FY 2021-2022

REV DATA: 09/13/2021 REV: A

Discalimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program clients. See variable explanation for details on how outcomes were computed.																							
				YR 31 Cycle 1: March 2021 thru May 2021																			
QM PROGRAM INDICATORS		R	WP	AHF CG		AHF HS		AHF JN		AHC LC		AHF MB		BHCC		CA	N	CARE 4 U		СНІ		Citrus	
HIV Ca	are Continuum			_																			
C1.	Total active RWP Clients		8,281		695		196		538		249		678		1,001		43		41		262		116
C2.	In medical care (IMC, TG≥95%)	94%	7,789	96%	668	92%	181	96%	518	97%	242	94%	634	95%	947	91%	39	98%	40	89%	233	100%	116
СЗ.	Retained in medical care (RiMC, TG≥90%)	74%	6,097	79%	548	73%	143	74%	397	80%	200	74%	505	76%	765	33%	14	78%	32	55%	145	95%	110
C4.	RWP Clients w/ suppressed VL (TG≥80%)	83%	6,882	87%	607	76%	149	86%	460	86%	215	85%	575	83%	832	70%	30	56%	23	58%	153	95%	110
C5.	RWP Clients w/ non-missing VL data	91%	7,559	94%	652	90%	177	96%	516	96%	240	93%	628	92%	922	91%	39	98%	40	64%	167	100%	116
Medical Case Management (MCM)																							
M1.	Total active MCM Clients	85%	7,042	65%	455	35%	69	66%	353	73%	181	53%	359	65%	652	91%	39	85%	35	n/a	n/a	91%	105
M2.	MCM Clients IMC (TG≥95%)	96%	6,785	99%	450	100%	69	99%	348	99%	179	98%	352	96%	625	90%	35	97%	34	n/a	n/a	100%	105
M3.	MCM Clients RiMC (TG≥90%)	79%	5,561	84%	383	86%	59	78%	275	87%	157	83%	297	77%	505	36%	14	83%	29	n/a	n/a	97%	102
M4.	MCM Clients w/ suppressed VL (TG≥80%)	87%	6,099	92%	417	90%	62	88%	309	91%	164	90%	324	84%	548	72%	28	60%	21	n/a	n/a	96%	101
M5.	MCM Clients w/ non-missing VL data	95%	6,672	98%	448	100%	69	99%	348	98%	178	97%	350	94%	612	90%	35	97%	34	n/a	n/a	100%	105
M6.	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart	68%	4,182	90%	365	80%	51	82%	229	76%	122	83%	250	82%	479	83%	10	43%	10	n/a	n/a	100%	100
M6a.	MCM Clients eligible for M6		6,116		407		64		278		160		302		582		12		23	n/a	n/a		100
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days	82%	5,329	89%	403	91%	63	81%	275	96%	164	92%	319	96%	595	95%	35	100%	33	n/a	n/a	100%	105
M7a.	MCM Clients eligible for M7		6,473		452		69		341		171		346		622		37		33	n/a	n/a		105
M8.	MCM Clients w/ contact/update in 210 days or less	93%	6,577	100%	454	100%	69	98%	346	95%	172	97%	349	97%	631	100%	39	97%	34	n/a	n/a	100%	105
M9.	MCM Clients receiving oral health care	24%	1,677	20%	89	12%	8	13%	47	20%	36	18%	63	24%	154	38%	15	17%	6	n/a	n/a	22%	23
Outpa	tient/Ambulatory Health Services (OAHS)																						
N1.	Total active OAHS Clients	55%	4,589	32%	221	28%	54	30%	164	53%	132	27%	180	29%	291	51%	22	63%	26	45%	118	32%	37
N2.	OAHS Clients IMC (TG≥95%)	100%	4,589	100%	221	100%	54	100%	164	100%	132	100%	180	100%	291	100%	22	100%	26	100%	118	100%	37
N3.	OAHS Clients RiMC (TG≥90%)	88%	4,023	90%	199	74%	40	81%	133	86%	114	88%	158	86%	249	36%	8	92%	24	67%	79	95%	35
N4.	OAHS Clients w∕ suppressed VL (TG≥80%)	88%	4,045	90%	200	70%	38	85%	139	89%	117	93%	167	87%	254	86%	19	65%	17	61%	72	95%	35
N5.	OAHS Clients w/ non-missing VL data	97%	4,444	97%	215	100%	54	100%	164	100%	132	99%	178	98%	286	100%	22	100%	26	66%	78	100%	37
Oral H	ealth Care (OHC)																						
D1.	Total active OHC Clients	22%	1,857	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	40%	399	37%	16	n/a	n/a	26%	68	24%	28
D2.	OHC Clients with a Clinical Oral Exam	67%	1,248	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	67%	269	88%	14	n/a	n/a	38%	26	79%	22



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QM PROGRAM INDICATORS			YR 31 Cycle 1: March 2021 thru May 2021																						
	QIM PROGRAM INDICATORS		RWP		CR LH		CR MB		CR MT		Empower U		JTCHS		Latinos Salud		MBCHC		ND	PHT PET		PHT SFAN		UM	
HIV Care Continuum																									
C1.	Total active RWP Clients		8,281		880		271		1,667		287		217		70		3,424		134		363		1,347		1,097
C2.	In medical care (IMC, TG≥95%)	94.1%	7,789	98%	866	98%	266	94%	1,564	92%	264	96%	209	91%	64	97%	3,317	96%	129	97.5%	354	98%	1,314	99%	1,085
СЗ.	Retained in medical care (RiMC, TG≥90%)	73.6%	6,097	85%	748	89%	241	72%	1,207	68%	194	84%	182	53%	37	83%	2,832	78%	105	84.8%	308	83%	1,119	87%	951
C4.	RWP Clients w/ suppressed VL (TG≥80%)	83.1%	6,882	94%	825	94%	256	86%	1,435	75%	214	84%	183	70%	49	89%	3,035	82%	110	91.7%	333	86%	1,159	87%	955
C5.	RWP Clients w/ non-missing VL data	91.3%	7,559	98%	859	98%	265	92%	1,532	89%	256	94%	205	81%	57	94%	3,222	95%	127	97.5%	354	96%	1,298	98%	1,073
Medi	cal Case Management (MCM)																								
M1.	Total active MCM Clients	85.0%	7,042	16%	140	44%	120	83%	1,385	75%	215	72%	157	56%	39	36%	1,240	63%	85	77.1%	280	75%	1,013	10%	110
M2.	MCM Clients IMC (TG≥95%)	96.4%	6,785	97%	136	98%	118	94%	1,302	97%	208	95%	149	92%	36	95%	1,173	98%	83	97.1%	272	98%	995	97%	107
М3.	MCM Clients RiMC (TG≥90%)	79.0%	5,561	79%	111	93%	111	73%	1,008	75%	162	82%	129	59%	23	77%	951	84%	71	84.3%	236	83%	836	85%	93
M4.	MCM Clients w/ suppressed VL (TG≥80%)	86.6%	6,099	93%	130	98%	117	86%	1,196	80%	173	81%	127	72%	28	85%	1,052	85%	72	91.8%	257	86%	869	87%	96
M5.	MCM Clients w/ non-missing VL data	94.7%	6,672	95%	133	98%	118	92%	1,277	96%	206	92%	145	87%	34	91%	1,126	95%	81	97.1%	272	97%	986	96%	106
M6.	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart	68.4%	4,182	7%	9	71%	81	82%	1,039	57%	101	76%	110	0%	0	48%	537	87%	72	76.4%	178	44%	336	95%	99
M6a.	MCM Clients eligible for M6		6,116		137		114		1,270		178		144		30		1,123		83		233		766		104
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days	82.3%	5,329	63%	80	84%	98	76%	942	96%	196	97%	141	77%	30	78%	898	95%	75	76.8%	202	70%	572	88%	93
M7a.	MCM Clients eligible for M7		6,473		127		117		1,241		205		145		39		1,151		79		263		814		106
M8.	MCM Clients w/ contact/update in 210 days or less	93.4%	6,577	94%	131	98%	117	92%	1,274	98%	210	93%	146	100%	39	94%	1,161	94%	80	95.7%	268	82%	834	98%	108
м9.	MCM Clients receiving oral health care	23.8%	1,677	34%	47	33%	40	23%	323	18%	38	22%	35	8%	3	30%	376	19%	16	20.0%	56	28%	281	17%	19
Outpa	atient/Ambulatory Health Services (OAHS)																								
N1.	Total active OAHS Clients	55.4%	4,589	19%	171	18%	50	23%	389	43%	124	31%	68	n/a	n/a	18%	609	38%	51	18.5%	67	0%	3	79%	867
N2.	OAHS Clients IMC (TG≥95%)	100%	4,589	100%	171	100%	50	100%	389	100%	124	100%	68	n/a	n/a	100%	609	100%	51	100%	67	100%	3	100%	867
N3.	OAHS Clients RiMC (TG≥90%)	87.7%	4,023	91%	156	94%	47	85%	331	86%	107	91%	62	n/a	n/a	87%	531	90%	46	95.5%	64	100%	3	90%	781
N4.	OAHS Clients w/ suppressed VL (TG≥80%)	88.1%	4,045	96%	165	94%	47	88%	343	82%	102	79%	54	n/a	n/a	86%	524	80%	41	86.6%	58	100%	3	88%	765
N5.	OAHS Clients w/ non-missing VL data	96.8%	4,444	99%	169	98%	49	98%	383	98%	122	94%	64	n/a	n/a	95%	576	98%	50	100.0%	67	100%	3	99%	861



Total active OHC Clients

OHC Clients with a Clinical Oral Exam

22.4% 1,857

67.2% 1,248

52% 457

44% 199

n/a

n/a

n/a

n/a

n/a

n/a

Oral Health Care (OHC)

D1.

D2.

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n/a

n/a

n/a

n/a

n/a

n/a 75%

39% 84

63

n/a

n/a

n/a

n/a

10%

94%

335

315

n/a

n/a

n/a

n/a

9%

62%

34

21

32%

73%

436

319



n/a

n/a

2

n/a

n/a



RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS HIV Care Continuum C1. Total active 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. Total Clients In Medical Care (IMC: Target goal ≥95%): Percent of active RWP Clients in medical care. Denominator: all active RWP Clients (C1). Numerator: Active RWP Clients receiving one or C2. more medical visits with any RWP provider with prescribing privileges, VL test, or medical visit copay during the 12 month reporting period. Total Clients Retained in Medical Care (RiMC: Target goal ≥90%): Percent of active RWP Clients retained in medical care. Denominator: All RWP Clients (C1). Numerator: Active RWP Clients C3. receiving 2 or more: medical visits with a provider or 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 active RWP Clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: All active RWP Clients (C1). Numerator: Active RWP Clients with a documented suppressed VL in the most recently reported lab test. Total RWP Clients w/ non-missing VL data: The percent of RWP Clients that had at least 1 VL test in the reporting period, regardless of outcome. Denominator: All active RWP Clients (C1). C5. Numerator: All active RWP Clients that had 1 or more VL test(s) in the 12-month reporting period. Medical Case Management (MCM) Total 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 (Isat MCM event was M1. CCA), and identified out-of-network referral Clients. The number of clients attached to a site is based on their assigned MCM Site, according to Provide. MCM clients with no assinged MCM are assigned a service site based on the site at which they had their most recent MCM billed event. 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. MCM Clients RiMC (Target goal ≥90%): Percent of total MCM Clients (M1) who were retained in medical care (as defined in C3). M3. 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 a Plan of Care (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 (CCA excluded). 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. M7. 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 (CCA excluded). 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 (CCA excluded). M9. MCM Clients receiving RWP Oral Health Care services: Unduplicated 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.



RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

Outpatient/Ambulatory Health Services (OAHS)

- N1. <u>Total active OAHS Clients:</u> 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 provider where the most recent OAHS service of the reporting period was billed, and not necessarily where client is receiving OAHS. Excludes Clients whose cases were closed in the reporting period, or identified out-of-network Clients.
- N2. OAHS Clients IMC (Target goal 295%): Percent of OAHS Clients (N1) in IMC (as defined in C2). Denominator: Total active OAHS Clients (N1). Numerator: OAHS Clients IMC.
- N3. <u>OAHS Clients RiMC (Target goal ≥90%)</u>: 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.</p>
- 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 active 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.

<u>Total active RWP OHC Clients</u>: Number of Clients who received ANY oral healthcare service (includes teledentistry) in the reporting period. **Denominator**: All active RWP Clients (C1). **Numerator**: RWP client that received 1 or more oral healthcare service in the reporting period. Clients are assigned to OHC sites based on most recent OHC visit in the 12 month reporting period.

D2.

Total OHC Clients who received a Clinical Oral Examination: 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. Clients are assigned to OHC sites based on most recent COE OHC visit in the reporting period.