

# HIV Quality Measures (HIVQM) Module Instruction Manual 2022-2023

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**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0022 with an expiration date of October 31, 2025. Public reporting burden for this collection of information is estimated to average six hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

**HIV/AIDS Bureau**

**Division of Policy and Data**

Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane, Room 9N164  
Rockville, MD 20857

# Table of Contents

<b>Background</b>	<b>3</b>
<b>The HIV Quality Measures Module</b>	<b>4</b>
What are the components of the HIVQM Module?	4
Which clients can be included in the HIVQM Module?	5
Who enters data in the HIVQM Module?	5
How do you access the HIVQM Module?	5
When can you enter data?	5
Access prior reports during the March submission period	6
How are the HIVQM Module data submitted to HAB?	6
<b>Instructions for Completing the HIVQM Module</b>	<b>7</b>
Step One: Access the most recent RSR deliverable	7
Step Two: Access the HIVQM Module	8
Step Three: Completing the Provider Information Page	10
Step Four: Entering Performance Measures Data	14
Uploading Performance Measures Data	14
Manually Entering Performance Measures Data	17
Select measures	17
Enter performance data	18
Entering Demographic Data	23
Step Five: Generate HIVQM Reports	27
Summary report	27
Comparison Trend Report	30
Program Parts Comparison Report	31
<b>Appendix A</b>	<b>32</b>
HIVQM Upload – Field Definitions	32
Performance Measure IDs	34
Gender Codes	36
Race/Ethnicity Codes	37
HIV Risk Factor Codes	37
HIVQM Data Validations	38
<b>Appendix B - HIVQM Validation Rules</b>	<b>39</b>
HIVQM File Upload Validations	39

# 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.

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

The RWHAP statute authorizes the use of grant funds to improve the quality, availability, and organization of HIV health care and support services. Specifically, recipients are required to establish a clinical quality management program (CQM) to:

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

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

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

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

# 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. Finally, the HIVQM Module allows recipients to obtain reports that compare providers within their state, regionally, nationally, as well as by Ryan White program part. HRSA expects the HIVQM Module will better support CQM, performance measurement, service delivery, and client monitoring at both the recipient and client levels, enhancing the submitted data's quality and utility.

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

## What are the components of the HIVQM Module?

The HIVQM Module comprises three parts:

- The **Provider Information** page consists of four prepopulated data points about the provider (generated from the latest RSR).
- The **Performance Measures** section is where recipients can choose and enter aggregate data on up to 44 clinical measures under these nine main categories:
  - Core
  - All Ages
  - Adolescent and Adult
  - Children
  - HIV-Exposed Children
  - Medical Case Management
  - Oral Health
  - ADAP
  - Systems-Level
- The **HIVQM Reports** are where recipients can generate 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 HAB webpage at: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>.

## Which clients can be included in the HIVQM Module?

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

## Who enters data in the HIVQM Module?

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

## How do you access the HIVQM Module?

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

## When can you enter data?

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

HIVQM Module Opens	HIVQM Module Closes	Reporting Period
March 1, 2023	March 31, 2023	Jan. 1, 2022–Dec. 31, 2022
June 1, 2023	June 30, 2023	April 1, 2022–March 31, 2023
Sept. 1, 2023	Sept. 30, 2023	July 1, 2022– June 30, 2023
Dec. 1, 2023	Dec. 31, 2023	Oct. 1, 2022–Sept. 30, 2023

## Access prior reports during the March submission period

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

Figure 2b. HIVQM Inbox during March Reporting Period

**HRSA Electronic Handbooks**

Environment: Development | Support | Logout

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

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

Wednesday, 30<sup>th</sup> January, 2018 03:45:51 P.M.

Your session will expire in: 29:46

**NAVIGATION**

- Performance Measures
  - HIVQM Inbox
- Administration
  - Print Requests
- Search
  - HIVQM Reports
- References
  - HAB PM Portfolio
  - HHS Region Map
- RSR Inbox
  - Return to RSR

**HIVQM Report Inbox**

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

Page Size: 25

4 items in 1 pages

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

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter, Provider

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

## How are the HIVQM Module data submitted to HAB?

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

# Instructions for Completing the HIVQM Module

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



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

## Step One: Access the most recent RSR deliverable

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

1. Recipients/recipient-providers only: Log in to the EHBs at <https://grants.hrsa.gov/2010/webEPSInternal/EHBHome.aspx> and navigate to the RSR Inbox.
  - Hover over the “Grants” tab at the top of the page, and on the drop-down menu, click on “Work on Performance Reports.”
  - Locate your most recent RSR deliverable and click “Start” or “Edit” in the Action column on the far right.
2. Providers only: Log in to the RSR web system at: <https://grants.hrsa.gov/2010/WebEPSExternal/ServiceProvider/Interface/Common/AccessControl/Login.aspx> and navigate to the RSR Inbox.



**If you need help navigating the EHBs to find your annual RSR, contact Ryan White Data Support at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).**



## Step Two: Access the HIVQM Module

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

**Figure 1. RSR Recipient Report Inbox**

The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FHCC-LALs', and 'Resources'. The left sidebar shows a 'NAVIGATION' menu with 'Performance Measures' expanded, containing 'HIVQM Inbox'. The main content area is titled 'HIVQM Report Inbox' and displays a table of report data.

Report ID	Provider Name	Reg Code	Reporting Period	Status	Action
67406	ABC University	74047	01/01/2022- 12/31/2022	Working	
67407	ABC University	74047	04/01/2021- 03/31/2022	Working	
67408	ABC University	74047	07/01/21- 06/30/2022	Working	
67409	ABC University	74047	10/01/2021- 09/30/22	Working	

Below the table, there is a 'Page Size' dropdown set to 25 and a note '4 items in 1 pages'. At the bottom, there is a footer with contact information for the HRSA Contact Center and a note about Adobe Acrobat Reader.

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

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



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

**Figure 2a. HIVQM Inbox**

The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes links for Tasks, Organizations, Grants, Free Clinics, FQHC-LALs, and Resources. The main header displays the HRSA logo and the title 'Electronic Handbooks'. The user is logged in as 'LeceaF\_13206' and the session will expire on Friday, 19th June 2020 at 03:32:31 P.M.

The left sidebar contains a 'NAVIGATION' menu with the following sections:

- Inbox** (selected): Provider Report, Check your XML
- Search**: Provider Reports
- Administration**: Edit Registration, Change Password, Print Requests
- References**: Merge Rules, Validation Rules
- Performance Measures**: HIVQM Inbox
- Emerging Initiatives**: CDR Inbox

The main content area is titled 'RSR Provider Report Inbox'. It displays a table with the following columns: Report ID, Provider Name, Reg Code, Reporting Period, Modified Date, Status, Action, Clients, and Action History. The table contains one entry:

Report ID	Provider Name	Reg Code	Reporting Period	Modified Date	Status	Action	Clients	Action History
0	Coaching Flood Ltd.	51129	2022 Annual		Not Started	Create	0	History

Below the table, there is a pagination bar showing 'Page Size: 25' and '1 items in 1 pag'. A message at the bottom states: 'For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your questions online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com'. A note at the bottom indicates the user is logged in as 'Provider' and mentions the requirement for Adobe Acrobat Reader 5 or higher.

## Step Three: Completing 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. See Figures 3a–b for screenshots of the Provider Information page.

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

Figure 3a. HIVQM: Provider Information Page

**NAVIGATION** << HIVQM Report Your session will expire in: 29:4

▼ ABC University

Report ID: 67406      Status: Working      Close Date:   
 Report Period:      Last Modified Date:      Last Modified By:   
 Access Mode: ReadWrite      Locked By:

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

★ 1. Provider Caseload

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

Provider Caseload:

★ 2. Funding Source

Indicate all funding sources received during the reporting period.

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

★ 3. Provider Type:

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

**NAVIGATION** << HIVQM Report

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

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

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

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

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AIRES                | <input type="checkbox"/> eCOMPAS            | <input type="checkbox"/> NextGen            |
| <input type="checkbox"/> Allscripts           | <input type="checkbox"/> EHS CareRevolution | <input type="checkbox"/> Provide Enterprise |
| <input type="checkbox"/> AVIGA                | <input type="checkbox"/> Epic               | <input type="checkbox"/> SCOUT              |
| <input type="checkbox"/> CAREWare             | <input type="checkbox"/> ETO Software       | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Casewatch Millennium | <input type="checkbox"/> FutureBridge       | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Cerner               | <input type="checkbox"/> GE/Centricity      |   |
| <input type="checkbox"/> eClinicalWorks       | <input type="checkbox"/> Sage/Vitera        |   |

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

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

Figure 3b. HIVQM: Provider Information Page

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

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

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

## Step Four: Entering Performance Measures Data

Recipients and subrecipients can now enter performance measures data in three ways: 1) via data upload from a CSV file into the Module, 2) manually entering the data into the Module performance measures pages or 3) via CAREWare upload for CAREWare users. Below you will find instructions for the first two ways. CAREWare users can contact the CAREWare Help Desk at [cwhelp@jprog.com](mailto:cwhelp@jprog.com) or (877) 294-3571.

### Uploading Performance Measures Data

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



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

Figure 4a. HIVQM Data Upload Page and Provider Selection

The screenshot displays the HIVQM Data Upload interface. On the left, the 'Performance Measures' section is active, showing 'HIVQM Inbox' and 'Upload HIVQM Data'. The main area, titled 'HIVQM Data Upload', provides instructions on uploading data for a specific reporting period. The 'Report Period(s) Open for Editing' is set to '01/01/22- 12/31/2022'. Below this, the 'Provider Name' is selected from a dropdown menu, and a 'Select' button is visible. A session expiration timer at the top right indicates 'Your session will expire in: 29:4'.

On the Data Upload page, you will be able to select the provider name through a drop-down menu. Once you select the provider name, click on the “Select” button. Two new buttons for importing your file will appear. First, click on the “Choose File” button to search for the CSV file on your computer. Then click the “Upload File” button to upload the file. See Figure 4b for a screenshot of the upload buttons.

A validation process will automatically begin to ensure that data in your file passes system requirements. The Upload Summary table will appear to provide you information of the validation results. See Figure 4b for a screenshot of the Upload Summary table. The Upload Summary table will include information on the number of records in the file, the number of records that failed validation, and the number of alerts. Alerts tell you to check your data to make sure they are correct. Some alerts are also errors that you must correct before successfully uploading your file. To view your list of validations, click on the link “Validation Result” in the Upload Summary table and an Excel document will appear that can also be downloaded to your computer.



A list of validations can be found in **Appendix B**.



Figure 4b. Uploading Your File

**HRSA Electronic Handbooks**

Tasks Organizations Grants Free Clinics FQHC-LALs Resources

Welcome Recently Accessed What's New Guide Me

Wednesday 5th June 2019 01:44:06 P.M.

Your session will expire in: 29:41

**NAVIGATION**

Performance Measures

HIVQM Inbox

**Upload HIVQM Data**

Administration

Edit Registration

Change Password

Print Requests

Admin Tools

Search

HIVQM Reports

HIVQM Reports

Program Parts Comparison Report

References

HAB PM Portfolio

HHS Region Map

RSR Inbox

Return to RSR

**HIVQM Performance Measures**

**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: 01/01/2022- 12/31/2022

Provider Name:

File to Upload:

No file chosen

**Upload Summary**

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

**Data Summary**

Reporting Period	# of records uploaded

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 information can be especially helpful if you have multiple file uploads.**



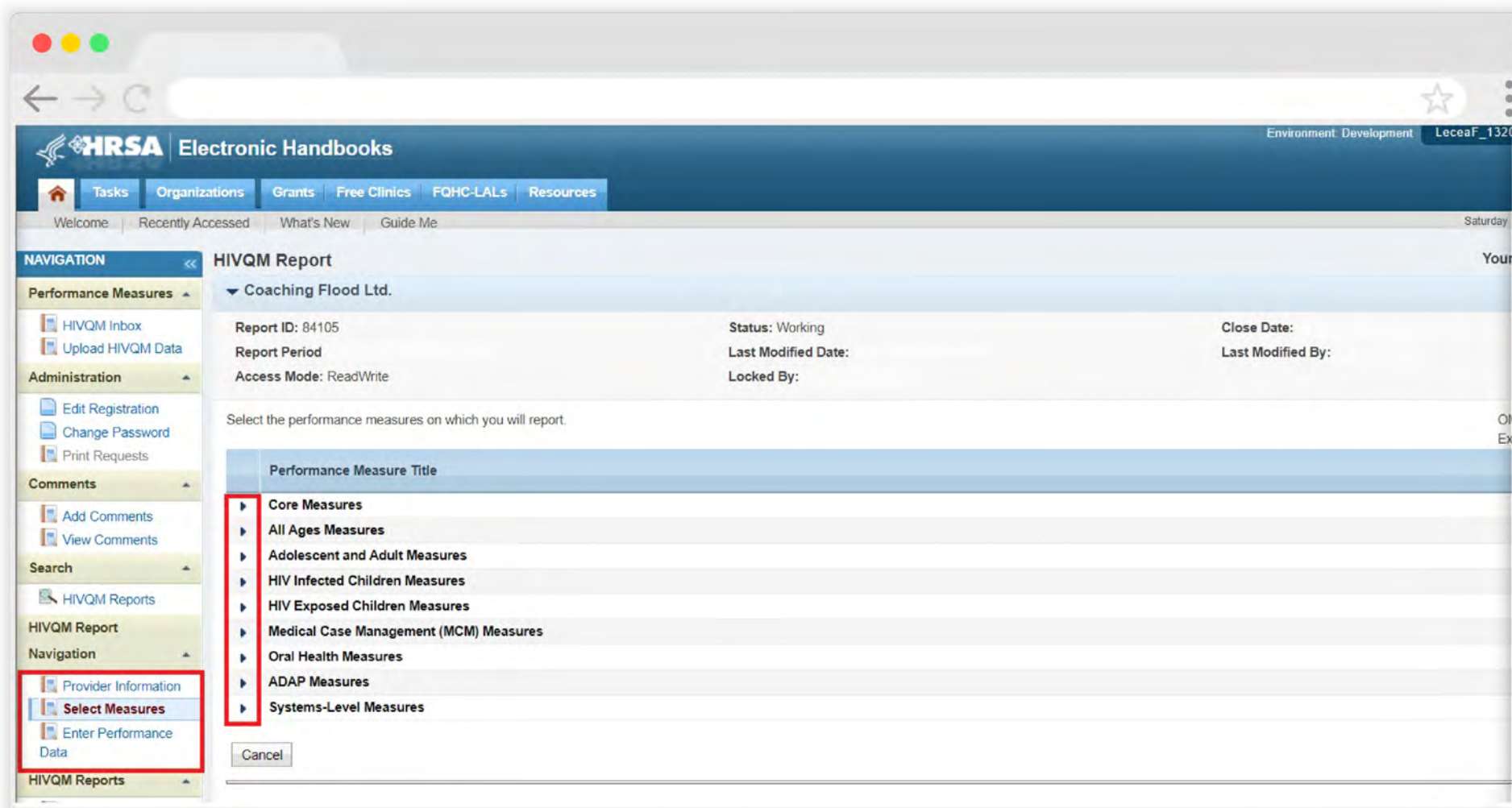
You will still see the alerts that ask you to check your data even though you have successfully uploaded your file and are ready to generate reports.

## Manually Entering Performance Measures Data

### Select measures

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

**Figure 5. HIVQM: Performance Measure Selection Page**

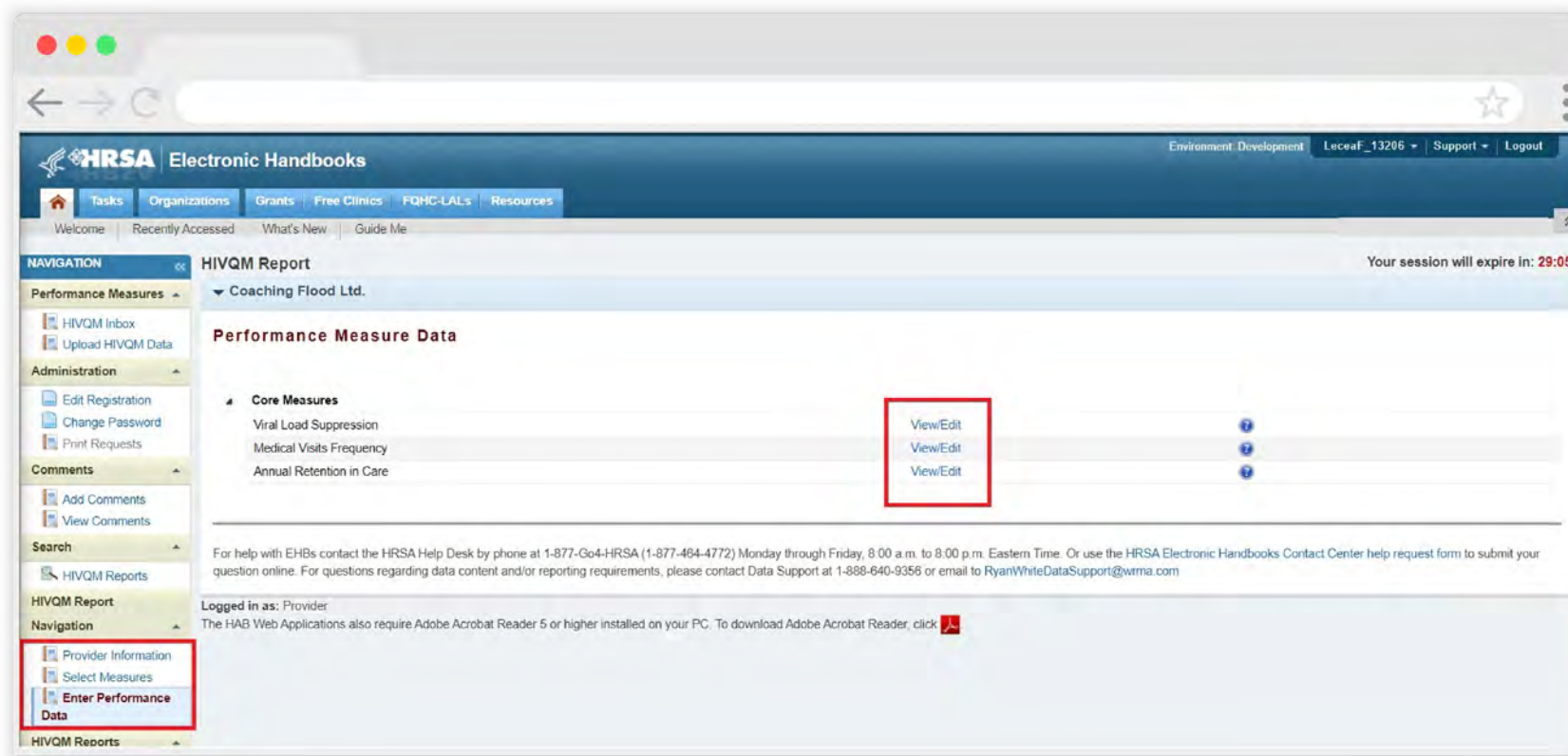


The page will refresh to a list of the nine main performance measure categories. To see the performance measures under each main category, click the expand icon on the left to expand your selections. Then click the checkbox for the performance measures you will be entering data for. If you want more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

## Enter performance data

After saving your performance measures, you are ready to enter your data. On the left side of the screen, under the Navigation pane, click the “Enter Performance Data” link, and the screen will refresh to the Data Entry page containing a list of all the performance measures you selected. Click on the “View/Edit” link for the performance measure you want to begin entering data for. See Figure 6 for a screenshot on entering performance measures.

**Figure 6. HIVQM: Performance Measure Data Entry Page**



Once you have clicked on the “View/Edit” link, the screen will refresh to the chosen performance measure page to enter three main numbers: 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 7 for a screenshot on entering these numbers. Below is the guidance to determining the three main numbers:

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

The Numerator and Denominator numbers are required to enter.

In addition, for more program-related guidance on these numbers, click the information icon to the right of the performance measure and a pop-up window will display additional information.

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

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

Figure 7. HIVQM: Entering Records Reviewed, Numerator, and Denominator

**Performance Measures** ▾

- HIVQM Inbox
- Upload HIVQM Data

**Administration** ▾

- Edit Registration
- Change Password
- Print Requests

**Comments** ▾

- Add Comments
- View Comments

**Search** ▾

- HIVQM Reports

**HIVQM Report**

**Navigation** ▾

- Provider Information
- Select Measures
- Enter Performance Data**

**HIVQM Reports** ▾

- Summary Report
- Comparison Trend Report
- Program Parts Comparison Report

**References** ▾

- HAB PM Portfolio
- HHS Region Map

**RSR Inbox** ▾

**Coaching Flood Ltd.**

Report ID: 84105      Status: Working      Close Date:

Report Period:       Last Modified Date:       Last Modified By:

Access Mode: ReadWrite      Locked By:

**Viral Load Suppression** ⓘ

You must enter the measure level data in Row Number 1 before adding new records. Measure level data are Records Reviewed, Numerator, and Denominator values for the unduplicated patients regardless of Age, Gender, Race/Ethnicity, and HIV Risk Factor for the selected performance measure. After measure level data has been entered for this row, you can select the "Add new record" button to enter performance data by Age, Gender, Race/Ethnicity, HIV Risk Factor, or a combination of these categories.

**+ Add new record**

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-					Edit

All fields marked with \* are required

Age Min:

Age Max:

Gender:

Race/Ethnicity:

HIV Risk Factor:

**Records Reviewed** 150

**\* Numerator** 125

**\* Denominator** 150

**Update**

Page Size: 50

1 items in 1 pages

**Go Back**



Once you have entered all your data, save it by clicking “Update” on the lower right corner of the screen. The numbers will appear as Row 1 of your performance measure data. See Figure 8 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 8. HIVQM: Row 1**

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

**HRSA Electronic Handbooks**

Environment: Development | LeceaF\_13206 | Support | Logout

Welcome | Recently Accessed | What's New | Guide Me | Friday, 19<sup>th</sup> June, 2020 09:15:25 P.M.

**NAVIGATION**

- Performance Measures
  - HIVQM Inbox
  - Upload HIVQM Data
- Administration
  - Edit Registration
  - Change Password
  - Print Requests
- Comments
  - Add Comments
  - View Comments
- Search
  - HIVQM Reports
- HIVQM Report
  - Navigation
    - Provider Information
    - Select Measures
    - Enter Performance Data
  - HIVQM Reports
    - Summary Report
    - Comparison Trend

**HIVQM Performance Measure Data - Edit**

**Success:**  
Information saved successfully.

**Coaching Flood Ltd.**

Report ID: 84105 | Status: Working | Close Date: |  
 Report Period: | Last Modified Date: |  
 Access Mode: ReadWrite | Locked By: |

**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).

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	125	100	110	90%	Edit

Page Size: 50 | 1 items in 1 pages

[Go Back](#)

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

Logged in as: Provider  
 The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click [here](#)



## Entering Demographic Data

After your main numbers are 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 9 for an example of entering demographic data. The Gender, 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
- **Gender:** Male, Female, Transgender (All), Transgender Male to Female, Transgender Female to Male, Transgender Other
- **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 9. HIVQM: Entering Demographic Data

**HRSA Electronic Handbooks**

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

**NAVIGATION**

- Performance Measures
  - HIVQM Inbox
  - Upload HIVQM Data
- Administration
  - Edit Registration
  - Change Password
  - Print Requests
- Comments
  - Add Comments
  - View Comments
- Search
  - HIVQM Reports
- HIVQM Report
  - Navigation
    - Provider Information
    - Select Measures
    - Enter Performance Data
- HIVQM Reports
  - Summary Report
  - Comparison Trend Report
  - Program Parts
  - Comparison Report

**HIVQM Performance Measure Data - Edit**

▼ Coaching Flood Ltd.

Report ID: 84105      Status: Working      Close Date:

Report Period:      Last Modified Date:      Last Modified By:

Access Mode: ReadWrite      Locked By:

**Annual Retention in Care** ?

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. male).

[+ Add new record](#)

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Pe
All fields marked with * are required									
	Age Min	24							
	Age Max	66							
	Gender	Male							
	Race/Ethnicity	White							
	HIV Risk Factor	Male to Male sexual contact (MSM)							
	Records Reviewed	55							
	* Numerator	25							
	* Denominator	55							
<a href="#">Insert</a> <a href="#">Cancel</a>									
1	-	-	-	-	-	125	100	110	90%

Page Size: 50

The demographics 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 or a set of demographic data. In the Module, this is called a Row. For example, a Row can include the numbers for only one demographic data, such as “males,” or a Row can include the numbers for African American males who are 24 – 50 years of age. See Figure 10 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. You can also review the previous guidance on determining the denominator and numerator. When you get the “success” message, the Module will generate a table showing you the data you entered along with the calculated percentage.

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 9 is an example of the generated table with various Rows. You can also sort your data by clicking on column title. Figure 9 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 10. HIVQM: Demographic Data Report

**HIVQM Performance Measure Data - Edit**

Coaching Flood Ltd.

Report ID: 84105      Status: Working      Close Date:

Report Period:      Last Modified Date:      Last Modified By:

Access Mode: ReadWrite      Locked By:

**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).

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	125	100	110	90%	Edit
5	24	66	Male	Black/African American	Heterosexual contact	-	47	55	85%	Edit Delete
6	24	66	Female	Black/African American	Heterosexual contact	25	18	25	72%	Edit Delete
7	24	66	Male	Hispanic/Latino	MSM and IDU	65	55	65	84%	Edit Delete
8	24	66	Female	Hispanic/Latino	Heterosexual contact	55	40	55	72%	Edit Delete
4	24	66	Transgender (all)	Multiple races	Other	10	8	10	80%	Edit Delete
2	24	66	Male	White	Male to Male sexual contact (MSM)	55	25	35	71%	Edit Delete
3	24	66	Female	White	Heterosexual contact	65	48	55	87%	Edit Delete

Page Size: 50      8 items in 1 pages

[Go Back](#)

## Step Five: Generate HIVQM Reports

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

- The **Summary Report** will allow recipients to compare their performance data at the organization, 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.

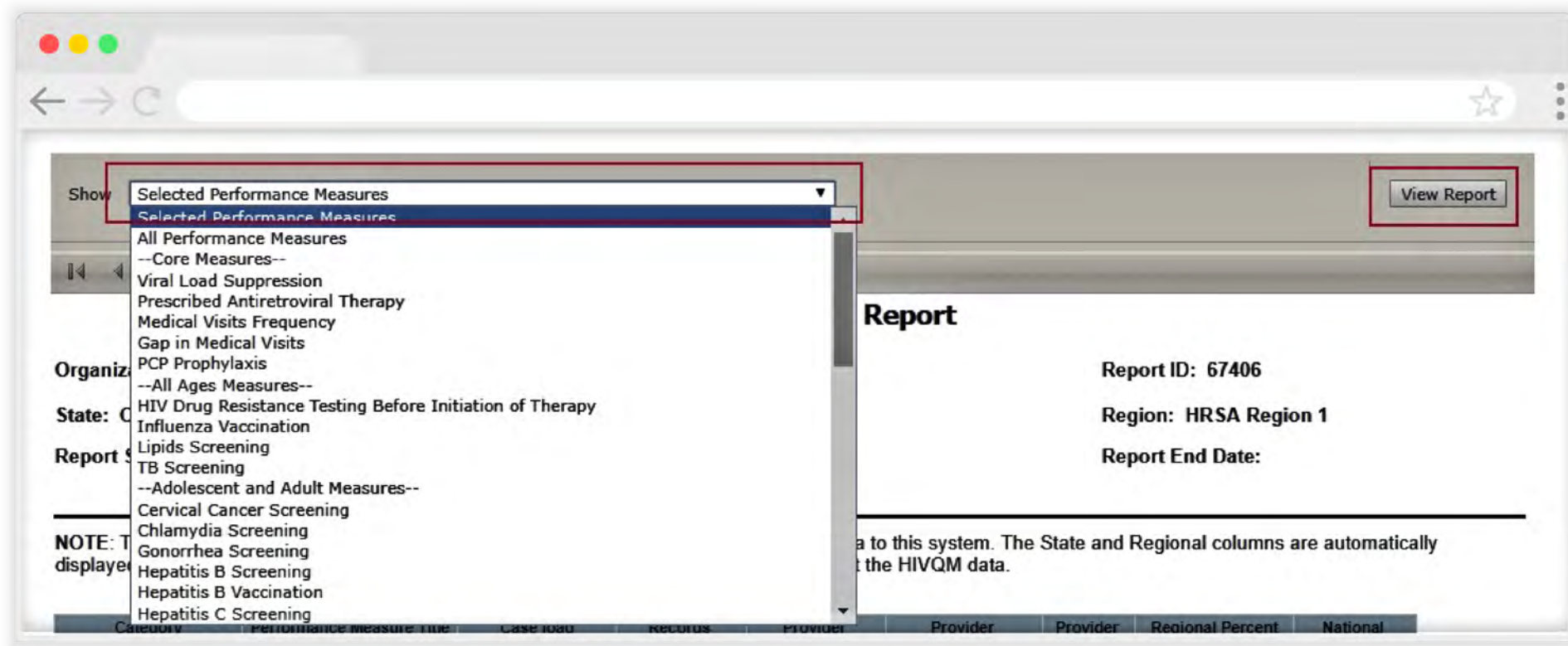
### Summary report

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 individual performance measure. See Figure 11 for a screenshot on selecting performance measures.



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

**Figure 11. HIVQM: Selecting Performance Measure for Reports**  
 (Same for Summary and Comparison Trend Reports)



Once you select the performance measure(s), click “View Report” on the upper right and the report will be generated in a different tab. You can export your summary report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking the floppy disk icon for a pull-down menu of options. This summary report reflects data that were submitted during the reporting period. Note that the state and regional columns will be hidden if fewer than four organizations submit data for that state or region. See Figure 12 for an example of the Summary Report.



Figure 12. 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	73%	73%	73%	73%
Core Measures	PCP Prophylaxis	141	123	80	100	80%	80%	80%	80%
Adolescent and Adult Measures	Cervical Cancer Screening	141	80	60	60	75%	75%	75%	75%
Adolescent and Adult Measures	Chlamydia Screening	141	80	75	75	94%	94%	94%	94%
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%

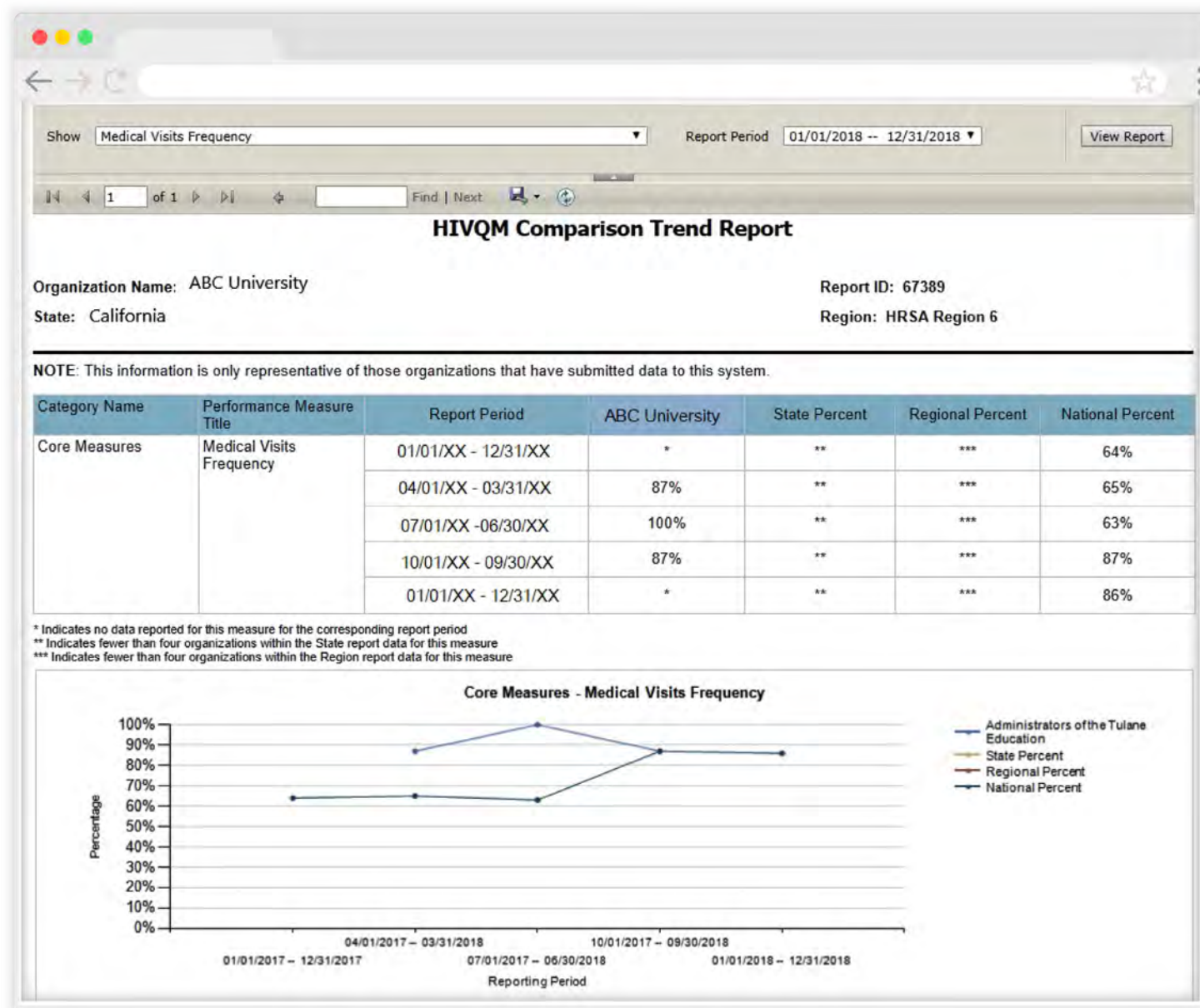
**Note:** Note that the reports will only represent data from organizations that submitted data into the HIVQM Module.



## 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 individual performance measure. In the “Reporting Period” field, select a year-long reporting period from the pull-down menu, starting from January 2016. Click “View Report,” and the report will be generated in a different tab. You can export your Comparison Trend Report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking the floppy disk icon for a pull-down menu of options. If fewer than four organizations report data under a performance measure, asterisks will be displayed in the corresponding cell of the data table. See Figure 13 for an example of the Comparison Trend Report.

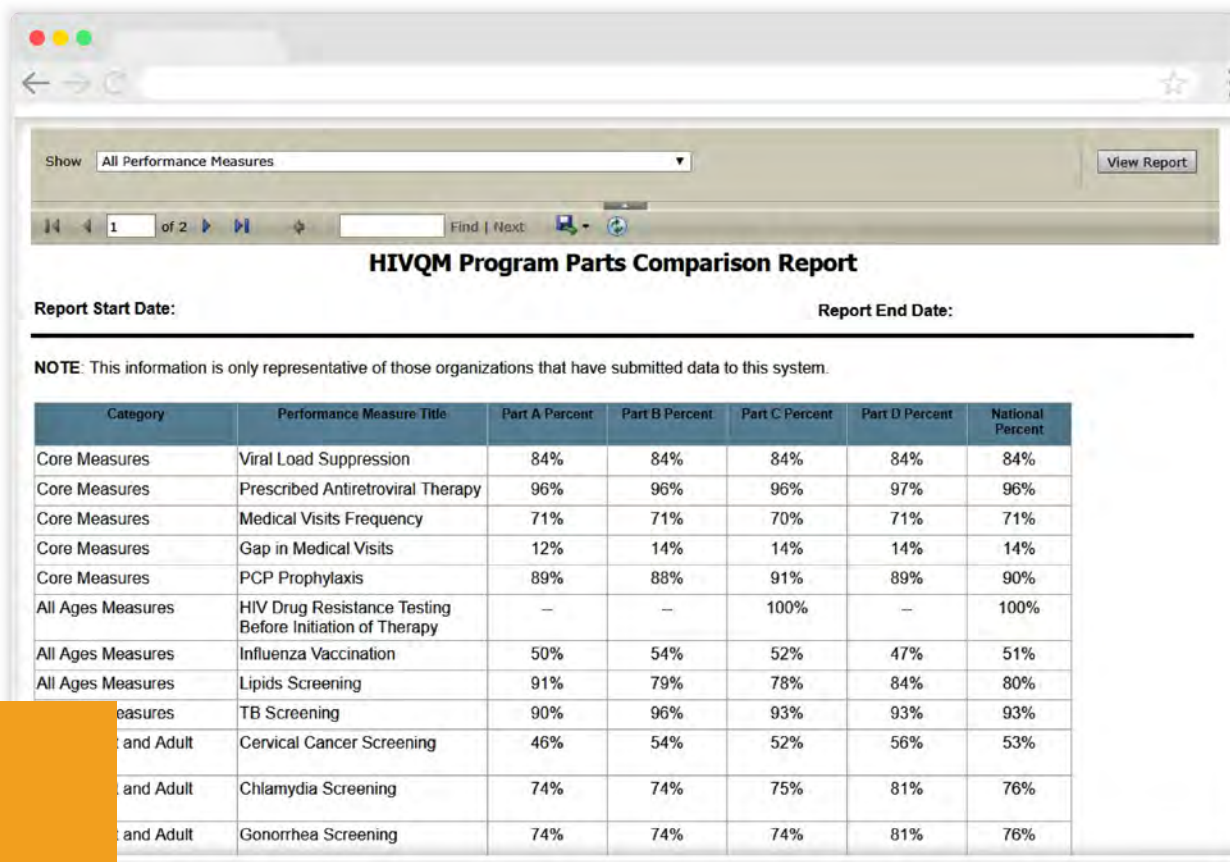
Figure 13. HIVQM: Comparison Trend Report



## 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 individual performance measure. See Figure 11. HIVQM: Selecting Performance Measures for Reports. Once you select the performance measure(s), click “View Report” on the right and the report will be generated in a different tab. You can export your summary report via multiple formats (including PDF, Microsoft Excel, and CSV format) by clicking the floppy disk icon for a pull-down menu of options. This summary report reflects data that were submitted during the reporting period. See Figure 14 for an example of the Program Parts Comparison Report.

Figure 14. HIVQM: Program Parts Comparison Report



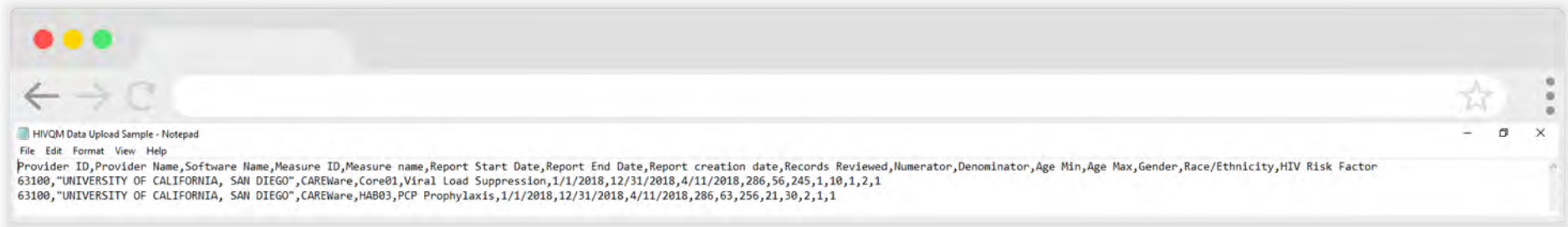
Category	Performance Measure Title	Part A Percent	Part B Percent	Part C Percent	Part D Percent	National Percent
Core Measures	Viral Load Suppression	84%	84%	84%	84%	84%
Core Measures	Prescribed Antiretroviral Therapy	96%	96%	96%	97%	96%
Core Measures	Medical Visits Frequency	71%	71%	70%	71%	71%
Core 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%
Core Measures	TB Screening	90%	96%	93%	93%	93%
Core Measures and Adult	Cervical Cancer Screening	46%	54%	52%	56%	53%
Core Measures and Adult	Chlamydia Screening	74%	74%	75%	81%	76%
Core Measures and Adult	Gonorrhea Screening	74%	74%	74%	81%	76%

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

# Appendix A

## HIVQM Upload – Field Definitions

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



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

Field #	Field Name	Description	Field Type	Length	Coding	Required
1.	Provider ID	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
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

Field #	Field Name	Description	Field Type	Length	Coding	Required
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
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

Field #	Field Name	Description	Field Type	Length	Coding	Required
14.	Gender	Gender code corresponding to the Gender value under review	Numeric	3	Please refer to the Appendix for a list of valid Gender codes.	No
15.	Race/Ethnicity	Race/Ethnicity code corresponding to the Race/Ethnicity value under review	Numeric	3	Please refer to the Appendix 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 Appendix 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	Viral Load Suppression	Core01
Core Measures	Prescribed Antiretroviral Therapy	Core02
Core Measures	Medical Visits Frequency	Core03
Core Measures	Gap in Medical Visits	Core04
Core Measures	PCP Prophylaxis	HAB03
Core Measures	Annual Retention in Care	Core05
All Ages Measures	HIV Drug Resistance Testing Before Initiation of Therapy	HAB35
All Ages Measures	Influenza Vaccination	HAB19
All Ages Measures	Lipids Screening	HAB11
All Ages Measures	TB Screening	HAB14
Adolescent and Adult Measures	Cervical Cancer Screening	HAB07
Adolescent and Adult Measures	Chlamydia Screening	HAB15

Performance Measure Category	Performance Measure Name	Measure ID
Adolescent and Adult Measures	Gonorrhea Screening	HAB16
Adolescent and Adult Measures	Hepatitis B Screening	HAB17
Adolescent and Adult Measures	Hepatitis B Vaccination	HAB08
Adolescent and Adult Measures	Hepatitis C Screening	HAB09
Adolescent and Adult Measures	HIV Risk Counseling	HAB10
Adolescent and Adult Measures	Oral Exam	HAB12
Adolescent and Adult Measures	Pneumococcal Vaccination	HAB22
Adolescent and Adult Measures	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	HAB21
Adolescent and Adult Measures	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	HAB36
Adolescent and Adult Measures	Substance Use Screening	HAB23
Adolescent and Adult Measures	Syphilis Screening	HAB13
HIV Infected Children Measures	MMR Vaccination	HAB37
HIV Exposed Children Measures	Diagnostic Testing to Exclude HIV Infection in Exposed Infants	HAB38
HIV Exposed Children Measures	Neonatal Zidovudine Prophylaxis	HAB39
HIV Exposed Children Measures	PCP Prophylaxis for HIV-Exposed Infants	HAB40
Medical Case Management (MCM) Measures	Care Plan	HAB41
Medical Case Management (MCM) Measures	Gap in Medical Visits	HAB57
Medical Case Management (MCM) Measures	Medical Visit Frequency	HAB58
Oral Health Measures	Dental and Medical History	HAB42
Oral Health Measures	Dental Treatment Plan	HAB43
Oral Health Measures	Oral Health Education	HAB44
Oral Health Measures	Periodontal Screening or Examination	HAB45
Oral Health Measures	Phase I Treatment Plan Completion	HAB46



Performance Measure Category	Performance Measure Name	Measure ID
ADAP Measures	Application Determination	HAB47
ADAP Measures	Eligibility Recertification	HAB48
ADAP Measures	Formulary	HAB49
ADAP Measures	Inappropriate Antiretroviral Regimen	HAB50
Systems-Level Measures	Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	HAB51
Systems-Level Measures	HIV Test Results for PLWHA	HAB52
Systems-Level Measures	HIV Positivity	HAB53
Systems-Level Measures	Late HIV Diagnosis	HAB54
Systems-Level Measures	Linkage to HIV Medical Care	HAB55
Systems-Level Measures	Housing Status	HAB56

## Gender Codes

The valid Gender values are each assigned a unique Gender Code.

The following table depicts the Gender codes for each Gender value.

Gender Code	Gender
1	Male
2	Female
3	Transgender (all)
4	Transgender Male to Female
5	Transgender Female to Male
6	Transgender Other



## Race/Ethnicity Codes

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 Codes

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 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.
Numerator, Denominator	Gap in Medical Visits' Numerator > 20 percent of the Denominator	Alert	The numerator is greater than 20 percent of the Denominator. Please check the values to make sure they are accurate.
Report Start Date	Report Start Date = blank OR an invalid date OR not matching Report Period Start Date Open for Editing	Error	A valid date is required for Report Start Date. Acceptable value(s): <comma separate list of report start dates open for editing, ex. 01/01/2018, 10/01/2017, 07/01/2017, 04/01/2017>

# Appendix B - HIVQM Validation Rules

## HIVQM File Upload Validations

Field Name	Validation Rule Logic (Validation will fire when the condition is met)	Validation Type	Error message text on UI
File to Upload	If field is empty	Error	You did not select a file to upload. Please click “Browse” to select a file before clicking “Upload File.”
File to Upload	If a file selected is not an CSV file	Error	Only file with .csv extension is allowed.
File to Upload	If file size is > 29 MB	Error	The file you uploaded is larger than 29 MB. Please upload a file smaller than 29 MB and complete the remaining data directly on the form.
File to Upload	If the file directory given in the path does not 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	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.

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

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