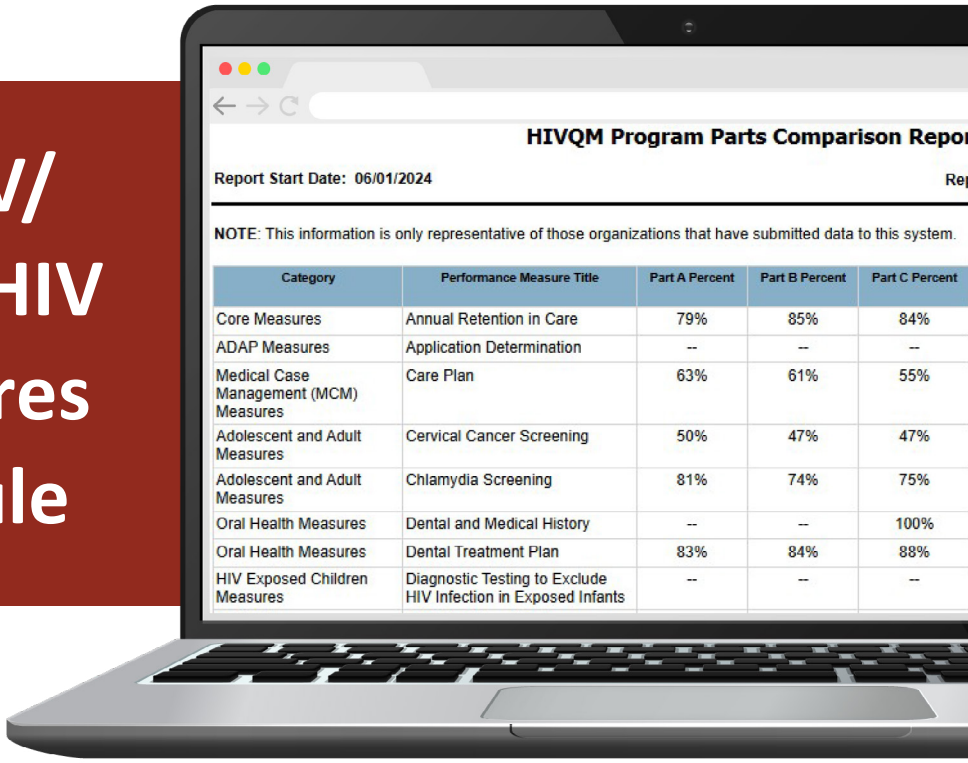
Ryan White HIV/ AIDS Program HIV Quality Measures (HIVQM) Module



2025-2026 Instruction Manual

Release Date: February 2026

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HRSA Health Resources & Services Administration

RWHAP DATA SUPPORT

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Icons Used in This Manual

The following icons are used throughout this manual to alert you to important and/or useful information.

The Note icon highlights information you should know when completing this section.

The Tip icon points out recommendations and suggestions that can make it easier to complete this section.

The Question Mark icon indicates common questions and their answers.

All new text in the document is indicated with a gray highlight or gray star.

The No icon indicates answer options that cannot be selected or information that cannot be entered under certain circumstances.

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 lifesaving and life-extending services for people with HIV across the country and providing resources to targeted areas with the greatest need.

The Health Resources and Services Administration (HRSA) is responsible for the allocation and administration of grant funds to all program parts of the Ryan White HIV/AIDS Program (RWHAP); and in addition, for the evaluation of programs for the population served and improvement of the quality of care. The provision of accurate records of the recipients receiving RWHAP funding, the services provided, and the clients served continues to be critical to the implementation of the statute and thus is 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, 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 RWHAP Services Report (RSR) on an annual basis; however, these data give HAB only a snapshot of the quality of HIV services provided by recipients.

HAB's current goals for performance measures include: 1) identifying critical core performance measures for the care and treatment of people with HIV; 2) combining measures to address people of all ages with HIV; 3) aligning measures with U.S. Department of Health and Human Services priorities, guidelines, and initiatives; 4) promoting relevant performance measures used in other federal programs; and 5) archiving performance measures.

What's New for 2025

- The Provider Information now includes a **Contact Information** section to enter the name, title, telephone number, and address of the person responsible for the data collection and/or data entry of the performance measures entered in the HIVQM. See page 15.
- Sex at Birth has been added to the Demographics Data.
- The Gender variable has been removed from the Demographics Data.
- ADAP measures have been updated to align with the 2023 HRSA HAB performance measures changes as outlined in the table below. See full list and definitions of the ADAP performance measures.

What's New Table 1. Updated ADAP Performance Measures

Performance Measure Name	Change
ADAP Application Determination	Definition revised
ADAP Inappropriate Anti-Retroviral Regimen Components Resolved by ADAP	Definition revised
Loss of ADAP Services due to Failure to Confirm Eligibility	Name change (Formerly ADAP Eligibility)
Enrollment in Healthcare Coverage (including Medicaid, Medicare Part D, and private health insurance	New performance measure
Timely Payment of Health Insurance Premiums	New performance measure
Viral Suppression for Clients Who Receive ADAP Services	New performance measure
ADAP Formulary	Archived
ADAP Eligibility	Archived

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 provider-level 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.

Who Can Use the HIVQM Module?

The use of the HIVQM Module is voluntary but strongly encouraged. The HIVQM Module is available for each recipient and subrecipient who provides HIV care services to enter their own data. In addition, recipients can complete and review the data entry in the module for any of their subrecipients. Those that receive funding from multiple parts only need to submit one HIVQM report into the module. For example, an agency with Part A and C funding will only need to submit data once per submission period. Parts A and C grant recipients of record will have access to those data.

How Can the HIVQM Data Be Used by Recipients and Subrecipients?

HIVQM data can assist agencies with monitoring how they are performing in certain HAB performance measures (i.e., viral load suppression, gaps in medical visits, screenings, etc.) over time. They can use these data to help set up program goals and quality improvement projects to support clients in achieving positive health outcomes. The HIVQM Module also enables recipients to obtain reports that compare providers within their state, regionally, nationally, as well as by RWHAP Part. The comparison data can be helpful for the clinical quality management programs and assist in setting annual quality goals or goals for quality improvement projects.

The HIVQM Module also provides subrecipient-level performance measure data that is not found in the RSR report such as adolescent, HIV-positive children, children with perinatal HIV exposure, medical case management, oral health, AIDS Drug Assistance Program, and systems-level performance measures.

Recipients and providers also have more frequent and quicker access to the HIVQM Module data compared to the RSR report that is published once a year.

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.

What Are the Components of the HIVQM Module?

The HIVQM Module comprises three parts:

- The **Provider Information** page consists of five prepopulated data points about the provider (generated from the latest RSR).
- The **Performance Measures** section is where users can choose and enter aggregate data on up to 47 HAB measures under these nine main categories:
    - Core
    - All Ages
    - Adolescent and Adult
    - HIV-Infected Children
    - HIV-Exposed Children
    - Medical Case Management
    - Oral Health
    - ADAP
    - Systems Level
- The **HIVQM Reports** are where users can generate provider-level 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 HRSA HAB Performance Measure Portfolio webpage.

How Do You Access the HIVQM Module?

Access the module through the existing RSR web system (you must be able to access your RSR via the HRSA Electronic Handbooks (EHBs) with a login and password). To learn how to access the module from the RSR Inbox, go to Step Two: Access the HIVQM Module.

Which Clients Can Be Included in the HIVQM Module?

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

When Can You Enter Data?

The module is open to users four times a year — March, June, September, and December — to submit performance measure data for a rolling 12-month period. The 2025-2026 reporting periods are outlined in the table below.

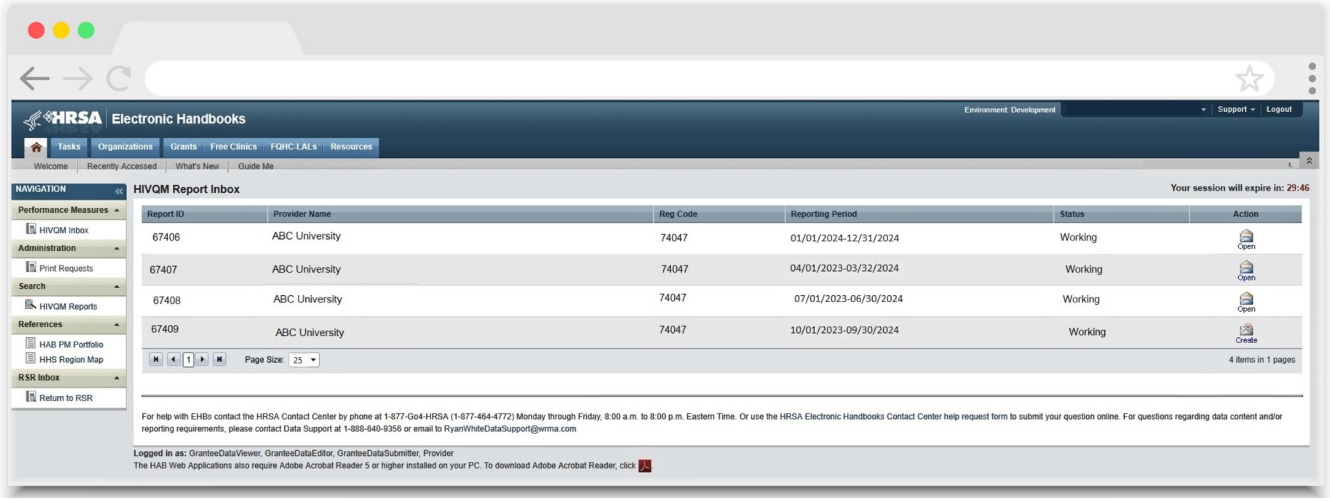
Submission Period Opens	Submission Period Closes	Reporting Period
* March 1, 2026	March 31, 2026	Jan. 1, 2025 – Dec. 31, 2026
June 1, 2026	June 30, 2026	April 1, 2025 – March 31, 2026
Sept. 1, 2026	Sept. 30, 2026	July 1, 2025 – June 30, 2026
Dec. 1, 2026	Dec. 31, 2026	Oct. 1, 2025 – Sept. 30, 2026

**System also allows access to edit or enter data for the previous three reporting periods.*

Access Prior Reports During the March Submission Period

In March, users can enter and update data for the previous three reporting periods in addition to the current reporting period. These reporting periods will be listed in the HIVQM Report Inbox (See Figure 1 for a screenshot of the HIVQM Inbox during the 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 1. Screenshot of the HIVQM Inbox During the March Reporting Period



How Are the HIVQM Module Data Submitted to HAB?

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

For more resources on the HIVQM Module, including the manual and past webinars, go to HRSA HAB website or contact Data Support at (888) 640-9356 or email RyanWhiteDataSupport@wrma.com.

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 submit one HIVQM report into the module. For example, an agency with Parts A and C funding will only need to submit data once per submission period. Parts 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 or RWHAP eligibility.

As a recipient, do I enter data for each provider, or can I add the clients from all providers to come up with the total numerator and denominator?
If you are a recipient of multiple providers and you choose to enter on your providers' behalf, you must enter individual submissions for each provider.

Step One: Access the Most Recent RSR Deliverable

Recipients and subrecipients can access the RSR via the HRSA Electronic Handbooks (EHBs).

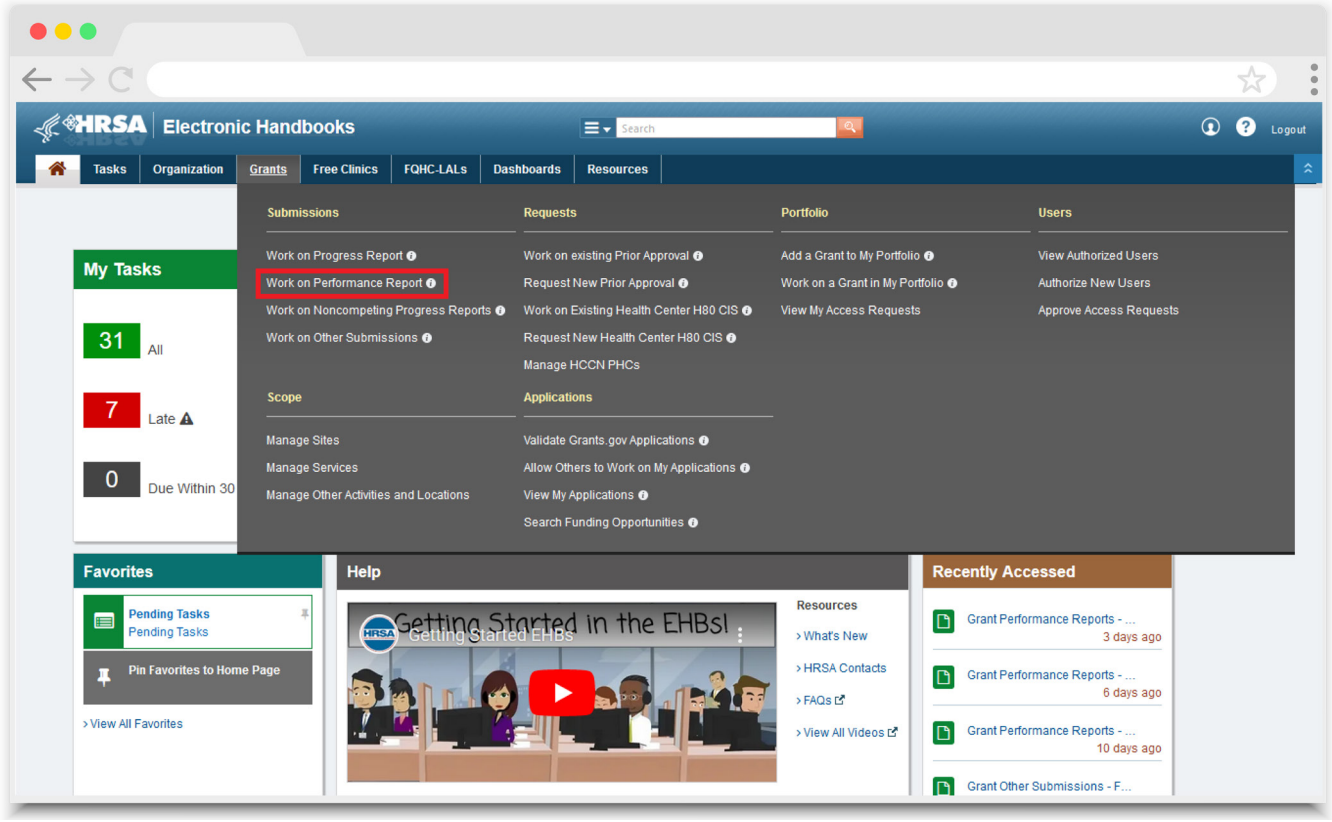
If You Are a Recipient:

1. Navigate to the EHBs. If you are a recipient, you will choose the "Applicant/Grantee" box at the top-left side of the select role page. (See Figure 2). On the next page, select the "Login" button from the Login.gov page and log in using your username, password, and selected method of two-factor authentication.

Figure 2. Screenshot of the EHBs Select Role Page

2. Recipients, once you access the EHBs homepage, hover your cursor over the "Grants" tab toward the top of the screen. From the resulting drop-down menu, under the "Submissions" header, select "Work on Performance Report."

Figure 3. Screenshot of the Grants Drop-down Menu

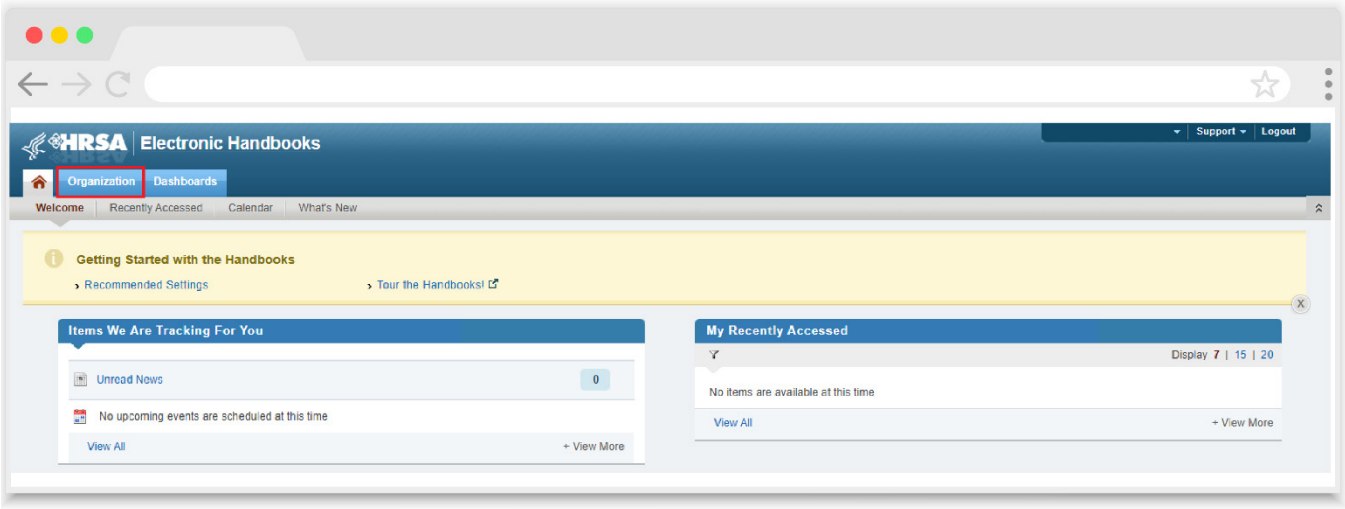


3. At the bottom of the next page, the Submissions - All page, under the "Submission Name" column header, locate your latest RSR. Select "Start" or "Edit" under the "Options" header to access the RSR Recipient Report Inbox.

If You Are a Subrecipient:

1. Navigate to the EHBs. If you are a provider, you will choose the "Service Provider" box at the bottom of the select role page. (See Figure 2). On the next page, select the "Login" button from the Login.gov page and log in using your username, password, and selected method of two-factor authentication.
2. Once you access the EHBs homepage, hover your cursor over the "Organization" tab toward the top of the screen.

Figure 4. Screenshot of EHB Service Provider Homepage



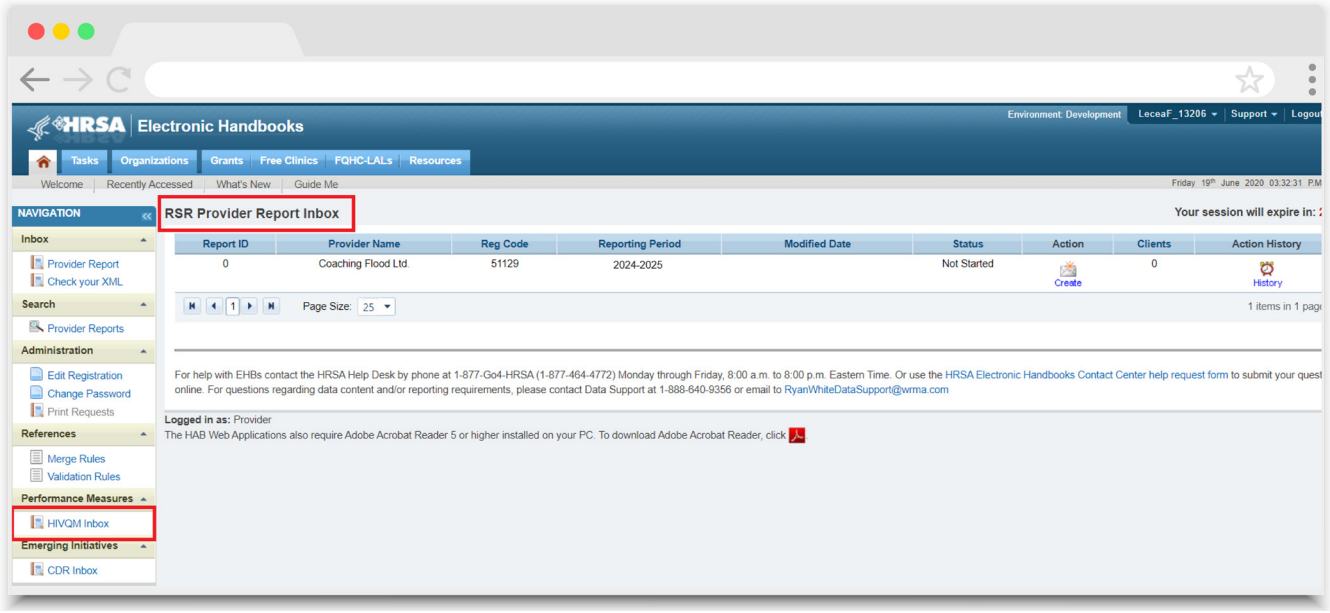
3. The next page will show you the organizations your account is registered to. Locate your organization and then select the "Organization Folder" link under the "Options" column on the right side of the table.
4. On the "Organization Home" page, select the "Access RSR" link, which will be in the center of the page. This will take you to the RSR Provider Report Inbox.

If you need help navigating the EHBs to find your RSR, contact the EHBs Customer Support Center at 1-877-464-4772.

Step Two: Access the HIVQM Module

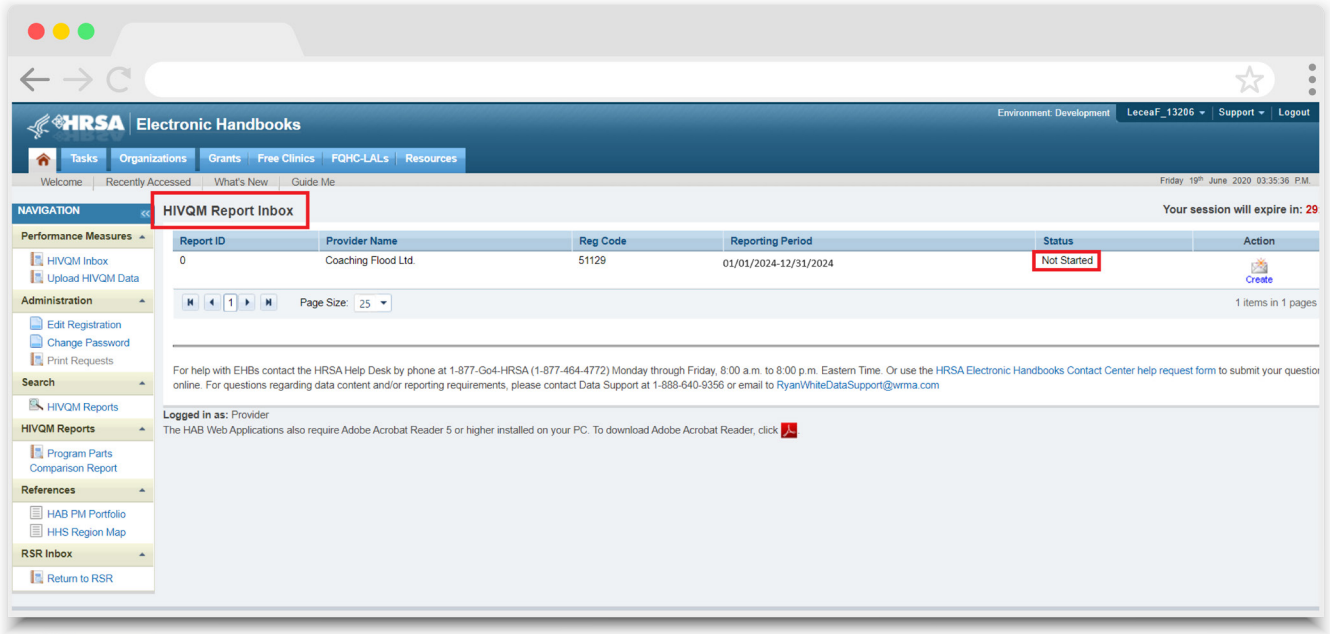
Once in the RSR Inbox, click the "HIVQM Inbox" link under the "Performance Measures" heading on the Navigation panel on the left side of the screen. (See Figure 5 for a screenshot of the RSR Provider Report Inbox). Recipients will also access using the same link in the left-hand navigation pane, but their header will read "RSR Recipient Report Inbox."

Figure 5. RSR Provider Report Inbox



In the HIVQM Report Inbox, find the provider's name you want to enter data for and click the envelope icon on the right under the "Action" column. (See Figure 6 for a screenshot of the HIVQM Inbox). This will take you to the first section of the HIVQM Module, the Provider Information page. Subrecipients have access to their own HIVQM report.

Figure 6. HIVQM Inbox



Step Three: Complete the Provider Information Page

The Provider Information page will be prepopulated with data from your last RSR and consists of four items. Check the information already captured on the page and update any incorrect data. Below are the items and option responses (Figure 7, Figure 8, and Figure 9).

1. **Contact Information:** Enter information of person responsible for the data collection and/or data entry or performance measures data.

   Name: _____

   Title: _____

   Phone: _____

   Number: _____

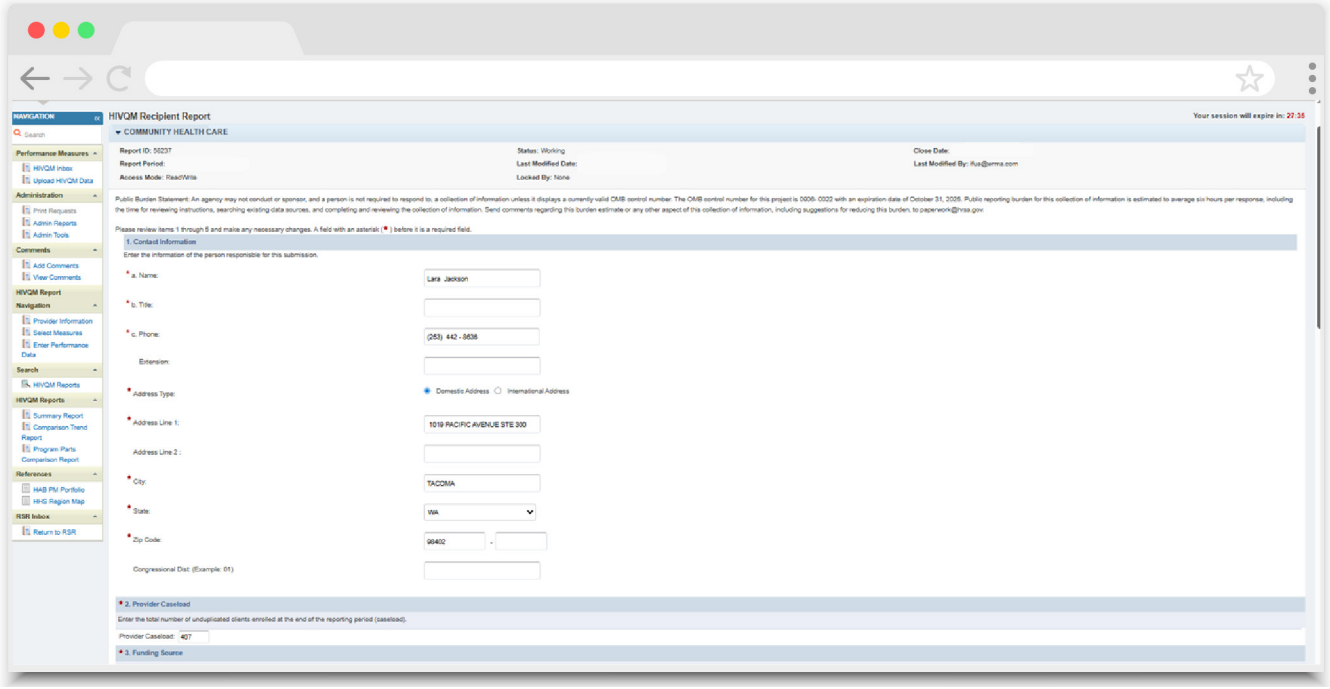
   Address: _____

   State: _____

   ZIP code: _____

2. **Provider Caseload:** Total number of unduplicated RWHAP clients enrolled at your provider agency at the end of the reporting period. Enter a number up to seven characters; it must be greater than zero.

Figure 7. Contact Information and Provider Caseload



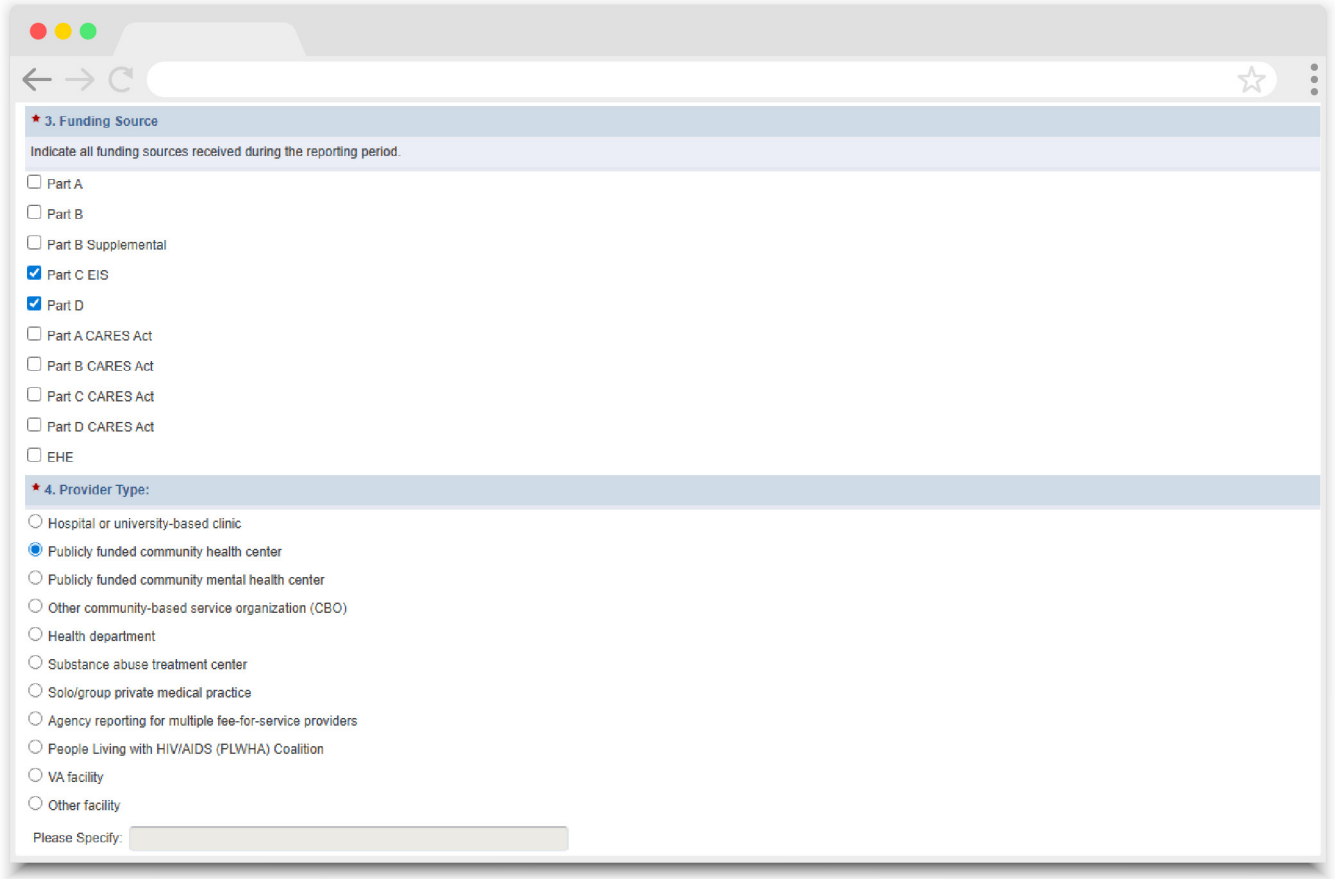
3. **Funding Source:** Indicate all your agency's funding sources received during the HIVQM reporting period by clicking the corresponding checkboxes. You must select at least one funding source, and you can select more than one if applicable to your agency.

    - Part A
    - Part B
    - Part B Supplemental
    - Part C EIS
    - Part D
    - Part A CARES Act
    - Part B CARES Act
    - Part C CARES Act
    - Part D CARES Act
    - EHE

4. **Provider Type:** Indicate the organization type that best describes your agency by clicking the appropriate radio button. If you choose Other facility, please specify a description. You must indicate only 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 8. HIVQM: Funding Source and Provider Type



5. **Data Collection:** This item consists of three (a–c) entries regarding your data collection system(s). You *must* enter a response for **5a** and **5b**. You must enter a response for **5c** *only if* you selected **Other** in **5b**.

   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.

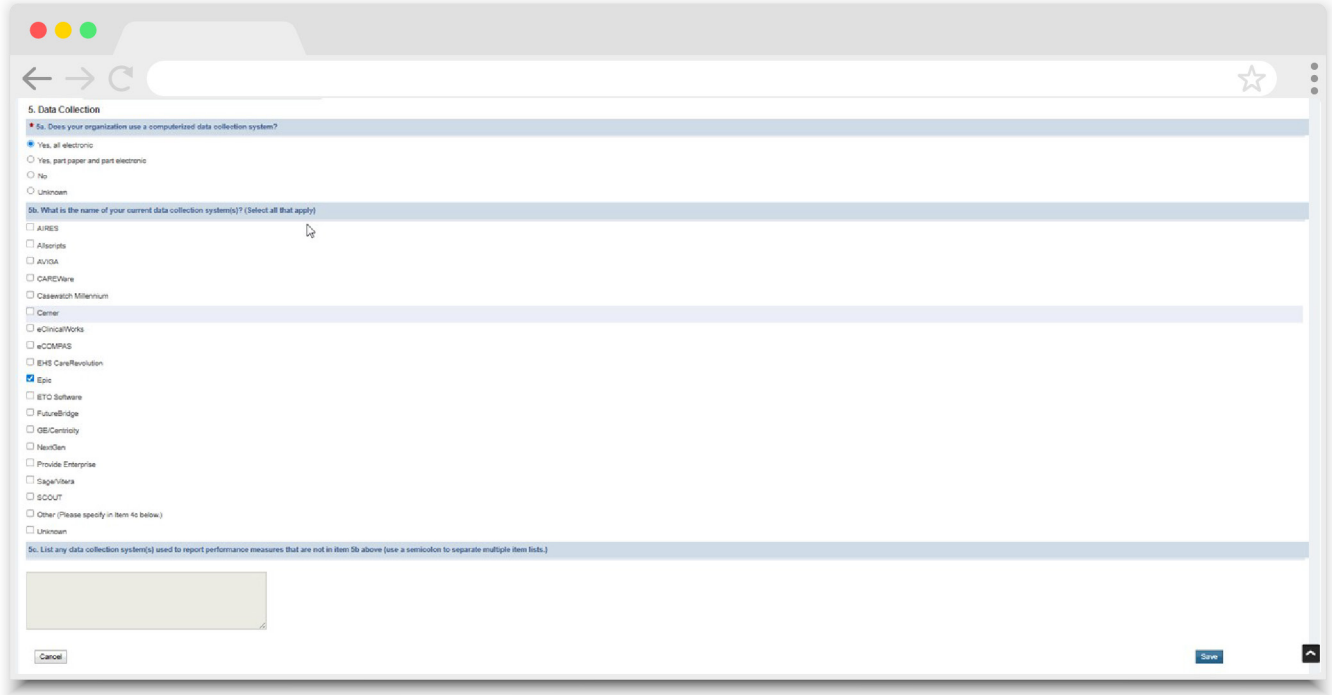
      - ARIES
      - Allscripts
      - AVIGA
      - CAREWare
      - Casewatch Millennium
      - Cerner

- eClinicalWorks
- eCOMPAS
- EHS CareRevolution
- Epic
- ETO Software
- FutureBridge
- GE/Centricity
- Sage/Vitera
- NextGen
- Provide Enterprise
- SCOUT
- Other
- Unknown

c. If you selected **Other** in 5b, enter in the text field any data collection system(s) used to run performance measures that are not listed in 5b. 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 9. HIVQM: Data Collection



Step Four: Enter Performance Measures Data

Users can now enter performance measures data in two ways:

1. Manually entering the data into the module performance measures pages. For assistance, contact Data Support at (888) 640-9356 or email RyanWhiteDataSupport@wrma.com.
2. Via data upload from a CSV file into the module. For instructions on creating a CVS file, see Appendix A. For additional assistance, contact the DISQ Team at Data.TA@caiglobal.org.

Below you will find instructions for manually entering data and uploading a CSV file into the HIVQM Module.

You can also create your CSV file using CAREWare. For assistance, contact the CAREWare Help Desk at cwhelp@jprog.com or (877) 294-3571.

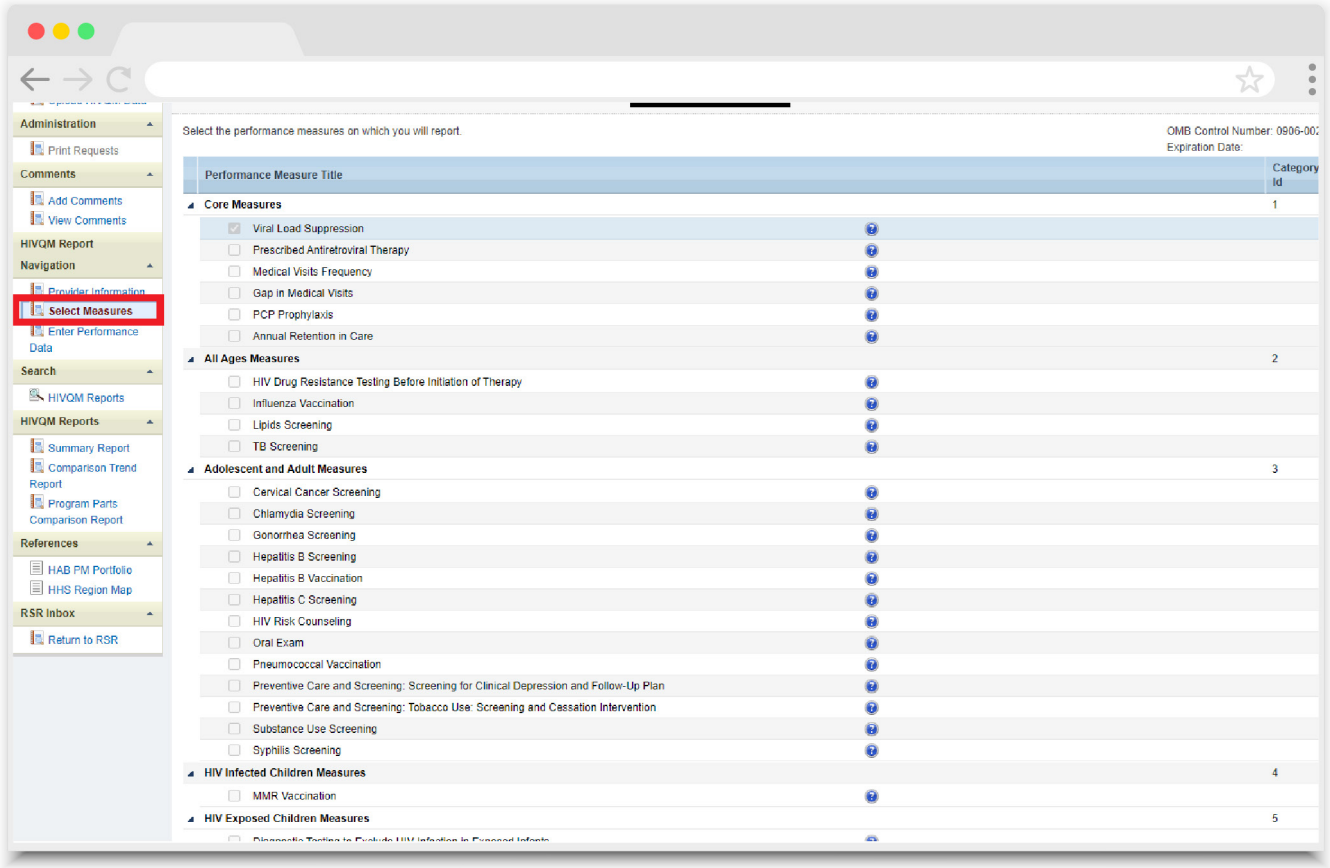
If entering data, do we need data for the entire measurement year or can we enter partial data?
We encourage you to enter all the data you have, whether it is partial-year data or the entire measurement year.

Manually Entering Performance Measures Data

Select Measures

To manually enter data into the HIVQM Module, users must first select the performance measures you want to use. To select performance measures, click the "Select Measures" link under the "HIVQM Report Navigation" heading in the Navigation pane on the left side of the screen. Figure 10 is a screenshot of the Select Measures page which displays the nine main performance measures categories that you can select to enter your data.

Figure 10. HIVQM: Performance Measure Selection Page



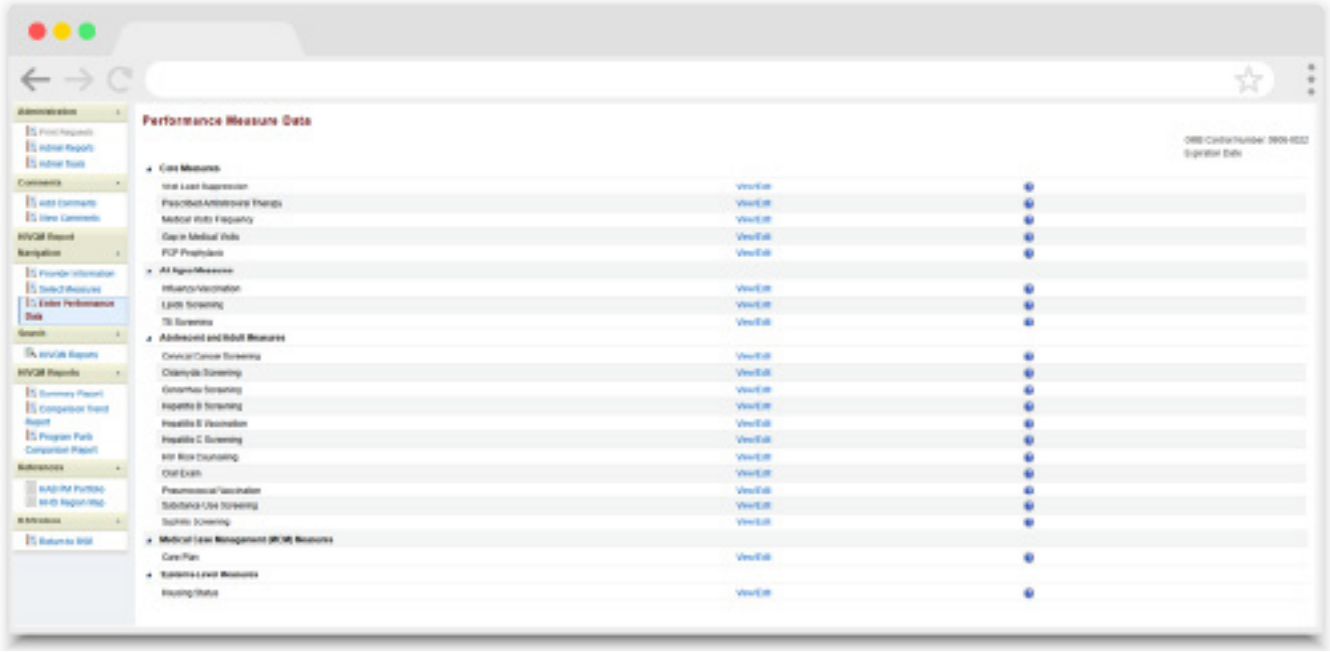
The page will refresh to a list of the nine main performance measure categories. To see the performance measures under each main category, click the expand icon on the left to expand your selections. Select the performance measures you want to enter data for by clicking the checkbox next to the performance measures. 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.

Entering 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 list of all the performance measures you selected.

To enter your data, click on the “View/Edit” link for the performance measure. See Figure 11 for a screenshot on entering performance measures.

Figure 11. HIVQM: Performance Measure Data Entry Page



Once you have clicked on the "View/Edit" link, the screen will refresh to display your chosen performance measures. The three main fields for data entry are: Records Reviewed, Numerator, and Denominator. Note that the other fields on this page are grayed out and you will not be able to enter any other numbers. See Figure 12 for a screenshot on entering these numbers. Below is the guidance to determining the three main numbers:

- **Records reviewed** is the number of all client records that were assessed for the performance measure under review. All client records can include clients who receive HIV services, regardless of funding source of RWHAP eligibility.
- **Denominator** includes only clients in the records reviewed who should receive the care or service under review (e.g., reached viral suppression, prescribed HIV ART, screened for Hepatitis B).
- **Numerator** includes those clients from the denominator who did receive the care or service under review. (e.g., reached viral suppression, prescribed HIV ART, screened for Hepatitis B).

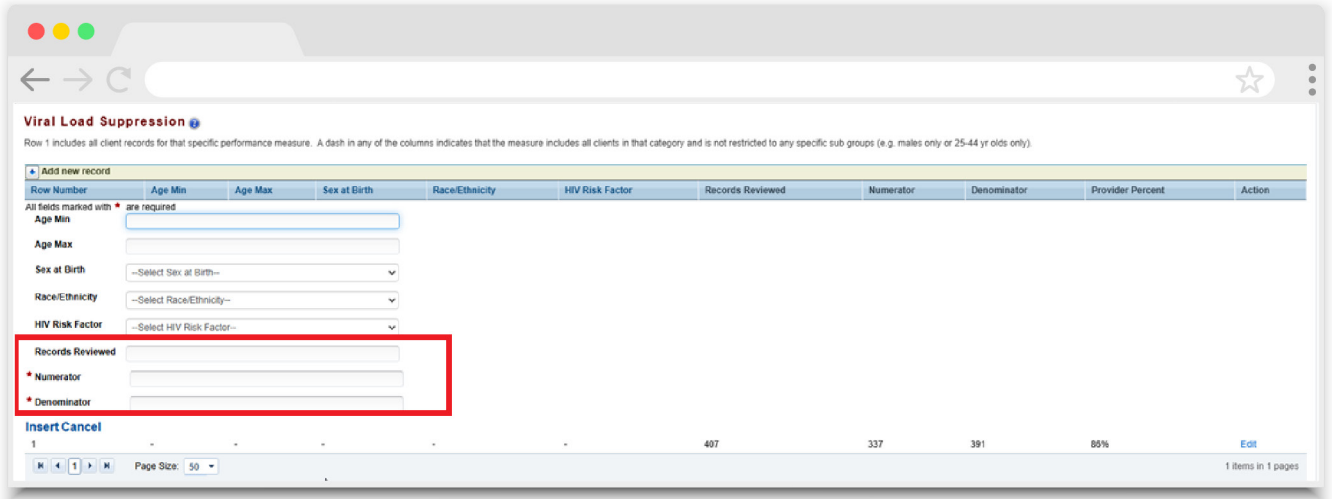
The Numerator and Denominator numbers are required fields.

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. You can also refer to the HRSA HAB Performance Measure Portfolio webpage.

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

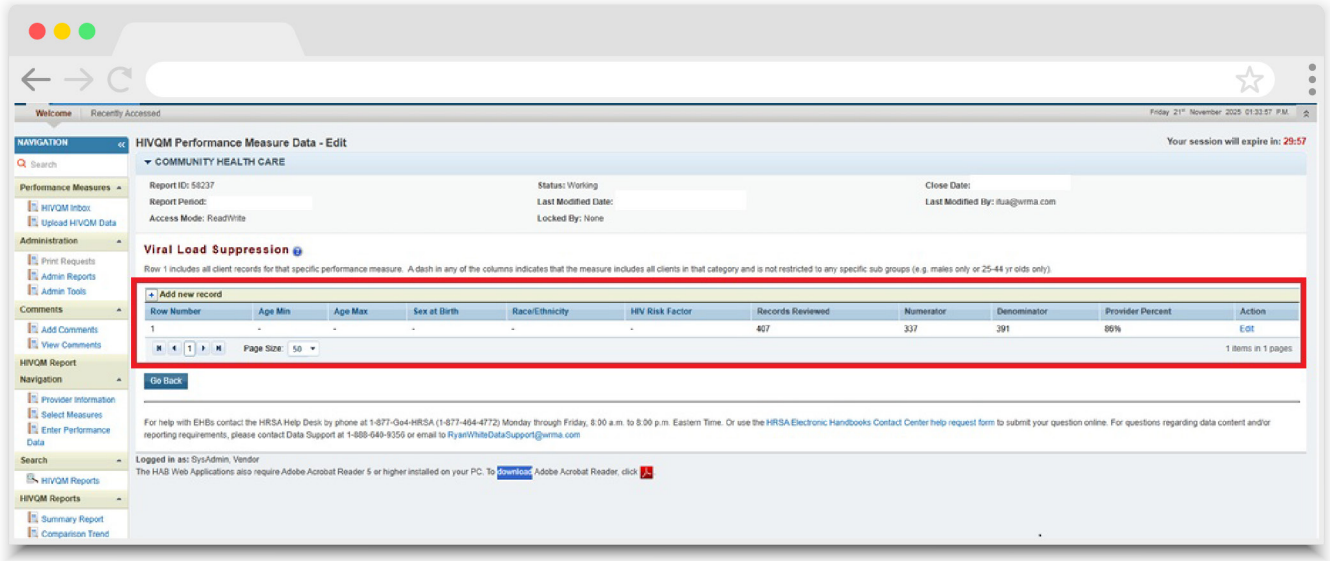
- For Records Reviewed, you must enter a number less than or equal to your caseload number entered in the Provider Information page.
- The Records Reviewed number must be greater than or equal to the Denominator.
- The Numerator must be less than or equal to the Denominator.
- If your Numerator is less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

Figure 12. HIVQM: Entering Records Reviewed, Numerator, and Denominator



Once you have entered all your data, save it by clicking "Update" on the lower-left corner of the screen. The numbers will appear as Row 1 as a performance measure record. (See Figure 13 for an example of Row 1). Row 1 includes all client records that were uploaded for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific subgroups (e.g., males only or 25- to 44-year-olds only). If you have entered invalid data (valid data is described above) in any of the fields, you will receive an error message. Go back to your data entries and correct the errors by clicking on "Edit" on the right side of the screen. You will not be able to save your data until you have addressed all error messages.

Figure 13. HIVQM: Row 1



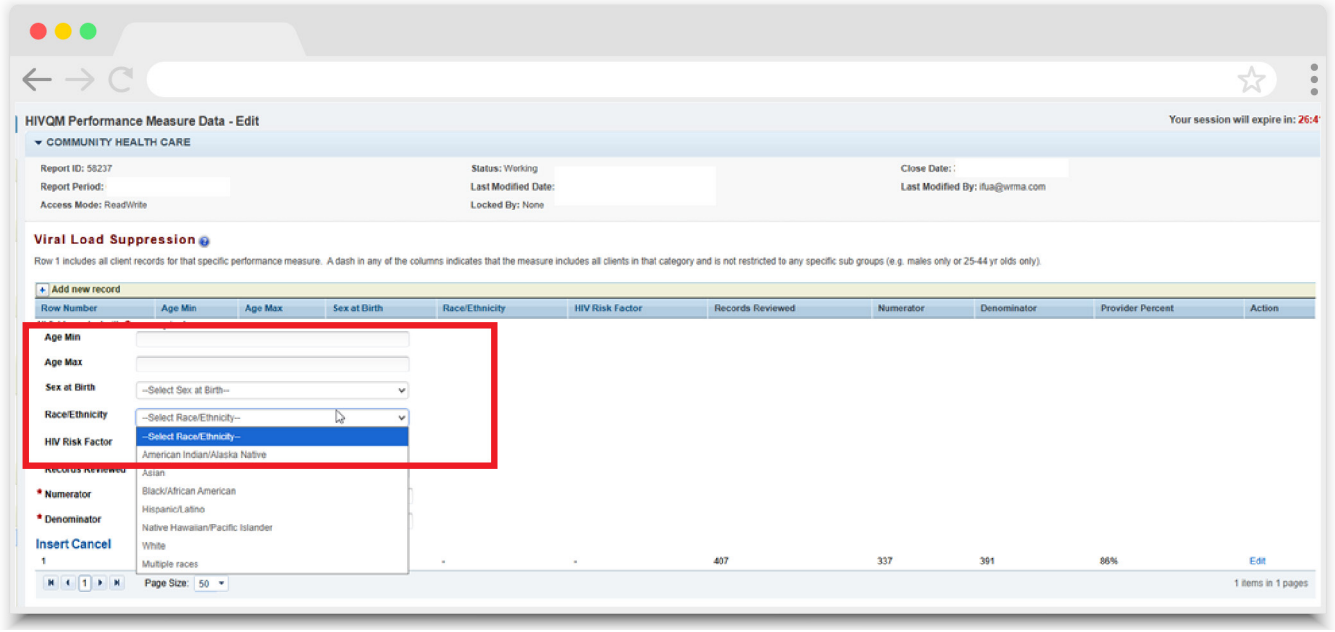
In this example, dashes appear in age min, age max, sex at birth, race/ethnicity, and HIV risk factor columns. The dashes indicate that you uploaded data for all 125 records and did not restrict your data to any specific subgroup.

Entering Demographic Data

After your first performance measure record is saved, you can now enter demographic data for that performance measure. To enter demographic data, click on the plus icon, "Add new record," and the page will refresh to allow you to enter demographic data. See Figure 14 for an example of entering demographic data. The Sex at Birth, Race/Ethnicity, and HIV Risk Factor fields include drop-down options that you can choose from. See below for drop-down options.

- **Age:** Minimum and max age
- **Sex at Birth:** Male, Female, Unknown
- **Race/Ethnicity:** American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, White, Multiple races
- **HIV Risk Factor:** Male to male sexual contact (MSM), Injection drug use (IDU), MSM and IDU, Heterosexual contact, Perinatal transmission, Other

Figure 14. HIVQM: Entering Demographic Data



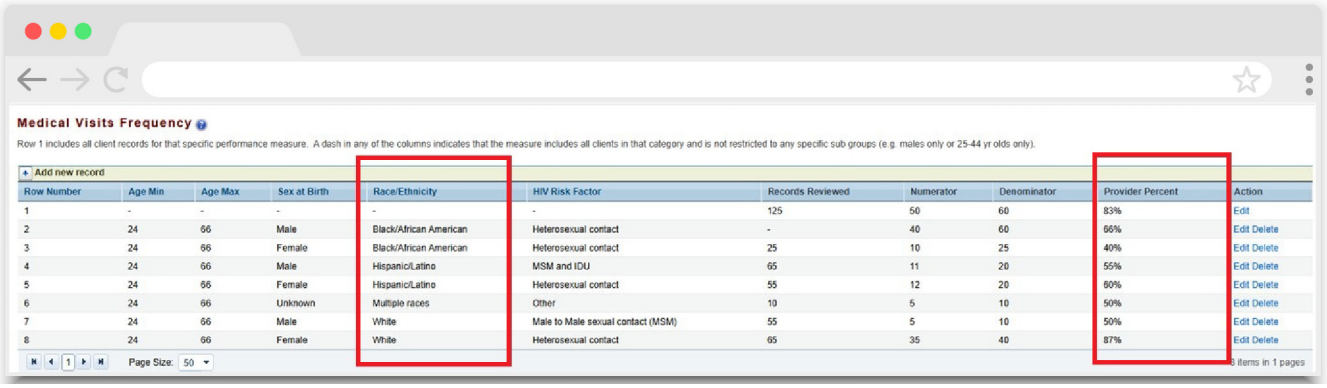
The demographic data will allow you to enter the denominator and numerator for various characteristics of your population. You can enter the numbers for one particular demographic field or multiple fields. In the module, this is called a row. For example, a row can include the numbers for only one demographic group, such as "males," or for multiple fields such as "African American males who are 24 – 50 years of age." (See Figure 15 for an example of different rows).

Once you have chosen your demographic preferences for a row and entered the numbers, click on the "Insert" link at the bottom left to submit the data. At the top of the page, you will either get a message that the submission was a success or an error message if your numbers do not make sense. You can correct your numbers by clicking on "Edit" on the right side of the screen. When you get the success message, the module will generate a table showing you the data you entered along with the calculated percentage. (See Figure 15).

To add another row or a new set of demographic data, click on the plus icon, "Add new record" at the top left of the table. Remember to click on the "Insert" link at the bottom left once you are finished with a row.

Figure 15 is an example of the generated table with various rows. You can also sort your data by clicking on column title. Figure 15 shows that table sorted by Race/Ethnicity. **Demographic data will only be reported in this table. Demographic data will not appear in any of the HIVQM reports.**

Figure 15. HIVQM: Demographic Data Report



Medical Visits Frequency

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub groups (e.g. males only or 25-44 yr olds only).

Add new record

Row Number	Age Min	Age Max	Sex at Birth	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	125	50	60	83%	Edit
2	24	66	Male	Black/African American	Heterosexual contact	-	40	60	66%	Edit Delete
3	24	66	Female	Black/African American	Heterosexual contact	25	10	25	40%	Edit Delete
4	24	66	Male	Hispanic/Latino	MSM and IDU	65	11	20	55%	Edit Delete
5	24	66	Female	Hispanic/Latino	Heterosexual contact	55	12	20	60%	Edit Delete
6	24	66	Unknown	Multiple races	Other	10	5	10	50%	Edit Delete
7	24	66	Male	White	Male to Male sexual contact (MSM)	55	5	10	50%	Edit Delete
8	24	66	Female	White	Heterosexual contact	65	35	40	87%	Edit Delete

Page Size: 50

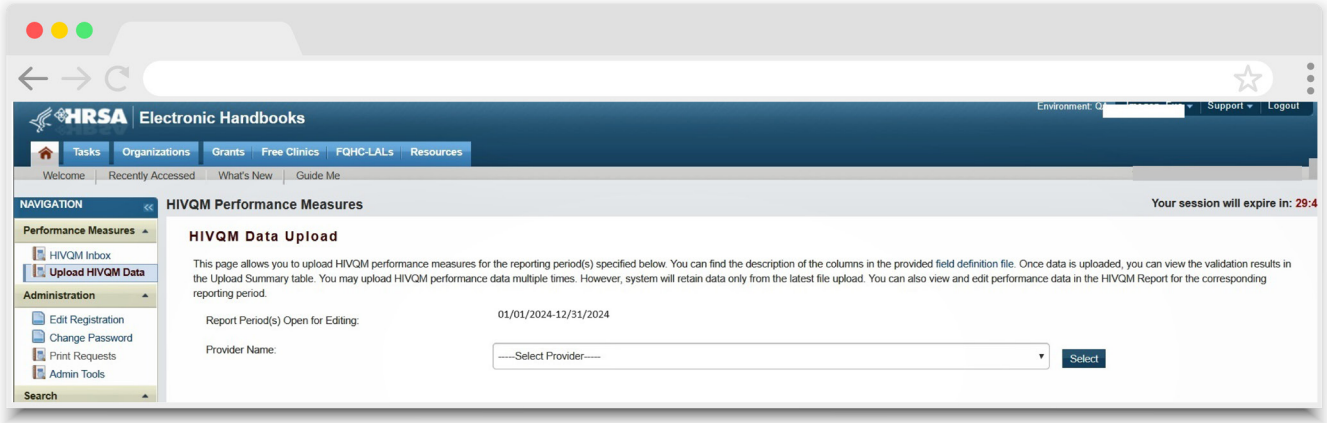
8 items in 1 pages

Uploading Performance Measures Data

Recipients and subrecipients can import performance measures data into the HIVQM Module from a CSV file. For instructions on creating a CSV file, see Appendix A and refer to the HIVQM CSV template.

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 16 for a screenshot of the Data Upload page.

Figure 16. HIVQM Data Upload Page and Provider Selection



HRSA Electronic Handbooks

Environment: QA | Support | Logout

Tasks | Organizations | Grants | Free Clinics | FQHC-LALs | Resources

Welcome | Recently Accessed | What's New | Guide Me

NAVIGATION

Performance Measures

HIVQM Inbox

Upload HIVQM Data

Administration

Edit Registration

Change Password

Print Requests

Admin Tools

Search

HIVQM Performance Measures

Your session will expire in: 29:4

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: 01/01/2024-12/31/2024

Provider Name: ----Select Provider---- Select

Do you have to manually populate a CSV file?
You do not need to enter data manually into the CSV file. There are RSR-Ready Data Systems, including CAREWare, that can create the CSV file for you. Please reach out to the DISQ Team if you have any questions or need assistance with this.

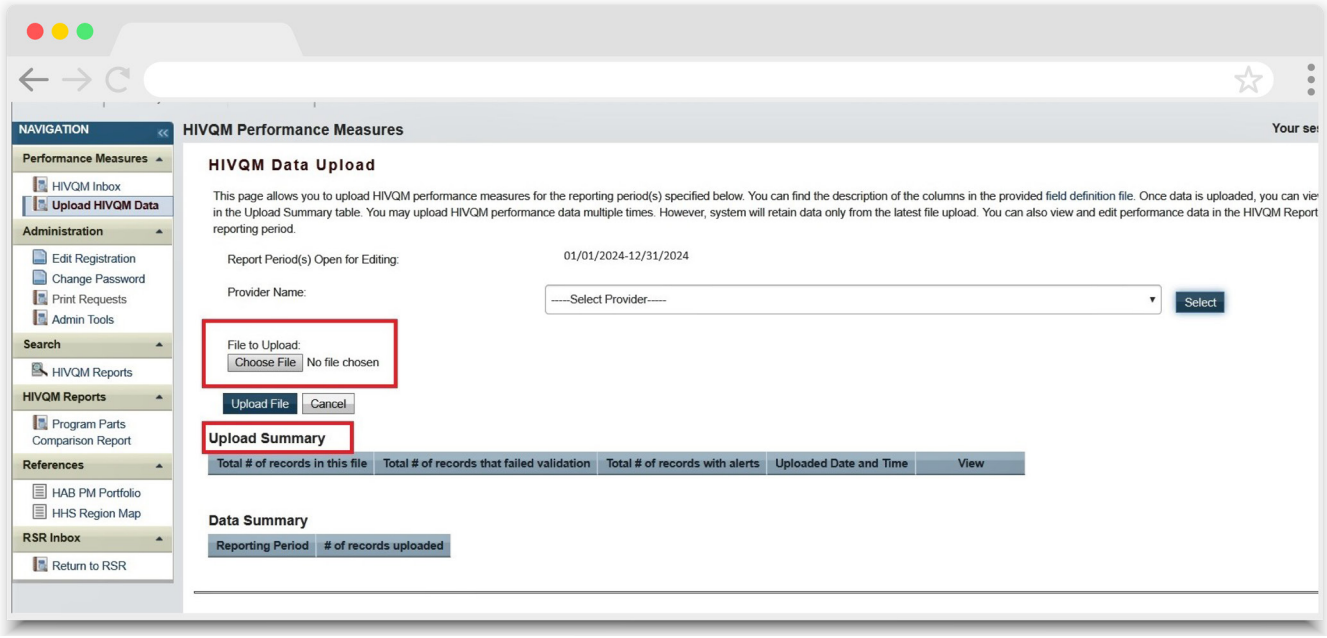
Instructions on how to create a CSV file can be found in Appendix A.

For further assistance in creating a CSV file and uploading your data into the HIVQM, contact the DISQ Team at Data.TA@caiglobal.org.

Uploading Your CSV File

On the Data Upload page, you will be able to select the provider name through a drop-down menu. Users will be able to see all the providers they have access to via the 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 17 for a screenshot of the upload buttons.

Figure 17. Uploading Your CSV File



A validation process will automatically begin to ensure that data in your file passes system requirements. Once the validation process is complete, the Upload Summary table will appear to provide information on the validation results. See Figure 17 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. There are different types of validation messages. **Alerts** tell you to check your data to make sure they are correct. **Errors** will display any information that must be corrected 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.

A list of validations can be found in Appendix B.

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."

The Data Summary table located below the Upload Summary table contains information on the reporting period and the number of records uploaded. This can be especially 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.

Step Five: Generate HIVQM Reports

The HIVQM Module can generate three types of reports: the Summary Report, the Comparison Trend Report, and the Program Parts Comparison Report. These reports allow recipients to compare their performance measures data with that of others.

- The **Summary Report** will allow recipients to compare their performance data at the organizational, state, regional, and national level.
- The **Comparison Trend Report** will allow recipients to compare their performance data at the organizational, state, regional, and national level over a five-year period.
- The **Program Parts Comparison Report** 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 (Figure 18).

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

Summary Report

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 an individual performance measure. See Figure 19 for a screenshot on selecting performance measures.

Figure 18. Screenshots of HIVQM Reports Menu

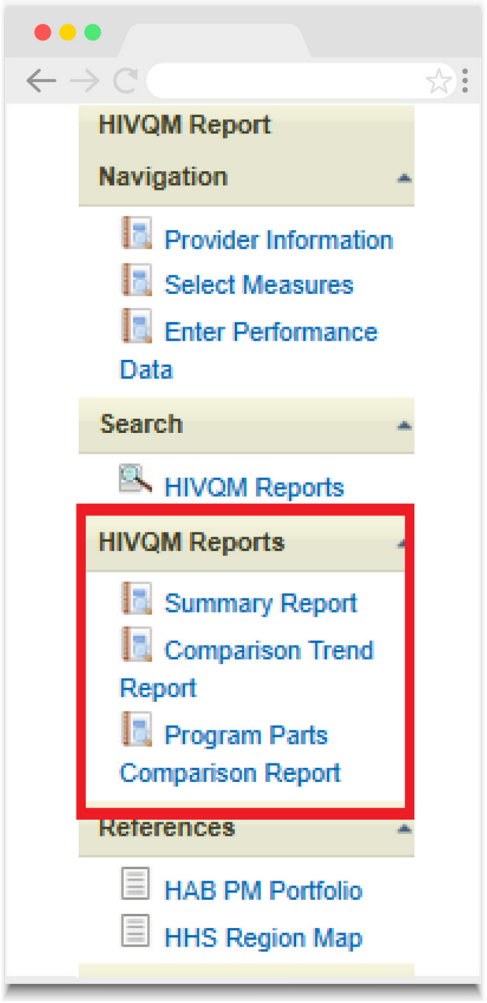
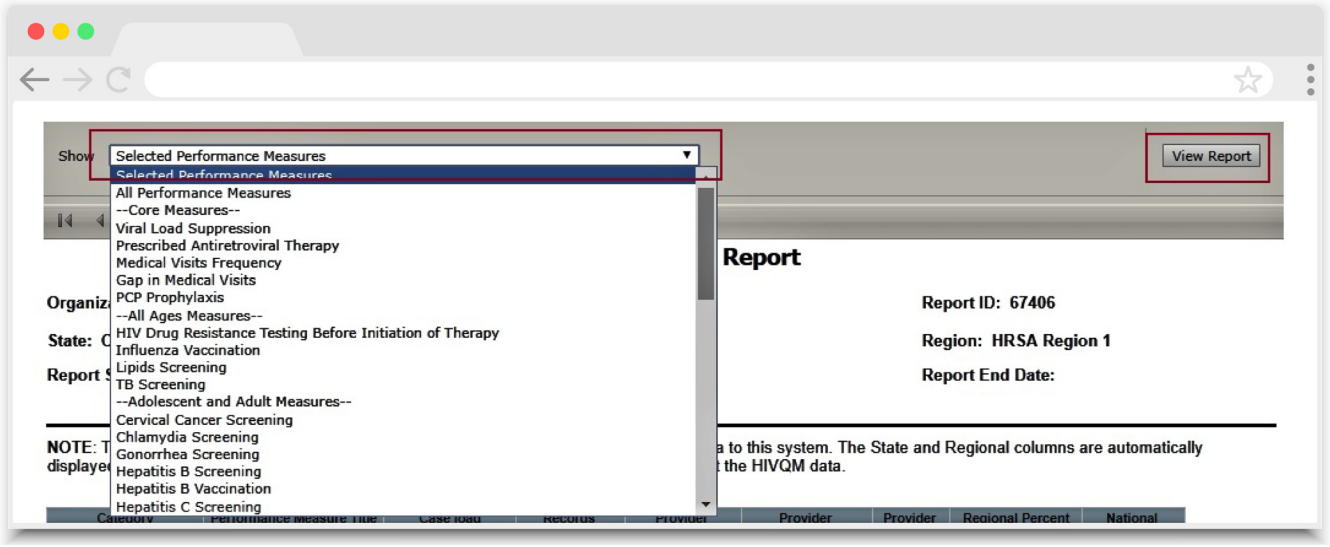
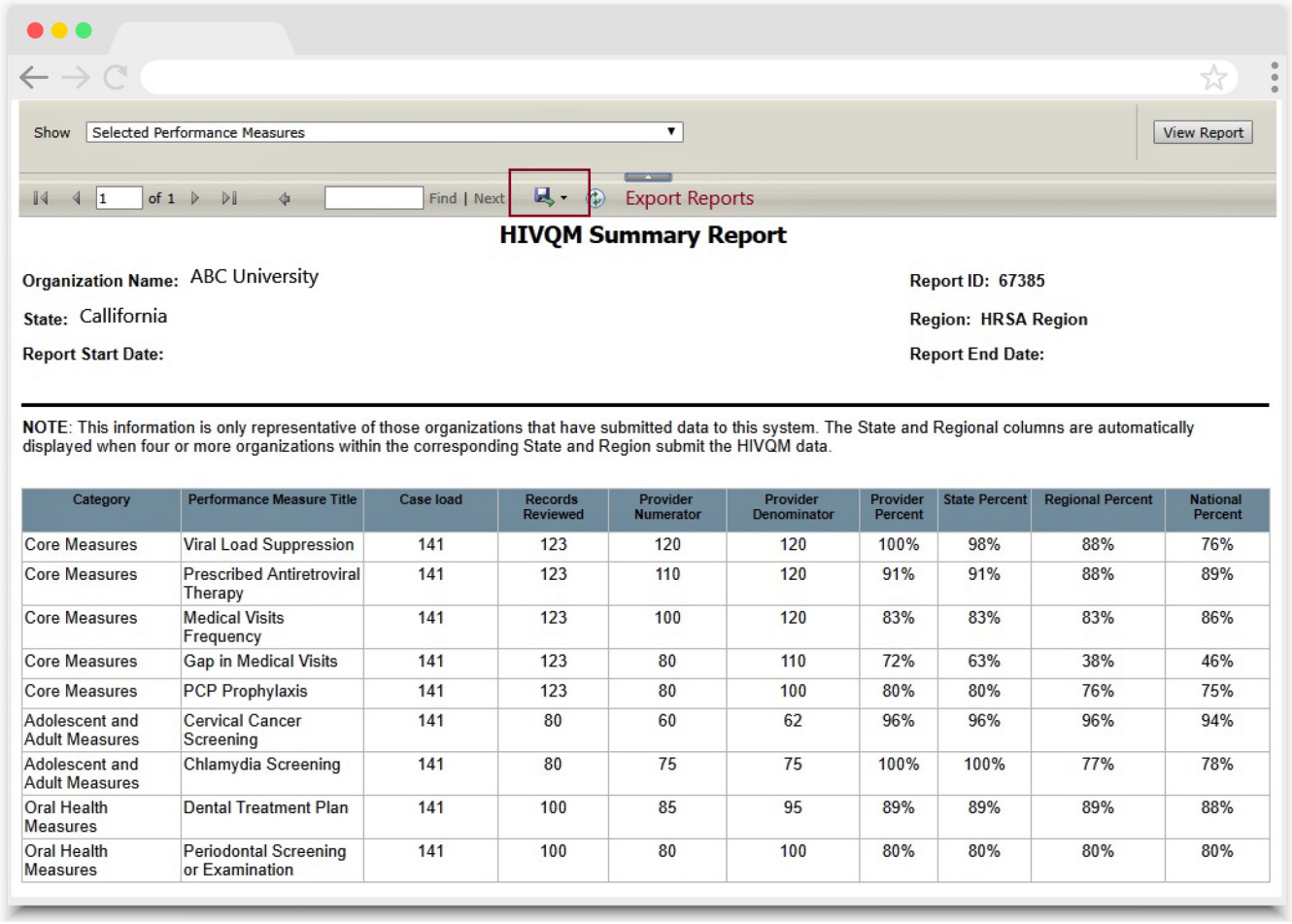


Figure 19. HIVQM: Selecting Performance Measures for Reports



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) by clicking the save 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 20 for an example of the Summary Report.

Figure 20. HIVQM: Summary Report



HIVQM Summary Report

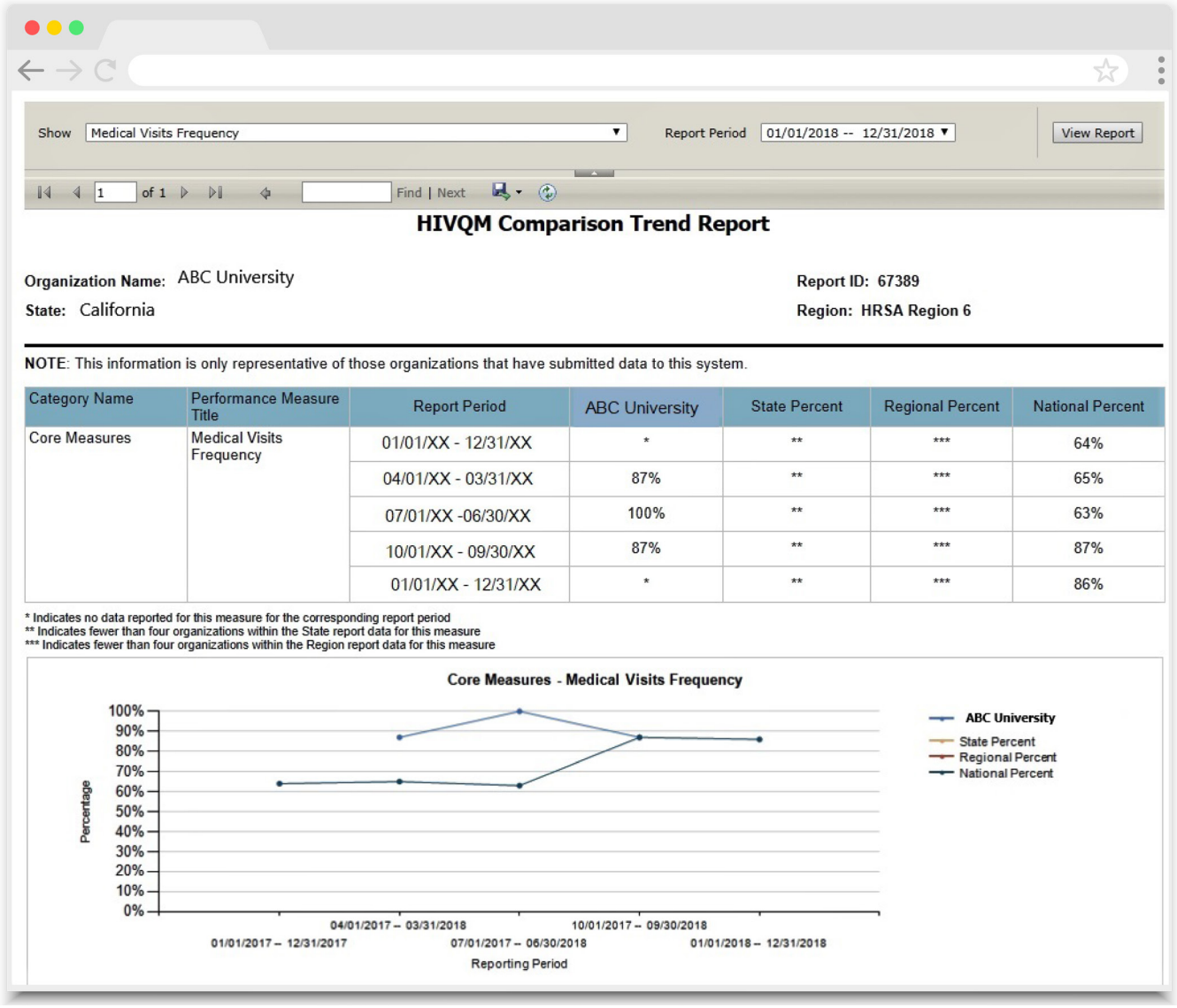
Organization Name: ABC University
State: California
Report Start Date:
Report ID: 67385
Region: HRSA Region
Report End Date:

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	120	91%	91%	88%	89%
Core Measures	Medical Visits Frequency	141	123	100	120	83%	83%	83%	86%
Core Measures	Gap in Medical Visits	141	123	80	110	72%	63%	38%	46%
Core Measures	PCP Prophylaxis	141	123	80	100	80%	80%	76%	75%
Adolescent and Adult Measures	Cervical Cancer Screening	141	80	60	62	96%	96%	96%	94%
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.

Figure 21. HIVQM: Comparison Trend Report



Show: Medical Visits Frequency | Report Period: 01/01/2018 -- 12/31/2018 | View Report

1 of 1 | Find | Next

HIVQM Comparison Trend Report

Organization Name: ABC University
State: California
Report ID: 67389
Region: HRSA Region 6

NOTE: This information is only representative of those organizations that have submitted data to this system.

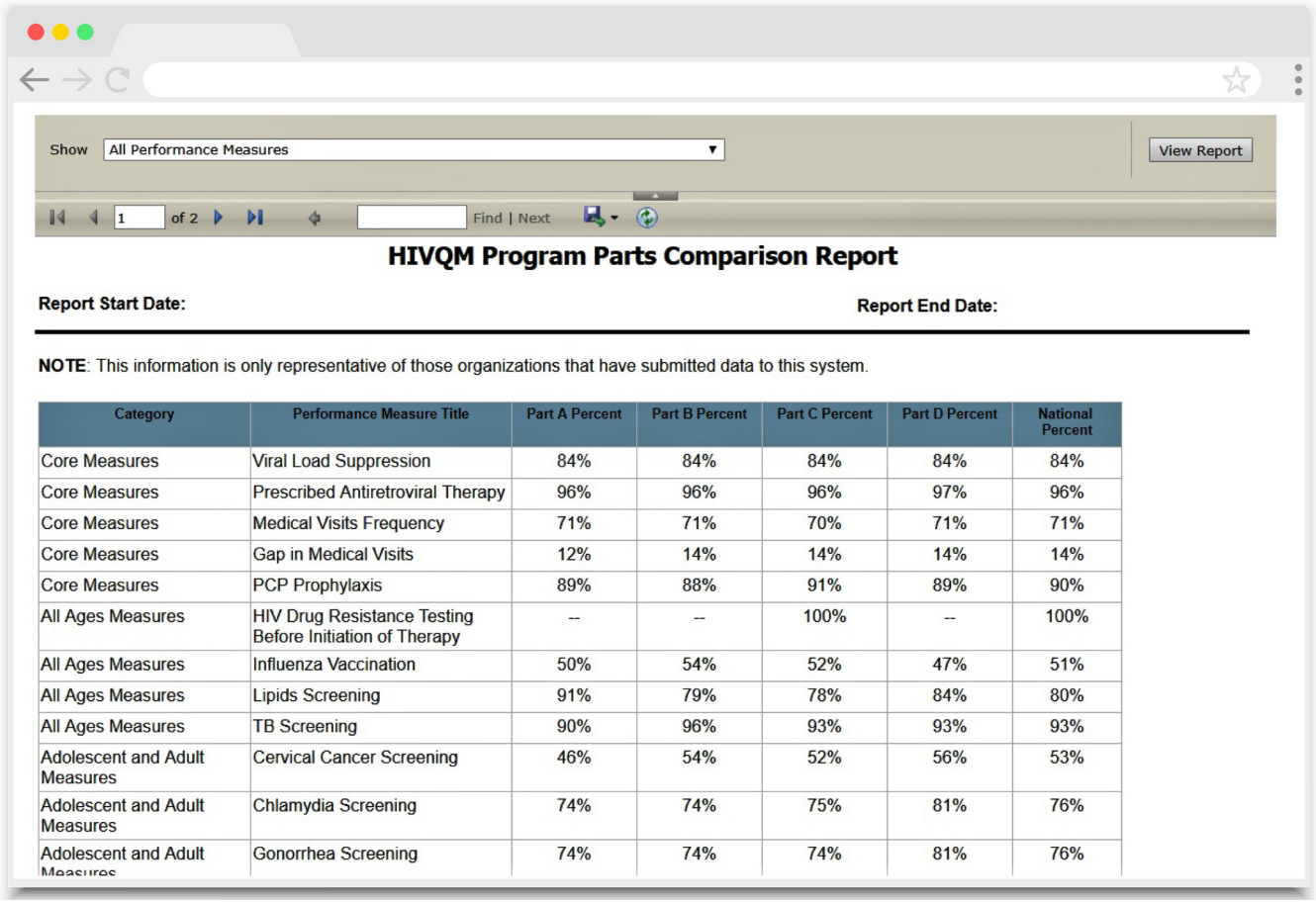
Category Name	Performance Measure Title	Report Period	ABC University	State Percent	Regional Percent	National Percent
Core Measures	Medical Visits Frequency	01/01/XX - 12/31/XX	*	**	***	64%
		04/01/XX - 03/31/XX	87%	**	***	65%
		07/01/XX -06/30/XX	100%	**	***	63%
		10/01/XX - 09/30/XX	87%	**	***	87%
		01/01/XX - 12/31/XX	*	**	***	86%

* Indicates no data reported for this measure for the corresponding report period
** Indicates fewer than four organizations within the State report data for this measure
*** Indicates fewer than four organizations within the Region report data for this measure

Comparison Trend Report

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 an individual performance measure. In the "Reporting Period" field, select a year-long reporting period from the pull-down menu. 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) by clicking the save 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 22 for an example of the Comparison Trend Report.

Figure 22. HIVQM: Program Parts Comparison Report



HIVQM Program Parts Comparison Report

Report Start Date: **Report End Date:**

NOTE: This information is only representative of those organizations that have submitted data to this system.

Category	Performance Measure Title	Part A Percent	Part B Percent	Part C Percent	Part D Percent	National Percent
Core Measures	Viral Load Suppression	84%	84%	84%	84%	84%
Core Measures	Prescribed Antiretroviral Therapy	96%	96%	96%	97%	96%
Core Measures	Medical Visits Frequency	71%	71%	70%	71%	71%
Core Measures	Gap in Medical Visits	12%	14%	14%	14%	14%
Core Measures	PCP Prophylaxis	89%	88%	91%	89%	90%
All Ages Measures	HIV Drug Resistance Testing Before Initiation of Therapy	--	--	100%	--	100%
All Ages Measures	Influenza Vaccination	50%	54%	52%	47%	51%
All Ages Measures	Lipids Screening	91%	79%	78%	84%	80%
All Ages Measures	TB Screening	90%	96%	93%	93%	93%
Adolescent and Adult Measures	Cervical Cancer Screening	46%	54%	52%	56%	53%
Adolescent and Adult Measures	Chlamydia Screening	74%	74%	75%	81%	76%
Adolescent and Adult Measures	Gonorrhea Screening	74%	74%	74%	81%	76%

Program Parts Comparison Report

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 an individual performance measure. 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) by clicking the save icon for a pull-down menu of options. This summary report reflects data that were submitted during the reporting period. See Figure 22 for an example of the Program Parts Comparison Report.

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

Appendix A

HIVQM Upload – Field Definitions

Appendix A outlines the procedure to create a CSV file to upload HIVQM data. The following table is a sample of a data upload. 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. For additional assistance, contact the DISQ Team at Data.TA@caiglobal.org.

Provider ID	Provider Name	Software Name	Measure ID	Measure Name	Report Start Date	Report End Date	Record creation date	Records Reviewed	Numerator	Denominator	Age Min	Age Max	Sex at Birth	Race/ Ethnicity	HIV Risk Factor
348		CAREWare	Core01	Viral Load Suppression	7/1/2023	6/30/2024	9/30/2024	175	115	125					
348		CAREWare	Core01	Viral Load Suppression	7/1/2023	6/30/2024	9/30/2024	175	78	80	24	29		3	
348		CAREWare	HAB41	Care Plan	7/1/2023	6/30/2024	9/30/2024	175	118	125					
348		CAREWare	HAB41	Care Plan	7/1/2023	6/30/2024	9/30/2024	175	118	125	24	29	2		
348		CAREWare	HAB13	Syphilis Screening	7/1/2023	6/30/2024	9/30/2024	175	118	125					
348		CAREWare	HAB13	Syphilis Screening	7/1/2023	6/30/2024	9/30/2024	175	118	125	24	35			1

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

Field	Field Name	Description	Field Type	Length	Coding	Required
1.	Provider ID	Provider ID of the provider	Numeric	5	Provider ID is a unique five-digit identifier assigned to your organization. Please contact Data Support if you do not have this information.	Yes
2.	Provider Name	Name of the provider corresponding to the Provider ID	Character	250	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	250	The Software Name should be entered in double quotations, e.g., "CAREWare"	No
4.	Measure ID	Measure code corresponding to the performance measure under review	Character	250	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	250	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

Field	Field Name	Description	Field Type	Length	Coding	Required
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
12.	Age Min	Minimum age within the group under review	Numeric	3		No
13.	Age Max	Maximum age within the group under review	Numeric	3		No
14.	Sex at Birth	Sex at Brith code corresponding to the Sex at Birth value under review	Numeric	3	Please refer to the Demographic Codes below for a list of valid Sex at Birth codes.	No
15.	Race/Ethnicity	Race/Ethnicity code corresponding to the Race/Ethnicity value under review	Numeric	3	Please refer to the Demographic Codes below for a list of valid Race/ Ethnicity codes.	No
16.	HIV Risk Factor	HIV Risk Factor code corresponding to the HIV Risk Factor value under review	Numeric	3	Please refer to the Demographic Codes below for a list of valid HIV Risk Factor codes.	No

Performance Measure IDs

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	HIV Viral Load Suppression	Core01
Core Measures	Prescription of HIV Antiretroviral Therapy	Core02
Core Measures	Medical Visits Frequency	Core03
Core Measures	Gap in HIV Medical Visits	Core04
Core Measures	Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	HAB03
Core Measures	Annual Retention in Care	Core05
All Ages Measures	HIV Drug Resistance Testing Before Initiation of Therapy	HAB35
All Ages Measures	Influenza Immunization	HAB19
All Ages Measures	Lipid Screening	HAB11
All Ages Measures	Tuberculosis B 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

Performance Measure Category	Performance Measure Name	Measure ID
Adolescent and Adult Measures	Pneumococcal Vaccination	HAB22
Adolescent and Adult Measures	Preventive Care and Screening for Clinical Depression and Follow-Up Plan	HAB21
Adolescent and Adult Measures	Preventive Care and Screening Tobacco Use Smoking Cessation Intervention	HAB36
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 HIV Medical Visits	HAB57
Medical Case Management (MCM) Measures	HIV 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

Performance Measure Category	Performance Measure Name	Measure ID
ADAP Measures	ADAP Application Determination	HAB47
ADAP Measures	Loss of ADAP Services due to Failure to Confirm Eligibility	HAB48
ADAP Measures	ADAP Inappropriate Anti-retroviral Regimen	HAB50
ADAP Measures	Enrollment in Healthcare Coverage (including Medicaid, Medicare Part D and private insurance	HAB59
ADAP Measures	Timely Payment of Health Insurance Premiums	HAB60
ADAP Measures	Viral Suppression for Clients Who Receive ADAP Services	HAB61
Systems-Level Measures	Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	HAB51
Systems-Level Measures	HIV Test Results for People Living with HIV	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

Demographic Codes

Sex at Birth

The valid Sex at Birth values are each assigned a unique Sex at Birth Code. The following table depicts the Sex at Birth codes for each Sex at Birth value.

Sex at Birth Code	Sex at Brith
1	Male
2	Female
3	Unknown

Race/Ethnicity

The valid Race/Ethnicity values are each assigned a unique Race/Ethnicity Code. The following table depicts the Race/ Ethnicity codes for each Race/ Ethnicity value.

Race/Ethnicity Code	Race/Ethnicity
1	American Indian/Alaska Native
2	Asian
3	Black/African America
4	Hispanic/Latino
5	Native Hawaiian/Pacific Islander
6	White
7	Multiple races

HIV Risk Factor

The valid HIV Risk Factor values are each assigned a unique HIV Risk Factor Code. The following table depicts the HIV Risk Factor codes for each HIV Risk Factor value.

HIV Risk Factor Code	HIV Risk Factor
1	Male to male sexual contact (MSM)
2	Injection drug use (IDU)
3	MSM and IDU
4	Heterosexual contact
5	Perinatal transmission
6	Other

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 exist	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	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.

Field Name	Validation Rule Logic (Validation will fire when the condition is met)	Validation Type	Error Message Text on UI
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 exist	Error	File directory does not exist; please enter a valid directory path.
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.
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. 12/31/2025, 09/30/2025, 06/30/2025, 03/31/2025>
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.

HIVQM File Validation Rules

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.

Appendix B

HIVQM System 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 percent of the Denominator	Alert	The numerator is less than 20 percent of the Denominator. Please check the values to make sure they are accurate.