

**MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD**

**FY 2025-2026, Cycle 4**

**REVISION DATE: 04/15/2026 REVISION: A**

<i>Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program clients. See variable explanation for details on how outcomes were computed.</i>		
<b>QM PROGRAM INDICATORS</b>		<b>RWP</b>
<b>HIV Care Continuum</b>		
<b>C1.</b>	Total RWP Clients	9,256
<b>C2.</b>	In medical care (IMC, TG ≥ 95%)	95% 8,767
<b>C3.</b>	Retained in medical care (RiMC, TG ≥ 90%)	82% 7,616
<b>C4.</b>	RWP Clients w/ suppressed VL (TG ≥ 95%)	88% 8,171
<b>C5.</b>	RWP Clients w/ missing VL data (TG ≤ 5%)	7% 665
<b>Medical Case Management (MCM)</b>		
<b>M1.</b>	Active MCM Clients	7,646
<b>M2.</b>	MCM Clients IMC (TG ≥ 95%)	100% 7,616
<b>M3.</b>	MCM Clients RiMC (TG ≥ 90%)	91% 6,989
<b>M4.</b>	MCM Clients w/ suppressed VL (TG ≥ 95%)	94% 7,224
<b>M5.</b>	MCM Clients w/ missing VL data (TG ≤ 5%)	1% 78
<b>M6.</b>	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart (TG ≥ 95%)	93% 6,566
<b>M6a.</b>	MCM Clients eligible for M6	7,080
<b>M7.</b>	MCM Clients w/ MCM contact in less than or equal to 90 days (TG ≥ 95%)	86% 6,534
<b>M7a.</b>	MCM Clients eligible for M7	7,554
<b>M8.</b>	MCM Clients receiving oral health care (TG ≥ 50%)	35% 2,705
<b>M9.</b>	MCM Clients without a Gap in HIV VL Measurements	89% 6,085
<b>M9a.</b>	MCM Clients eligible for M9	6,811
<b>M10.</b>	MCM Clients without a Gap in HIV Medical Visits	95% 6,726
<b>M10a.</b>	MCM Clients eligible for M10	7,100
<b>Outpatient/Ambulatory Health Services (OAHS)</b>		
<b>N1.</b>	Active OAHS Clients	6,074
<b>N2.</b>	OAHS Clients IMC (TG ≥ 95%)	100% 6,074
<b>N3.</b>	OAHS Clients RiMC (TG ≥ 90%)	91% 5,542
<b>N4.</b>	OAHS Clients w/ suppressed VL (TG ≥ 95%)	93% 5,663
<b>N5.</b>	OAHS Clients w/ missing VL data (TG ≤ 5%)	2% 115
<b>Oral Health Care (OHC)</b>		
<b>D1.</b>	OHC Clients treated by subrecipients	3,030
<b>D2.</b>	OHC Clients w/ annual oral exam (TG ≥ 75%)	74% 2,248

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Health Insurance Premiums and Cost Sharing Assistance (HIPCSA)		
A1.	Active Clients with ACA Insurance	3,234
A3.	ACA Clients RiMC	87% 2,806
A4.	ACA Clients with suppressed VL	93% 3,002
A5.	ACA Clients with missing VL Data	5% 160
H1.	Active Clients Utilizing HIPCSA Service Category	67% 2,179
H3.	HIPCSA Utilizers RiMC	96% 2,089
H4.	HIPCSA Utilizers with suppressed VL	96% 2,090
H5.	HIPCSA Utilizers with missing VL Data	2% 54
G1.	Active HIPCSA Clients Utilizing a GAP Card	96% 2,093
G3.	GAP Card Utilizers RiMC	97% 2,020
G4.	GAP Card Utilizers with suppressed VL	96% 2,009
G5.	GAP Card Utilizers with missing VL Data	2% 49

RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

Health Insurance Premiums and Cost Sharing Assistance (HIPCSA)

**A1. Active Clients with ACA Insurance:** Number of unduplicated RWP Clients (C1) with ACA Insurance.

**A3. ACA Clients RiMC:** Percent of ACA Clients (A1) retained in medical care (as defined in C3).

**A4. Total ACA Clients with a suppressed VL:** Percent of active ACA Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active ACA Clients (A1). **Numerator:** All active ACA Clients with a documented suppressed VL in the most recently reported lab test, in the 12-month reporting period.

**A5. ACA Clients w/ missing VL data:** The percent of ACA Clients that did not have a VL test in the reporting period, regardless of outcome. **Denominator:** All active ACA Clients (A1). **Numerator:** All active ACA Clients that did not have 1 or more VL test(s) in the 12-month reporting period.

**H1. Active Clients Utilizing HIPCSA Service Category:** Number of unduplicated RWP Clients (C1) who utilized the HIPCSA Service Category during the reporting period.

**H3. HIPCSA Utilizers RiMC:** Percent of HIPCSA utilizers (H1) retained in medical care (as defined in C3).

**H4. HIPCSA Utilizers with a suppressed VL:** Percent of active HIPCSA Service Category Utilizing Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active HIPCSA Utilizing Clients (H1). **Numerator:** All active HIPCSA Utilizing Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.

**H5. HIPCSA Utilizers w/ missing VL data:** The percent of HIPCSA Utilizing Clients that did not have a VL test in the reporting period, regardless of the outcome. **Denominator:** All active HIPCSA Utilizing Clients (H1). **Numerator:** All active HIPCSA Utilizing Clients that did not have 1 or more VL test(s) in the 12-month reporting period.

**G1. Active Clients Utilizing the GAP Card:** Number of unduplicated RWP Clients (C1) who utilized a GAP Card during the reporting period.

**G3. GAP Card Utilizers RiMC:** Percent of GAP Card utilizers (G1) retained in medical care (as defined in C3).

**G4. GAP Card utilizers with a suppressed VL:** Percent of active GAP Card Utilizing Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active GAP Card Utilizing Clients (H1). **Numerator:** All active GAP Card Utilizing Clients with a documented suppressed VL in the most recently reported lab test, in the 12-month reporting period.

**G5. GAP Card utilizers w/ missing VL data:** The percent of GAP Card Utilizing Clients that did not have a VL test in the reporting period, regardless of outcome. **Denominator:** All active GAP Card Utilizing Clients (H1). **Numerator:** All active GAP Card Utilizing Clients that did not have 1 or more VL test(s) in the 12-month reporting period.

**MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD**
**RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS**
**HIV Care Continuum**

- C1. **Total RWP Clients:** Number of unduplicated RWP Clients receiving at least one billed RWP service from any subrecipient during the 12-month reporting period. Subrecipient totals are based on all billed events at that agency during the reporting period.
- C2. **Total Clients in Medical Care (IMC: Target goal ≥95%):** Percent of active RWP Clients in medical care. **Denominator:** All RWP Clients (C1). **Numerator:** RWP Clients receiving one or more medical visits with any RWP provider with prescribing privileges, or VL test, or medical visit copay during the 12 month reporting period.
- C3. **Total Clients Retained in Medical Care (RIMC: Target goal ≥90%):** Percent of RWP Clients retained in medical care. **Denominator:** All RWP Clients (C1). **Numerator:** RWP Clients receiving 2 or more: medical visits with a provider, VL test, or medical visit copay, 90 or more days apart, in the past 12 months.
- C4. **Total Clients with a suppressed VL (Target goal ≥95%):** Percent of RWP Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All RWP Clients (C1). **Numerator:** RWP Clients with a documented suppressed VL in the most recently reported lab test.
- C5. **Total RWP Clients w/ missing VL data (Target goal ≤5%):** The percent of RWP Clients that did not have at least one VL test in the reporting period, regardless of outcome. **Denominator:** All RWP Clients (C1). **Numerator:** All RWP Clients who did not have one or more VL test(s) in the 12-month reporting period.

**Medical Case Management (MCM)**

- M1. **Active MCM Clients:** Number of unduplicated RWP Clients (C1) with at least one MCM billed encounter in reporting period; excludes clients whose cases were closed (MCM Client Service Category Profile must currently be Open), and identified Out-of-Network Clients. The number of clients attached to a site is based on their assigned MCM Site, according to Provide.
- M2. **MCM Clients IMC (Target goal ≥95%):** Percent of MCM Clients (M1) in medical care (IMC), as defined in C2. **Denominator:** Total active MCM Clients (M1). **Numerator:** MCM Clients IMC.
- M3. **MCM Clients RIMC (Target goal ≥90%):** Percent of total MCM Clients (M1) who were retained in medical care (as defined in C3).
- M4. **Total Clients with a suppressed VL (Target goal ≥95%):** Percent of active MCM Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active MCM Clients. **Numerator:** All active MCM Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
- M5. **MCM Clients w/ missing VL data (Target goal ≤5%):** The percent of active MCM Clients that did not have at least one VL test in the reporting period, regardless of outcome. **Denominator:** All active MCM Clients (M1). **Numerator:** All active RWP Clients that did not have one or more VL test(s) in the reporting period.
- M6. **MCM Clients w/ 2 or more Plan of Care updated/developed 90 or more days apart:** Number of MCM Clients who had an Action Plan (e.g. POC) updated or developed 2 or more times AND were 90 or more days apart in the reporting period. **Denominator:** See M6a. **Numerator:** Clients with a POC developed or updated 2 or more times AND were 90 days or more apart in the reporting period. (A plan of care update is defined by a POC billed service)
- M6a. Eligible Clients for M6a: MCM Clients with any billed MCM service in the first 6 months of the reporting period.
- M7. **MCM Clients w/ MCM contact in 90 or less days:** MCM Clients who have had an MCM or PESN client contact, in person or virtual, in 90 or less days prior to the end of the reporting period. **Denominator:** See M7a. **Numerator:** MCM Clients that had an MCM and/or PESN contact in 90 or less days prior to the end of the reporting period (A client is considered to have been contacted if any of the following service codes were billed: ADH, FFE, TEL, THM, THP)
- M7a. **Eligible Clients for M7:** MCM Clients with any billed MCM service in the last 6 months of the reporting period.
- M8. MCM Clients receiving RWP Oral Health Care services: MCM Clients who had 1 or more billed RWP dental service in the 12-month reporting period. **Denominator:** All active RWP MCM Clients (M1). **Numerator:** MCM Clients incurring charges for any dental services in the reporting period, at any RWP OHC provider. **(Formerly M9 in previous Report Card iterations)**
- M9. **MCM Clients without a gap in HIV VL Measurements:** MCM Clients who had a viral load measurement during the first and last 6 months of the 12-month reporting period. **Denominator:** See M9a. **Numerator:** Clients that have a recorded viral load measurement in PE during the first and last 6 months of the reporting period.
- M9a. **Eligible Clients for M9:** MCM Clients with a VL measurement in the first 6 months of the reporting period.
- M10. MCM Clients without a gap in HIV Medical Care Visits: MCM Clients receiving medical care during the first and last 6 months of the 12-month reporting period. **Denominator:** See M10a. **Numerator:** RWP Clients receiving 1 or more: medical visits with a provider, VL tests, or medical visit copays, in the first and last 6 months of the reporting period.
- M10a. Eligible Clients for M10: MCM Clients with a VL test, medical visit, or medical visit copay, in the first 6 months of the reporting period.

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**RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS**
**Outpatient/Ambulatory Health Services (OAHS)**

- N1. **Active OAHS Clients:** Number of unduplicated RWP Clients (C1) with at least one face-to-face (FFE) OR telehealth OAHS visit, OR Copay (Service Code: ACAOV OR APPOV) billed to a RWP subrecipient in the 12 months prior to the end of reporting period. Agency assignment is based on the site where the most recent OAHS service of the reporting period was billed. Excludes Clients whose cases were closed in the reporting period, or identified out-of-network Clients.
- N2. **OAHS Clients IMC (Target goal  $\geq 95\%$ ):** Percent of OAHS Clients (N1) in IMC (as defined in C2). **Denominator:** Total active OAHS Clients (N1). **Numerator:** OAHS Clients IMC.
- N3. **OAHS Clients RiMC (Target goal  $\geq 90\%$ ):** Percent of OAHS Clients (N1) retained in medical care (as defined in C3).
- N4. **Total Clients with a suppressed VL (Target goal  $\geq 95\%$ ):** Percent of active OAHS Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active OAHS Clients (N1). **Numerator:** All active OAHS Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
- N5. **OAHS Clients w/ missing VL data (Target goal  $\leq 5\%$ ):** The percent of OAHS Clients that did not have at least one VL test in the reporting period, regardless of outcome. **Denominator:** All OAHS Clients (N1). **Numerator:** All active OAHS Clients that did not have one or more VL test(s) in the 12 month reporting period.

**Oral Health Care (OHC)**

- D1. **OHC Clients treated by subrecipients:** Number of Clients who received ANY oral healthcare service (includes teledentistry) in the reporting period. Clients are assigned to OHC sites based on most recent OHC visit in the 12 month reporting period.
- D2. **OHC Clients w/ annual oral exam (TG  $\geq 75\%$ ):** Number of OHC Clients that received a clinical oral examination (COE) in the reporting period. A COE is defined by the following RWP Oral Health Care Formulary Codes: D0120, D0150, D0160, D0170, and D0180 (D0140 is purposefully EXCLUDED). **Denominator:** D1. **Numerator:** RWP Clients with at least 1 billed Clinical Oral Examination within the last 12 months. Clients are assigned to OHC sites based on most recent COE OHC visit in the reporting period.