

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

FY 2024-2025

REVISION DATE: 2/7/2025 REVISION: B

Disclaimer: 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.

QM PROGRAM INDICATORS		FY 2024, Cycle 3: 12 Month Period Ending November 30th, 2024																													
		RWP	Peer Group 1 Totals		Peer Group 1: ≤125 MCM Clients								Peer Group 2 Totals		Peer Group 2: ≥126≤300 MCM Clients																
CAN					CARE 4 U		Citrus		Jessie Trice		UM				AHF HS		AHF LC		CHI		CR LH		CR MB		Empower U		Latinos Salud				
HIV Care Continuum																															
C1.	Total RWP Clients	9,468		1,701		159		57		134		179		1,194		2,484		220		310		307		615		138		264		179	
C2.	In medical care (IMC, TG ≥ 95%)	93%	8,822	97%	1,650	94%	149	93%	53	98%	131	95%	170	98%	1,169	97%	2,398	98%	216	97%	302	97%	298	98%	602	99%	137	94%	249	89%	159
C3.	Retained in medical care (RiMC, TG ≥ 90%)	77%	7,315	82%	1,403	76%	121	74%	42	90%	121	82%	146	83%	991	83%	2,065	86%	189	89%	277	78%	239	87%	534	87%	120	78%	205	64%	115
C4.	RWP Clients w/ suppressed VL (TG ≥ 95%)	85%	8,015	85%	1,444	86%	136	72%	41	92%	123	86%	154	85%	1,010	89%	2,210	93%	204	94%	290	82%	252	94%	579	93%	128	79%	209	83%	148
C5.	RWP Clients w/ missing VL data (TG ≤ 5%)	10%	906	5%	91	9%	14	11%	6	4%	5	9%	16	4%	50	6%	137	3%	6	3%	9	9%	29	4%	24	2%	3	8%	22	15%	27
Medical Case Management (MCM)																															
M1.	Active MCM Clients	7,985		491		96		46		108		120		121		1,619		158		244		235		159		162		201		137	
M2.	MCM Clients IMC (TG ≥ 95%)	99%	7,874	99%	485	99%	95	98%	45	100%	108	98%	118	98%	119	98%	1,581	100%	158	100%	243	90%	212	98%	156	99%	160	100%	201	96%	131
M3.	MCM Clients RiMC (TG ≥ 90%)	86%	6,859	84%	414	86%	83	87%	40	99%	107	83%	100	69%	84	84%	1,362	92%	146	95%	231	69%	161	85%	135	73%	119	90%	181	71%	97
M4.	MCM Clients w/ suppressed VL (TG ≥ 95%)	91%	7,289	89%	438	91%	87	83%	38	96%	104	91%	109	83%	100	91%	1,472	96%	151	97%	237	77%	182	95%	151	94%	153	88%	176	90%	123
M5.	MCM Clients w/ missing VL data (TG ≤ 5%)	3%	232	4%	18	3%	3	4%	2	0%	0	4%	5	7%	8	4%	61	1%	1	0%	1	15%	36	3%	4	3%	5	0%	1	7%	10
M6.	MCM Clients w/ 2 or more Plans of Care																														
M6.	updated/developed 90 or more days apart (TG ≥ 95%)	89%	6,445	98%	432	90%	70	95%	38	100%	104	99%	113	100%	107	76%	1,085	99%	134	100%	214	7%	13	97%	147	97%	147	55%	101	40%	40
M6a.	MCM Clients eligible for M6	7,249		443		78		40		104		114		107		1,429		136		215		193		152		152		182		100	
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days (TG ≥ 95%)	86%	6,725	90%	437	94%	90	36%	16	98%	106	95%	112	94%	113	86%	1,307	100%	158	97%	237	72%	117	76%	120	86%	140	82%	164	54%	67
M7a.	MCM Clients eligible for M7	7,854		486		96		44		108		118		120		1,527		158		244		162		158		162		201		123	
M8.	MCM Clients receiving oral health care (TG ≥ 50%)	33%	2,652	36%	176	74%	71	15%	7	31%	34	42%	50	12%	14	30%	480	14%	22	26%	63	30%	70	48%	76	42%	68	22%	44	12%	17
Outpatient/Ambulatory Health Services (OAHS)																															
N1.	Active OAHS Clients	5,912		757		69		22		43		41		582		858		126		130		194		144		73		124		N/A	N/A
N2.	OAHS Clients IMC (TG ≥ 95%)	100%	5,912	100%	757	100%	69	100%	22	100%	43	100%	41	100%	582	100%	858	100%	126	100%	130	100%	194	100%	144	100%	73	100%	124	N/A	N/A
N3.	OAHS Clients RiMC (TG ≥ 90%)	89%	5,258	87%	660	83%	57	91%	20	93%	40	83%	34	87%	509	86%	740	92%	116	92%	119	76%	147	91%	131	88%	64	82%	102	N/A	N/A
N4.	OAHS Clients w/ suppressed VL (TG ≥ 95%)	91%	5,370	86%	649	91%	63	73%	16	88%	38	83%	34	86%	498	89%	762	94%	119	95%	123	81%	158	96%	138	90%	66	78%	97	N/A	N/A
N5.	OAHS Clients w/ missing VL data (TG ≤5%)	3%	169	3%	24	3%	2	0%	0	2%	1	10%	4	3%	17	3%	26	1%	1	0%	0	9%	17	1%	1	3%	2	3%	4	N/A	N/A
Oral Health Care (OHC)																															
D1.	OHC Clients treated by subrecipients	2,901		217		90		N/A		39		88		N/A		520		N/A		N/A		122		327		N/A		N/A		N/A	
D2.	OHC Clients w/ annual oral exam (TG ≥ 75%)	71%	2,071	72%	157	77%	69	N/A	N/A	82%	32	64%	56	N/A	N/A	61%	317	N/A	N/A	N/A	N/A	67%	82	60%	197	N/A	N/A	N/A	N/A	N/A	N/A

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QM PROGRAM INDICATORS		FY 2024, Cycle 3: 12 Month Period Ending November 30th, 2024																	
		RWP	Peer Group 2 Totals		Peer Group 2		Peer Group 3 Totals		Peer Group 3: ≥301≤675 MCM Clients				Peer Group 4 Totals		Peer Group 4: ≥676 MCM Clients				
					PHT JMG S. Beach	PHT ND			AHF BP	AHF CG	AHF JN	AHF MB			BHCC	CR MT	MBCHC	PHT SFAN	
HIV Care Continuum																			
C1.	Total RWP Clients	9,468	2,484	387	243	2,379	620	960	731	803	7,388	1,261	2,048	4,035	2,194				
C2.	In medical care (IMC, TG ≥ 95%)	93% 8,822	97% 2,398	97% 377	97% 235	95% 2,253	96% 598	96% 924	94% 687	95% 766	96% 7,058	96% 1,207	93% 1,903	98% 3,960	97% 2,129				
C3.	Retained in medical care (RiMC, TG ≥ 90%)	77% 7,315	83% 2,065	88% 342	84% 205	82% 1,961	86% 535	85% 819	81% 589	83% 670	82% 6,025	82% 1,037	74% 1,515	88% 3,566	86% 1,893				
C4.	RWP Clients w/ suppressed VL (TG ≥ 95%)	85% 8,015	89% 2,210	91% 353	87% 212	89% 2,117	92% 570	91% 875	87% 638	90% 726	88% 6,466	88% 1,104	86% 1,757	92% 3,700	88% 1,939				
C5.	RWP Clients w/ missing VL data (TG ≤ 5%)	10% 906	6% 137	3% 12	4% 10	8% 180	5% 32	6% 58	8% 57	6% 52	7% 502	7% 87	9% 189	5% 188	4% 82				
Medical Case Management (MCM)																			
M1.	Active MCM Clients	7,985	1,619	146	177	1,763	414	537	441	371	4,112	693	1,377	678	1,364				
M2.	MCM Clients IMC (TG ≥ 95%)	99% 7,874	98% 1,581	99% 145	99% 175	99% 1,748	100% 413	99% 533	99% 435	99% 367	99% 4,060	99% 685	98% 1,354	98% 665	99% 1,356				
M3.	MCM Clients RiMC (TG ≥ 90%)	86% 6,859	84% 1,362	93% 136	88% 156	90% 1,581	93% 384	89% 480	86% 379	91% 338	85% 3,502	88% 612	80% 1,096	82% 558	91% 1,236				
M4.	MCM Clients w/ suppressed VL (TG ≥ 95%)	91% 7,289	91% 1,472	96% 140	90% 159	94% 1,660	95% 395	94% 507	92% 405	95% 353	90% 3,719	90% 623	91% 1,248	90% 610	91% 1,238				
M5.	MCM Clients w/ missing VL data (TG ≤ 5%)	3% 232	4% 61	1% 1	1% 2	2% 39	1% 4	3% 15	3% 12	2% 8	3% 114	2% 17	4% 49	5% 37	1% 11				
M6.	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart (TG ≥ 95%)	89% 6,445	76% 1,085	96% 136	97% 153	99% 1,597	99% 383	99% 495	99% 394	99% 325	88% 3,331	86% 534	92% 1,155	66% 418	98% 1,224				
M6a.	MCM Clients eligible for M6	7,249	1,429	142	157	1,610	387	498	397	328	3,767	620	1,257	635	1,255				
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days (TG ≥ 95%)	86% 6,725	86% 1,307	96% 140	95% 164	95% 1,666	98% 403	94% 504	91% 402	96% 357	81% 3,315	97% 671	80% 1,089	78% 517	76% 1,038				
M7a.	MCM Clients eligible for M7	7,854	1,527	146	173	1,760	412	537	441	370	4,081	692	1,367	660	1,362				
M8.	MCM Clients receiving oral health care (TG ≥ 50%)	33% 2,652	30% 480	46% 67	30% 53	26% 453	27% 113	27% 143	25% 109	24% 88	38% 1,543	35% 244	44% 602	42% 282	30% 415				
Outpatient/Ambulatory Health Services (OAHS)																			
N1.	Active OAHS Clients	5,912	858	37	30	721	168	210	207	136	3,576	357	497	2,262	460				
N2.	OAHS Clients IMC (TG ≥ 95%)	100% 5,912	100% 858	100% 37	100% 30	100% 721	100% 168	100% 210	100% 207	100% 136	100% 3,576	100% 357	100% 497	100% 2,262	100% 460				
N3.	OAHS Clients RiMC (TG ≥ 90%)	89% 5,258	86% 740	89% 33	93% 28	88% 632	89% 149	90% 190	86% 178	85% 115	90% 3,226	87% 312	79% 395	93% 2,101	91% 418				
N4.	OAHS Clients w/ suppressed VL (TG ≥ 95%)	91% 5,370	89% 762	97% 36	83% 25	94% 676	96% 162	94% 197	93% 193	91% 124	92% 3,283	89% 316	90% 445	94% 2,117	88% 405				
N5.	OAHS Clients w/ missing VL data (TG ≤5%)	3% 169	3% 26	0% 0	3% 1	2% 14	1% 1	2% 5	1% 2	4% 6	3% 105	2% 6	1% 6	4% 90	1% 3				
Oral Health Care (OHC)																			
D1.	OHC Clients treated by subrecipients	2,901	520	71	N/A	N/A	N/A	N/A	N/A	N/A	2,164	625	573	309	657				
D2.	OHC Clients w/ annual oral exam (TG ≥ 75%)	71% 2,071	61% 317	54% 38	N/A	N/A	N/A	N/A	N/A	N/A	74% 1,597	78% 486	60% 344	92% 285	73% 482				



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Health Insurance Premiums and Cost Sharing Assistance (HIPCSA)		
A1.	Active Clients with ACA Insurance	3,419
A3.	ACA Clients RiMC	80% 2,750
A4.	ACA Clients with suppressed VL	91% 3,111
A5.	ACA Clients with missing VL Data	7% 227
H1.	Active Clients Utilizing HIPCSA Service Category	52% 1,794
H3.	HIPCSA Utilizers RiMC	92% 1,642
H4.	HIPCSA Utilizers with suppressed VL	94% 1,688
H5.	HIPCSA Utilizers with missing VL Data	4% 73
G1.	Active HIPCSA Clients Utilizing a GAP Card	95% 1,699
G3.	GAP Card Utilizers RiMC	92% 1,559
G4.	GAP Card Utilizers with suppressed VL	94% 1,597
G5.	GAP Card Utilizers with missing VL Data	4% 72

RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS	
Health Insurance Premiums and Cost Sharing Assistance (HIPCSA)	
A1.	Active Clients with ACA Insurance: Number of unduplicated RWP Clients (C1) with ACA Insurance.
A3.	ACA Clients RiMC: Percent of ACA Clients (A1) retained in medical care (as defined in C3).
A4.	Total ACA Clients with a suppressed VL: Percent of active ACA Clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: All active ACA Clients (A1). Numerator: All active ACA Clients with a documented suppressed VL in the most recently reported lab test, in the 12-month reporting period.
A5.	ACA Clients w/ missing VL data: The percent of ACA Clients that did not have a VL test in the reporting period, regardless of outcome. Denominator: All active ACA Clients (A1). Numerator: All active ACA Clients that did not have 1 or more VL test(s) in the 12-month reporting period.
H1.	Active Clients Utilizing HIPCSA Service Category: Number of unduplicated RWP Clients (C1) who utilized the HIPCSA Service Category during the reporting period.
H3.	HIPCSA Utilizers RiMC: Percent of HIPCSA utilizers (H1) retained in medical care (as defined in C3).
H4.	HIPCSA Utilizers with a suppressed VL: Percent of active HIPCSA Service Category Utilizing Clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: All active HIPCSA Utilizing Clients (H1). Numerator: All active HIPCSA Utilizing Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
H5.	HIPCSA Utilizers w/ missing VL data: The percent of HIPCSA Utilizing Clients that did not have a VL test in the reporting period, regardless of the outcome. Denominator: All active HIPCSA Utilizing Clients (H1). Numerator: All active HIPCSA Utilizing Clients that did not have 1 or more VL test(s) in the 12-month reporting period.
G1.	Active Clients Utilizing the GAP Card: Number of unduplicated RWP Clients (C1) who utilized a GAP Card during the reporting period.
G3.	GAP Card Utilizers RiMC: Percent of GAP Card utilizers (G1) retained in medical care (as defined in C3).
G4.	GAP Card utilizers with a suppressed VL: Percent of active GAP Card Utilizing Clients with a suppressed viral load (VL) (<200 copies/mL). Denominator: All active GAP Card Utilizing Clients (H1). Numerator: All active GAP Card Utilizing Clients with a documented suppressed VL in the most recently reported lab test, in the 12-month reporting period.
G5.	GAP Card utilizers w/ missing VL data: The percent of GAP Card Utilizing Clients that did not have a VL test in the reporting period, regardless of outcome. Denominator: All active GAP Card Utilizing Clients (H1). Numerator: All active GAP Card Utilizing Clients that did not have 1 or more VL test(s) in the 12-month reporting period.



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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 $\geq 95\%$):** 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 $\geq 90\%$):** 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 $\geq 95\%$):** 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/ missing VL data (Target goal $\leq 5\%$):** The percent of RWP Clients that did not have at least one VL test in the reporting period, regardless of outcome. **Denominator:** All RWP Clients (C1). **Numerator:** All RWP Clients who did not have one 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 $\geq 95\%$):** 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 $\geq 90\%$):** 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 $\geq 95\%$):** 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/ missing VL data (Target goal $\leq 5\%$):** The percent of active MCM Clients that did not have at least one VL test in the reporting period, regardless of outcome. **Denominator:** All active MCM Clients (M1). **Numerator:** All active RWP Clients that did not have one 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, 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 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. (Formerly M9 in previous Report Card iterations)

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RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

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 $\geq 95\%$):** 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 $\geq 90\%$):** Percent of OAHS Clients (N1) retained in medical care (as defined in C3).
- N4. **Total Clients with a suppressed VL (Target goal $\geq 95\%$):** 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/ missing VL data (Target goal $\leq 5\%$):** The percent of OAHS Clients that did not have at least one VL test in the reporting period, regardless of outcome. **Denominator:** All OAHS Clients (N1). **Numerator:** All active OAHS Clients that did not have one 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 $\geq 75\%$):** 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.