

CBE ID

2079

Title

HIV medical visit frequency

Endorsement Status

Endorsement Removed

E&M Committee Rationale/Justification

Steward no longer seeking to maintain endorsement

Is Under Review

No

Previous Endorsement Cycle

Full Year 2016

Removal Date

Tue, 08/27/2024 - 09:32

Initial Endorsement

Mon, 01/07/2013 - 11:25

Steward

Health Resources and Services Administration

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits

A medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. (Measurement period is a consecutive 24-month period of time.)

1.15 Denominator

Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period.

1.20 Types of Data Sources

Paper Patient Medical Records

6.1.2 Current or Planned Use(s)

Public Reporting, Public Health/Disease Surveillance, Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

6.1.3 Current Use(s)

Public Reporting, Public Health/Disease Surveillance, Payment Program, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

Exclusions

Patients who died at any time during the 24-month measurement period.

Measure Disclaimer

None

Planned Use

Public Reporting

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Populations at Risk

Use In Federal Program

Medicare Physician Quality Reporting System (PQRS), Physician Feedback/Quality and Resource Use Reports (QRUR), Physician Value-Based Payment Modifier (VBM)

The measure developer is different from the measure steward

No

Steward Organization

Health Resources and Services Administration

Steward POC email

mmatosky@hrsa.gov