalcasemanagementmeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/medicalcasemanagementmeasures.pdf</a>
	<a href="http://hab.hrsa.gov/deliverhivaidscare/oralhealthmeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/oralhealthmeasures.pdf</a>
	<a href="http://hab.hrsa.gov/deliverhivaidscare/systemlevelmeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/systemlevelmeasures.pdf</a>
HAB, NQF	<a href="http://hab.hrsa.gov/deliverhivaidscare/allagesmeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/allagesmeasures.pdf</a>
HAB, NQF, DSRIP	<a href="http://hab.hrsa.gov/deliverhivaidscare/coremeasures.pdf">http://hab.hrsa.gov/deliverhivaidscare/coremeasures.pdf</a>
HEDIS, QARR, DSRIP	<a href="http://www.qualitymeasures.ahrq.gov/content.aspx?id=48677&amp;search=smoking+and+tobacco+use+cessation">http://www.qualitymeasures.ahrq.gov/content.aspx?id=48677&amp;search=smoking+and+tobacco+use+cessation</a>
HEDIS, QARR, DSRIP, CMS	<a href="http://www.qualitymeasures.ahrq.gov/content.aspx?id=48605&amp;search=hiv">http://www.qualitymeasures.ahrq.gov/content.aspx?id=48605&amp;search=hiv</a>
	<a href="http://www.qualitymeasures.ahrq.gov/content.aspx?id=48810&amp;search=cervical+cancer">http://www.qualitymeasures.ahrq.gov/content.aspx?id=48810&amp;search=cervical+cancer</a>
	<a href="http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=71525">http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=71525</a>
NQF	<a href="http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=71529">http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=71529</a>
	<a href="https://ecqi.healthit.gov/system/files/ecqm/2014/EP/measures/CMS52v4_1.html">https://ecqi.healthit.gov/system/files/ecqm/2014/EP/measures/CMS52v4_1.html</a>
eHIVQUAL	<a href="https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/data_committee_resources/ehivqual_comparison.pdf">https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/key_resources/data_committee_resources/ehivqual_comparison.pdf</a>