



MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

HIV Care Continuum

- C1. **Total RWP Clients:** Number of unduplicated RWP Clients receiving at least one billed RWP service from any subrecipient during the 12-month reporting period. Subrecipient totals are based on all billed events at that agency during the reporting period.
- C2. **Total Clients In Medical Care (IMC: Target goal ≥95%):** Percent of active RWP Clients in medical care. **Denominator:** All RWP Clients (C1). **Numerator:** RWP Clients receiving one or more medical visits with any RWP provider with prescribing privileges, or VL test, or medical visit copay during the 12 month reporting period.
- C3. **Total Clients Retained in Medical Care (RiMC: Target goal ≥90%):** Percent of RWP Clients retained in medical care. **Denominator:** All RWP Clients (C1). **Numerator:** RWP Clients receiving 2 or more: medical visits with a provider, VL test, or medical visit copay, 90 or more days apart, in the past 12 months.
- C4. **Total Clients with a suppressed VL (Target goal ≥80%):** Percent of RWP Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All RWP Clients (C1). **Numerator:** RWP Clients with a documented suppressed VL in the most recently reported lab test.
- C5. **Total RWP Clients w/ non-missing VL data:** The percent of RWP Clients that had at least one VL test in the reporting period, regardless of outcome. **Denominator:** All RWP Clients (C1). **Numerator:** All RWP Clients who had 1 or more VL test(s) in the 12-month reporting period.

Medical Case Management (MCM)

- M1. **Active MCM Clients:** Number of unduplicated RWP Clients (C1) with at least one MCM billed encounter in reporting period; excludes clients whose cases were closed (MCM Client Service Category Profile must currently be Open), and identified Out-of-Network Clients. The number of clients attached to a site is based on their assigned MCM Site, according to Provide.
- M2. **MCM Clients IMC (Target goal ≥95%):** Percent of MCM Clients (M1) in medical care (IMC), as defined in C2. **Denominator:** Total active MCM Clients (M1). **Numerator:** MCM Clients IMC.
- M3. **MCM Clients RiMC (Target goal ≥90%):** Percent of total MCM Clients (M1) who were retained in medical care (as defined in C3).
- M4. **Total Clients with a suppressed VL (Target goal ≥80%):** Percent of active MCM Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active MCM Clients. **Numerator:** All active MCM Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
- M5. **MCM Clients w/ non-missing VL data:** The percent of active MCM Clients that had 1 or more VL test(s) in the reporting period, regardless of outcome. **Denominator:** All active MCM Clients (M1). **Numerator:** All active RWP Clients that had 1 or more VL test(s) in the reporting period.
- M6. **MCM Clients w/ 2 or more Plan of Care updated/developed 90 or more days apart:** Number of MCM Clients who had an Action Plan (e.g. POC) updated or developed 2 or more times AND were 90 or more days apart in the reporting period. **Denominator:** See M6a. **Numerator:** Clients with a POC developed or updated 2 or more times AND were 90 days or more apart in the reporting period. (A plan of care update is defined by a POC billed service)
- M6a. **Eligible Clients for M6a:** MCM Clients with any billed MCM service in the first 6 months of the reporting period.
- M7. **MCM Clients w/ MCM contact in 90 or less days:** MCM Clients who have had an MCM or PESN client contact, in person or virtual, in 90 or less days prior to the end of the reporting period. **Denominator:** See M7a. **Numerator:** MCM Clients that had an MCM and/or PESN contact in 90 or less days prior to the end of the reporting period (A client is considered to have been contacted if any of the following service codes were billed: ADH, FFE, POC, TEL, THM, THP)
- M7a. **Eligible Clients for M7:** MCM Clients with any billed MCM service in the last 6 months of the reporting period.
- M8. **MCM Clients with MCM contact/update in 210 or less days:** Clients who have had at least one MCM service (CCA excluded) billed in the 210 days prior to the end of the reporting period. If a client has not been seen in 210 or more, then that client's case must be closed. **Denominator:** All active RWP MCM Clients (M1). **Numerator:** MCM Clients with one OR more MCM billed service in the 210 days prior to the end of the reporting period.
- M9. **MCM Clients receiving RWP Oral Health Care services:** MCM Clients who had 1 or more billed RWP dental service in the 12-month reporting period. **Denominator:** All active RWP MCM Clients (M1). **Numerator:** MCM Clients incurring charges for any dental services in the reporting period, at any RWP OHC provider.



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Outpatient/Ambulatory Health Services (OAHS)

- N1. **Active OAHS Clients:** Number of unduplicated RWP Clients (C1) with at least one face-to-face (FFE) OR telehealth OAHS visit, OR Copay (Service Code: ACAOV OR APPOV) billed to a RWP subrecipient in the 12 months prior to the end of reporting period. Agency assignment is based on the site where the most recent OAHS service of the reporting period was billed. Excludes Clients whose cases were closed in the reporting period, or identified out-of-network Clients.
- N2. **OAHS Clients IMC (Target goal ≥95%):** Percent of OAHS Clients (N1) in IMC (as defined in C2). **Denominator:** Total active OAHS Clients (N1). **Numerator:** OAHS Clients IMC.
- N3. **OAHS Clients RiMC (Target goal ≥90%):** Percent of OAHS Clients (N1) retained in medical care (as defined in C3).
- N4. **Total Clients with a suppressed VL (Target goal ≥80%):** Percent of active OAHS Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active OAHS Clients (N1). **Numerator:** All active OAHS Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
- N5. **OAHS Clients w/ non-missing VL data:** The percent of OAHS Clients that had at least 1 VL test in the reporting period, regardless of outcome. **Denominator:** All OAHS Clients (N1). **Numerator:** All active OAHS Clients that had 1 or more VL test(s) in the 12 month reporting period.

Oral Health Care (OHC)

- D1. **OHC Clients treated by subrecipients:** Number of Clients who received ANY oral healthcare service (includes teledentistry) in the reporting period. Clients are assigned to OHC sites based on most recent OHC visit in the 12 month reporting period.
- D2. **OHC Clients w/ annual oral exam (TG ≥ 75%):** Number of OHC Clients that received a clinical oral examination (COE) in the reporting period. A COE is defined by the following RWP Oral Health Care Formulary Codes: D0120, D0150, D0160, D0170, and D0180 (D0140 is purposefully EXCLUDED). **Denominator:** D1. **Numerator:** RWP Clients with at least 1 billed Clinical Oral Examination within the last 12 months. Clients are assigned to OHC sites based on most recent COE OHC visit in the reporting period.