



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

HIV measures and reporting



Jillian Maccini
Danielle Funk
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NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF
THE FENWAY INSTITUTE

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org



Technical Questions?

- Please call Zoom Technical Support: 1.888.799.9666 ext 2
- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon, and type your question.
- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

Sound Issues?

- Ensure your computer speakers are not muted.
- If you cannot hear through your computer speakers: Navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon.
- Choose “I will call in.”
- Dial the phone number and access code.

When the webinar concludes:

- Close the browser, and an evaluation will automatically open for you to complete.
- We very much appreciate receiving feedback from all participants.



HEALTH INFORMATION TECHNOLOGY,
HITREQ
EVALUATION, AND QUALITY CENTER

Preparing for CY2020 UDS HIV Reporting

Ending the HIV Epidemic

Intro to HITEQ

The HITEQ Center is a HRSA-funded National Training and Technical Assistance Partner (NTTAPs) that collaborates with HRSA partners including Health Center Controlled Networks, Primary Care Associations and other NTTAPs to engage health centers in the optimization of health IT to address key health center needs through:

- A **national website** with health center-focused resources, toolkits, training, and a calendar or related events.
- **Learning collaboratives, remote trainings, and on-demand technical assistance** on key content areas.



HITEQ Topic Areas

Access to comprehensive care using health IT and telehealth

Privacy and security

Advancing interoperability

Electronic patient engagement

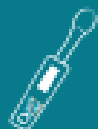
Readiness for value based care

Using health IT and telehealth to improve Clinical quality and Health equity

Using health IT or telehealth to address emerging issues: behavioral health, HIV prevention, and emergency preparedness

email us at hiteqinfo@jsi.com!

Ending the HIV Epidemic



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



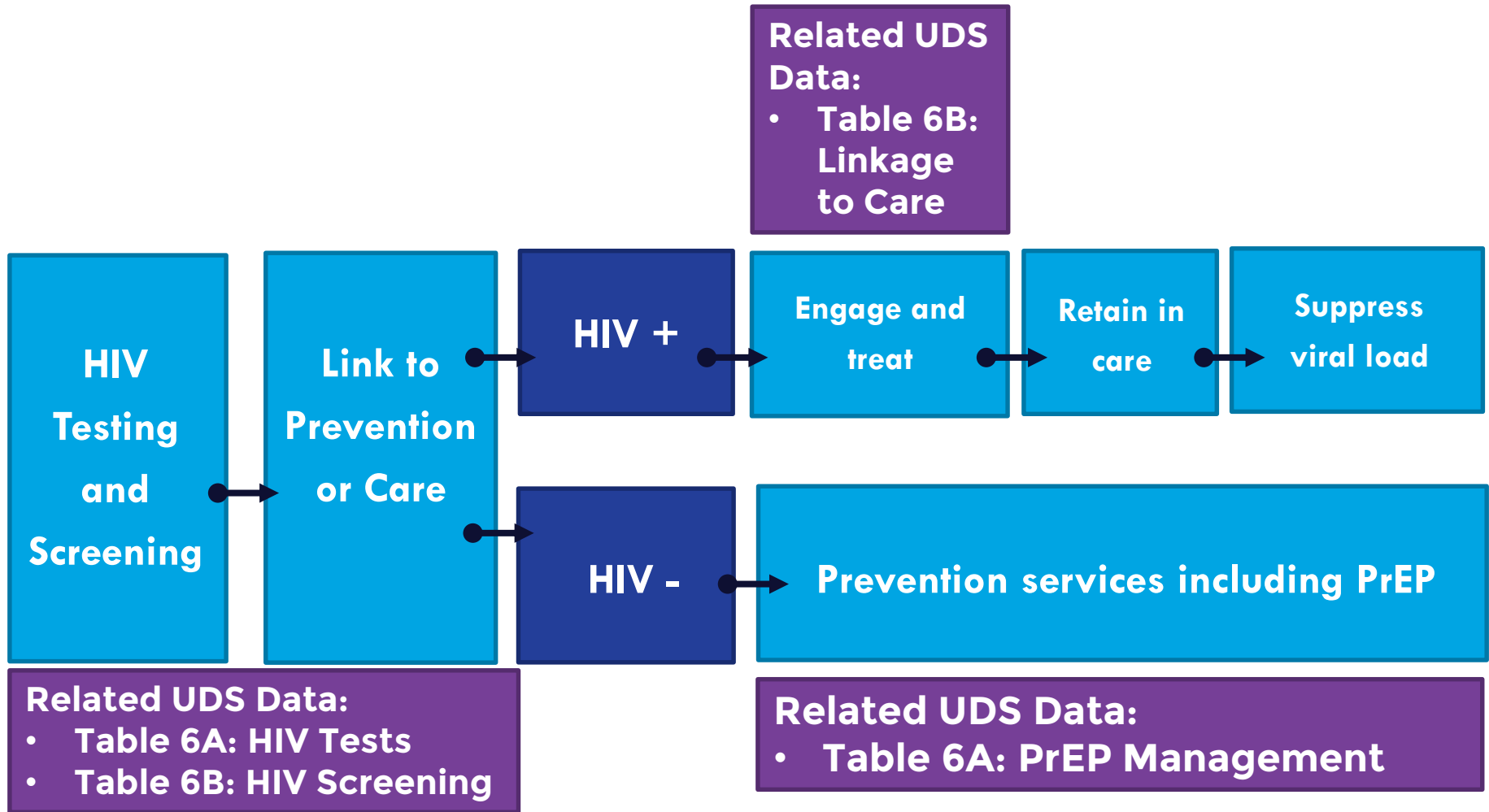
Ending the HIV Epidemic

BPHC has proposed the following process for community health centers' role in the broader vision for Ending the HIV Epidemic:

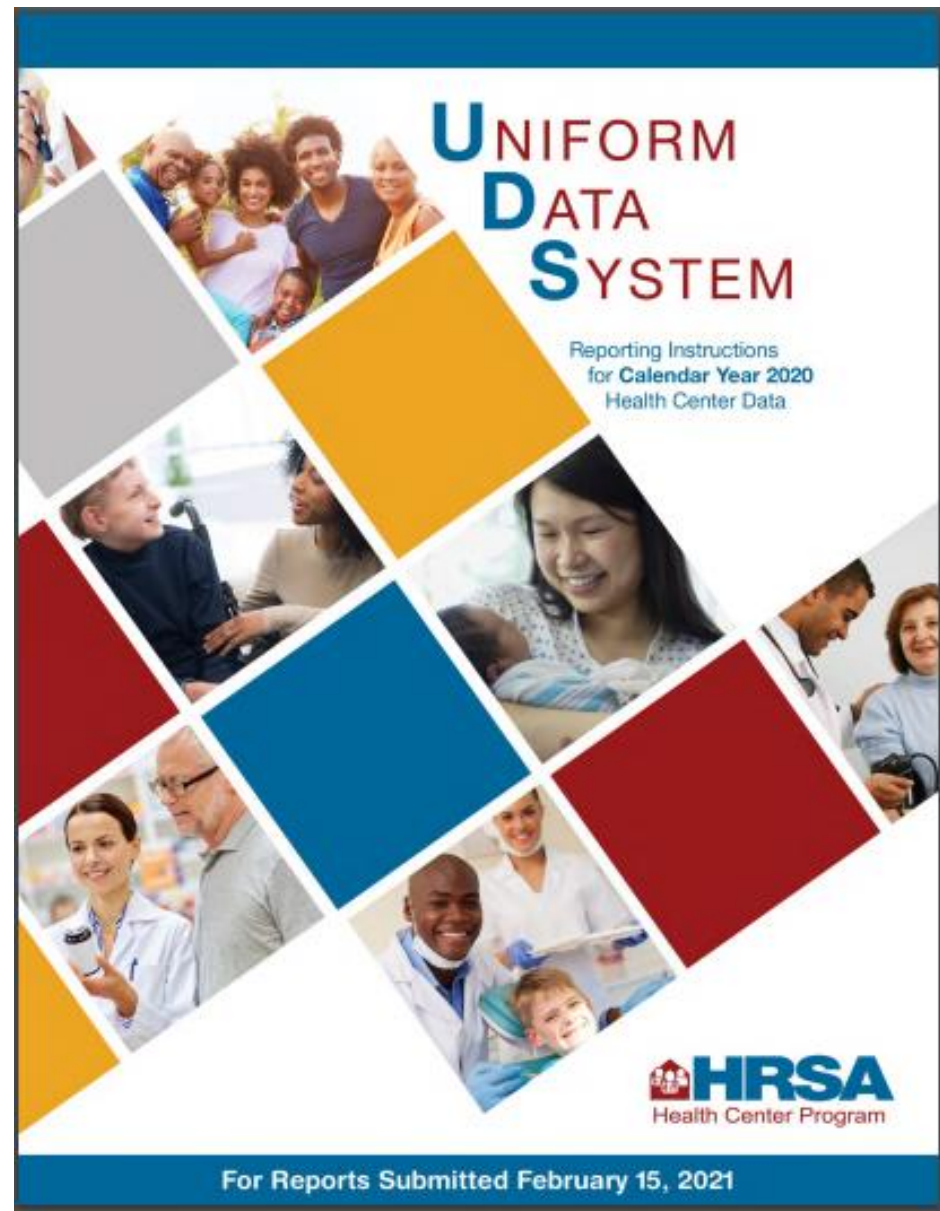


In alignment with that vision, several UDS measures related to HIV screening, treatment, and prevention have been added to CY2020 reporting.

Clinical Quality Measures Related to Several Aspects



Calendar
Year 2020
UDS
Reporting
includes
three new
or modified
HIV
measures/
data
elements.



[Source](#)





**HIV
Linkage
to Care
(Table
6B)**



**HIV
Screening
(Table 6B)**



**PrEP
(Table
6A)**



HIV Linkage to Care

Table 6B

HIV Linkage to Care

➤ MEASURE

Percent of patients newly diagnosed linked to care, meaning they had a medical visit that included treatment for HIV within 30 days of diagnosis

No equivalent eCQM

➤ UNIVERSE

Persons first/ newly diagnosed with HIV at the health center

“Patients first diagnosed with HIV” defined as patients without a previous HIV diagnosis who received a reactive initial HIV test confirmed by a positive supplemental antibody immunoassay HIV test.

Changes for CY2020

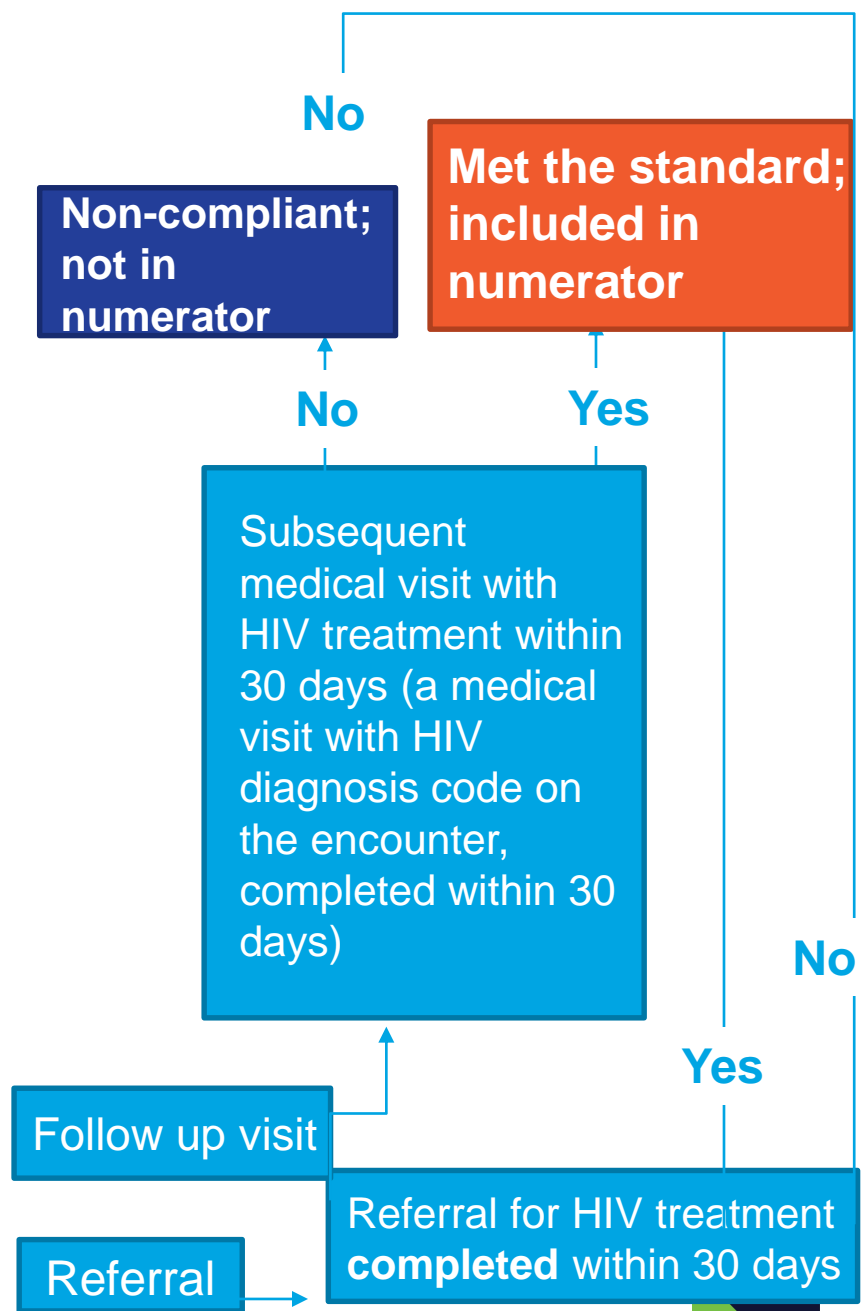
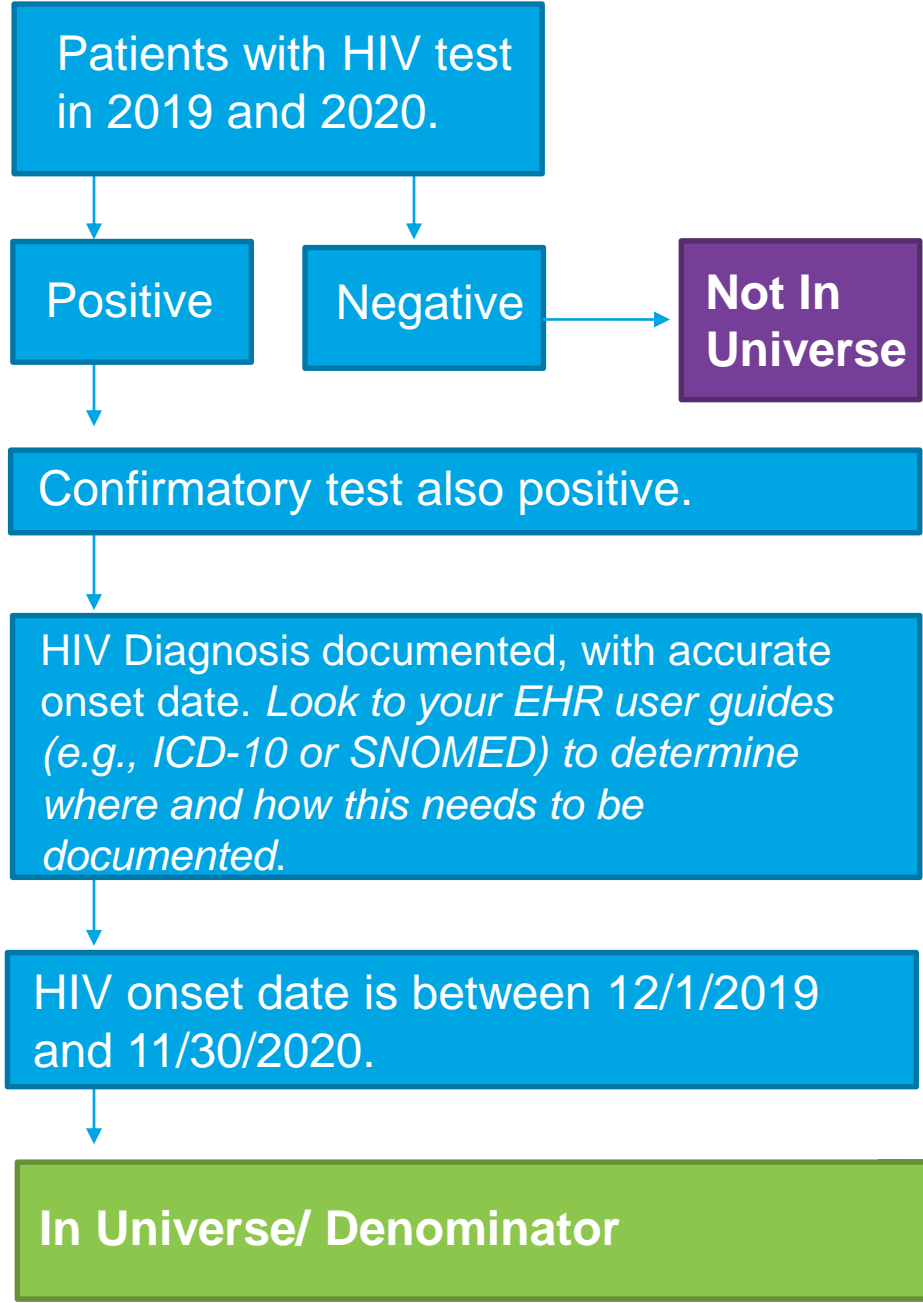
↘ SHORTER TIMEFRAME FOR LINKAGE TO CARE

Linkage to care (meaning time from diagnosis to first medical visit that includes HIV treatment) has decreased from 90 days in prior years, to **30 days for CY2020**

↘ NEW UNIVERSE TIME PERIOD

Persons newly diagnosed with HIV between December 1 2019 and November 30, 2020.

- In prior year measure: the period was October 1, 20xx to September 30, 20xx+1



HIV Linkage to Care FAQs

➤ **What constitutes initiation of treatment for a patient dx with HIV that is referred- Medication? More testing by the referred provider?**

Linkage to care is a medical visit, after initial diagnosis, where HIV is addressed (meaning the encounter includes the HIV dx). ART is not required (in most EHRs).

➤ **Does the 30 days begin when the health center provides the positive secondary test result to the patient or just when the health center receives the positive result?**

When the patient is diagnosed (onset date of HIV diagnosis, as documented in the EHR).

HIV Linkage to Care FAQs

➤ **Does the HIV Linkage to care take into account visit on the SAME date of diagnosis? Test & Treat program at our Health Center most patients are linked on the same day**

In the numerator, include patients who began treatment within 30 days of the diagnosis. The measure does not specifically indicate the linkage treatment cannot happen on the same day. Review your EHR's quality or UDS guidance to confirm how this needs to be captured.

➤ **If a patient received a reactive HIV rapid test at the local DOH and was referred to health center for follow-up and confirmatory testing on the same day, is this patient considered “diagnosed elsewhere” and thus excluded from the measure?**

If your health center completed the supplemental test that confirmed diagnosis of HIV, the patient would be included in the denominator for the Table 6B HIV Linkage to Care measure.



HIV Linkage to Care FAQs

➤ Do rapid tests meet the measure criteria?

For the HIV Linkage to Care measure, a rapid HIV test would not meet the criteria. “Patients first diagnosed with HIV” is defined as patients without a previous HIV diagnosis who received a reactive initial HIV test confirmed by a positive supplemental antibody immunoassay HIV test.

➤ What specific kind of treatment meets the requirements? Under UDS Reporting Considerations it states *(Not just a referral made, education provided, or retest at a referral site)* but it does not provide what specific treatment is required?

The measure does not provide clinical guidance; treatment should be determined by provider. It may include testing, labs, or medication, but these are not specifically required. It just can't solely be a referral made (but not completed), education provided, or retest.





HIV Screening: eCQM 349v2

Table 6B

HIV Screening (eCQM 349v2)

New to UDS for CY2020, but existing MIPS measure

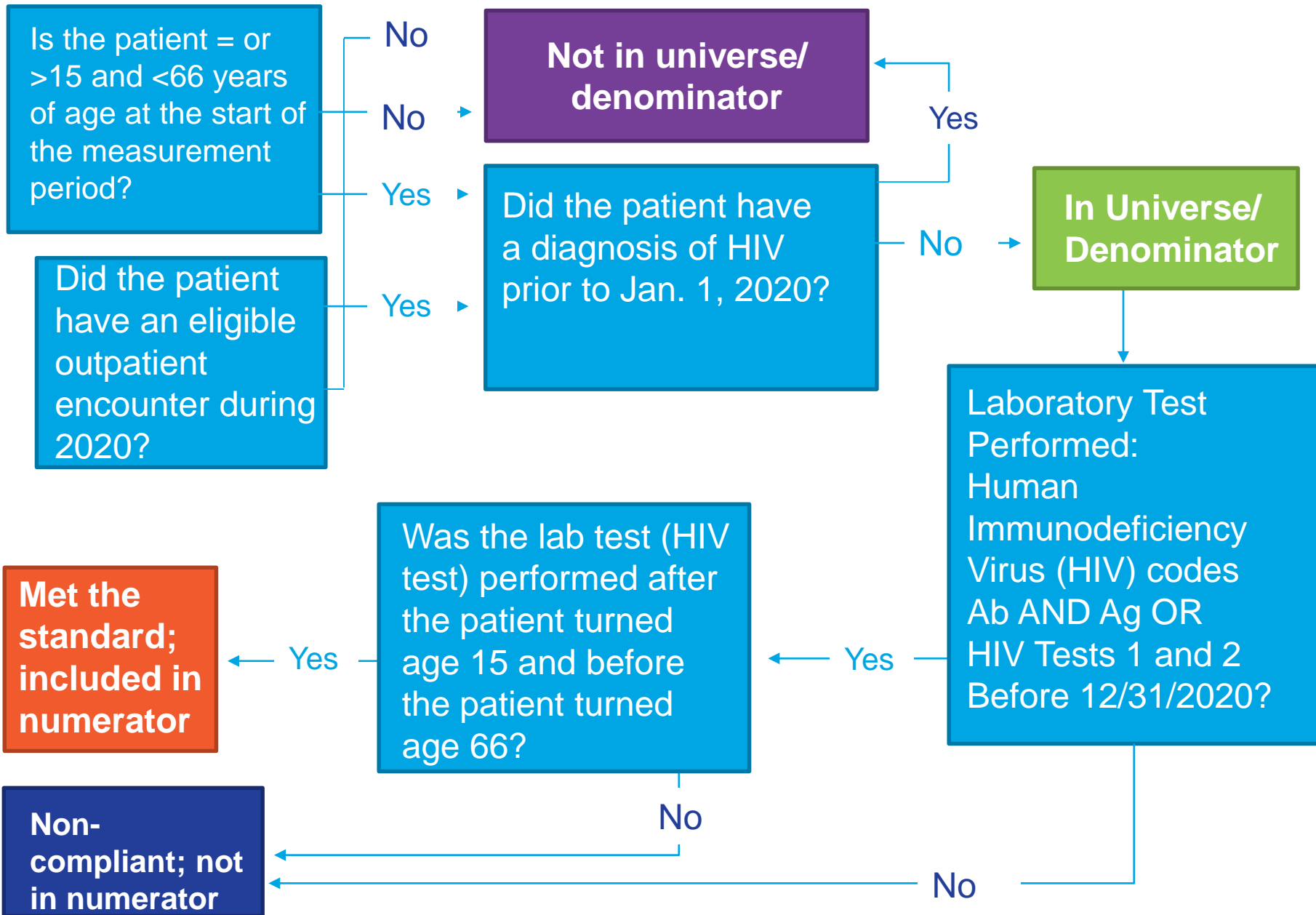
MEASURE

Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period.

- **Exclusion:** HIV diagnosis *prior to the start* of the measurement period

UNIVERSE

Percentage of patients 15-65 years of age who have been tested for human immunodeficiency virus (HIV), on or after their 15th birthday and before their 66th birthday.



HIV Screening FAQs

➤ A patient had an HIV test performed outside, and the patient returned to that clinic for results and given dx but comes to the clinic for treatment. Is that patient included?

Patients who have a diagnosis of HIV prior to the start of the measurement year are **excluded** from the measure.

For patients who are not diagnosed with HIV prior to the start of the measurement year, the requirement is that the HIV is performed on or after their 15 birthday and before their 66 birthday. This test **can be performed elsewhere** but this result must be documented and included in the patient medical record.

➤ If a patient declines to have HIV screening lab test, can the patient be excluded from denominator?

No. Similar to other clinical quality measures (such as immunizations, pap screenings, colorectal cancer screenings), a patient who is in the denominator declining the screening or service does not remove them from the denominator.

HIV Screening FAQs

➤ To be compliant with the HIV Screening measure, I should do the HIV test yearly with every patient who have an encounter with a PCP or would only having an HIV test results during the age criteria would be enough?

The measure **only requires one HIV test in the age range specified** (one HIV test with documented results after the patient's 15th and before their 66th birthday). Depending on the patient and their risk for acquiring HIV, they may have more tests, but this measure only requires one.

➤ Do quick test results meet the measure? For example, we have implemented a program for HIV self-test for a number of patients, and they've reported back the results. Is this sufficient to count for the measure?

For reporting of the UDS clinical measures that have an associated eCQM, the measure steward provides code sets to be used for reporting. Code sets can be accessed and downloaded for all the clinical measures through the eCQI Resource Center website, using [CMS349v2](#).



Accessing Eligible LOINC Codes

eCQI
RESOURCE CENTER

eCQMs v
Electronic Clinical
Quality Measures

Resources v
Standards, Tools, &
Resources

About v
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Engage

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Enter keywords

HIV Screening

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eCQMs for 2020 Performance Period

CMS eCQM ID or Title

Apply

[CMS2v9](#) ⓘ

[CMS22v8](#) ⓘ

[CMS50v8](#) ⓘ

[CMS56v8](#) ⓘ

Specifications

Attachment

Size

| | |
|---|----------|
|  CMS349v2.html | 48.75 KB |
|  CMS349v2.zip (ZIP) | 53.86 KB |
|  CMS349v2-TRN.xlsx (Excel) | 21.87 KB |

Data Element Repository

[Data Elements contained within CMS349v2](#)

Data Elements contained within the eCQM

+ Expand all

[Diagnosis: Conditions Due To Human Immunodeficiency Virus \(HIV\)](#)

[Encounter, Performed: Office Visit 1](#)

[Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up 1](#)

[Encounter, Performed: Preventive Care Services, Initial Office Visit, 0 to 17](#)

[Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up](#)

[Encounter, Performed: Preventive Care, Established Office Visit, 0 to 17](#)

[Laboratory Test, Performed: HIV 1 and 2 tests - Meaningful Use set](#)

[Laboratory Test, Performed: Human Immunodeficiency Virus \(HIV\) Laboratory Test Codes \(Ab and Ag\)](#)

[Patient Characteristic, Birthdate: Birth date](#)

[Patient Characteristic, Ethnicity: Ethnicity](#)

[Patient Characteristic, Payer: Payer](#)

[Patient Characteristic, Race: Race](#)

[Patient Characteristic, Sex: ONC Administrative Sex](#)



Management of pre-exposure prophylaxis (PrEP)

Table 6A

Pre-Exposure Prophylaxis (PrEP)- associated management of all PrEP patients

- PrEP is short for pre-exposure prophylaxis. It is the use of antiretroviral medication to prevent *acquisition* of HIV infection. PrEP is used by people without HIV who are at risk of being exposed to HIV through sexual contact or injection drug use.
- Two medications have been approved for use as PrEP by the FDA. Each consists of two drugs combined in a single oral tablet taken daily:
 - Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg
 - (F/TDF - brand name **Truvada**®)
 - Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg
 - (F/TAF - brand name **Descovy**®)

On Table 6A: Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients

| Line | Service Category | Applicable ICD-10-CM, CPT-4/II, or HCPCS Code | Number of Visits (a) | Number of Patients (b) |
|---|---|--|---|--|
| Selected Diagnostic Tests/ Screening/Preventive Services | | | | |
| 21 | HIV test | CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 | | |
| 21a | Hepatitis B test | CPT-4: 86704 through 86707, 87340, 87341, 87350 | | |
| 21b | Hepatitis C test | CPT-4: 86803, 86804, 87520 through 87522 | | |
| 21c | Novel coronavirus (SARS-CoV-2) diagnostic test | CPT-4: 87635 HCPCS: U0001, U0002, U0003, U0004 | | |
| 21d | Novel coronavirus (SARS-CoV-2) antibody test | CPT-4: 86328, 86769 | | |
| 21e | Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients | CPT-4: 99401-99404 ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP | Number of VISITS where patients received PrEP management | Number of PATIENTS who received PrEP management |

Number of **health center patients** who initiated, received, or continued a Pre-Exposure Prophylaxis (PrEP) prescription for the purposes of HIV prevention in the reporting year, and **visits** associated with management of that prescription.

On Table 6A: Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients

EXPLANATION

Number of health center patients, who had a visit in the measurement year, who received or continued a Pre-Exposure Prophylaxis (PrEP) prescription for the purposes of HIV prevention.

- PrEP prescriptions may be FTC/TDF or FTC/TAF, prescribed for the purpose of HIV prevention. Do not include prescriptions made for HIV treatment, post-exposure prophylaxis (PEP), and Hepatitis B Management.
- In other words, report patients with a FTC/TDF or FTC/TAF prescription in the year, who do not have any of the following diagnoses: HIV, hepatitis B, or HIV-related opportunistic infections.
- There are not 'PrEP Management' codes, but codes can assist with identifying visit with health center patients that may include counseling on or initiation of PrEP or that may be associated with currently prescribed PrEP, based on risk for HIV exposure.

CODING

Possible codes for visits where PrEP management may have occurred:

- CPT-4: 99401-99404
- ICD-10: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899

Possible RXNorm codes to identify PrEP prescriptions in order to be counted in this data:

- Truvada 495430
- Descovy 1747692
- FTC 276237
- TDF 322248
- TAF 1721604

Patients with HIV diagnosis, hepatitis B, or HIV-related opportunistic infections should **not** be included, as this indicates that PrEP is not for HIV prevention.

- HIV diagnosis: B20, B97.35, O98.7-, Z21
- Hepatitis B: B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-

Note: Be sure to review your EHR vendor's user guides, workflow guides, intranet, or success community to determine how PrEP must be captured in your EHR.

PrEP Reporting FAQs

➤ On Table 6A, there is a list of PrEP codes to report, however in the FAQ, there is guidance stating, “Do not report these ICD, CPT, or RxNORM codes [...] They only serve as a recommendation to help health centers identify reportable PrEP management.” If these codes are not to be used, what should be reported Line 21e, Column A and B?

The codes provided are some that may be used to document PrEP management for HIV prevention, given that there is not a direct coding scheme for PrEP initiation and continuation.

➤ Lamivudine/tenofovir disoproxil fumarate seems like a drug combination that is clinically equivalent to FTC/TDF. Could we include patients using that combination for PrEP as well in our reporting?

No, Line 21e on Table 6A is limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP.

Questions? Feedback?



Email: hiteqinfo@jsi.com

Phone: 1-844-305-7440

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The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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 617.927.6354

 education@fenwayhealth.org

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 www.acponline.org/fenway

