

HIV Quality Measures (HIVQM) Module Instruction Manual 2018-2019

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HIV/AIDS Bureau
Division of Policy and Data
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Room 9N164
Rockville, MD 20857

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Background

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) provides the federal HIV programs in the Public Health Service Act under Title XXVI, flexibility to respond effectively to the changing epidemic. It emphasizes providing life-saving and life-extending services for people with HIV across the country and providing resources to targeted areas with the greatest need.

All Program Parts of the Ryan White HIV/AIDS Program (RWHAP) specify the Health Resources and Services Administration's (HRSA's) responsibilities in the allocation and administration of grant funds, as well as the evaluation of programs for the population served, and the improvement of the quality of care. The provision of accurate records of the recipients receiving RWHAP funding, the services provided, and the clients served continue to be critical to the implementation of the statute and thus are necessary for HRSA to fulfill its responsibilities.

The RWHAP statute authorizes the use of grant funds to improve the quality, availability, and organization of HIV health

care and support services. Specifically, recipients are required to establish a clinical quality management program (CQM) to:

- assess the extent to which HIV services are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and
- develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

Since 2007, the HIV/AIDS Bureau (HAB) has released performance measures for recipients to use as guidance for their CQM program; however, recipients are not required to use the HAB developed measures nor are they required to submit performance measure data. Recipients do report on some clinical data elements through the required Ryan White HIV/AIDS Program Services Report (RSR) on an annual basis; however, these data give HAB only a snapshot of the quality of HIV services provided by recipients.

In 2013, HAB introduced new HIV performance measures, located at: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio> with the goals of:

- Identifying core performance measures that are most critical to the care and treatment of people with HIV;
- Combining measures to address people with HIV of all ages;
- Aligning measures with U.S. Department of Health and Human Services priorities, guidelines, and initiatives;
- Promoting relevant performance measures used in other federal programs;
- Archiving performance measures; and
- Monitoring progress toward achieving the goals identified in the National HIV/AIDS Strategy: Updated to 2020.

The HIV Quality Measures Module

HAB developed the HIV Quality Measures (HIVQM) Module, a tool within the existing RSR portal, to allow recipients to voluntarily enter aggregate data on the HAB performance measures. This tool offers recipients and their subrecipients an easy-to-use and structured platform to continually monitor their performance in serving clients, particularly in providing access to care and quality HIV services. Recipients and subrecipients may find the tool helpful as they set goals for performance measures and quality improvement projects. Finally, the HIVQM Module allows recipients to obtain reports that compare providers regionally and nationally against other providers. HRSA expects the HIVQM Module will better support CQM, performance measurement, service delivery, and client monitoring at both the recipient and client levels, enhancing the submitted data's quality and utility.

Recipients and service providers who participate in a Centers for Medicare and Medicaid Incentive program, such as the Medicare and Medicaid Electronic Health Records Incentive Program and the Physician Quality Reporting System, may also find the HIVQM Module helpful because data submitted qualify and comply with these programs' requirements.

What's new?

HRSA HAB has added new features to improve the HIVQM Module, including the following.

1. The HIVQM Reports will now generate three different types of reports:

- The **Summary Report**, which was available last year, will now also include state-level data in addition to regional and national data.
- The **Comparison Trend Report** is a new report that will allow recipients to compare their performance data at the organizational, state, regional, and national level over a 5-year period.

See [Step Five: Generate HIVQM Reports](#) for more instructions on how to view these new reports.



Note that the reports will only represent data of organizations that submitted data into the HIVQM Module.

- The **Program Parts Comparison Report** is another report that will allow recipients to compare performance measures data by RWHAP Part.

2. Recipients will be able to upload performance measures data from a CSV file. See [Uploading Performance Measures Data](#) **NEW!** for more instructions on how to upload CSV files.
3. Recipients will be able to access prior reports during the March submission period to enter and update data. For example, in March 2020, recipients can go back to these previous reporting periods:
 - January 1, 2019–December 31, 2019
 - October 1, 2018–September 30, 2019
 - July 1, 2018–June 30, 2019
 - April 1, 2018–March 31, 2019

See [Access prior reports during the March submission period](#) **NEW!** for more instructions on how to access prior reports.

What are the components of the HIVQM Module?

The HIVQM Module comprises three (3) parts:

- The **Provider Information** page consists of four (4) prepopulated data points about the provider (generated from the latest RSR).
- The **Performance Measures** section is where recipients can choose and enter aggregate data on up to 44 clinical measures under these nine (9) main categories:
 - Core
 - All Ages
 - Adolescent and Adult
 - Children
 - HIV-Exposed Children
 - Medical Case Management
 - Oral Health
 - ADAP
 - Systems-Level
- The **HIVQM Reports** are where recipients can generate reports based on their own data as well as compare their data to other recipients and/or subrecipients who have entered data into the Module. The comparison reports do not include the identity of the other recipients or subrecipients.

For more detailed information on these clinical measures, visit the **HAB** webpage at: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>.

Which clients can be included in the HIVQM Module?

All clients who receive HIV services, regardless of funding source, can be included in the HIVQM Module.

Who enters data in the HIVQM Module?

The use of the HIVQM Module is voluntary, but it is strongly encouraged. The HIVQM Module is available for each recipient and subrecipient who provides HIV care services and can enter their own data. Recipients can complete the data entry in the Module for any of their subrecipients.

How do you access the HIVQM Module?

Access the Module through the existing RSR web system (you must be able to access your RSR with a login and password). To learn how to access the Module from the RSR Inbox, see [page 8](#).

When can you enter data?

The Module is available to recipients and subrecipients four (4) times a year—March, June, September, and December—to submit performance measure data for a specified 12-month period. These reporting periods are outlined in the table below.

HIVQM Module Opens	HIVQM Module Closes	Reporting Period
September 1, 2019	September 30, 2019	July 1, 2018–June 30, 2019
December 1, 2019	December 31, 2019	October 1, 2018–September 30, 2019
March 1, 2020*	March 31, 2020	January 1, 2019–December 31, 2019
June 1, 2020	June 30, 2020	April 1, 2019–March 31, 2020

* Recipients and subrecipients are able to access prior reporting periods to update and/or enter data.

How are the HIVQM Module data submitted to HAB?

Once you have entered and saved data in the Provider Information and the Performance Measures sections, you have submitted your data. HAB will have access to the data at the conclusion of each submission period.

Instructions for Completing the HIVQM Module

Each recipient and its subrecipients have access to the HIVQM Module. Those that receive funding from multiple parts only need to access the Module once to enter data. For example: If an agency receives Part A and C funding, it will only need to enter data once per submission period. The Part A and C grant recipients of record will have access to those data.



Enter data for all clients who receive HIV services, regardless of funding source.

Step One: Access the most recent RSR deliverable

There are two ways that you can access the most recent RSR deliverable, depending on whether you are a recipient/recipient-provider or a provider:

1. Recipients/recipient-providers only: Log in to the EHBs at <https://grants.hrsa.gov/webexternal> and navigate to the RSR Inbox.
 - Hover over the Grants tab at the top of the page, and on the drop-down menu, click on “Work on Performance Reports.”
 - Locate your most recent RSR deliverable and click “Start” or “Edit” in the Action column on the far right.
2. Providers only: Log in to the RSR web system at: <https://performance.hrsa.gov/hab/regloginapp/admin/login.aspx?application=rsrApp> and navigate to the RSR Inbox.



If you need help navigating the EHBs to find your annual RSR, contact Ryan White Data Support at 1-888-640-9356 or e-mail RyanWhiteDataSupport@wrma.com.

Step Two: Access the HIVQM Module

Once in the RSR Inbox, click the “HIVQM Inbox” link under the “Performance Measures” heading on the Navigation panel on the left side of the screen. See Figure 1 for a screenshot of the RSR Recipient Report Inbox.

Figure 1. RSR Recipient Report Inbox

The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes links for Tasks, Organizations, Grants, Free Clinics, FQHC-LALs, and Resources. The left sidebar contains a NAVIGATION menu with sections like Inbox, Manage Contracts, Search, Administration, References, and Performance Measures. The 'Performance Measures' section is expanded, and the 'HIVQM Inbox' link is highlighted with a red box. The main content area, titled 'RSR Recipient Report Inbox', displays a table with the following data:


Report ID	Fund Source	Grant Number	Recipient Name	Reporting Period	Modified Date	Status	Action	Action History
67384	Part A		ABC University	2018 Annual	1/14/2019 2:10:20 PM	Working	Open	History

Below the table, there is a 'Page Size' dropdown set to 25 and a note indicating '1 items in 1 pages'. A footer message provides contact information for HRSA support and mentions the requirement for Adobe Acrobat Reader 5 or higher.

In the HIVQM Report Inbox, find the provider name you want to enter data for and click the envelope icon on the right under the “Action” column. See Figure 2a for a screenshot of the HIVQM Inbox. This will take you to the first section of the HIVQM Module, the Provider Information page.

Figure 2a. HIVQM Inbox

The screenshot displays the HRSA Electronic Handbooks interface for the HIVQM Report Inbox. The top navigation bar includes links for Tasks, Organizations, Grants, Free Clinics, FQHC-LALs, and Resources. The main content area features a table with the following data:

Report ID	Provider Name	Reg Code	Reporting Period	Status	Action
67406	ABC University	74047	04/01/2017 – 03/31/2018	Working	 Open

The 'Action' column for the first row is highlighted with a red box, indicating the 'Open' button. The left sidebar contains a 'NAVIGATION' menu with sections like Performance Measures, Administration, Search, and References. The bottom of the page includes contact information for the HRSA Contact Center and Data Support.

Access prior reports during the March submission period **NEW!**

Once a year, during the March submission period, recipients and subrecipients will be able to enter and update data for the previous four reporting periods. These reporting periods will be listed in the HIVQM Report Inbox. See Figure 2b for a screenshot of the HIVQM Inbox during March Reporting Period. To enter and update data for a reporting period, click the envelope icon on the right under the “Action” column. Note that for reporting periods with no previous data, the comment under the “Status” column will display “Not Started,” but you will still be able to enter data by clicking the envelope icon

Figure 2b. HIVQM Inbox during March Reporting Period

HRSA Electronic Handbooks Environment: Development Support Logout

Welcome Recently Accessed What's New Guide Me Wednesday, 30th January, 2019 03:46:51 P.M.

NAVIGATION HIVQM Report Inbox Your session will expire in: 29:46

Report ID	Provider Name	Reg Code	Reporting Period	Status	Action
67406	ABC University	74047	04/01/2017 -- 03/31/2018	Working	
67407	ABC University	74047	07/01/2017 -- 06/30/2018	Working	
67408	ABC University	74047	01/01/2018 -- 12/31/2018	Working	
0	ABC University	74047	10/01/2017 -- 09/30/2018	Not Started	

Page Size: 25 4 items in 1 pages

For help with EHBs contact the HRSA Contact Center by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter, Provider
The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

Step Three: Completing the Provider Information Page

The Provider Information page will be prepopulated with data from your last RSR and consists of four (4) items. Check the information already captured on the page and update any incorrect data. Below are the items and option responses. See Figures 3a–b for screenshots of the Provider Information page.

1. **Provider Caseload:** Total number of unduplicated clients enrolled at the end of the reporting period. Enter a number up to seven (7) characters; it *must* be greater than zero
2. **Funding Source:** Indicate all your agency's funding sources received during the HIVQM reporting period by clicking the corresponding checkboxes. You *must* select at least one funding source, and you can select more than one if applicable to your agency.
 - Part A
 - Part B
 - Part B Supplemental
 - Part C EIS
 - Part D
3. **Provider Type:** Indicate the agency type that best describes your agency by clicking the appropriate radio button. If you choose **Other facility**, please specify a description. You *must* indicate at least one provider type.
 - Hospital or university-based clinic
 - Publicly-funded community health center
 - Publicly-funded community mental health center
 - Other community-based service organization (CBO)
 - Health department
 - Substance abuse treatment center
 - Solo/group private medical practice
 - Agency reporting for multiple fee-for-service providers
 - People Living with HIV/AIDS (PLWH) Coalition
 - VA facility
 - Other facility (Please specify)

Figure 3a. HIVQM: Provider Information Page

NAVIGATION << >>

- Performance Measures
 - HIVQM Inbox
- Administration
 - Print Requests
- Comments
 - Add Comments
 - View Comments
- Search
 - HIVQM Reports
- HIVQM Report Navigation
 - Provider Information
 - Select Measures
 - Enter Performance Data
- HIVQM Reports
 - Summary Report
 - Comparison Trend Report
- References
 - HAB PM Portfolio
 - HHS Region Map
- RSR Inbox
 - Return to RSR

HIVQM Report Your session will expire in: 29:4

▼ ABC University

Report ID: 67406	Status: Working	Close Date: 1/31/2019 12:00:00 AM
Report Period: 04/01/2017 – 03/31/2018	Last Modified Date: 1/18/2019 2:48:27 PM	Last Modified By: Manlio Callez 10745429@test.com
Access Mode: ReadWrite	Locked By: Manlio Callez 10745429@test.com	

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Please review items 1 through 4 and make any necessary changes. A field with an asterisk (*) before it is a required field.

*** 1. Provider Caseload**

Enter the total number of unduplicated clients enrolled at the end of the reporting period (caseload).

Provider Caseload:

*** 2. Funding Source**

Indicate all funding sources received during the reporting period.

☒ Part A
☐ Part B
☐ Part B Supplemental
☒ Part C EIS
☒ Part D

*** 3. Provider Type:**

☐ Hospital or university-based clinic
☒ Publicly funded community health center
☐ Publicly funded community mental health center
☐ Other community-based service organization (CBO)
☐ Health department
☐ Substance abuse treatment center
☐ Solo/group private medical practice
☐ Agency reporting for multiple fee-for-service providers
☐ People Living with HIV/AIDS (PLWHA) Coalition
☐ VA facility
☐ Other facility

Please Specify:

4. Data Collection: This item consists of three (a–c) entries regarding your data collection system(s). You *must* enter data for 4a and 4b. You *must* enter data for 4c *only if* you selected **Other** in 4b.

a. Does your organization use a computerized data collection system? Click the appropriate radio button.

- Yes, all electronic
- Yes, part paper and part electronic
- No
- Unknown

b. What is the name of your current data collection system(s)? Indicate all systems that your agency uses by clicking the corresponding checkboxes.

- | | | |
|-----------------------|----------------------|----------------------|
| — AIRES | — eCOMPAS | — NextGen |
| — Allscripts | — EHS CareRevolution | — Provide Enterprise |
| — AVIGA | — Epic | — SCOUT |
| — CAREWare | — ETO Software | — Other |
| — Casewatch Millenium | — FutureBridge | — Unknown |
| — Cerner | — GE/Centricity | |
| — eClinicalWorks | — Sage/Vitera | |

c. If you selected **Other** in 4b, enter in the text field any data collection system(s) used to run performance measures that are not listed in 4b. Use a semicolon to separate multiple items.

Once you have completed the Provider Information page, save your data by clicking “Save” on the bottom right of the screen. If you did not enter data for all items, you will receive an error message to return to the item with missing data and correct it. You will not be able to save your data until you have addressed all error messages.

Figure 3b. HIVQM: Provider Information Page

The screenshot displays a web browser window with a grey header bar containing three colored circles (red, yellow, green) on the left and a search bar with a star icon on the right. The main content area is titled "4. Data Collection" and contains three sections:

- * 4a. Does your organization use a computerized data collection system?**
 - ☐ Yes, all electronic
 - ☐ Yes, part paper and part electronic
 - ☐ No
 - ☐ Unknown
- 4b. What is the name of your current data collection system(s)? (Select all that apply)**
 - ☐ AIRES
 - ☐ Allscripts
 - ☐ AVIGA
 - ☐ CAREWare
 - ☐ Casewatch Millennium
 - ☐ Cerner
 - ☐ eClinicalWorks
 - ☐ eCOMPAS
 - ☐ EHS CareRevolution
 - ☐ Epic
 - ☐ ETO Software
 - ☐ FutureBridge
 - ☐ GE/Centricity
 - ☐ NextGen
 - ☐ Provide Enterprise
 - ☐ Sage/Vitera
 - ☐ SCOUT
 - ☐ Other (Please specify in item 4c below.)
 - ☐ Unknown
- 4c. List any data collection system(s) used to report performance measures that are not in item 4b above (use a semicolon to separate multiple item lists.)**

At the bottom of the form, there are two buttons: "Cancel" on the left and "Save" on the right.

Step Four: Entering Performance Measures Data

Recipients and subrecipients can now enter performance measures data in two ways: via data upload from a CSV file into the Module or manually entering the data into the Module performance measures pages. Below you will find instructions for both ways.

Uploading Performance Measures Data **NEW!**

Recipients and subrecipients can now import performance measures data into the HIVQM Module from a CSV file. In the Navigation panel on the top left side of the screen, click on the link, “Upload HIVQM Data” to bring you to the HIVQM Data Upload page. See Figure 4a for a screenshot of the Data Upload page.

On the Data Upload page, you will be able to select the provider name through a drop-down menu. Once you select the provider name, click on the “Select” button. Two new buttons for importing your file will appear. First, click on the “Choose File” button to search for the CSV file on your computer. Then click the “Upload File” button to upload the file. See Figure 4b for a screenshot of the upload buttons. A validation process will automatically begin to ensure that data in your file passes system requirements. You can review validation information of your file under the table, Upload Summary. See Figure 4b for a screenshot of the Upload Summary table. The Upload Summary table will include information on the number of records in the file, the number of records that failed validation and the number of alerts. Alerts tell you to check your data to make sure that they are correct.



Instructions on how to create a CSV file can be found in Appendix A.



A list of validations can be found in Appendix B.

Figure 4a HIVQM Data Upload Page and Provider Selection

The screenshot shows a web browser window with the URL <https://brsq.hrsa.gov/HAB/HIVQMExternal/App/UI/UploadData.aspx?MenuId=3194&controlName=LeftMenu>. The page is titled "HIVQM | HRSA EHBs" and "Electronic Handbooks". The navigation menu on the left includes "Performance Measures", "Administration", "Search", "HIVQM Reports", "References", and "RSR Inbox". The main content area is titled "HIVQM Performance Measures" and "HIVQM Data Upload".

HIVQM Data Upload

This page allows you to upload HIVQM performance measures for the reporting period(s) specified below. You can find the description of the columns in the provided field definition file. Once data is uploaded, you can view the validation results in the Upload Summary table. You may upload HIVQM performance data multiple times. However, system will retain data only from the latest file upload. You can also view and edit performance data in the HIVQM Report for the corresponding reporting period.

Report Period(s) Open for Editing: 04/01/2018 – 03/31/2019

Provider Name:

File to Upload: No file chosen

Upload Summary

Total # of records in this file	Total # of records that failed validation	Total # of records with alerts	Uploaded Date and Time	View
---------------------------------	---	--------------------------------	------------------------	------

Data Summary

Reporting Period	# of records uploaded
------------------	-----------------------

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Logged in as: DataSupportUser

Some alerts are also errors that you must correct before successfully uploading your file. To view your list of validations, click on the link, “Validation Result” in the Upload Summary table and an Excel document will appear that can also be downloaded to your computer.

Figure 4b Uploading Your File

New Tab x HIVQM | HRSA EHBs x +

https://brsq.hrsa.gov/HAB/HIVQMExternal/App/UI/UploadData.aspx?MenuId=3194&controlName=LeftMenu

Apps Term Grades Login MyADP Basic Pacific Retirement Ryan White - Part D OAH Teen Pregnancy Imogen Fua | Target... HAB Web Applicati... Human Resources - ... WRMA Proposal Ce...

Environment: QA Imogen_Fua Support Logout

HRSA Electronic Handbooks

Tasks Organizations Grants Free Clinics FQHC-LALS Resources

Welcome Recently Accessed What's New Guide Me Wednesday 5th June 2019 01:44:06 P.M.

NAVIGATION << HIVQM Performance Measures Your session will expire in: 29:41

Performance Measures

- HIVQM Inbox
- Upload HIVQM Data

Administration

- Edit Registration
- Change Password
- Print Requests
- Admin Tools

Search

- HIVQM Reports

HIVQM Reports

- Program Parts Comparison Report

References

- HAB PM Portfolio
- HHS Region Map

RSR Inbox

- Return to RSR

HIVQM Data Upload

This page allows you to upload HIVQM performance measures for the reporting period(s) specified below. You can find the description of the columns in the provided field definition file. Once data is uploaded, you can view the validation results in the Upload Summary table. You may upload HIVQM performance data multiple times. However, system will retain data only from the latest file upload. You can also view and edit performance data in the HIVQM Report for the corresponding reporting period.

Report Period(s) Open for Editing: 04/01/2018 – 03/31/2019

Provider Name:

File to Upload:

No file chosen

Upload Summary

Total # of records in this file	Total # of records that failed validation	Total # of records with alerts	Uploaded Date and Time	View
---------------------------------	---	--------------------------------	------------------------	------

Data Summary

Reporting Period	# of records uploaded
------------------	-----------------------

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Logged in as: DataSupportUser

After you have checked the alerts and fixed the errors in your file, you can begin the upload process again by clicking on the “Choose File” button to search for the CSV file on your computer and then clicking the “Upload File” button. When your file has passed the validation process, you will see at the top of the page, “The file is processed successfully.”

Manually Entering Performance Measures Data

Select measures

Recipients and subrecipients can also manually enter data into the HIVQM Module. First you must select the performance measures that you want to enter. To select performance measures, click the “Select Measures” link under the “HIVQM Report Navigation” heading in Navigation pane on the left side of the screen. See Figure 5 for a screenshot on selecting performance measures.



The Data Summary table located below the Upload Summary table contains information on the reporting period and the number of records uploaded. This information can especially be helpful if you have multiple file uploads.



You will still see the alerts that ask you to check your data even though you have successfully uploaded your file and are ready to generate reports.

Figure 5. HIVQM: Performance Measure Selection Page

HRSA Electronic Handbooks Environment: Development Mantio.Callez.10745429@testf.com Support Logout

Welcome Recently Accessed What's New Guide Me Tuesday, 20th January, 2019 06:33:10 P.M.

NAVIGATION HIVQM Report Your session will expire in: 29:12

Performance Measures

HIVQM Inbox

Administration

Print Requests

Comments

Add Comments

View Comments

Search

HIVQM Reports

HIVQM Report

Navigation

Provider Information

Select Measures

Enter Performance Data

HIVQM Reports

Summary Report

Comparison Trend Report

References

HAB PM Portfolio

HHS Region Map

RSR Inbox

Return to RSR

Report ID: 67406 Status: Working Close Date: 1/31/2019 12:00:00 AM

Report Period: 04/01/2017 – 03/31/2018 Last Modified Date: 1/18/2019 2:48:27 PM

Access Mode: ReadWrite Last Modified By:

Locked By:

Select the performance measures on which you will report.

OMB Control Number: 0906-0022 Expiration Date: 12/31/2019

Expand Icon	Category	Id
Core Measures		1
<input checked="" type="checkbox"/> Viral Load Suppression	Information Icon	
<input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy		
<input type="checkbox"/> Medical Visits Frequency		
<input type="checkbox"/> Gap in Medical Visits		
<input type="checkbox"/> PCP Prophylaxis		
All Ages Measures		2
Adolescent and Adult Measures		3
HIV Infected Children Measures		4
HIV Exposed Children Measures		5
Medical Case Management (MCM) Measures		6
Oral Health Measures		7
ADAP Measures		8
Systems-Level Measures		9

Cancel Save

For help with EHBs contact the HRSA Contact Center by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

To see the performance measures under each main category, click the expand icon on the left to expand your selections. Then click the checkbox for the performance measures you will be entering data for. If you want more information about the performance measure, click the information icon to the right, and a pop-up window will display additional information. Once you have selected all the performance measures your agency wants to submit data on, click “Save” in the lower right corner of the screen.

Enter performance data

After saving your performance measures, you are ready to enter your data. On the left side of the screen, under the Navigation pane, click the “Enter Performance Data” link, and the screen will refresh to the Data Entry page containing a table of all the

performance measures that you selected. See Figure 6 for a screenshot on entering performance measures.

Figure 6. HIVQM: Performance Measure Data Entry Page

HIVQM Report

Report ID: 67406 Status: Working Close Date: 1/31/2019 12:00:00 AM
 Report Period: 04/01/2017 – 03/31/2018 Last Modified Date: 1/29/2019 8:08:46 PM Last Modified By:
 Access Mode: ReadWrite Locked By:
 OMB Control Number: 0906-0022 Expiration Date: 12/31/2019

Performance Measure	Records Reviewed	Numerator	Denominator	Provider Percent
Core Measures				
Medical Visits Frequency				
Gap in Medical Visits				
PCP Prophylaxis				
Adolescent and Adult Measures				
Chlamydia Screening				
Gonorrhea Screening				
Hepatitis B Screening				
Hepatitis B Vaccination				
Oral Exam				
Substance Use Screening				
Medical Case Management (MCM) Measures				
Gap in Medical Visits				
Medical Visit Frequency				

Cancel Save

Complete the table by entering your data in the three columns to the right for Records Reviewed, Numerator, and Denominator.

- *Records reviewed* is the number of records that were assessed for the performance measure under review.
- *Denominator* includes clients who should receive the care or service under review.
- *Numerator* includes those clients who should and did receive the care or service under review.

For more program-related guidance on these numbers, click the information icon to the right of the Performance Measure, and a pop-up window will display additional information.

Try these tips to avoid receiving error messages when entering your data.

- For Records Reviewed, you must enter a number less than or equal to your caseload number entered in the Provider Information page.
- The Records Reviewed number must be greater than or equal to the Denominator.
- The Numerator must be less than or equal to the Denominator.
- If your Numerator is less than 20 percent of the Denominator, you will receive an alert to make sure this number is correct. Correct the Numerator or ignore the alert if the Numerator is correct.

Once you have entered all your data, save your data by clicking “Save” on the lower right corner of the screen. If you have entered invalid data (valid data is described above) in any of the columns, you will receive an error message. Go back to your data entries and correct the errors. You will not be able to save your data until you have addressed all error messages.

After your data is accurate and saved, the page will refresh with the calculated “Provider Percent” populated on the last column. This is also your organization’s summary report. See Figure 7 for an example of the Organization Summary Report.

Figure 7. HIVQM: Organization Summary Report

NAVIGATION << HIVQM Report Your session will expire in: 29:49

Performance Measures ▾
HIVQM Inbox
Administration ▾
Print Requests
Comments ▾
Add Comments
View Comments
Search ▾
HIVQM Reports
HIVQM Report
Navigation ▾
Provider Information
Select Measures
Enter Performance Data
HIVQM Reports ▾
Summary Report
Comparison Trend Report
References ▾
HAB PM Portfolio
HHS Region Map
RSR Inbox ▾
Return to RSR

ABC University

Report ID: 67386
Report Period: 07/01/2017 – 06/30/2018
Access Mode: ReadWrite

Status: Working
Last Modified Date: 1/20/2019 7:27:58 PM
Locked By:

Close Date: 1/31/2019 12:00:00 AM
Last Modified By:

OMB Control Number: 0906-0022
Expiration Date: 12/31/2019

Performance Measure	Records Reviewed	Numerator	Denominator	Provider Percent
Core Measures				
Viral Load Suppression	154	105	120	87%
Prescribed Antiretroviral Therapy	150	120	130	92%
Medical Visits Frequency	154	120	120	100%
Gap in Medical Visits	154	120	145	82%
Adolescent and Adult Measures				
Chlamydia Screening	154	115	120	95%
Hepatitis B Screening	150	120	130	92%
HIV Infected Children Measures				
MMR Vaccination	145	115	115	100%
HIV Exposed Children Measures				
Diagnostic Testing to Exclude HIV Infection in Exposed Infants	145	100	135	74%
Neonatal Zidovudine Prophylaxis	145	130	140	92%
PCP Prophylaxis for HIV-Exposed Infants	145	108	140	77%
Oral Health Measures				
Dental Treatment Plan	145	145	145	100%

Cancel Save

Step Five: Generate HIVQM Reports

The HIVQM Module can generate three types of reports: a summary report, a comparison trend report and a program parts comparison report. These reports allow recipients to compare their performance measures data with that of others:

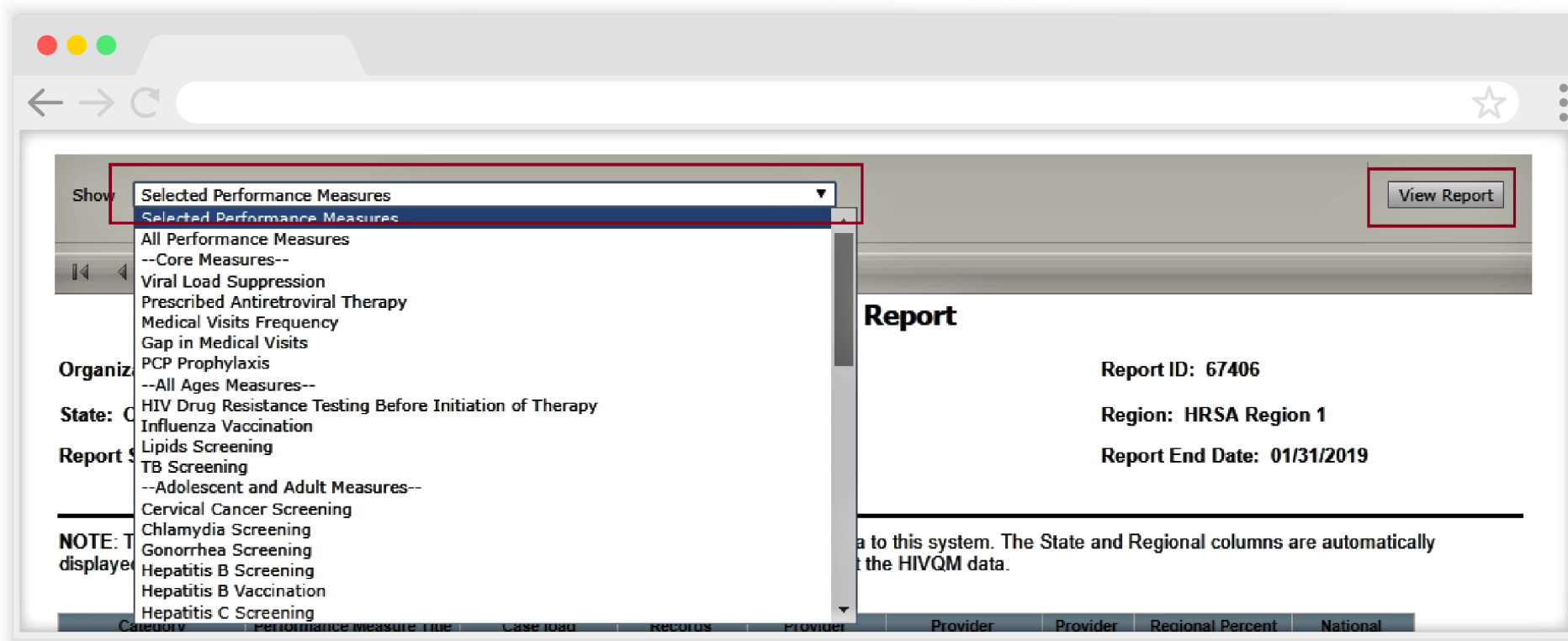
- The **Summary Report**, which was available last year, will now also include state-level data in addition to regional and national data.
- The **Comparison Trend Report** is a new report that will allow recipients to compare their performance data at the organizational, state, regional, and national level over a 5-year period.
- The **Program Parts Comparison Report** is another report that will allow recipients to compare performance measures data by RWHAP Part.

To view a report, click the “Summary Report”, “Comparison Trend Report” or “Program Parts Comparison Report” link under HIVQM Reports in the Navigation panel on the left side of the screen.

Summary report **NEW!**

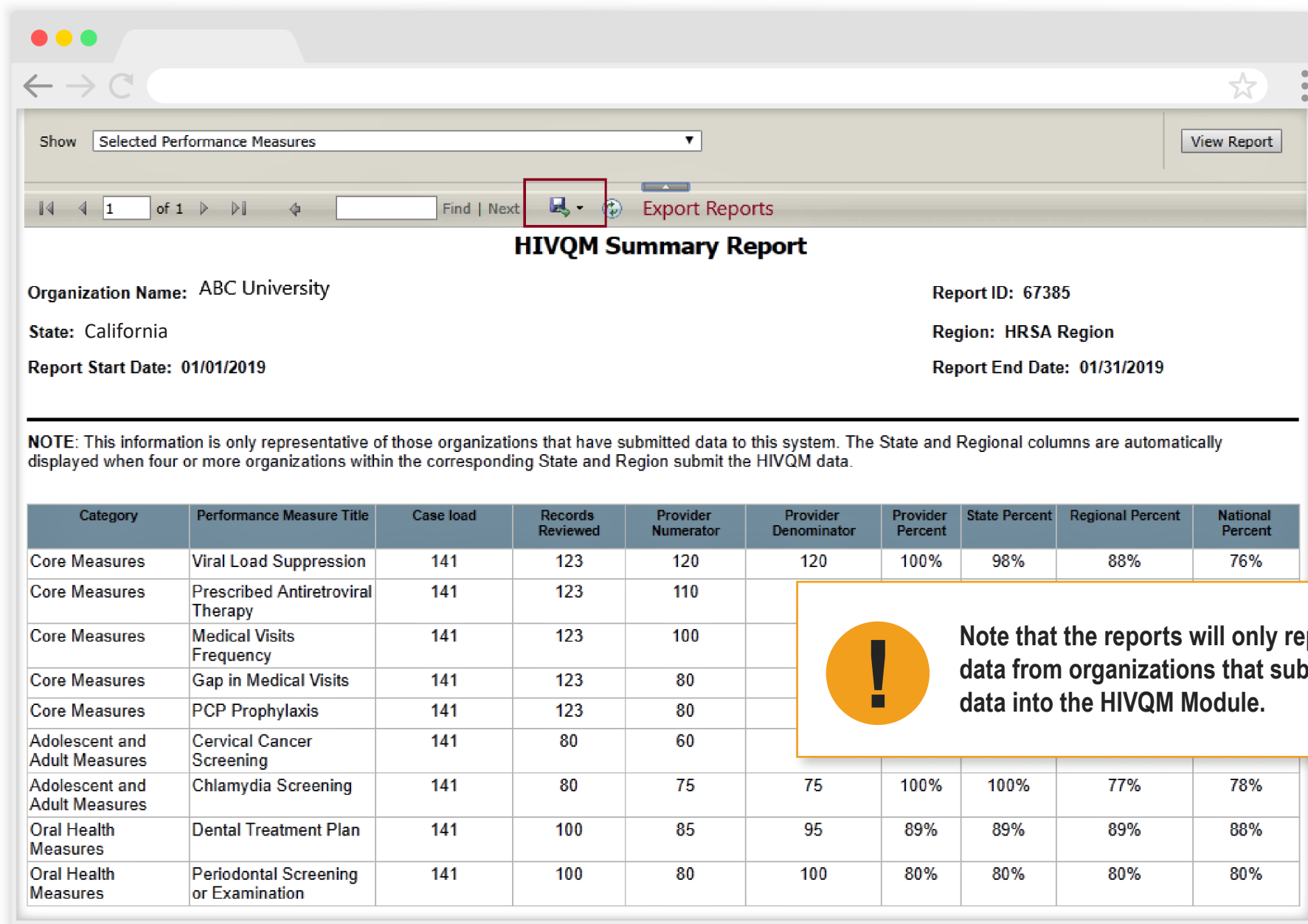
Once you click “Summary Report,” select the performance measure(s) that you want to view from the pull-down menu at the top of the page. You can select all performance measures, a main category, or individual performance measure. See Figure 8 for a screenshot on selecting performance measures.

Figure 8. HIVQM: Selecting Performance Measure for Reports
 (Same for Summary and Comparison Trend Reports)



Once you select the performance measure(s), click “View Report” on the upper right and the report will be generated in a different tab. You can export your summary report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking the floppy disk icon for a pull-down menu of options. This summary report reflects data that were submitted during the reporting period. Note that the state and regional columns will be hidden if fewer than four organizations submit data for that state or region. See Figure 9 for an example of the Summary Report.

Figure 9. HIVQM: Summary Report



Organization Name: ABC University

State: California

Report Start Date: 01/01/2019

Report ID: 67385

Region: HRSA Region

Report End Date: 01/31/2019

NOTE: This information is only representative of those organizations that have submitted data to this system. The State and Regional columns are automatically displayed when four or more organizations within the corresponding State and Region submit the HIVQM data.

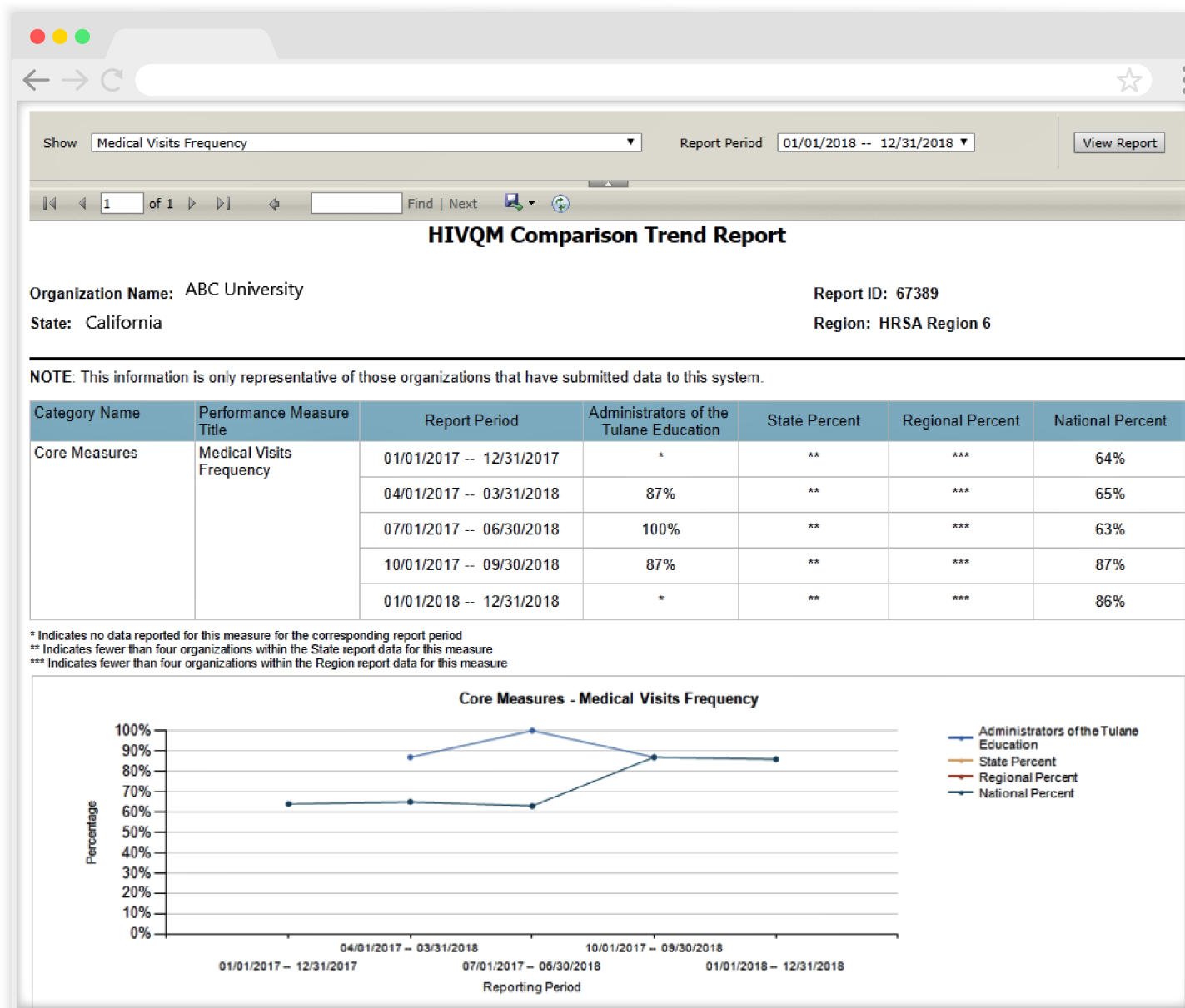
Category	Performance Measure Title	Case load	Records Reviewed	Provider Numerator	Provider Denominator	Provider Percent	State Percent	Regional Percent	National Percent
Core Measures	Viral Load Suppression	141	123	120	120	100%	98%	88%	76%
Core Measures	Prescribed Antiretroviral Therapy	141	123	110					
Core Measures	Medical Visits Frequency	141	123	100					
Core Measures	Gap in Medical Visits	141	123	80					
Core Measures	PCP Prophylaxis	141	123	80					
Adolescent and Adult Measures	Cervical Cancer Screening	141	80	60					
Adolescent and Adult Measures	Chlamydia Screening	141	80	75	75	100%	100%	77%	78%
Oral Health Measures	Dental Treatment Plan	141	100	85	95	89%	89%	89%	88%
Oral Health Measures	Periodontal Screening or Examination	141	100	80	100	80%	80%	80%	80%

Note that the reports will only represent data from organizations that submitted data into the HIVQM Module.

Comparison trend report **NEW!**

Once you click the “Comparison Trend Report” link, select the performance measure(s) that you want to view from the pull-down menu at the top of the page. You can select all performance measures, a main category, or individual performance measure. In the “Reporting Period” field, select a year-long reporting period from the pull-down menu, starting from January 2016. Click “View Report,” and the report will be generated in a different tab. You can export your Comparison Trend Report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking the floppy disk icon for a pull-down menu of options. If fewer than four organizations report data under a performance measure, asterisks will be displayed in the corresponding cell of the data table. See Figure 10 for an example of the Comparison Trend Report.

Figure 10. HIVQM: Comparison Trend Report



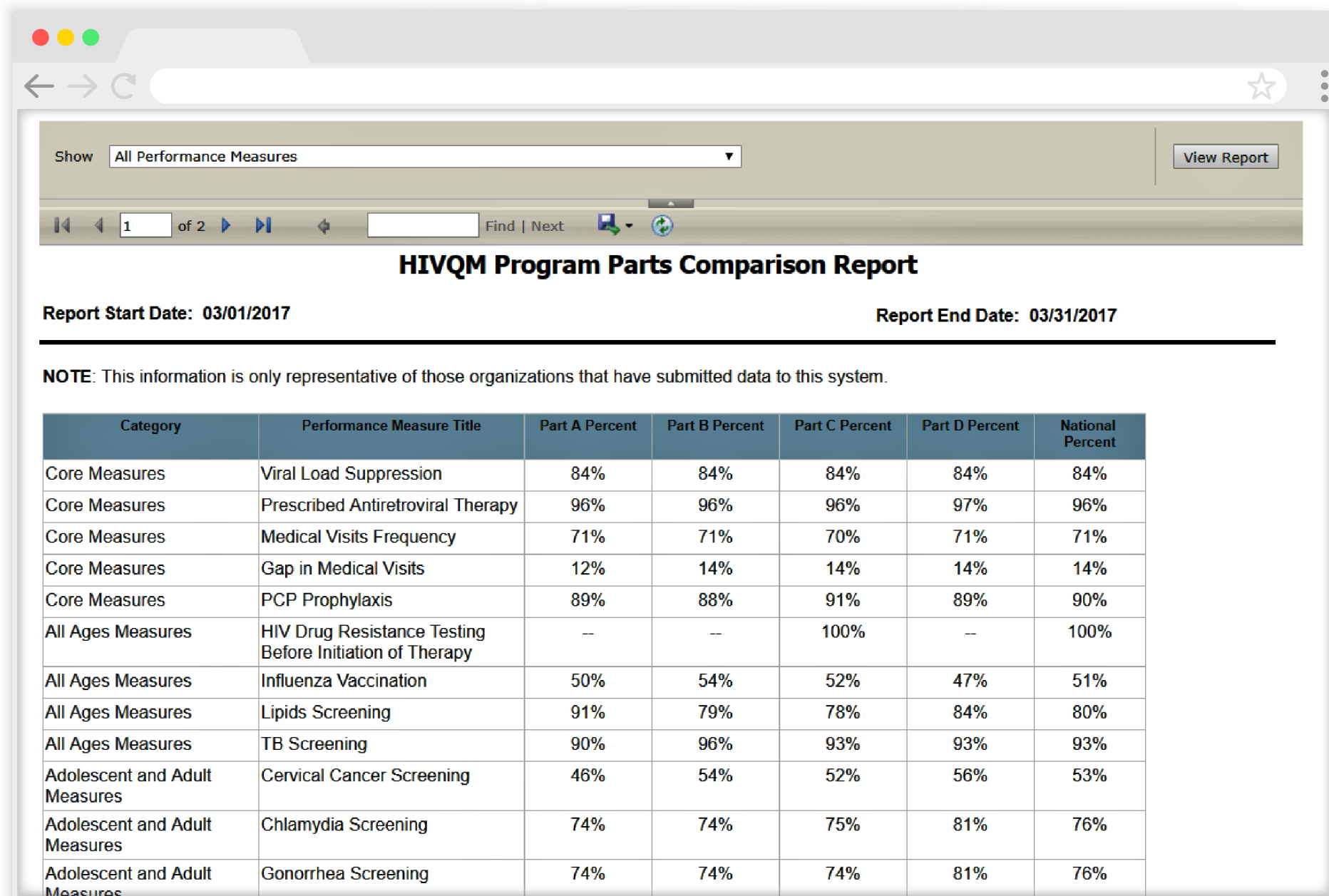
Program Parts Comparison Report **NEW!**

Once you click the “Program Parts Comparison Report” link, select the performance measure(s) that you want to view from the pull-down menu at the top of the page. You can select all performance measures, a main category, or individual performance measure. See Figure 7. HIVQM: Selecting Performance Measures for Reports. Once you select the performance measure(s), click “View Report” on the right and the report will be generated in a different tab. You can export your summary report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking the floppy disk icon for a pull-down menu of options. This summary report reflects data that were submitted during the reporting period. See Figure 11 for an example of the Program Parts Comparison Report.



For further assistance on completing the HIVQM Module or generating reports, contact Data Support at 1-888-640-9356 or e-mail RyanWhiteDataSupport@wrma.com.

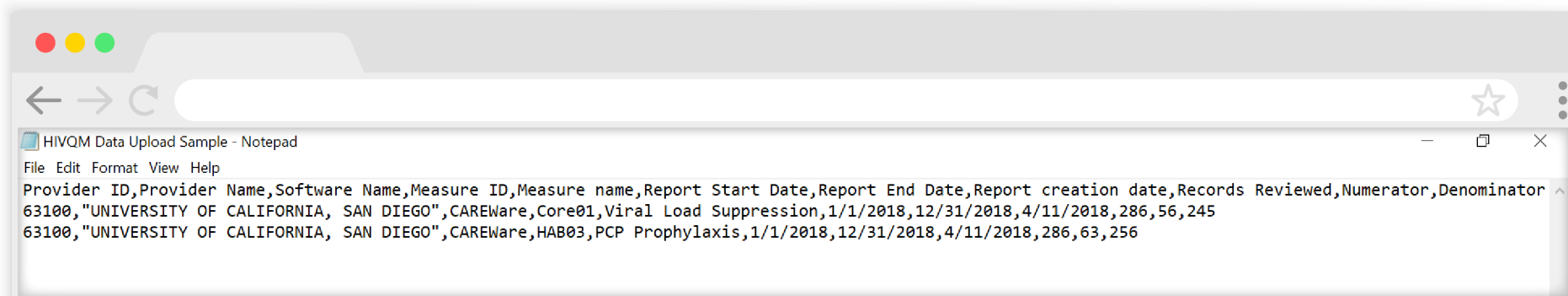
Figure 11. HIVQM: Program Parts Comparison Report



Appendix A

HIVQM Upload – Field Definitions

This document outlines the procedure to create a CSV file to upload HIVQM data. The first row of the file contains the column headers separated by commas. The HIVQM data for various performance measures should be populated starting from the second row of the file and each entry should be separated by commas. A screenshot of the sample file is shown below.



The description of each column is defined in the table below.

Field #	Field Name	Description	Field Type	Length	Coding	Required
1.	Provider ID	Registration code of the provider	Numeric	5		Yes
2.	Provider Name	Name of the provider corresponding to the Provider ID	Character	50	The Provider Name should be entered in double quotations. E.g. "UNIVERSITY OF CALIFORNIA, SAN DIEGO"	No

Field #	Field Name	Description	Field Type	Length	Coding	Required
3.	Software Name	Name of the software being used to populate the HIVQM data	Character	50	The Provider Name should be entered in double quotations. E.g. "CAREWare"	No
4.	Measure ID	Measure code corresponding to the performance measure under review	Character		The Measure ID should be entered in double quotations. E.g. "Core01". Please refer to the Appendix for a list of valid Measure IDs.	Yes
5.	Measure name	Name of the performance measure under review	Character	200	The Measure Name should be entered in double quotations. E.g. "Viral Load Suppression". Please refer to the Appendix for a list of valid Measures corresponding to each Measure ID	No
6.	Report Start Date	Start date of the reporting period	Date	NA	The Report Start Date should be entered in "MM/DD/YYYY" format.	Yes
7.	Report End Date	End date of the reporting period	Date	NA	The Report End Date should be entered in "MM/DD/YYYY" format.	Yes
8.	Report creation date	Date when the report was created	Date	NA	The Report Creation Date should be entered in "MM/DD/YYYY" format.	No
9.	Records Reviewed	The number of records that were assessed for the performance measure under review	Numeric	9		Yes
10.	Numerator	Total number of patients from the denominator	Numeric	9		Yes
11.	Denominator	Total number of patients under review for the corresponding performance measure	Numeric	9		Yes

HIVQM Performance Measures

The HIVQM Performance Measures are each assigned a unique Measure ID. The following table depicts the category and the Measure ID for each performance measure.

Performance Measure Category	Performance Measure Name	Measure ID
Core Measures	Viral Load Suppression	Core01
Core Measures	Prescribed Antiretroviral Therapy	Core02
Core Measures	Medical Visits Frequency	Core03
Core Measures	Gap in Medical Visits	Core04
Core Measures	PCP Prophylaxis	HAB03
All Ages Measures	HIV Drug Resistance Testing Before Initiation of Therapy	HAB35
All Ages Measures	Influenza Vaccination	HAB19
All Ages Measures	Lipids Screening	HAB11
All Ages Measures	TB Screening	HAB14
Adolescent and Adult Measures	Cervical Cancer Screening	HAB07
Adolescent and Adult Measures	Chlamydia Screening	HAB15
Adolescent and Adult Measures	Gonorrhea Screening	HAB16
Adolescent and Adult Measures	Hepatitis B Screening	HAB17
Adolescent and Adult Measures	Hepatitis B Vaccination	HAB08
Adolescent and Adult Measures	Hepatitis C Screening	HAB09
Adolescent and Adult Measures	HIV Risk Counseling	HAB10
Adolescent and Adult Measures	Oral Exam	HAB12
Adolescent and Adult Measures	Pneumococcal Vaccination	HAB22
Adolescent and Adult Measures	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	HAB21
Adolescent and Adult Measures	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	HAB36

Performance Measure Category	Performance Measure Name	Measure ID
Adolescent and Adult Measures	Substance Use Screening	HAB23
Adolescent and Adult Measures	Syphilis Screening	HAB13
HIV Infected Children Measures	MMR Vaccination	HAB37
HIV Exposed Children Measures	Diagnostic Testing to Exclude HIV Infection in Exposed Infants	HAB38
HIV Exposed Children Measures	Neonatal Zidovudine Prophylaxis	HAB39
HIV Exposed Children Measures	PCP Prophylaxis for HIV-Exposed Infants	HAB40
Medical Case Management (MCM) Measures	Care Plan	HAB41
Medical Case Management (MCM) Measures	Gap in Medical Visits	HAB57
Medical Case Management (MCM) Measures	Medical Visit Frequency	HAB58
Oral Health Measures	Dental and Medical History	HAB42
Oral Health Measures	Dental Treatment Plan	HAB43
Oral Health Measures	Oral Health Education	HAB44
Oral Health Measures	Periodontal Screening or Examination	HAB45
Oral Health Measures	Phase I Treatment Plan Completion	HAB46
ADAP Measures	Application Determination	HAB47
ADAP Measures	Eligibility Recertification	HAB48
ADAP Measures	Formulary	HAB49
ADAP Measures	Inappropriate Antiretroviral Regimen	HAB50
Systems-Level Measures	Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	HAB51
Systems-Level Measures	HIV Test Results for PLWHA	HAB52
Systems-Level Measures	HIV Positivity	HAB53
Systems-Level Measures	Late HIV Diagnosis	HAB54
Systems-Level Measures	Linkage to HIV Medical Care	HAB55
Systems-Level Measures	Housing Status	HAB56

Appendix B - HIVQM Validation Rules

HIVQM File Upload Validations

Field Name	Validation Rule Logic (Validation will fire when the condition is met)	Validation Type	Error message text on UI
File to Upload	If field is empty	Error	You did not select a file to upload. Please click “Browse” to select a file before clicking “Upload File”.
File to Upload	If a file selected is not an CSV file	Error	Only file with .csv extension is allowed.
File to Upload	If file size is > 29 MB	Error	The file you uploaded is larger than 29 MB. Please upload a file smaller than 29 MB and complete the remaining data directly on the form.
File to Upload	If the file directory given in the path does not exists	Error	File directory does not exist, please enter a valid directory path.
File to Upload	If the column name is missing in the file	Error	The column name ‘<column name>’ is missing from the data file.
File to Upload	If the file has wrong column name	Error	The column name ‘<column name>’ is unknown for the data file.
File to Upload	If a column is repeated in the file.	Error	Repeated columns found for ‘<column name>’. Please remove extra columns.
File to Upload	File does not contain data	Error	File cannot be uploaded because it does not contain data.
File to Upload	File Status = Processed AND Total # errors encountered > 0	Error	File is processed with validation errors. Data will not be populated in the HIVQM forms until all errors are fixed.

HIVQM Data Validations

Field Name	Validation Rule Logic (Validation will fire when the condition is met)	Validation Type	Error message text on UI
Numerator, Denominator	Measure's Numerator = blank	Error	[Performance Measure]: A whole number greater than or equal to zero must be reported in the numerator field.
Records Reviewed	Measure's Records Reviewed <= 0 or blank	Error	[Performance Measure]: A whole number greater than zero must be reported in the records reviewed field.
Denominator	Measure's Denominator <= 0 or blank	Error	[Performance Measure]: A whole number greater than zero must be reported in the denominator field.
Numerator, Denominator	Measure's Numerator is greater than the Denominator	Error	[Performance Measure]: The Numerator must be less than or equal to the Denominator.
Records Reviewed, Denominator	Measure's Denominator is greater than the number of Records Reviewed	Error	[Performance Measure]: The Records Reviewed must be greater than or equal to the Denominator.
Records Reviewed, Provider Caseload	Measure's Records Reviewed > Provider Caseload (in Provider Information page)	Error	[Performance Measure]: The Records Reviewed must be less than or equal to the Caseload.
Numerator, Denominator	Measure (except for Gap in Medical Visits)'s Numerator < 20% of the Denominator	Alert	The numerator is less than 20% of the Denominator. Please check the values to make sure they are accurate.
Numerator, Denominator	Gap in Medical Visits' Numerator > 20% of the Denominator	Alert	The numerator is greater than 20% of the Denominator. Please check the values to make sure they are accurate.
Report Start Date	Report Start Date = blank OR an invalid date OR not matching Report Period Start Date Open for Editing	Error	A valid date is required for Report Start Date. Acceptable value(s): <comma separate list of report start dates open for editing, ex. 01/01/2018, 10/01/2017, 07/01/2017, 04/01/2017>

Field Name	Validation Rule Logic (Validation will fire when the condition is met)	Validation Type	Error message text on UI
Report End Date	Report End Date = blank OR an invalid date OR not matching Report Period End Date Open for Editing	Error	A valid date is required for Report End Date. Acceptable value(s): <comma separate list of report end dates open for editing, ex. 12/31/2018, 09/30/2018, 06/30/2018, 03/31/2018>
Report Start Date; Report End Date	Report Start Date and Report End Date do not correspond to the same report period	Error	Report Start Date and Report End Date do not belong to the same reporting period.
Provider ID	Provider ID <> Reg Code of the Provider in Provider Name field	Error	Provider ID is invalid.
Provider ID	Provider ID is blank	Error	Provider ID is required.
Measure ID	Measure ID is blank	Error	Measure ID is required.
Measure ID	Measure ID <> HIVQM Performance Measure ID	Error	Measure ID is invalid. Refer to the HIVQM field definition file for the list of Measurement Codes.
Measure ID	Duplicate Measure IDs are provided in the CSV file for the same Provider and Reporting Period	Error**	Measure ID is duplicate.
Report Creation Date	Report Creation Date > today's date OR an invalid date	Error	Report Creation Date must be prior to today's date.

** Please note, when there are duplicate Measure IDs populated all the records shall be errored out and displayed as a part of the validation results document.