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Summary of Changes

Updated: August 2023

The HIV/AIDS Bureau reviewed previous versions of the Performance Measures and revised the text and references. Key updates include the following:

- Revised the following measures:
 - AIDS Drug Assistance Program (ADAP) Application Determination
 - ADAP Inappropriate Antiretroviral Regimen Components Resolved by ADAP
- Introduced the following **new measures**:
 - Viral Suppression for Clients Who Receive ADAP Services
 - Loss of ADAP Services due to Failure to Confirm Eligibility
 - Timely Payment of Health Insurance Premiums
 - Enrollment in Health Care Coverage (including Medicaid, Medicare Part D and private health insurance)
- Archived the following measures (refer to the [Archived Performance Measure Downloads](#) section of this website):
 - ADAP Eligibility Recertification
 - ADAP Formulary
- Added comparison data references to the HIV Quality Measures Module, and the Ryan White HIV/AIDS Program Compass Dashboard.
- Updated links to the Department of Health and Human Services Clinical Practice Guidelines.
- Updated the HRSA contact email address in the Accessibility section.



Performance Measure: AIDS Drug Assistance Program (ADAP) Application Determination

National Quality Forum #: None

Description: Percentage of ADAP applications¹ approved or denied for new ADAP enrollment² within five business days of ADAP receiving a complete application in the measurement year

Numerator: Number of applications that were approved or denied for new ADAP enrollment² within five business days of ADAP receiving a complete application in the measurement year

Denominator: Total number of complete ADAP applications for new ADAP enrollment² received in the measurement year

Exclusions:

1. ADAP applications for new ADAP enrollment² that were incomplete or incorrectly filled out
2. Complete ADAP applications for new ADAP enrollment² received by ADAP within the last 14 days (two weeks) of the measurement year

Data Elements: Was the ADAP application for a new ADAP enrollment¹ complete (Y/N)

- a. If yes, was the application the client submitted received by the ADAP program before the last 5 business days of the measurement year?
 - i. If yes, was a determination on the application made by the ADAP program? (Y/N)
 1. If yes, was the ADAP application approved or denied within 5 business days of receiving the ADAP application?

Data Source: Recipient's ADAP data system

National Goals, Targets, or Benchmarks for Comparison:

The HIV Quality Measures (HIVQM) Module is a tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures. The HIVQM Module allows recipients to conduct point-in-time benchmarking across Ryan White HIV/AIDS Programs that use the module.

Basis for Selection:

The HIV/AIDS Bureau, [Policy Clarification Notice 21-02: Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program](#) specifies that "RWHAP recipients and subrecipients must conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess if the client's income and/or residency status has changed."

Department of Health and Human Services Clinical Practice Guidelines: None



References/Notes:

- 1 Includes applications for all individuals, regardless of age.
- 2 New ADAP enrollment “refers to individuals who applied to ADAP for the first time ever.... [This does not] include individuals who have been recertified as eligible or individuals who have been reinstated as enrolled clients after a period of having been decertified. Examples of clients who should **not** be included [as a new ADAP enrollment] are the following: 1) clients who have moved out of the State and then returned; and 2) clients who move on and off ADAP because of fluctuations in eligibility for a Medicaid/Medically Needy program, based on whether they met spend down requirements.” [Source: “Completing the ADR: Recipient Report & Client Level Data Upload.” Available at: [TargetHIV.org](https://www.targethiv.org). Accessed August 2023.]



Performance Measure: AIDS Drug Assistance Program (ADAP) Inappropriate Antiretroviral Regimen Components Resolved by ADAP

National Quality Forum #: None

Description: Percentage of identified inappropriate antiretroviral (ARV) regimen components prescriptions that are resolved by the ADAP during the measurement year

Numerator: Number of ARV regimen components prescriptions from the denominator that are resolved by the ADAP during the measurement year

Denominator: Number of inappropriate ARV regimen components prescriptions included in the Department of Health and Human Services (HHS) Clinical Practice Guidelines, “What Not to Use”¹ and “What Not to Start: Regimens Not Recommended for Use in Antiretroviral-Naive Children”² that are identified by ADAP

Exclusions: For clients who receive ADAP services with multiple sources of funding for their medications, the ADAP is responsible for identifying only ARV regimen components funded by ADAP

Data Elements: Was the prescribed ARV regimen components included in the HHS Clinical Practice Guidelines, “Antiretroviral Regimens or Components That Should Not Be Offered At Any Time”¹ and “Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children”² identified by the ADAP during the measurement year? (Y/N)

- a. If yes, specify the components, the prescribing clinician and client.
- b. In response to the ADAP contacting the prescribing clinician, was the ARV regimen components prescription subsequently modified by the prescribing clinician to an ARV regimen components that is not included the HHS Clinical Practice Guidelines, “Antiretroviral Regimens or Components That Should Not Be Offered At Any Time”¹ and “Antiretroviral Regimens or Components That Should Not Be Offered for Treatment of Human Immunodeficiency Virus (HIV) Infection in Children”² or was the ARV regimen components clinically justified by the prescribing clinician? (Y/N)

Data Sources: Recipient’s ADAP data system



National Goals, Targets, or Benchmarks for Comparison:

The HIV Quality Measures (HIVQM) Module is a tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures. The HIVQM Module allows recipients to conduct point-in-time benchmarking across Ryan White HIV/AIDS Programs that use the module.

Department of Health and Human Services Clinical Practice Guidelines:

Some antiretroviral regimens or components are not generally recommended because of suboptimal antiviral potency, unacceptable toxicities or pharmacologic concerns. Refer to the Department of Health and Human Services Clinical Practice Guidelines for additional information.¹⁻²

References/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 August 2023. H-1 through H-3.
- 2 Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). Department of Health and Human Services. Available online. Accessed August 2023. F-38 through F-44.



Performance Measure: Viral Suppression for Clients Who Receive AIDS Drug Assistance Program (ADAP) Services

National Quality Forum #: None

Description: Percentage of clients who receive ADAP, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year

Numerator: Number of clients from the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one ADAP service¹ in the measurement year

Exclusions: None

Data Elements: Does the client, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the client have at least one medical visit during the measurement year? (Y/N)
 - i. If yes, did the client have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Data Sources: Recipient’s ADAP data system

National Goals, Targets, or Benchmarks for Comparison:

This HIV/AIDS Bureau measure aligns with the following national indicators:

- [Healthy People 2030](#) Objective HIV-05: Increase viral suppression. Most recent data 63.1 percent (2017); target 95 percent.
- [National HIV/AIDS Strategy \(2022-2025\)](#) Indicator 6: Increase viral suppression. Baseline result 77.8 percent (2017); target increase to 95 percent by 2025.
- [Ending the HIV Epidemic in the U.S.](#) initiative Indicator 5: Viral suppression. Most recent data 65.5 percent (2019); target increase to 95 percent by 2025.

The *Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Annual Client-Level Data Report (ADR)* includes client-level data for all clients enrolled in the ADAP . Learn more about the ADR report and publication by visiting <https://hab.hrsa.gov/data>.

The [Ryan White HIV/AIDS Program \(RWHAP\) Compass Dashboard](#) displays aggregate-level RSR data and provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and characteristics of those clients accessing ADAP services.



In addition, the HIV Quality Measures (HIVQM) Module is a tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures. The HIVQM Module allows recipients to conduct point-in-time benchmarking across Ryan White HIV/AIDS Programs that use the module.

Department of Health and Human Services Clinical Practice Guidelines:

Adult guidelines: “These guidelines and the AIDS Clinical Trials Group (ACTG) now define virologic failure as a confirmed viral load >200 copies/mL – a threshold that eliminates most cases of apparent viremia caused by viral load blips or assay variability (see [Virologic Failure and Suboptimal Immunologic Response](#)).

Individuals who are adherent to their antiretroviral (ARV) regimens and do not harbor resistance mutations to the component drugs can generally achieve suppression 8 to 24 weeks after ARV therapy initiation; rarely, in some patients it may take longer.”²

Pediatric guidelines: “Based on accumulated experience with currently available assays, the current definition of virologic suppression is a plasma viral load below the detection limit of the assay used (generally <20 copies/mL to 75 copies/mL).”³

Use in Other Federal Programs:

- This measure is a Merit-based Incentive Payment System (MIPS) quality measure. MIPS is one of two quality payment program tracks administered by the Centers for Medicare and Medicaid Services. Learn more about the quality payment program by visiting <https://qpp.cms.gov/>.
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring HHS-funded HIV services](#).
- This measure is linked to an exact or similar indicator(s) within [Healthy People 2030](#), the [National HIV/AIDS Strategy \(2022-2025\)](#), and the [Ending the HIV Epidemic in the U.S.](#) initiative.

References/Notes:

- 1 ADAP service includes health insurance assistance (including premium payment and medication copays) and full-pay medication assistance.
- 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 August 2023. C-6 through C-7.
- 3 Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#). Department of Health and Human Services. Available online. Accessed August 2023. D-5.



Performance Measure: Loss of AIDS Drug Assistance Program (ADAP) Services due to Failure to Confirm Eligibility

National Quality Forum #: None

Description: Percentage of clients who experienced a loss¹ of ADAP services² in the measurement year due to failure to confirm continued ADAP eligibility based on the ADAP’s requirements

Numerator: Number of clients from the denominator who experienced a loss¹ in ADAP services² in the measurement year due to failure to confirm continued eligibility as required by the ADAP

Denominator: Number of clients receiving at least one ADAP service² in the measurement year

Exclusions: Clients who died or became ineligible³ for ADAP services in the measurement year

Data Elements: Does the client, regardless of age, have a diagnosis of HIV? (Y/N)

a. If yes, did the client receive at least one ADAP service in the measurement year? (Y/N)

i. If yes, did the client experience a loss in ADAP services in the measurement year? (Y/N)

1. If yes, was the loss due to failure to confirm continued eligibility **and**

2. The loss resulted in an ADAP service interruption of at least one month?

Data Sources: Recipient’s ADAP data system

National Goals, Targets, or Benchmarks for Comparison:

The HIV Quality Measures (HIVQM) Module is a tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures. The HIVQM Module allows recipients to conduct point-in-time benchmarking across Ryan White HIV/AIDS Programs that use the module.

Basis for Selection:

The HIV/AIDS Bureau, [Policy Clarification Notice 21-02: Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program](#) specifies that “RWHAP recipients and subrecipients must conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess if the client’s income and/or residency status has changed.”

Department of Health and Human Services Clinical Practice Guidelines: None

References/Notes:

1 Loss of ADAP services means an interruption of at least one month in the provision of ADAP



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services due to the failure of a client to meet the eligibility confirmation requirements of the ADAP.

- 2 ADAP service includes health insurance assistance (including premium payment and medication copays), and full-pay medication assistance.
- 3 For the purposes of this measure, ineligible means those clients who are ineligible for ADAP services due to no longer meeting eligibility standards for the ADAP (e.g., moving out of state or the client's income exceeding the income cap).



Performance Measure: Timely Payment of Health Insurance Premiums

National Quality Forum #: None

Description: Percentage of health insurance policies terminated due to late health care premium payment or lack of health care premium payment by the AIDS Drug Assistance Program (ADAP)

Numerator: Number of health insurance policies from the denominator that were terminated due to late premium payment or lack of premium payment by ADAP

Denominator: Number of health insurance policies for which ADAP made at least one payment in the measurement year

Exclusions: Clients who died or became ineligible¹ for ADAP services in the measurement year

Data Elements: Does the client, regardless of age, have a diagnosis of HIV? (Y/N)

- a. If yes, did the client receive at least one payment from ADAP towards a health insurance policy in the measurement year? (Y/N)
 - i. If yes, was the client’s insurance policy terminated at any time during the measurement year? (Y/N)
 - 1. If yes, was the termination due to a late payment made by ADAP or
 - 2. Lack of payment by ADAP?

Data Sources: Recipient’s ADAP data system

National Goals, Targets, or Benchmarks for Comparison:

The HIV Quality Measures (HIVQM) Module is a tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures. The HIVQM Module allows recipients to conduct point-in-time benchmarking across Ryan White HIV/AIDS Programs that use the module.

Basis for Selection:

The Ryan White HIV Treatment Modernization Act of 2006 (P.L. 109-415) requires that the Ryan White HIV/AIDS Program (RWHAP) be the payor of last resort. HIV/AIDS Bureau, [Policy Clarification Notice 21-02: Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program](#) specifies that “Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service “to the extent that payment has been made, or can reasonably be expected to be made under. . . any State compensation program, under an insurance policy, or under any Federal or State health benefits program... or by an entity that provides health services on a pre-paid basis.”²



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Department of Health and Human Services Clinical Practice Guidelines: None

References/Notes:

- 1 For the purposes of this measure, ineligible means those clients who are deemed ineligible for ADAP services for any reason.
- 2 Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) of the Public Health Service (PHS) Act. See also 2671(i) of the PHS Act. The Indian Health Service is statutorily exempted from the payor of last resort provision.



Performance Measure: Enrollment in Health Care Coverage (Including Medicaid, Medicare Part D and Private Health Insurance)

National Quality Forum #: None

Description: Percentage of clients who receive at least one ADAP service who are eligible for and enrolled in health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year

Numerator: Number of clients in the denominator who are enrolled in health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year

Denominator: Number of clients who receive at least one ADAP service who are eligible for health care coverage

Exclusions: Clients who are ineligible¹ for health care coverage in service area

Data Elements: Does the client, regardless of age, have a diagnosis of HIV? (Y/N)

a. If yes, did the client receive at least one ADAP service in the measurement year? (Y/N)

i. If yes, is the client eligible for non-RWHAP health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year?

1. If yes, was the client enrolled in non-RWHAP health care coverage during the measurement year?

Data Sources: Recipient's ADAP data system

National Goals, Targets, or Benchmarks for Comparison:

The HIV Quality Measures (HIVQM) Module is a tool within the RSR portal that allows recipients to enter aggregate data specific to the HRSA HAB Performance Measures. The HIVQM Module allows recipients to conduct point-in-time benchmarking across Ryan White HIV/AIDS Programs that use the module.

Basis for Selection:

The Ryan White HIV Treatment Modernization Act of 2006 (P.L. 109-415) requires that the Ryan White HIV/AIDS Program (RWHAP) be the payor of last resort. HIV/AIDS Bureau, [Policy Clarification Notice 21-02: Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program](#) specifies that "RWHAP recipients and subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort, and require clients to report any such changes."

Department of Health and Human Services Clinical Practice Guidelines: None



References/Notes:

- 1 For the purposes of this measure, ineligible means those clients who are ineligible for any health care coverage outside of the RWHAP.

Accessibility: If you need an alternative means of access to any information above, please contact us at RWHAPQuality@hrsa.gov. Please let us know the nature of your accessibility problem and the Web address of the requested information.

The information below is FOR INTERNAL REVIEW PURPOSES ONLY. It will be placed in the archives of the web version.

ARCHIVE: ADAP Eligibility Recertification

Description: Percentage of ADAP enrollees¹ who are reviewed for continued ADAP eligibility² two or more times in the measurement year

Numerator: Number of ADAP enrollees who are reviewed for continued ADAP eligibility² at least two or more times which are at least 150 days apart in the measurement year

Denominator: Number of clients enrolled in ADAP³ in the measurement year

Exclusions:

1. Clients approved for new ADAP enrollment in the measurement year
2. Clients terminated from ADAP in the first 180 days of the measurement year

ARCHIVE: ADAP Formulary

Description: Percentage of new anti-retroviral classes that are included in the ADAP formulary within 90 days of the date of inclusion of new anti-retroviral classes in the PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents 1 during the measurement year.

Numerator: Number of new anti-retroviral classes included into the ADAP formulary within 90 days of the publication of updated PHS Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents that include new anti-retroviral drug class during the measurement year.



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Denominator: Total number of new antiretroviral classes published in updated PHS Guidelines during the measurement year.

Exclusions: PHS Guidelines for the Use of Antiretroviral Agents in HIV-1 infected Adults and Adolescents published in the last 90 days of the measurement year.