

## **CBE ID**

3209e

## **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**

Sat, 03/30/2024 - 11:45

## **Initial Endorsement**

Thu, 07/13/2017 - 13:45

## **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)**

Yes

## **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 within 24 months 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**

Patients who had at least one medical visit in each 6-month of a consecutive consecutive 24 month 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.

### **1.15 Denominator**

Patients, regardless of age, diagnosed with HIV during the first 3 months of the year preceding the measurement period or prior to the measurement period with at least one medical visit in the first 6 months of the year preceding the measurement period. The target population for this measure is all people living with HIV.

### **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)

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### **Exclusions**

Patients who died at any time during the measurement period or the 12 months preceding the measurement period.

### **Measure Disclaimer**

None

### **Planned Use**

Payment Program, Public Health/Disease Surveillance, Public Reporting, Quality Improvement (Internal to the specific organization)

### **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**

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