

ATTACHMENT 19

RS

HEALTH CARE IMPROVEMENT PROGRAM (HCIP) MANUAL



Handwritten initials or mark.

ATTACHMENT 19

**HEALTH CARE IMPROVEMENT PROGRAM MANUAL
GOVERNMENT HEALTH PLAN PROGRAM/PLAN VITAL**

FOURTH (4TH) YEAR

OCTOBER 1, 2021 – SEPTEMBER 30, 2022

(AMENDMENT O)



PUERTO RICO HEALTH INSURANCE ADMINISTRATION
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

**HEALTH CARE
IMPROVEMENT
PROGRAM**



ATTACHMENT 19 – HEALTH CARE IMPROVEMENT PROGRAM MANUAL
GOVERNMENT HEALTH PLAN PROGRAM
FOURTH YEAR
OCTOBER 1, 2021 – SEPTEMBER 30, 2022

Revised: July 13, 2021 Vol:1



TABLE OF CONTENTS

I.	INTRODUCTION	2
II.	REPORTING TIMEFRAMES	3
III.	EVALUATION & POINT DISTRIBUTION	4
IV.	RETENTION FUND & COMPLIANCE PERCENTAGE	6
V.	DEFINITIONS	7
VI.	HIGH COST CONDITIONS INITIATIVE	9
VII.	CHRONIC CONDITIONS INITIATIVE	11
VIII.	HEALTHY PEOPLE INITIATIVE	15
IX.	EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	17
X.	FISCAL YEAR 2019-2020 (NOVEMBER 2018 – SEPTEMBER 2020)	18
	X1.1 POINT DISTRIBUTION	20
	X.1.2 COMPLIANCE PERCENTAGE AND POINTS EARNED	21
	X.2 SCORED MEASURES FOR 2019	21
	X.2.1 HIGH COST CONDITIONS INITIATIVE	21
	X.2.2 CHRONIC CONDITIONS INITIATIVE	22
	X.2.3 HEALTHY PEOPLE INITIATIVE	24
	X.2.4 EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	24
	X.2.5 DEFINITION OF IMPROVEMENT	25



I. INTRODUCTION

The Puerto Rico Health Insurance Administration's (ASES, its acronym in Spanish) focus is on providing quality services that are patient-centered and aimed at increasing the use of screening, prevention and appropriate delivery of care in a timely manner to all Medicaid, Children's Health Insurance Program (CHIP) and Medicare-Medicaid Dual Eligible (Platino) Enrollees in Puerto Rico. The Health Care Improvement Program (HCIP) is one of the tools developed by ASES to reach this goal for the Medicaid and Children's Health Insurance Program (CHIP) population.

The purpose of this manual is to provide the necessary guidelines for attaining the required performance indicators for each of the categories measured under the HCIP as specified and subject to revision by ASES in this Manual and incorporated in Section 12.5 of the Government Health Plan (GHP) contract (Contract) executed between the Contractor and ASES. As the HCIP guidelines and/or performance benchmarks are updated, ASES will share these changes with Contractors and update this manual.

ASES shall maintain a retention fund created by withheld amounts of the per member per month (PMPM) payment each month as part of the HCIP described in Section 22.4 of the Contract. The retained PMPM amount shall be associated with the HCIP initiatives outlined below:

1. High Cost Conditions Initiative
2. Chronic Conditions Initiative
3. Healthy People Initiative
4. Emergency Room High Utilizers Initiative

ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in this Manual. The Planning, Quality and Clinical Affairs Office will audit the results of the data in the timeframes stated in Section 22.4.2.2 of the Contract for the performance indicators in the above-named initiatives. This Manual describes, in detail, the requirements and the specific metrics for each initiative of the HCIP for the Contract period November 1, 2018 through September 30, 2021, with an option to extend to September 30, 2022, at ASES' discretion. In the event ASES exercises the optional extension, an updated HCIP Manual will be provided. The HCIP will start on the implementation date of the Contract and will be updated annually as GHP benchmarks are set and measures or metrics are revised accordingly.



II. REPORTING TIMEFRAMES

The Contractor will submit a report for each quality initiative on a quarterly basis as established in the following table. The reporting templates will be provided by ASES and the Contractor must submit them through the ASES secure File Transfer Protocol (FTP) service.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 1			
Q1	1/1/2018	12/31/2018	7/30/2019
Q2	4/1/2018	3/31/2019	7/30/2019
Q3	7/1/2018	6/30/2019	10/30/2019
Q4	10/1/2018	9/30/2019	1/30/2020
Year 2			
Q1	1/1/2019	12/31/2019	4/30/2020
Q2	4/1/2019	3/31/2020	7/30/2020
Q3	7/1/2019	6/30/2020	10/30/2020
Q4	10/1/2019	9/30/2020	1/30/2021
Year 3			
Q1	1/1/2020	12/31/2020	6/07/2021
Q2	4/1/2020	3/31/2021	7/30/2021
Q3	7/1/2020	6/30/2021	10/30/2021
Q4	10/1/2020	9/30/2021	1/30/2022
Year 4			
Q1	1/1/2021	12/31/2021	4/30/2022
Q2	4/1/2021	3/31/2022	7/30/2022
Q3	7/1/2021	6/30/2022	10/30/2022
Q4	10/1/2021	9/30/2022	1/30/2023



III. EVALUATION & POINT DISTRIBUTION

The HCIP is divided into four categories:

1. High Cost Conditions Initiative
2. Chronic Conditions Initiative
3. Healthy People Initiative
4. Emergency Room High Utilizers Initiative



There is a list of conditions, indicators and performance measures listed for the HCIP in Sections VI, VII, VIII, and IX. From that list, a selection of these indicators and performance measures will be chosen by ASES for quarterly basis reporting and evaluation purposes for the HCIP. The MCOs will be notified which are the selected indicators, the definition of improvement for each metric, and the corresponding point distribution for each fiscal year before the fiscal year begins.

Period	Claims Data: Incurred Service Time Period	Evaluation criteria
Year 1	*Puerto Rico GHP Benchmark — ASES will establish the Puerto Rico GHP benchmark for the metrics included in this manual using the period from January 1, 2017 through December 31, 2017.	
Q1	1/1/2018 - 12/31/2018	Report submission
Q2	4/1/2018 – 3/31/2019	Report submission
Q3	7/1/2018 – 6/30/2019	Report submission
Q4	10/1/2018 – 9/30/2019	Report submission
Year 2	Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.	
Q1	1/1/2019 – 12/31/2019	Report submission
Q2	4/1/2019 – 3/31/2020	Report submission
Q3	7/1/2019 – 6/30/2020	Report submission
Q4	10/1/2019 – 9/30/2020	Report submission
Year 3	Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.	
Q1	1/1/2020 – 12/31/2020	Report submission
Q2	4/1/2020 – 3/31/2021	Report submission
Q3	7/1/2020 – 6/30/2021	Any improvement over GHP benchmark ¹
Q4	10/1/2020--9/30/2021	Any improvement over GHP benchmark ¹
Year 4	Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.	
Q1	1/1/2021-12/31/2021	See section: X 2.5 Definition of Improvement (pages 21-25)

Q2	4/1/2021-3/31/2022	See section: X 2.5 Definition of Improvement (pages 21-25)
Q3	7/1/2021-6/30/2022	See section: X 2.5 Definition of Improvement (pages 21-25)
Q4	10/1/2021-9/30/2022	See section: X 2.5 Definition of Improvement (pages 21-25)

The scale of values per indicator is divided into the three levels indicated below.

Report Submission:

- 1 point = Report and attestation submission on time with valid data
- 0 points = Report and attestation submission without valid data

Any Improvement:

- 1 point = Data submitted has improvement
- .5 point = Data submitted has no change; no improvement or deterioration
- 0 points = Data submitted has deteriorated

Improvement Goal Established by ASES:

- 1 Point = Full compliance with the expected goal; The results reported meets or exceeds (90%–100%) the established goal.
- 0.5 point = Partial compliance with the expected goal; The results reported are greater than or equal to 70% but less than 90% (70.00%–89.99%) of the established goal.
- 0 points = No compliance; The results reported are less than 70% (0%–69.99%) of the established goal.

The point distribution by program may vary for each fiscal year. Please see the sections specific to each fiscal year for the point distribution table for a particular year.



IV. RETENTION FUND & COMPLIANCE PERCENTAGE

ASES will withhold 2% (two percent) of the monthly PMPM payment otherwise payable to the Contractor to validate that the Contractor has met the specified performance targets of the HCIP. The retention fund, comprised of the withheld amounts, will be disbursed to the Contractor based on the determination made by ASES in accordance to the compliance of the Contractor with the improvement standards and criteria established by ASES in accordance with the HCIP manual.

TIME PERIOD (INCURRED SERVICE FROM CONTRACT TERM)	MONTHLY RETENTION FUND PERCENTAGE
Fiscal Year Quarters Defined in Section II – Reporting Timeframes	2%
HCIP INITIATIVE	
High Cost Conditions Initiative	
Chronic Conditions Initiative	
Healthy People Initiative	
Emergency Room High Utilizers Initiative	

The retention fund is associated with the HCIP initiatives outlined below for each of the specified timeframes, as per Section 22.4 of the Contract. No later than thirty (30) calendar days after the deadline of the receipt of the Contractor's quarterly submission, ASES shall determine if the Contractor has met the applicable performance objectives for each metric within the initiatives for that period. The evaluation result will determine the percent to be disbursed to the Contractor as described in the following table.

COMPLIANCE PERCENTAGE (BASED ON POINTS EARNED)	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0% - 100%	100%
80.0% - 89.9%	75%
70.0%–79.9%	50%
50.0%–69.9%	25%
0.00% - 49.9%	0%



V. DEFINITIONS

The following definitions apply to measures of the HCIP Manual:

1. **Active Enrollee:** GHP Enrollee with **continuous** enrollment during the HCIP measurement quarter.
2. **Baseline:** is a measurement at a point in time.
3. **Benchmark:** is a measurement of a standard result.
4. **Continuous Enrollment:** Membership enrollment from the start of a designated period through the end of the designated period without interruption.
5. **Health Care Improvement Program (HCIP):** Approach developed to improve the quality of services provided to enrollees. The HCIP consists of four (4) initiatives: High Cost Conditions Initiative, Chronic Condition Initiative, Healthy People Initiative and Emergency Room High Utilizers Initiative. As part of the HCIP, a Retention Fund shall be maintained by ASES from the monthly PMPM payment to incent the Contractor to meet performance indicators and targets under HCIP specified in the HCIP Manual. The Retention Fund shall be disbursed on a quarterly basis to the Contractor when a determination is made by ASES that the Contractor has complied with the quality standards and criteria established by ASES in accordance with the HCIP Manual and the Contract.
6. **Incurred date:** The date on which the service was provided.
7. **Intervention:** Activities targeted at the achievement of client stability, wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, care coordination, collaboration and service facilitation.
8. **Performance measures:** Periodic measurement of outcomes and results used to assess the effectiveness and efficiency of quality or improvement initiatives on selected indicators.
9. **Per member per month (PMPM) payment:** The fixed monthly amount that the Contractor is paid by ASES for each enrollee to ensure that benefits under the Contract are provided. This payment is made regardless of whether the enrollee receives benefits during the period covered by the payment.



10. **Preventive services:** Health care services provided by a physician or other provider within the scope of his or her practice under Puerto Rico law to detect or prevent disease, disability, behavioral health conditions or other health conditions; and to promote physical and behavioral health and efficiency.
11. **Primary care physician (PCP):** A licensed medical doctor (MD) who is a provider and who, within the scope of practice and in accordance with Puerto Rico certification and licensure requirements, is responsible for providing all required primary care to enrollees. The PCP is responsible for determining services required by enrollees, provides continuity of care and provides referrals for enrollees when medically necessary. A PCP may be a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist or pediatrician.
12. **Retention fund:** The amount withheld by ASES of the monthly PMPM payment otherwise payable to the Contractor to incentivize the Contractor to meet performance targets under the HCIP described in this manual. This amount shall be equal to the percent of that portion of the total PMPM payment that is determined to be attributable to the Contractor's administration of the HCIP described in this Manual and Sections 12.5 and 22.4 of the Contract. Amounts withheld will be disbursed to the Contractor in whole or in part (as set forth in the HCIP manual and Sections 12.5 and 22.4 of the Contract) in the event of a determination by ASES that the Contractor has complied with the quality standards and criteria established in this HCIP manual.

Note:

Definition references in this manual are from the Contract and the (National Committee for Quality Assurance (NCQA).



VI. HIGH COST CONDITIONS INITIATIVE

The High Cost Conditions Initiative focuses on those enrollees with a high cost condition that may be part of the High Cost High Need (HCHN) Program specified in Section 7.8.3 of the Contract. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

HIGH COST CONDITIONS	QUALITY MEASURES
Medicaid/Federal and State High Cost Conditions	
Cancer	<ul style="list-style-type: none"> • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • Emergency Department (ED) Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
End-Stage Renal Disease (ESRD)	<ul style="list-style-type: none"> • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Multiple Sclerosis	<ul style="list-style-type: none"> • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual



HIGH COST CONDITIONS	QUALITY MEASURES
Rheumatoid Arthritis	<ul style="list-style-type: none"> • Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
CHIP High Cost Conditions	
Cancer	<ul style="list-style-type: none"> • Generic Dispensing Rate • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Children and Youth with Special Healthcare Needs (CYSHCN)	<ul style="list-style-type: none"> • Well-child visits in first 15 months of life • Well-child visits in the 3rd, 4th, 5th and 6th years of life • Adolescent Well-care visits • Annual Dental Visit
Hemophilia	<ul style="list-style-type: none"> • Well-child visits in first 15 months of life • Well-child visits in the 3rd, 4th, 5th and 6th years of life • Generic Dispensing Rate • Adherence to Formulary Drugs • BMI Assessment
Autism	<ul style="list-style-type: none"> • Well-child visits in first 15 months of life • Well-child visits in the 3rd, 4th, 5th and 6th years of life • Generic Dispensing Rate • Adherence to Formulary Drugs • Incidence rate • Prevalence rate



* Other specific measures could be added. See X.2 Scored Measures for 2020-2021

VII. CHRONIC CONDITIONS INITIATIVE

The Chronic Conditions Initiative focuses on those enrollees with a chronic condition. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor’s performance across the scored measures and the point distribution section of this Manual.

CHRONIC CONDITIONS	QUALITY MEASURES
Medicaid/Federal, State, and CHIP Chronic Conditions	
Diabetes	<ul style="list-style-type: none"> ● Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ HbA1c. ○ Eye exam ○ Nephropathy screen ● Generic Dispensing Rate ● PHQ-4 ● Adherence to oral diabetic medications ● Admissions/1000 ● ED Use/1000 ● Readmission Rate ● Adherence to Formulary Drugs ● Medication Reconciliation Post Discharge ● Medication Reconciliation Annual
Asthma	<ul style="list-style-type: none"> ● Medication management for people with Asthma ● Asthma medication ratio ● Generic Dispensing Rate ● PHQ-4 ● Admissions/1000 ● ED Use/1000 ● Readmission Rate ● Adherence to Formulary Drugs ● Ambulatory visits per quarter for population ● Medication Reconciliation Post Discharge ● Medication Reconciliation Annual



CHRONIC CONDITIONS	QUALITY MEASURES
Medicaid/Federal and State Chronic Conditions	
Diabetes	<ul style="list-style-type: none"> • Statin Use
Severe Heart Failure	<ul style="list-style-type: none"> • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Hypertension	<ul style="list-style-type: none"> • Controlling High Blood Pressure • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Medication Reconciliation Post Discharge • Medication Reconciliation Annual • Adherence to Formulary Drugs • Adherence to anti-hypertensive (RAS Agonist) medication
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual



CHRONIC CONDITIONS	QUALITY MEASURES
Chronic Depression	<ul style="list-style-type: none"> • Follow up after Hospitalization for Mental Illness 7 days and 30 days • Follow up after ED visit for Mental Illness • Use of Opioids at High Dosage • Use of Opioids from Multiple Providers • Generic Dispensing Rate • Adherence to Formulary Drugs • Inpatient Admission/1000 • Readmission Rate • Antidepressant Medication Management
Substance Use Disorders (SUD) (Buprenorphine User)	<ul style="list-style-type: none"> • Follow up after Emergency Department Visits for Alcohol and Other Drug Abuse or Dependence • Adherence to treatment (12 months)
R Serious Mental Illness (SMI) Other than Depression	<ul style="list-style-type: none"> • Follow up after Hospitalization for Mental Illness • Follow up after ED visit for Mental Illness • Use of Opioids at High Dosage • Use of Opioids from Multiple Providers • Generic Dispensing Rate • Adherence to Formulary Drugs • Inpatient Admission
CHIP Chronic Conditions	
R Diabetes	<ul style="list-style-type: none"> • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ HbA1c ○ Eye exam ○ Nephropathy screen • Generic Dispensing Rate • PHQ-4 • Statin Use • Adherence to oral diabetic medications • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual



CHRONIC CONDITIONS	QUALITY MEASURES
Asthma	<ul style="list-style-type: none"> • Medication management for people with Asthma • Asthma medication ratio • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Ambulatory visits per quarter for population • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Attention-Deficit/ Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> • Follow up care for children with prescribed ADHD medication • Adherence to Formulary Drugs • Generic Dispensing Rate

* Other specific measures could be added. See X.2 Scored Measures for 2021-2022



VIII. HEALTHY PEOPLE INITIATIVE

The Healthy People Initiative focuses on preventive screening for enrollees, including populations identified with high cost and/or chronic conditions. The Contractor must be prepared to report quarterly on the quality measures listed below. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

EFFECTIVENESS OF CARE	QUALITY MEASURES
Healthy People Initiative	
ABA	<ul style="list-style-type: none"> • Adult BMI Assessment
WCC	<ul style="list-style-type: none"> • Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents • BMI Percentile • Counseling for Nutrition • Counseling for Physical Activity
CIS	<ul style="list-style-type: none"> • Childhood Immunization Status
BCS	<ul style="list-style-type: none"> • Breast Cancer Screening
CCS	<ul style="list-style-type: none"> • Cervical Cancer Screening
CHL	<ul style="list-style-type: none"> • Chlamydia Screening in Women
COL	<ul style="list-style-type: none"> • Colorectal Cancer Screening
AMM	<ul style="list-style-type: none"> • Antidepressant Medication Management
SSD	<ul style="list-style-type: none"> • Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.
FUH	<ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness: 30 days
URI	<ul style="list-style-type: none"> • Appropriate Treatment for Children With Upper Respiratory Infection
Access/Availability of Care	
AAP	<ul style="list-style-type: none"> • Adults' Access to Preventive/Ambulatory Health Services
CAP	<ul style="list-style-type: none"> • Children and Adolescents' Access to Primary Care Practitioners
ADV	<ul style="list-style-type: none"> • Annual Dental Visit



EFFECTIVENESS OF CARE	QUALITY MEASURES
PPC	<ul style="list-style-type: none"> • Prenatal and Postpartum Care • Timeliness of Prenatal Care • Postpartum Care
Other Utilization	
FPC	<ul style="list-style-type: none"> • Frequency of Ongoing Prenatal Care
W15	<ul style="list-style-type: none"> • Well-Child Visits in the First 15 Months of Life
AWC	<ul style="list-style-type: none"> • Adolescent Well-Care Visits
FSP	<ul style="list-style-type: none"> • Frequency of Selected Procedures
AMB	<ul style="list-style-type: none"> • Ambulatory Care
IAD	<ul style="list-style-type: none"> • Identification of Alcohol and Other Drug Services
MPT	<ul style="list-style-type: none"> • Overall Mental Health Utilization Readmission Rate • Mental Health Use of Opioids at High Dosage • Mental Health Use of Opioids from Multiple Providers • Overall Mental Health admission per thousand

* Other specific measures could be added. See X.2 Scored Measures for 2021-2022



IX. EMERGENCY ROOM HIGH UTILIZERS INITIATIVE

The Emergency Room High Utilizers Initiative is designed to identify high users of emergency services for non-emergency situations and to allow for early interventions to ensure appropriate utilization of services and resources. The Contractor must be prepared to report quarterly on the quality measures listed below. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

For purpose of the HCIP, ASES will consider the UM Metric described below:

ER HU INITIATIVE	QUALITY MEASURE
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room

Handwritten initials

Handwritten signature



X. FISCAL YEAR 2021-2022 (OCTOBER 2021 – SEPTEMBER 2022)**X.1 Evaluation and Point Distribution****X.1.1 Point Distribution**

PROGRAM	POINTS
High Cost Conditions Initiative	9
Chronic Conditions Initiative	14
Healthy People Initiative	10
Emergency Room High Utilizers Initiative	1
Total Possible Points	34

X.1.2 Compliance Percentage and Points Earned

COMPLIANCE PERCENTAGE	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0% - 100.0%	100%
80.0%–89.9%	75%
70.0%–79.9%	50%
50.0%–69.9%	25%
0.0% - 49.9%	0%

X.2 Scored Measures for 2021-2022**X.2.1 High Cost Conditions Initiative**

HIGH COST CONDITIONS	SCORED MEASURES	POINTS
Medicaid/Federal and State High Cost Conditions		
Cancer	• Readmissions rate	1
	• PHQ-9	1
End-Stage Renal Disease (ESRD)	• Admissions/1000	1
	• PHQ-9	1
Multiple Sclerosis	• Admissions/1000	1
CHIP High Cost Conditions		
Cancer	• Readmissions rate	1



HIGH COST CONDITIONS	SCORED MEASURES	POINTS
Children and Youth with Special Healthcare Needs (CYSHCN)	• Child and Adolescent Well-Care Visits	1
	• Annual Dental Visits	1
Autism	• Child and Adolescent Well-Care Visits	1
Total Points for the High Costs Conditions Initiative for Fiscal Year 2021-2022		9

X.2.2 Chronic Conditions Initiative

CHRONIC CONDITIONS	SCORED MEASURES	POINTS
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	• Comprehensive Diabetes Care:	
	▪ HbA1c	1
	▪ Eye exam	1
	▪ Kidney Health Evaluation for Patients With Diabetes	1
	• Admissions/1000	1
Asthma	• Admissions/1000	1
	• ED Use/1000	1
	• PHQ-9	1
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• Admissions/1000	1
	• PHQ-9	1
Hypertension	• ED Use/1000	1
Chronic Obstructive Pulmonary Disease (COPD)	• Admissions/1000	1



Chronic Depression	<ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness: 7 days 	1
	<ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness: 30 days 	1
	<ul style="list-style-type: none"> Inpatient Admission/1000 	1
Total Points for the Chronic Conditions Initiative for Fiscal Year 2021-2022		14

X.2.3 Healthy People Initiative

EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
Healthy People Initiative		
BCS	<ul style="list-style-type: none"> Breast Cancer Screening 	1
CCS	<ul style="list-style-type: none"> Cervical Cancer Screening 	1
CBP	<ul style="list-style-type: none"> Controlling High Blood Pressure 	1
SSD	<ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications. 	1
FUH	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 days 	1
Access/Availability of Care		
AAP	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 	1
ADV	<ul style="list-style-type: none"> Annual Dental Visit 	1
PPC	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	1
	<ul style="list-style-type: none"> Postpartum Care 	1
Other Utilization		
WCV	<ul style="list-style-type: none"> Child and Adolescent Well-Care Visits 	1
Total Points for the Health People Initiative for Fiscal Year 2021-2022		10


X.2.4 Emergency Room High Utilizers Initiative

For purpose of the HCIP, ASES will consider the UM Metrics described below for compliance and release to the applicable percent of the retention fund for this particular program.



ER HU INITIATIVE	SCORED MEASURES	POINTS
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	1
Total Points for the Emergency Room High Utilizer Initiative for Fiscal Year 2021-2022		1

X.2.5 Definition of Improvement

HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal and State High Cost Conditions		
Cancer 	<ul style="list-style-type: none"> Readmissions rate 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> PHQ-9 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
End-Stage Renal Disease (ESRD)	<ul style="list-style-type: none"> Admissions/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> PHQ-9 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Multiple Sclerosis	<ul style="list-style-type: none"> Admissions/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
CHIP High Cost Conditions		



HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Cancer	<ul style="list-style-type: none"> Readmissions rate 	Q1: Report submission Q2: Report submission Q3: Report submission Q4: Report submission
Children and Youth with Special Healthcare Needs (CYSHCN)	<ul style="list-style-type: none"> Child and Adolescent WellCare Visits 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> Annual Dental Visits 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Autism	<ul style="list-style-type: none"> Child and Adolescent WellCare Visits 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2



Handwritten initials

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	<ul style="list-style-type: none"> Comprehensive Diabetes Care: 	
	<ul style="list-style-type: none"> o HbA1c 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> o Eye exam 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> o Kidney Health Evaluation for Patients With Diabetes 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
	<ul style="list-style-type: none"> Admissions/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
Asthma	<ul style="list-style-type: none"> Admissions/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> ED Use/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> PHQ-9 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	<ul style="list-style-type: none"> Admissions/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> PHQ-9 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Hypertension	<ul style="list-style-type: none"> ED Use/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> Admissions/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2



CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Chronic Depression	<ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness: 7 days 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness: 30 days 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> Inpatient Admission/1000 	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2

EFFECTIVENESS OF CARE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
BCS	<ul style="list-style-type: none"> Breast Cancer Screening 	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
CCS	<ul style="list-style-type: none"> Cervical Cancer Screening 	
CBP	<ul style="list-style-type: none"> Controlling High Blood Pressure 	
SSD	<ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications. 	
FUH	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 days 	
AAP	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 	
ADV	<ul style="list-style-type: none"> Annual Dental Visit 	
PPC	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	
	<ul style="list-style-type: none"> Postpartum Care 	
WCV	<ul style="list-style-type: none"> Child and Adolescent Well-Care Visits 	



ER HU INITIATIVE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
------------------	-----------------	---------------------------

ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
----	--	---

AD