

**Highly Active Anti-Retroviral Treatment – (HAART)**

**Description:** The percentage of enrollees with an AIDS diagnosis that have been prescribed Highly Active Anti-Retroviral Treatment.

**Eligible Population:** Enrollees with AIDS as identified by at least one encounter with an ICD-9-CM diagnosis code 042 during the first six months of the measurement year.

**Ages:** No age limitations.

**Data Collection Method:** Administrative Data. No sampling allowed.

**Enrollment:** Enrolled in the health plan for the measurement year with no more than one month gap in enrollment.

**Anchor Date:** December 31 of the measurement year.

**Administrative Specification**

**Denominator:** Number of enrollees in the plan diagnosed with AIDS.

**Numerator:** Number of enrollees who were prescribed a HAART\* regimen within the measurement year.

\*HAART Regimen is defined by the following (see HIV/AIDS Attachment). Prescription fills should occur within 30 days of each other:

- a) Three single-agent antiretroviral medications;
- b) One two-agent combination medication with one other antiretroviral medication (from “a” or “b”);
- c) One three-agent combination medication.

**Notes:**

- 1) *Combinations of zidovudine (AZT) and stavudine (d4T) with either a PI or NNRTI are not considered HAART.*
  - 2) *This specification is not intended to suggest appropriate medical practice. Instead, the specification is intended to capture appropriate treatment regimens in the most straightforward manner possible using administrative data. Certain combinations of medications should not be prescribed together. Clinicians should refer to treatment guidelines published by the Health Resources and Services Administration, available at <http://hab.hrsa.gov/>*
-

**HIV-Related Outpatient Medical Visits – (HIVV)**

**Description:** The percentage of enrollees who were seen on an outpatient basis with HIV/AIDS as the primary diagnosis by a physician, Physician Assistant or Advanced Registered Nurse Practitioner for an HIV-related medical visit within the measurement year.

**Eligible Population:** Enrollees with HIV/AIDS as identified by at least one encounter with an ICD-9-CM diagnosis code 042, 079.53, 795.71, or V08 during the first six months of the measurement year.

**Ages:** No age limitations.

**Data Collection Method:** Administrative Data. No sampling allowed.

**Enrollment:** Enrolled in the health plan for the measurement year with no more than one month gap in enrollment.

**Anchor Date:** December 31 of the measurement year.

**Exclusions:** Medical visits provided in an emergency department or inpatient setting and claims from lab, radiology, or home health may not be included in calculating the numerator. However, such claims may be used in determining the eligible population.

**Administrative Specification**

**Denominator:** The eligible population.

**Numerator:** Four separate numerators are calculated:

- a. Enrollees who were seen twice in measurement year,  $\geq$  182 days apart.
- b. Enrollees who were seen twice or more in measurement year.
- c. Enrollees who were seen exactly once in the measurement year.
- d. Enrollees who were not seen during the measurement year.

\*Note: Numerators a and b are not mutually exclusive.

---