HEALTH PLUS INDIANA INTEGRATED CLINICAL QUALITY MANAGEMENT PLAN

January 1, 2026-December 31, 2026

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Quality Culture

Mission Statement for Clinical Quality Management

The Mission of the Health Plus Indiana (HPI) Clinical Quality Management (CQM) Program is to ensure optimal health outcomes in the state of Indiana by constantly improving the quality of the programs.

Core Values of the CQM Program

- **Diversity:** Engage an inclusive group of knowledgeable and experienced employees and stakeholders to improve the quality of programming.
- **Integrity:** Maintain honesty, trust, and transparency as services and programs are improved to ensure optimal health for clients and the community.
- **Innovation:** Strive for innovative ways to improve the health outcomes of clients and community.
- **Collaboration:** Achieve optimal health outcomes for the Northern and Southeastern Indiana communities through the involvement and participation of all stakeholders.

Purpose of the CQM Program

The purpose of HPI's CQM program is to establish a coordinated approach to address quality assessment, evaluation, and process improvement for the care and services provided to all clients and community members. Improving programs and processes at HPI will result in improved health outcomes for clients and others living in Indiana.

2026 CQM Priorities:

HPI'S 2026 CQM PRIORITIES ALIGN WITH INDIANA'S 2024-2025 PRIORITES AND INCLUDE:

- **VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV IN INDIANA (PLWH)**
- **PREVENTION OF NEW HIV AND STD INFECTIONS**
- **STD PREVENTION THROUGH DISEASE INTERVENTION**
- **The following is a list of potential service categories that HPI will focus on for the 2026 calendar year. We will be looking at these areas to find ways to increase utilization and improve results.**
  - **DEFA (DIRECT EMERGENCY FINANCIAL ASSISTANCE)**
    - **We will look to decrease the utilization rate to increase self-sufficiency**
    - **Increase viral suppression**
  - **IDOH FUNDED HOUSING**
    - **We will look to increase the rate that clients go to permanent housing by increasing client's monthly income**
  - **NON-MEDICAL CASE MANAGEMENT**
    - **Increase viral suppression for NMCM and Enrollment Specialist services**
  - **FOOD BANK**
    - **Increase viral suppression rate for Food Bank services and Medically Tailored Meals**
    - **Increase utilization rate**

        - **Increase food security**
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    - **Breast Cancer Screening**
    - **Cervical Cancer Screening**
    - **Colorectal Cancer Screening**
    - **Cardiovascular Disease**
    - **Depression Screening and Care**

- **HIV Screening**
- **HIV Linkage to Care**
- **Total Cost Per Patient**
- **Number of New Patient Visits per Month**
- **Patient No-Shows**

Infrastructure

Leadership

HPI is a sub-recipient of the Ryan White HIV/AIDS Program (Part B grant), CDC Prevention Funds. HPI directly receives HRSA Ryan White Part C funds. These efforts aim to identify and address the most significant needs of PLWH and maximize coordination, integration, and effective linkages across the RW-funded services in Indiana.

With the support of the Executive Director, the following staff position will be responsible for overall leadership of the CQM Program:

- **Quality and Data Manager**-
  - Responsible for preparing for and leading bi-monthly CQM committee meetings
  - Participating in annual site visits
  - With the support of HPI staff members on the CQM committee, QDM will introduce all quality related trainings and hold semiannual meetings
  - Attend any quality related trainings
  - Implement and compile data for all quality related projects
  - Gather data for performance measures
  - Update yearly CQM plan and work plan
  - Submit quarterly project reports to IDOH

Clinical Quality Management Committee

The purpose of HPI's CQM Committee is to serve as advisors to the CQM Program and to advise on performance measure evaluation and quality improvement activities across the services and prevention programs at the agency.

MEMBERSHIP

The following staff members and consumers will be consulted regarding performance measures and data collection and also serve as members of the CQM committee for the CQM Program:

1. Executive Director
2. Quality and Data Manager
3. Non-Medical Case Manager
4. Outreach Services Director
5. Outreach Staff
6. Outreach Services Manager
7. HPI-Austin Staff
8. Clinic Staff
9. Health Plus Board Member
10. Health Plus Clinic Board Secretary
11. CAB Consumer
12. Stakeholder (Imani Unidad) representation

MEETINGS

The CQM Committee will meet bi-monthly, in January, March, May, July, September, and November 2026. If needed, the CQM Committee will also meet in December 2026 to finalize the 2026 Plan.

COMMITTEE RESPONSIBILTIES

Responsibilities
Actively participate in meetings, conference calls, and other activities
Review performance measure results and identify trends
Advise performance measures and indicators to assess and improve performance
Review and advise on updates to the CQM Plan annually
Advise the CQM Plan for the subsequent year
Advise CQM Program Evaluation
Participate in CQM and QI trainings
Advise on internal QI projects for the Agency
Advise on QI project recommendations
Act as a liaison between program areas and the CQM program

Stakeholder Involvement

The following are key stakeholders of HPI's CQM Program and their roles and responsibilities.

Cultivate Food Rescue provides frozen meals to qualifying clients

Volunteers of America provides mental health services helping to establish a "one stop shop" for clients

Lifetime Pharmacy is an in-house pharmacy that will work with all clients' insurance to fill prescriptions and deliver medications if necessary

Imani Unidad is a local social service agency that provides education regarding primary and secondary prevention practices in order to reduce high-risk behaviors and increase self-image

Dr. Won Chung, who provides PrEP and HIV care to our clients

St. Joseph Health System and Memorial Hospital of Beacon Health System are two main hospitals in our region. Many of the doctors serving agency clients belong to either health system

Scott County EMS, who we partner with for our Paramedicine Program

Schneck Hospital, who provides HIV care to our clients in Scott County

CEAse of Scott County, aims to prevent and reduce the incidence and prevalence of substance use addictions among youth and adults in Scott County

Groups Recover Together, is an addiction treatment center in Scottsburg

Scott, Jackson, and Clark County Health Department

Indiana Legal Services, Center for the Homeless, South Bend Housing Authority, Indiana Health Center, Indiana University South Bend, Olive Street Clinic, Bowen Center, Oaklawn, Scott County YMCA, Food 4 R Souls, and Wooded Glen are additional service providers in the area that assist agency clients.

As HPI moves through the cyclical process of quality management and improvement, stakeholders will be consulted on areas of improvement and potential collaborative strategies for improvement. HPI will communicate to stakeholders annually via the Constant Contact email program to update them on agency information as well as quality improvement.

Consumer Involvement

In alignment with our core values of collaboration and transparency, it is essential to gain input from consumers. In addition to the CQM Committee, consumers will be involved in the CQM Program through the following mechanisms:

- Consumers participate in yearly client surveys- this will serve as an additional mechanism to solicit ideas/solutions/suggestions for the CQM Program (these surveys will be administered May-June of 2026)
- Consumer presence on Board of Directors
- Quarterly consumer forums with the Executive Director to obtain consumer feedback, as needed

- The CQM committee will also be holding focus groups that require consumer involvement on an as needed basis as pertains to ongoing CQM projects

Performance Measures

Performance measurement is a method that will be used to identify and quantify the critical aspects of the programs under the scope of the CQM Program and the Division. All measures are prioritized based on relevance, measurability, accuracy, and improvability. RWHAP will utilize the HIV/AIDs Bureau (HAB) measures for all RW funded categories. Non-RWHAP funded program measures are selected based on the priorities of those programs and their funders. The method described in HRSA Policy Clarification Notice 15-02 will be utilized to determine the amount of performance measures analyzed for each service category.

Additionally, client utilization for all IDOH funded categories will be calculated in October/November 2026 to prepare for upcoming 2027 plan revision.

The performance measures and their data sources that have been selected to be monitored by the CQM Program can be found in the appendix.

Quality Improvement Methodology

The following are tools that the QI Committee will use to determine various QM projects:

- Firstly, QDM will evaluate performance measure data to determine discrepancies from previous year's data
    - Special focus will be made on PM's that significantly decrease from year to year
- Once a focus is identified, QDM will utilize fishbone and driver diagrams to lay out various change ideas
- QDM utilizes the PDSA document to organize and plan for projects

Evaluation

The following types of evaluation will be used to review the CQM Program:

- **The Plan-Do-Study-Act tool to evaluate projects and confirm that the plan is sufficient**
- **The CQM Committee will also hold a group discussion to evaluate the work plan to assess the efficacy of the CQM program. This will be completed annually in November by the CQM Team**

- **Data trends**
- **Quarterly QI reporting form to IDOH**

Updating the CQM Plan

Annually in September, HPI'S CQM committee will discuss the CQM Plan and any needed revisions, based on the timeline and content of the IDOH CQM Plan that will be released annually. The Quality and Data Manager will then create a draft of the upcoming year's CQM Plan and bring it back to the full committee for review and revisions.

Capacity Building

HPI will seek to build a culture of quality by integrating Quality Improvement trainings into each staffed position. All existing staff members have completed the assigned Quality Academy tutorials. The Quality and Data Manager will meet with each new staff member to introduce Quality Management, as well as monitor the employees' progress in completing the Quality Academy Trainings. Upon completion of the trainings, the staff member will present all staff certificates to QDM. Staff will also be heavily involved in implementing all Quality Improvement projects that are initiated by CQM Committee. Certain staff members will also be the sole individual collecting data for various CQM projects.

Communication and Information Sharing

Semiannually, in June and December, the QDM will hold an all-staff meeting to provide updates regarding quality projects. QDM will also integrate games that teach quality improvement into staff meetings twice per year in March and September. We will also communicate any QI updates with consumers via the Harness text messaging system on an as needed basis. To share our progress with stakeholders, a "QI corner" will be added to the

Constant Contact email where information will be disseminated annually in June. QDM will also relay Viral Suppression finding to the COC committee quarterly.

Appendix

Performance Measures-Part B

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Non-medical Case Management (South Bend)	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of patients (in designated South Bend region), regardless of age, with a diagnosis of HIV who had at least	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female	**Measurement Period**: 12 months-calendar **Reporting Frequency**: Quarterly **Site Target: 93%** **Site Baseline: 91.9%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		one non-medical case management visit in the measurement year **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+		
Non-medical Case Management (Elkhart)	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of patients (in designated Elkhart region), regardless of age, with a diagnosis of HIV who had at least one non-medical case management visit in the measurement year **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-calendar **Reporting Frequency**: Quarterly **Site Target: 95%** **Site Baseline: 92.7%**	**RWISE & CAREWare**
Non-medical Case	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral	• Race/Ethnicity: o White	**Measurement Period**: 12 months-calendar	

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Management (Austin)		load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of patients (in designated Austin region), regardless of age, with a diagnosis of HIV who had at least one non-medical case management visit in the measurement year **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Reporting Frequency**: Quarterly **Site Target: 90%** **Site Baseline: 86.8%**	**RWISE & CAREWare**
Non-medical Case Management-Enrollment Specialist (North)	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year who received an NMCM-ES visit during the measurement period. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	• Medicare • Medicaid • Private • Ryan White o ADAP o HIAP	**Measurement Period**: 12 months-calendar **Reporting Frequency**: Quarterly **Site Target**: **94%** **Site Baseline: 91.9%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Denominator: Number of unduplicated clients in North region who received an NMCM-ES visit during the measurement period. **Exclusions:** Patients who died or moved out of state during measurement period.			
Non-medical Case Management-Enrollment Specialist (South)	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year who received a NMCM-ES visit during the measurement period. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator:** Number of unduplicated clients in South region who received a NMCM-ES visit during the measurement period. **Exclusions:** Patients who died or moved out of state during measurement period.	• Medicare • Medicaid • Private • Ryan White o ADAP o HIAP	**Measurement Period**: 12 months-calendar **Reporting Frequency**: Quarterly **Site Target**: **89%** **Site Baseline: 84.3%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Food Bank^	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of patients, regardless of age, with a diagnosis of HIV who had at least one food bank service in the measurement year **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months (July 1-June 30) **Reporting Frequency**: Quarterly **Site Target: 94%** **Site Baseline: 88.95%**	**RWISE & CAREWare**
Food Bank-Medically Tailored Meals	HIV Viral Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender:	**Measurement Period**: 12 months (July 1-June 30) **Reporting Frequency**: Quarterly **Site Target: 95%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Denominator: The number of patients, regardless of age, with a diagnosis of HIV who had at least one Medically Tailored Meal service in the measurement year **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Site Baseline: 92.2%**	
Food Bank^	Utilization Rate	**Description:** Percentage of consumers who received nutritional assistance from the internal food pantry during the measurement year. **Numerator:** The total number of unduplicated clients served nutritional assistance during the measurement year **Denominator:** The total number of clients served during the measurement year. **Exclusions:** None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months (July 1-June 30) **Reporting Frequency**: Yearly **Site Target: 35%** **Site Baseline: 37.9%**	**Internal Pantry Tracker & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Food Bank^	Food Insecurity	**Description:** Percentage of consumers who receive nutritional assistance that identify as food insecure **Numerator:** The total number of unduplicated clients who answer "always" or "sometimes" to food security questions **Denominator:** The total number of consumers served nutritional assistance during the measurement year **Exclusions:** None	• Race/Ethnicity: o White o African American/Black o Hispanic • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-calendar year **Reporting Frequency**: Yearly **Site Target: 50%** **Site Baseline: 21.3%**	**Annual Client Survey Data & CAREWare**
IDOH Housing^	HIV Viral Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients (who access IDOH housing) in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of patients, regardless of age, with a diagnosis of HIV who accessed IDOH housing during the measurement year. **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54	**Measurement Period**: 12 months (October 1, 2025-September 30, 2026) **Reporting Frequency**: Quarterly on M3 **Site Target: 88%** **Site Baseline: 85.1%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
			o 55-64 o 65+		
Direct Emergency Financial Assistance (DEFA)^	HIV Viral Load Suppression	**Description:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator:** The number of unduplicated clients who have received financial assistance within the measurement year. **Exclusions**: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.	• Zip Code • Race/Ethnicity: o White o African American/Black o Hispanic • Gender: o Female o Male o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period:** 12 months (July 1-June 30) **Reporting Frequency:** Quarterly **Site Target: 93%** **Site Baseline: 90.8%**	**RWISE, CAREWare, & Internal DEFA Tracker**
DEFA^	Utilization Rate	**Description:** Percentage of clients who received financial assistance during the measurement year **Numerator:** The number of unduplicated clients who have accessed financial assistance during the measurement year **Denominator:** The total number of times that clients have accessed financial assistance during the measurement year	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender:	**Measurement Period:** 12 months (July 1-June 30) **Reporting Frequency:** Yearly **Site Target: 15%** **Site Baseline: 13.9%**	**Internal DEFA Tracker, RWISE**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Exclusions: None	o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+		
PrEP^	Retention in Care	**Description:** Percentage of patients referred to services during the measurement year who were retained in care **Numerator:** Number of individuals who attended at least two medical appointments during the measurement year **Denominator:** Number of clients who were referred to the PrEP navigator **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period:** 12 months-calendar **Reporting Frequency:** Quarterly **Site Target: 27%** **Site Baseline: 22.9%**	**Internal PrEP tracker, Aprirm**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Hepatitis C	Treatment Completion	**Description:** The number of clients that are referred and successfully complete Hepatitis C treatment **Numerator:** The number of clients who completed treatment during the measurement year **Denominator**: The number of clients who were referred during the measurement year **Exclusions**: Patients who did not complete treatment	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ •	**Measurement Period**: 12 months-Calendar **Reporting Frequency**: Quarterly **Site Target: 65%** **Site Baseline: 5.8%**	**Excel, Aphirm**
		Description: The number of clients that are referred and successfully complete Hepatitis C treatment **Numerator:** The number of clients who completed treatment during the measurement year **Denominator**: The number of clients who were referred during the measurement year	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender:	**Measurement Period**: 12 months-Calendar **Reporting Frequency**: Quarterly **Site Target: 65%**	

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Hepatitis C*	Treatment Completion	**Exclusions**: Patients who did not complete treatment	○ Male ○ Female ○ Non-Binary • Age: ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+	**Site Baseline: 2.94%**	**Excel, Aphirm**
Hepatitis C Testing*	Testing in High Risk Groups	**Description:** Tracking the number of those tested that have the following Risk Factors: Male to Male Sexual Contact (MSM) or Injection Drug Use **Numerator:** Number of HIV tests performed on high-risk individuals during the measurement year **Denominator:** Number of HIV tests performed during the measurement year	• Risk Factor: ○ MSM ○ AA ○ White ○ Hispanic ○ IDU	**Measurement Period**: 12 months-Calendar **Reporting Frequency**: Quarterly **Site Target: 65%** **Site Baseline: 11.3%**	**Aphirm**
Medical Transportation	HIV Viral Load Suppression	**Description:** Percentage of clients with a diagnosis of HIV with an HIV viral load less than 200 copies/ml at last HIV vial load test during the measurement year **Numerator:** Number of clients in the denominator with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	• Race/Ethnicity: ○ White ○ African American/Black ○ Hispanic • Risk Factor: ○ MSM ○ AA ○ White ○ Hispanic ○ IDU	**Measurement Period**: 12 months-Calendar **Reporting Frequency**: Quarterly **Site Target: 96%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Denominator: The total number of clients that had at least one medical transportation visit during the measurement year **Exclusions**: Clients that did not have an HIV viral load test, died, or moved away during the measurement year	• Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ •	**Site Baseline: 94.8%**	
Medical Transportation*	HIV Viral Load Suppression	**Description:** Percentage of clients with a diagnosis of HIV with an HIV viral load less than 200 copies/ml at last HIV vial load test during the measurement year **Numerator:** Number of clients in the denominator with an HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The total number of clients that had at least one medical transportation visit during the measurement year **Exclusions**: Clients that did not have an HIV viral load test, died, or moved away during the measurement year	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-Calendar **Reporting Frequency**: Quarterly **Site Target: 96%** **Site Baseline**: **93.4%**	**RWISE & CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source

^Service categories will include combined data from HPI-North and HPI-South

*Asterisked service categories are dual Part B measures for HPI-North and HPI-South. Data is not combined.

The Health Plus Indiana CQM Plan for Part B Measures has been approved by the CQM Team and HPI leadership. The plan is effective from 1/1/2026 until 12/31/2026.

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Leeah Hopper, Executive Director

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Date

_____

Valerie Schwartz, Clinical Quality Manager

_____

Date

Performance Measures-Part C

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
EIS	HIV Testing and Counseling	**Description:** Clients will receive targeted testing **Activities:** Health fairs, large-scale events, Kiosk testing, outreach towards high-risk populations, drop-off testing, integrated testing **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Bi-monthly **Site Target: 500 clients** **Site Baseline: 418**	**Aphirm/ Athena**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
EIS	HIV Testing and Counseling	**Description:** Clients will have a confirmatory positive HIV test **Activities**: Confirmatory tests (lab-based blood draw) or positive rapid test **Exclusions:** Negative test results	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Bi-monthly **Site Target**: **5** **Site Baseline**: **6**	**Aphirm**
Service Category	**Performance Measure**	**Operational Definition**	**Disparity Evaluation**	**Measurement Period, Reporting Frequency, and Target**	**Data Source**
Core Medical & EIS	Linkage to Care	**Description:** Newly diagnosed individuals will enroll in care within one month of HIV diagnosis **Activities**: Referrals to medical provider and non-medical case manager	• Race/Ethnicity: o White o African American/Black o Hispanic	**Measurement Period**: 12 months-(May-April)	**CAREWare/ Athena**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Exclusions: Clients who have been diagnosed for > 1 month	• Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Reporting Frequency**: Bi-monthly **Site Target: 15 clients** **Site Baseline: 2**	
Core Medical & EIS	Lost to Care	**Description:** Number of individuals who are lost to care will re-enroll in care within one (1) month of contact or re-engagement. **Activities**: Referrals to medical provider and non-medical case manager **Exclusions**: Clients who have been lost to care	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Bi-monthly **Site Target: 15 clients** **Site Baseline: N/A**	**Athena**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
			• Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ •		
Core Medical & EIS	Retention in Care	**Description:** Clients will receive mental health services. Two visits in a 3-month time period **Activities:** New diagnosis referrals, referral for those at risk, assistance with partner notification, emotional support **Numerator**: Total number of people in the denominator who attended at least 2 visits in three-month time-period **Denominator**: Total number referred/seen in a three-month time period **Exclusions:** None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Semiannually **Site Target**: **50 clients/therapist** **Site Baseline**: **32**	**CAREWare**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Core Medical & EIS	Outpatient Ambulatory Health Services	**Description:** Clients will receive outpatient ambulatory care services **Numerator**: Total number of people who received an ambulatory health service during the measurement year **Denominator**: Total number referred/seen in a during the measurement year **Exclusions:** None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ •	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Semiannually **Site Target: 200** **Site Baseline: N/A**	**CAREWare**
Service Category	**Performance Measure**	**Operational Definition**	**Disparity Evaluation**	**Measurement Period, Reporting Frequency, and Target**	**Data Source**
Core Medical	Retention in Care	**Description:** Clients will receive medical case management **Activities:** Referrals to Medical Case Manager, Daily client check-ins, coordination of medical care	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Bi-monthly	**CAREWare/ Athena**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Exclusions: None	o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Site Target: 80 clients** **Site Baseline: 167**	
Core Medical	ART and Viral Suppression	**Description:** Clients will receive ART **Activities:** Clinic referrals and medication adherence strategies	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Bi-monthly **Site Target**: **180** **Site Baseline**: **218**	**CAREWare/ Athena/ Internal Tracker**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
			o 25-34 o 35-44 o 45-54 o 55-64 o 65+		
Core Medical	ART and Viral Suppression	**Description:** Clients will be virally suppressed **Activities**: Clinic referrals and medication adherence strategies	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(May-April) **Reporting Frequency**: Bi-monthly **Site Target: 150 clients** **Site Baseline:129**	**CAREWare/ Athena**
Core Medical	No Show Rate	**Description:** Clinic no show rate **Activities**: Evaluating number of missed clinic appointments	• None	**Measurement Period**: 12 months-(May-April)	**Athena**

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		Numerator: Total number of appointments no showed during reporting period **Denominator:** Total number of clinic visits during reporting period **Exclusions**: Appointments rescheduled, cancelled, provider conflict, scheduling error		**Reporting Frequency**: Bi-monthly **Site Target**: **15%** **Site Baseline**: **15.01%**	

The Health Plus Indiana CQM Plan for Part C Measures has been approved by the CQM Team and HPI leadership. These measures are effective from 5/1/2026 until 4/30/2027.

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Leeah Hopper, Executive Director

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Date

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Valerie Schwartz, Clinical Quality Manager

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Date

Performance Measures-FQHC

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
High Blood Pressure	**Description:** Percentage of patients aged 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90mm Hg) during the measurement period **Numerator:** Number of clients in the denominator who had a blood pressure less than 140/90 mmHg during the measurement period **Denominator**: Patients who are 18-85 that had a diagnosis of hypertension during the measurement period **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target: 41.9%** **Site Baseline: N/A**	**Athena**
Adult Weight Screening and Follow-Up	**Description:** Percentage of patients aged 18 years and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters.	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor:	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
	Numerator: Number of patients in the denominator who (1) had a documented BMI AND (2) had a follow-up plan if BMI is outside normal parameters. **Denominator**: All patients > 18 years of age on the date of encounter who had at least one eligible medical visit during the measurement period. **Exclusions**: None	o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ o	**Site Target**: **86%** **Site Baseline**: **N/A**	
Tobacco Use Preventive Care and Screening	**Description:** Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 12 months, AND (2) if identified to be a tobacco user received cessation counseling. **Numerator:** Number of patients in the denominator who (1) were screened for tobacco use one or more times within 12 months, and (2) if identified to be a tobacco user received cessation counseling. **Denominator**: All patients > 18 years of age on the date of encounter who had at least one	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age:	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target: 17.4%** **Site Baseline: N/A**	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
	eligible medical visit during the measurement period. **Exclusions**: None	o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+		
Breast Cancer Screening	**Description:** Percentage of women 51-73 years of age who had a mammogram to screen for breast cancer. **Numerator**: Women in the denominator who were 51-73 years of age that had a mammogram screening during the measurement period. **Denominator**: Women aged 51-73 who had at least one eligible visit during the measurement period. **Exclusions:** None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ o	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target**: **80.3%** **Site Baseline: N/A**	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Performance Measure	**Operational Definition**	**Disparity Evaluation**	**Measurement Period, Reporting Frequency, and Target**	**Data Source**
Cervical Cancer Screening	**Description:** Percentage of women 23-64 years of age who were screened for cervical cancer. **Numerator:** Women in the denominator 23-64 years of age who had a cervical cancer screening during the measurement period. **Denominator**: Women aged 23-64 who had at least one eligible visit during the measurement period. **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target: 79.2%** **Site Baseline: N/A**	**Athena**
Colorectal Cancer Screening	**Description:** Percentage of patients 50-74 years of age who had appropriate screening for colorectal cancer.	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Bi-monthly	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
	Numerator: Patients in the denominator 50-74 years of age who had a colorectal cancer screening during the measurement period. **Denominator**: Patients aged 50-74 who had at least one eligible visit during the measurement year. **Exclusions**: None	o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ o	**Site Target**: **72.8%** **Site Baseline**: **N/A**	
Cardio Vascular Disease	**Description:** Percentage of patients >21 years of age at high risk of cardiovascular events who were prescribed or were on a statin therapy. **Numerator:** Patients in the denominator who were prescribed a statin therapy or already taking a statin therapy. **Denominator**: Patients >21 years of age who are considered at high risk for cardiovascular events **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target**: **72.2%** **Site Baseline**: **N/A**	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		o 25-34 o 35-44 o 45-54 o 55-64 o 65+		
Performance Measure	**Operational Definition**	**Disparity Evaluation**	**Measurement Period, Reporting Frequency, and Target**	**Data Source**
Depression Screening and Care	**Description:** Percentage of patients > 12 years of age who were (1) screened for depression with a standardized tool, and if screening was positive, (2) had a follow-up plan documented **Numerator:** Number of patients in the denominator who were (1) screened for depression with a standardized tool, and if screening was positive, (2) had a follow-up plan documented **Denominator**: All patients > 12 years of age on the date of encounter who had at least one eligible medical visit during the measurement period. **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target: 13.5%** **Site Baseline: N/A**	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
HIV Screening	**Description:** Percentage of patients 15-65 years of age who were tested for HIV when within age range. **Numerator:** Patients in the denominator who had documentation of at least one HVI test performed during the measurement period while within the eligible age range **Denominator**: Patients 15-65 years of age who had at least one eligible medical visit during the measurement period **Exclusions**: None	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic o IDU • Gender: o Male o Female o Non-Binary • Age: o 13-24 o 25-34 o 35-44 o 45-54 o 55-64 o 65+ o	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target**: **95%** **Site Baseline**: **N/A**	**Athena**
HIV Linkage to Care	**Description:** Percentage of patients whose first-ever HIV diagnosis was made by Health Plus personnel during the measurement year and were seen for follow-up treatment within 30 days of that first ever diagnosis. **Numerator:** Patients in the denominator who were see for follow-up HIV treatment or care within 30 days of first-ever HIV diagnosis.	• Race/Ethnicity: o White o African American/Black o Hispanic • Risk Factor: o MSM o AA o White o Hispanic	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target**: **95%**	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
	Denominator: Patients who were newly diagnosed during the measurement year by Health Plus staff. **Exclusions**: None	○ IDU • Gender: ○ Male ○ Female ○ Non-Binary • Age: ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+	**Site Baseline: N/A**	
Total Cost Per Patient	**Description:** Total cost per patient during measurement period **Numerator:** Total operating costs during measurement period **Denominator**: Total number of unduplicated patients served during measurement period **Exclusions**: None	• None	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target:** **Site Baseline: N/A**	**Athena**
Number of New Patient Visits Per Month	**Description:** Percentage of new patients **Numerator:** Number of patients in the denominator who have never been seen by Health Plus Clinic	• None	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target:**	**Athena**

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
	Denominator: Total number of patient visits during the month **Exclusions**: None		**Site Baseline: N/A**	
Patient No Shows	**Description:** Clinic no show rate **Activities**: Evaluating number of missed clinic appointments **Numerator:** Total number of appointments no showed during reporting period **Denominator:** Total number of clinic visits during reporting period **Exclusions**: Appointments rescheduled, cancelled, provider conflict, scheduling error	• None	**Measurement Period**: 12 months-(Calendar) **Reporting Frequency**: Quarterly **Site Target:** **Site Baseline: N/A**	**Athena**

The Health Plus Indiana CQM Plan for FQHC Measures has been approved by the CQM Team and HPI leadership. These measures are effective from 1/1/2026 until 12/31/2026.

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Leeah Hopper, Executive Director

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Date

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Valerie Schwartz, Clinical Quality Manager

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Date