

All Ages Performance Measures

Updated October 2025

Background:

Health Resource and Services Administration (HRSA) HIV/AIDS Bureau (HAB) maintains an efficient set of performance measures. HAB Performance Measures focus on priority topics unique to HIV care and treatment and do not include ones relevant to the general population. As per the Ryan White HIV/AIDS Program (RWHAP) [legislation](#), HAB Performance Measures are consistent with U.S. Department of Health and Human Services (HHS) [HIV Clinical Guidelines](#).

HRSA HAB prioritizes aligning HIV performance measures across federal programs by including HIV care and treatment measures in Centers for Medicare and Medicaid (CMS) quality measures programs. HRSA HAB supports the HIV viral suppression measure in the CMS Medicaid Adult Core Set and four [electronic clinical quality measures](#) (eCQMs) in CMS Merit-based Incentive Payment System (MIPS). HRSA HAB eCQMs are endorsed by the [CMS consensus based entity](#) (CBE).

RWHAP recipients can include a combination of HAB Performance Measures and performance measures from other sources in their clinical quality management programs. RWHAP recipients can customize the HAB Performance Measures to reflect the needs of the client population. CMS hosts a [measures inventory](#) that RWHAP recipients could consult to identify performance measures in addition to HIV care and treatment.

Annually, HRSA HAB reviews the HAB performance measure and makes changes for the following reasons.

- HHS [HIV Clinical Guidelines](#) include new or updated information.
- HAB Performance Measure is no longer consistent with professional standards.
- CMS CBE identification number changes or there is no longer an equivalent measure endorsed by the CBE.

About the HAB All Ages Performance Measures:

HAB All Ages Performance Measures were developed and updated to reflect the HHS [HIV Clinical Guidelines](#). HAB All Ages Performance Measures focus on common and essential aspects of HIV outpatient ambulatory health services. HAB All Ages Performance Measures apply to all patients regardless of their age.

HAB Core Performance Measures are:

- Hepatitis B Screening
- Hepatitis B Immunization
- HIV Drug Resistance Testing Before Initiation of Therapy
- Influenza Immunization
- Lipid Screening
- Tuberculosis Screening

Summary of Changes to the Adolescent and Adult Performance Measures:

HRSA HAB reviewed previous versions of the Performance Measures and revised the text and references.

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Key updates include the following:

- Reviewed and updated as needed HHS HIV Clinical Practice Guidelines citations for all Performance Measures.
- Added Hepatitis B Screening, Hepatitis B Immunization, and Pneumococcal Immunization Performance Measures from the Adolescent and Adult Group.
- Included a random lipid panel in the Lipid Screening Performance Measure.
- Removed timeframe for receipt of the influenza immunization in the numerator.
- Edited Performance Measures to ensure consistent wording in numerators and denominators.
- Added the MIPS ID to the performance measures.
- Added eCQM identification number.
- Changed National Quality Forum number to the CBE number.

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Performance Measure: Hepatitis B Screening

Consensus Based Entity ID: No equivalent measure

Merit-based Incentive Payment System ID: No equivalent measure

CMS eCQM ID: No equivalent measure

Description: Percentage of patients, regardless of age, who had a hepatitis B screening¹ at least once since the diagnosis of HIV or for whom there is documented infection² or immunity.³

Numerator: Number of patients who had a hepatitis B screening at least once since the diagnosis of HIV or for whom there is documented infection² or immunity.³

Denominator: Number of patients, regardless of age, with a diagnosis of HIV and who had at least one medical visit in the measurement year.

Patient Exclusions: None

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical visit in the measurement year? (Y/N)
 - i. If yes, is there evidence of documented hepatitis B infection² or immunity³ in the patient medical record? (Y/N)
 1. If no, did the patient have a hepatitis B screening at least once since diagnosis of HIV infection? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines:

Adult and Adolescent Guidelines:

"Due to the high prevalence of HBV (hepatitis B) infection, all infants, children, and adolescents with HIV should be tested for HBsAg as soon as possible after HIV diagnosis. If there is no documentation of routine infant/child vaccination for hepatitis B, initial screening with the triple panel consisting of HBsAg, anti-HBs, and total antibody to hepatitis B core antigen (anti-HBc) will determine infection and immune status and guide clinical management. In addition, individuals with the isolated anti-HBc serologic profile should also be vaccinated for hepatitis B."⁴

Pediatric Guidelines:

"Centers for Disease Control and Prevention (CDC) recommends testing all people over the age of 18, including those with HIV, for chronic HBV infection. Initial testing should include a triple screening panel of serologic testing for HBV surface antigen (HBsAg), hepatitis B core antibody (anti-HBc total), and anti-HBs. In acute infection, HBsAg can be detected 4 weeks (range 1–9 weeks) after exposure, and anti-HBc immunoglobulin M (IgM) is usually detectable at the onset of symptoms."⁵

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Use in Other Federal Programs:

This measure is not used in other federal programs.

References and Notes:

¹ Screening can be completed in two ways: 1) Test for hepatitis B surface antibody (anti-HBs) and if negative, proceed to hepatitis B surface antigen (HBsAg) and hepatitis B core antibody total (anti-HBc); or 2) complete all three tests at once.

² Documented infection includes any patient with active or chronic hepatitis B infection.

³ Documented immunity includes patient's immunity to hepatitis B due to natural infection or hepatitis B immunization.

⁴ Panel on Opportunistic Infections in Children With and Exposed to HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Children With and Exposed to HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. K-2.

⁵ Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV](#). National Institutes of Health, HIV Medicine Association, and Infectious Diseases Society of America. Department of Health and Human Services. Available online. Accessed October 2025. L-1.

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Performance Measure: Hepatitis B Immunization

Consensus Based Entity ID: No equivalent measure

Merit-based Incentive Payment System ID: No equivalent measure

CMS eCQM ID: No equivalent measure

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who completed hepatitis B immunization series.

Numerator: Number of patients who completed the hepatitis B immunization series.¹

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the measurement year.

Patient Exclusions:

1. Patients newly enrolled in care in the measurement year.
2. Patients with evidence of current hepatitis B infection (hepatitis B surface antigen, hepatitis B antigen, hepatitis B antibody, or hepatitis B DNA).
3. Patients with evidence of past hepatitis B infection with immunity (hepatitis B surface antibody without evidence of immunization).

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. Did the patient have at least one medical visit in the measurement year? (Y/N)
 - i. If yes, does the patient have documentation of hepatitis B immunity? (Y/N)
 1. If no, did the patient complete the hepatitis B immunization series? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines:

Adult and Adolescent Guidelines:

“All people with HIV who are not immune to HBV infection (anti-HBc and anti-HBs negative) and do not have chronic HBV, as well as those who have failed a prior HBV vaccine series, should receive HepB vaccination with one of the available vaccines.”²

Pediatric Guidelines:

“All infants $\geq 2,000$ grams born to HBsAg-positive women should receive single-antigen HepB vaccine and HBIG within 12 hours after birth, a second dose of HepB vaccine at age 1 to 2 months, and a third dose of HepB vaccine at age ≥ 6 months. All infants $< 2,000$ grams born to HBsAg-positive women should receive single-antigen HepB vaccine and HBIG within 12 hours after birth, a second dose of HepB vaccine at age 1 month, a third dose of HepB vaccine at age 2–3 months, and a fourth dose of HepB vaccine at age ≥ 6 months and not before 24 weeks.

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“Children with HIV should receive a standard dose of HepB vaccine at 0, 1, and 6 months. A double dose at 0, 1, and 6 months may also be considered.”³

Use in Other Federal Programs:

This measure is linked to an exact or similar indicator(s) within [Healthy People 2030](#).

References and Notes:

¹ Patients in the middle of receiving the immunization series at the end of the measurement year would not be included in the numerator. They would, if the series was completed on schedule, be included in the numerator for the following measurement year.

² Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV](#). National Institutes of Health, HIV Medicine Association, and Infectious Diseases Society of America. Department of Health and Human Services. Available online. Accessed October 2025. L-3.

³ Panel on Opportunistic Infections in Children With and Exposed to HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Children With and Exposed to HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. K-1.

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Performance Measure: HIV Drug Resistance Testing Before Initiation of Therapy

Consensus Based Entity ID: No equivalent measure

Merit-based Incentive Payment System ID: No equivalent measure

CMS eCQM ID: No equivalent measure

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test prior to initiation of HIV antiretroviral therapy (ART) or the day prescribed ART if ART started in the measurement year.

Numerator: Number of patients who had an HIV drug resistance test prior to prescribing ART or the day prescribed ART.

Denominator: Number of patients, regardless of age, with a diagnosis of HIV who:

- Were prescribed ART in the measurement year for the first time.
- Had at least one medical visit in the measurement year.

Patient Exclusions: None

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical visit in the measurement year? (Y/N)? (Y/N)
 - i. If yes, was ART prescribed for the first time in the measurement year? (Y/N)
 1. If yes, did the patient receive a HIV drug resistance test prior to prescribing ART or the day prescribed ART? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines:

Adult and Adolescent Guidelines:

"HIV drug-resistance testing is recommended at entry into care for people with HIV to guide the selection of the initial antiretroviral (ARV) regimen. If antiretroviral therapy (ART) is deferred, repeat testing may be considered at the time of ART initiation... Standard genotypic drug-resistance testing in ARV-naive people involves testing for mutations in the reverse transcriptase and protease genes. If transmitted integrase strand transfer inhibitor (INSTI) resistance is suspected, if the person has ever used long-acting cabotegravir (CAB-LA) as pre-exposure prophylaxis, or if the person has ever received an INSTI-based regimen for post-exposure prophylaxis, providers should ensure that genotypic resistance testing also includes the integrase gene.

"HIV drug-resistance testing should be performed to assist the selection of active drugs when changing ARV regimens in—

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- People with virologic failure and HIV RNA levels >200 copies/mL. For people with confirmed HIV RNA levels >200 copies/mL but <500 copies/mL, drug-resistance testing may be unsuccessful but should still be considered.
- People with suboptimal viral load reduction.¹

Pediatric Guidelines:

"If the regimen is switched because the regimen is failing (see "[Recognizing and Managing Antiretroviral Treatment Failure in Management of Children Receiving Antiretroviral Therapy](#)"), resistance testing should be performed while a patient is still receiving the failing regimen. This optimizes the chance of identifying resistance mutations, because resistant strains may revert to wild type within a few weeks of stopping ARV medications (see "Drug-Resistance Testing" in the [Adult and Adolescent Antiretroviral Guidelines](#))."²

Use in Other Federal Programs:

This measure is not used in other federal programs.

References and Notes:

¹ Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. C-17.

² Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). Department of Health and Human Services. Available online. Accessed October 2025. D-6.

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Performance Measure: Influenza Immunization

Consensus Based Entity ID: [0041](#) (similar measure for the general population)

Merit-based Incentive Payment System ID: No equivalent measure

CMS eCQM ID: No equivalent measure

Description: Percentage of patients six months and older with a diagnosis of HIV who received an influenza immunization in the measurement year.

Numerator: Patients who received influenza immunization or who reported previous receipt of influenza immunization.

Denominator: All patients six months and older seen with a diagnosis of HIV who had at least one medical visit in the measurement year.

Patient Exclusions:

1. Patients with documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons).
2. Patients with documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons).
3. Patients with documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons).

Data Elements:

1. Is the patient 6 months and older? (Y/N)
 - a. Does the patient have a diagnosis of HIV? (Y/N)
 - i. If yes, did the patient have at least one medical visit in the measurement year? (Y/N)
 1. If yes, did the patient receive an influenza immunization or report receipt of influenza immunization in the measurement year? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines:

Adult and Adolescent Guidelines:

"All people with HIV during influenza season should be immunized against influenza with inactivated, standard dose or recombinant influenza vaccine per recommendation of the season. High-dose inactivated influenza vaccine may be given to individuals age >65 years."¹

Pediatric Guidelines:

"The prevention of influenza in children with HIV aged ≥ 6 months should include annual administration of inactivated influenza vaccine (either quadrivalent or trivalent, depending on availability)."²

Use in Other Federal Programs:

A similar or exact measure is in [Healthy People 2030](#).

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References and Notes:

¹ Panel on Opportunistic Infections in Adults and Adolescents. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#). National Institutes of Health, HIV Medicine Association, and Infectious Diseases Society of America. Available Online. Accessed October 2025. G-7.

² Panel on Opportunistic Infections in Children With and Exposed to HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Children With and Exposed to HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. DD-5.

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Performance Measure: Lipid Screening

Consensus Based Entity ID: No equivalent measure

Merit-based Incentive Payment System ID: No equivalent measure

CMS eCQM ID: No equivalent measure

Description: Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy (ART) and had a lipid panel¹ in the measurement year.

Numerator: Number of patients who had a lipid panel.

Denominator: Number of patients, regardless of age, who were prescribed HIV ART and had at least one medical visit in the measurement year.

Patient Exclusions: None

Data Elements:

1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical visit in the measurement year? (Y/N)
 - i. If yes, was the client prescribed HIV ART in the measurement year? (Y/N)
 1. If yes, did the patient have a lipid panel in the measurement year? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines

Adult and Adolescent Guidelines:

“Lipid profile should be monitored for patients at the following points: entry into care; ART initiation or modification; after ART initiation or modification at 3-6 months once viral suppression is reached; every 12 months if age ≥ 40 years or on a statin or every 1-3 years if aged <40 years and not on a statin; and clinically indicated if there are changes in CV risk factors.”²

Pediatric Guidelines:

“Lipid Panel should be monitored for children during the following points of care: at entry into care; ART initiation; and every six to 12 months.”³

Use in other federal programs

This measure is not used in other federal programs.

References/notes

¹ “If random lipids panel are abnormal, fasting lipids should be obtained. A lipid panel consists of fasting cholesterol, high-density lipoprotein (HDL), calculated low-density lipoprotein (LDL), and triglycerides.”²

² Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. C-6.

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³ Panel on Antiretroviral Therapy and Medical Management Children Living with HIV. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). Department of Health and Human Services. Available online. Accessed October 2025. D-10.

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Performance Measure: Pneumococcal Immunization

Consensus Based Entity ID: [3620](#) (Not specific to people with HIV)

Merit-based Incentive Payment System ID: [493](#)

CMS eCQM ID: No equivalent measure

Description: Percentage of patients two months and older with a diagnosis of HIV who ever received a pneumococcal immunization.¹

Numerator: Number of patients who ever received a pneumococcal immunization.¹

Denominator: Number of patients two months and older with a diagnosis of HIV who had at least one medical visit in the measurement year.

Patient Exclusions:

- Patients with CD4 counts <200 cells/mm³ within the measurement year.

Data Elements:

1. Is the patient 2 months and older? (Y/N)
 - a. If yes, does the patient have a diagnosis of HIV? (Y/N)
 1. If yes, did the patient have at least one medical visit in the measurement year? (Y/N)
 1. If yes, did the patient ever receive a pneumococcal immunization? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines:

Adult and Adolescent Guidelines:

“Pneumococcal vaccination is recommended for all people with HIV regardless of CD4 count. Patients with CD4 counts ≥ 200 cells/mm³ should receive a dose of PPSV23 at least 8 weeks later (*A*). While individuals with HIV with CD4 counts <200 cells/mm³ can also be offered PPSV23 at least 8 weeks after receiving PCV15 (*CIII*) (such as if there are concerns with retention in care), PPSV23 should preferably be deferred until after an individual's CD4 count increases to >200 cells/mm³ while on ART (*BIII*).”

“For people with HIV who have a CD4 count <200 cells/mm³, immunogenicity may be improved if pneumococcal vaccination is administered when the CD4 count increases to 200 cells/mm³ or higher on ART.”²

Pediatric Guidelines:

“For routine dosing with pneumococcal conjugate vaccine, either PCV15 or PCV20 should be administered at 2 months, 4 months, 6 months, and 12 to 15 months. If PCV15 is chosen, at 2 years of age the child can receive a dose of PCV20 or PPSV23. This dose should be administered at least 8 weeks after PCV15. If PPSV23 was chosen the child should receive either PCV20 8 weeks after the dose of PPSV23 or another dose of PPSV23 5 years after the first dose of PPSV23.”³

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Use in Other Federal Programs:

This measure is not used in other federal programs.

References and Notes:

¹ Evidence of vaccination could include personal, school, physician, or immunization records or registries.

² Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV. National Institutes of Health, HIV Medicine Association, and Infectious Diseases Society of America](#). Department of Health and Human Services. Available online. Accessed October 2025. R-15-17.

³ Panel on Opportunistic Infections in Children With and Exposed to HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Children With and Exposed to HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. JJ-4.

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Performance Measure: Tuberculosis Screening

Consensus Based Entity ID: No equivalent measure

Merit-based Incentive Payment System ID: No equivalent measure

CMS eCQM ID: No equivalent measure

Description: Percentage of patients aged three months and older with a diagnosis of HIV who had a tuberculosis (TB) screening test at least once since diagnosis of HIV.

Numerator: Number of patients who had TB screening test since diagnosis of HIV.

Denominator: Number of patients aged 3 months and older with a diagnosis of HIV who had at least one medical visit in the measurement year.

Patient Exclusions: Documentation of medical reason for not performing a TB screening test (e.g., patients with a history of positive TB skin test, or treatment for TB).

Data Elements:

1. Does the patient, aged three months and older, have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least one medical visit in the measurement year? (Y/N)
 - i. If yes, did patients who had TB screening test since diagnosis of HIV? (Y/N)

Department of Health and Human Services Clinical Practice Guidelines:

Adult and Adolescent Guidelines:

"All people with HIV should be evaluated for LTBI at the time of HIV diagnosis, regardless of their epidemiological risk of TB exposure."¹

Pediatric Guidelines:

"Because children with HIV are at high risk for developing TB disease, screening questions about exposure to TB should occur at each health care visit; testing for LTBI testing is recommended beginning at ages 3 to 12 months and annually thereafter for those with negative results (expert opinion). More frequent LTBI testing may be needed depending on the epidemiological risk factors, travel history, contact with people with suspected or confirmed TB, or clinical symptoms."²

Use in Other Federal Programs:

This measure is not used in other federal programs.

References and Notes:

¹ Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV](#). National Institutes of Health, HIV Medicine Association, and Infectious Diseases Society of America. Available online. Accessed October 2025. X-2.

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² Panel on Opportunistic Infections in Children with and Exposed to HIV. [Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with and Exposed to HIV](#). Department of Health and Human Services. Available online. Accessed October 2025. U-7.

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