

NAVIGATION

Performance Measures

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Provider Information

Select Measures

Enter Performance Data

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Summary Report

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State Caseload Report

Regions Report

References

HAE PAM Portfolio

USE PAM Map

HIVQM Report

Report ID: 4511	Status: Working	Close Date: 4/30/2016
Report Period: 01/01/2015 -- 12/31/2015	Last Modified Date: 4/13/2016 1:02:57 PM	Last Modified By: [User]
Access Mode: Ready/Write	Locked By:	

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 0930-0047, and the expiration date is 03/31/2013. Public reporting burden for this collection of information is estimated to average 3 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 HHS Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, MD 20857.

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 C EIS

Part D

Part D Supplement

3. Provider Type

Hospital or university-based clinic

Publicly funded community health center

Other (e.g., private practice, faith-based organization)

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HIVQM Report

Report ID: [] Status: Working Close Date: 4/30/2016
 Report Period: 01/01/2015 - 12/31/2015 Last Modified Date: 4/13/2016 1:03:50 PM Last Modified By: []
 Account Name: ReadWrite Locked By: []

Select the performance measures on which you will report.

Your session will expire in: 29:09



OMB Control No: 0915-XXXX
Exp. Date: XXXX/201X

Performance Measure Title	
Core Measures	
<input type="checkbox"/> Viral Load Suppression	
<input type="checkbox"/> Prescribed Antiretroviral Therapy	
<input type="checkbox"/> Medical Visits Frequency	
<input type="checkbox"/> Gap In Medical Visits	
<input type="checkbox"/> PCP Prophylaxis	
All Ages Measures	
<input type="checkbox"/> HIV Drug Resistance Testing Before Initiation of Therapy	
<input type="checkbox"/> Influenza Vaccination	
<input type="checkbox"/> Lipids Screening	
<input type="checkbox"/> TB Screening	
Adolescent and Adult Measures	
HIV Infected Children Measures	
HIV Exposed Children Measures	
Medical Case Management (MCM) Measures	
Oral Health Measures	
ADAP Measures	
System Measures	

For help with EHEs contact the HRSA Contact Center by phone at 1-877-Go-4-HRSA (1-877-434-4772) 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 1-888-640-9266 or email to RyanWhiteDataSupport@hrsa.com

Logged in as: Provider
The HAB Web Applications also require Adobe Acrobat Reader 6 or higher installed on your PC. To download Adobe Acrobat Reader, click [here](#)

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HIVQM Report Your session will expire in: 29:54

Report ID: 53397 Status: Working Close Date: 4/30/2016
 Report Period: 01/01/2015 - 12/31/2015 Last Modified Date: 4/13/2016 1:01:12 PM Last Modified By:
 Access Mode: Read/Write Locked By:

OMB Control No: 0915-XXXX
 Exp. Date: XXXX/201X

Performance Measure	Records Reviewed	Numerator	Denominator	Provider Percent
Core Measures				
Viral Load Suppression				
Medical Visits Frequency				
Adolescent and Adult Measures				
Substance Use Screening				
Medical Case Management (MCM) Measures				
Gap in Medical Visits				
System Measures				
HIV Positivity				

For help with EHBs contact the HRSA Contact Center by phone at 1-877-Go4HRSA (1-877-464-4772) Monday through Friday, 9:00 a.m. to 3:00 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@hrsa.gov

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