

TABLE OF CONTENTS

I. INTRODUCTION	2
II. REPORTING TIMEFRAMES	3
III. EVALUATION & POINT DISTRIBUTION	4
IV. RETENTION FUND & COMPLIANCE PERCENTAGE	8
V. DEFINITIONS	9
VI. HIGH COST CONDITIONS INITIATIVE	11
VII. CHRONIC CONDITIONS INITIATIVE	14
VIII. HEALTHY PEOPLE INITIATIVE	20
IX. EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	22



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I. INTRODUCTION

The Puerto Rico Health Insurance Administration's (ASES, by 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.

This Manual has the sole purpose of providing 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)/MI Salud Model Contract (Contract) executed between the Contractor and ASES. As the HCIP guidelines or performance benchmarks are updated, ASES will share these changes with Contractors and update this Manual. ASES shall maintain a Retention Fund created by withhold amounts of the Per Member Per Month (PMPM) Payment each month as part of the HCIP described in Section 22.4 of the Contract. A portion of the retained PMPM amount shall be associated with each 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 reimburse 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 or modified accordingly.

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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 Sharefile. Information for accessing the ASES Sharefile will be forthcoming.

QUARTER & CONTRACT YEAR	INCURRED SERVICE TIME PERIOD	PAYMENT AS OF	SUBMISSION DATE
Contract Year (CY) 2019	*National Benchmark — ASES will establish the Puerto Rico benchmark (GHP national benchmark) for the metrics included in this manual using the period from July 1, 2016 through June 30, 2017.		
Q1	11/01/2018 through 01/31/2019	April 30, 2019	May 31, 2019
Q2	02/01/2019 through 04/30/2019	July 31, 2019	August 31, 2019
Q3	05/01/2019 through 07/31/2019	October 31, 2019	November 30, 2019
Q4	08/01/2019 through 10/31/2019	January 31, 2020	February 28, 2020
CY 2020			
Q1	11/01/2019 through 01/31/2020	April 30, 2020	May 31, 2020
Q2	02/01/2020 through 04/30/2020	July 31, 2020	August 31, 2020
Q3	05/01/2020 through 07/31/2020	October 31, 2020	November 30, 2020
Q4	08/01/2020 through 10/31/2020	January 31, 2021	February 28, 2021
CY 2021			
Q1	11/01/2020 through 01/31/2021	April 30, 2021	May 31, 2021
Q2	02/01/2021 through 04/30/2021	July 31, 2021	August 31, 2021
Q3	05/01/2021 through 07/31/2021	October 31, 2021	November 30, 2021
Q4	08/01/2021 through 09/30/2021	December 30, 2021	January 30, 2022



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III. EVALUATION & POINT DISTRIBUTION

As previously indicated, 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



Under each initiative, there is a list of conditions, indicators and performance measures which the Contractor must report on a quarterly basis. The performance indicators for each initiative are outlined in the tables below. Prior to the implementation date of the Contract, ASES will provide the Contractors with a final set of conditions, performance measures, technical specifications, and benchmarks that will be used in the first year (CY 2019) for each initiative included under the HCIP.

For the first quarter (Q1) of the CY 2019 evaluation, the Contractor will be required to develop and submit a HCIP Plan (HCIPP) addressing each initiative and how the Contractor will achieve improvements. The Contractor is required to design its HCIPP based on the national GHP benchmarks of each metric included in this Manual. The HCIPP will be submitted to ASES no later than December 31, 2018, and will be reviewed and approved by ASES during the month of January 2019. The Retention Fund reimbursement for Q1 of CY 2019 will be in accordance with the fulfillment of this requirement and the submission of the templates with the results. For Q2 and Q3 of CY 2019, the Contractor is required to submit a revised HCIPP with updated metrics results and a report of the activities carried out according to the HCIPP submitted for Q1. ASES will determine the impact of these activities based on the updated quarterly results and comparison to the relevant national GHP benchmark for the selected metric. Compliance with the submission of these reports will be the basis for the reimbursement of Retention fund withhold for these quarters.

For Q4 of CY 2019, ASES will update the GHP benchmarks for the Contractor using the twelve (12) months prior to January 1, 2019 (from January 1, 2018 to December 31, 2018). Thereafter, ASES will continue reviewing performance metrics using the results of the previous twelve (12) months, including the current quarter. The Contractor-reported results will be compared to GHP national benchmarks to determine compliance.

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HEALTH CARE IMPROVEMENT PROGRAM

For Q4 of CY 2019 and Q1 and Q2 of CY 2020, the Contractor must show any improvement on each metric when compared to the GHP benchmarks. For Q3 and Q4 of CY 2020, the Contractor will be required to demonstrate established improvement targets for each metric when compared to the GHP benchmarks.

These specific targets for improvement for each metric will be established by ASES based on the analysis of individual metrics and overall results of data for calendar year 2019, and will be shared with the Contractor once established. Metric targets will be revised for CY 2021 and CY 2022 based on the analysis of data of calendar year 2020 and 2021 as indicated in the table below. For CY 2021 and CY 2022, ASES may substitute or adjust selected metrics. Changes to metrics utilized may be adjusted by ASES based on program quality and value based contracting goals. Any changes will be shared with the Contractor, and the HCIP will be updated to reflect those changes.

For the Emergency Room High Utilizers Initiative, improvement means a decrease the Emergency Room utilization rate when compared to the GHP national benchmark (or other benchmark as developed by ASES) and an increase of the primary care physician (PCP) outpatient visits rate for the targeted population (refer to Section IX of this Manual).

QUARTER & CONTRACT YEAR (CY)	INCURRED SERVICE TIME PERIOD	EVALUATION CRITERIA OR EXPECTED GOAL
CY 2019	<i>*GHP National Benchmark — ASES will establish the Puerto Rico benchmark (GHP national benchmark) for the metrics included in this manual using the period from January 1, 2017 through December 31, 2017.</i>	
Q1	11/01/2018 through 01/31/2019	Q I Plan & Report submission
Q2	02/01/2019 through 04/30/2019	Report submission and on Plan implemented activities
Q3	5/1/2019 through 07/31/2019	Report submission and on Plan implemented activities
Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.		
Q4	08/01/2019 through 10/31/2019	Any improvement over GHP benchmark



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HEALTH CARE IMPROVEMENT PROGRAM

QUARTER & CONTRACT YEAR (CY)	INCURRED SERVICE TIME PERIOD	EVALUATION CRITERIA OR EXPECTED GOAL
CY 2020		
Q1	11/01/2019 through 01/31/2020	Any improvement over GHP benchmark
Q2	02/01/2020 through 04/30/2020	Any improvement over GHP benchmark
Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.		
Q3	05/1/2020 through 07/31/2020	Improvement goal to be established by ASES through analysis of individual metrics and overall results of data for CY 2019; goals will be shared with the Contractor
Q4	08/01/2020 through 10/31/2020	Improvement goal to be established by ASES through analysis of individual metrics and overall results of data for CY 2019; goals will be shared with the Contractor
CY 2021		
Q1	11/01/2020 through 01/31/2021	Improvement goal to be established by ASES through analysis of individual metrics and over-all results of data; Goals will be shared with Contractors
Q2	02/1/2021 through 04/30/2021	Improvement goal to be established by ASES through analysis of individual metrics and over-all results of data; Goals will be shared with Contractors
Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.		
Q3	05/1/2021 through 07/31/2021	Improvement goal to be established by ASES through analysis of individual metrics and overall results of data; goals will be shared with the Contractor.
Q4	08/01/2021 through 09/30/2021	Improvement goal to be established by ASES through analysis of individual metrics and overall results of data; goals will be shared with the Contractor.



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HEALTH CARE IMPROVEMENT PROGRAM

The scale of values per indicator, as determined by ASES, is divided into the three levels indicated below. They will apply when a specific amount of improvement over the GHP benchmark is required per metric:

- 1 Point = Full compliance with the expected goal; meets or exceeds (90%–100%) the expected goal as defined in the HCIP manual.
- 0.5 point = Partial compliance; results reported are 70% or over, but less than 90% (70.00%–89.99%) of the established goal.
- 0 points = Fails; results reported are less than 70% (0%–69.99%) of the established goal.

The point distribution by program is as follows, and is based on the scored measures found in the measures tables in Section VI of this Manual.

PROGRAM	POINTS
High Cost Conditions Initiative	12
Chronic Conditions Initiative	16
Healthy People Initiative	10
Emergency Room High Utilizers Initiative	2
Total Possible Points	40



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IV. RETENTION FUND & COMPLIANCE PERCENTAGE

ASES will withhold a portion of the monthly PMPM Payment otherwise payable to the Contractor in order to validate the Contractor has met the specified performance targets under the HCIP. The Retention Fund, comprised of the withheld amounts, will be reimbursed to the Contractor when a determination is made by ASES that the Contractor has complied with the improvement standards and criteria established by ASES in accordance with this Manual.

On a monthly basis, ASES will withhold a Retention fund equivalent to 2% of the total PMPM Payments. A portion of the retained amount will be associated with each of the HCIP initiatives outlined below for each of the specified timeframes, as per Section 22.4 of the Contract.

TIME PERIOD (INCURRED SERVICE FROM CONTRACT TERM)	MONTHLY RETENTION FUND PERCENTAGE
Contract Year Quarters Defined in Section II – Reporting Timeframes	2%
HCIP INITIATIVE	RETENTION FUND BREAKDOWN
High Cost Conditions Initiative	0.6%
Chronic Conditions Initiative	0.6%
Healthy People Initiative	0.6%
Emergency Room High Utilizers Initiative	0.2%

No later than thirty (30) calendar days after receipt of the Contractor’s quarterly submission, ASES shall determine if the Contractor has met the applicable performance objectives for each initiative metric for that period. The evaluation result and compliance will determine the percent to be disbursed to the Contractor as described in the following table.

COMPLIANCE PERCENT	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
100.0%–90.0% (36.0–40.0 points)	100%
89.9%–80.0% (32.0–35.5 points)	75%
79.9%–70.0% (28.0–31.5 points)	50%
69.9%–50.0% (20.0–27.5 points)	25%
49.9% and below (19.5 points or less)	0%



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V. DEFINITIONS

The following definitions apply to measures of the HCIP Manual:

1. **Incurred date:** The date on which the service was provided.
2. **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.
3. **Performance measures:** Periodic measurement of outcomes and results used to assess the effectiveness and efficiency of quality or improvement initiatives on selected indicators.
4. **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.
5. **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.
6. **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.
7. **Retention fund:** The amount of withhold by ASES of the monthly PMPM payment otherwise payable to the Contractor in order 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 reimbursed to the Contractor in whole or in part (as set forth in this Manual and Sections 12.5 and 22.4 of the Contract) in the event of a



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determination by ASES that the Contractor has complied with the quality standards and criteria established in this Manual.

8. **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.
9. **Health Care Improvement Program Plan (HCIPP):** For the Q1 of CY 2019 evaluation, the Contractor will be required to develop and submit a HCIPP for each initiative outlined in the HCIP Manual.
10. **Active Enrollee:** GHP Enrollee with **continuous** enrollment during the HCIP measurement quarter.

Note:

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



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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 develop initiatives to improve the health of the population for each health condition identified through the indicators listed below. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Prior to the implementation date of the Contract, the ASES Office of Planning, Quality and Clinical Affairs will select the high cost conditions and the respective improvement metrics that will be taken into consideration for the quarterly reports on this initiative. The reporting templates for each selected condition will be provided to the Contractor through the ASES ShareFile site. Each reporting template will be in Excel format. ASES shall reimburse 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	SCORED MEASURES	POINTS
Medicaid/Federal and Commonwealth 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 	<ul style="list-style-type: none"> • Admissions/1000 	1



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HEALTH CARE IMPROVEMENT PROGRAM


HIGH COST CONDITIONS	QUALITY MEASURES	SCORED MEASURES	POINTS
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 	<ul style="list-style-type: none"> • Admissions/1000 	1
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 	<ul style="list-style-type: none"> • Admissions/1000 • Adherence to Formulary Drugs 	1 1
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 	<ul style="list-style-type: none"> • Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis • Generic Dispensing Rate 	1 1
CHIP High Cost Conditions			



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HEALTH CARE IMPROVEMENT PROGRAM

HIGH COST CONDITIONS	QUALITY MEASURES	SCORED MEASURES	POINTS
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 	<ul style="list-style-type: none"> • Admissions/1000 	1
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 	<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 	1 1 1
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 	<ul style="list-style-type: none"> • Adherence to Formulary Drugs 	1
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 	<ul style="list-style-type: none"> • Well-child visits in the 3rd, 4th, 5th and 6th years of life 	1
Total Points			12

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VII. CHRONIC CONDITIONS INITIATIVE

The Chronic Conditions Initiative focuses on those enrollees with a Chronic Condition. The Contractor must develop initiatives to improve the health of the population for each health condition identified through the indicators listed below. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Prior to the implementation date of the Contract, the ASES Office of Planning, Quality and Clinical Affairs will select the chronic conditions and the respective improvement metrics that will be taken into consideration for the quarterly reports on this initiative. The reporting templates for each selected condition will be provided to the Contractor through the ASES ShareFile site. Each reporting template will be in Excel format. ASES shall reimburse 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 MESURES	SCORED MEASURES	POINTS
Medicaid/Federal and Commonwealth Chronic Conditions			
Diabetes (Including CHIP population)	<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 	<ul style="list-style-type: none"> • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ HbA1c ○ Eye exam ○ Nephropathy screen • Admissions/1000 	<ul style="list-style-type: none"> 1 1 1 1

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HEALTH CARE IMPROVEMENT PROGRAM


CHRONIC CONDITIONS	QUALITY MESURES	SCORED MEASURES	POINTS
Asthma (Including CHIP)	<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 	<ul style="list-style-type: none"> • Admissions/1000 • ED Use/1000 	<p>1</p> <p>1</p>
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 	<ul style="list-style-type: none"> • Admissions/1000 • Readmission Rate 	<p>1</p> <p>1</p>



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CHRONIC CONDITIONS	QUALITY MESURES	SCORED MEASURES	POINTS
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 	<ul style="list-style-type: none"> Adherence to anti-hypertensive (RAS Agonist) medication 	1
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 	<ul style="list-style-type: none"> Admissions/1000 	1



CHRONIC CONDITIONS	QUALITY MESURES	SCORED MEASURES	POINTS
Chronic 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/1000 Readmission Rate Antidepressant Medication Management 	<ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness Readmission Rate Antidepressant Medication Management 	<p>1</p> <p>1</p> <p>1</p>
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) 	<ul style="list-style-type: none"> Adherence to treatment (12 months) 	1
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 		

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CHRONIC CONDITIONS	QUALITY MESURES	SCORED MEASURES	POINTS
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 • 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 		
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 		

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HEALTH CARE IMPROVEMENT PROGRAM


CHRONIC CONDITIONS	QUALITY MESURES	SCORED MEASURES	POINTS
Attention-Deficit/ Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> Follow up care for children with prescribed ADHD medication Adherence to Formulary Drugs 	<ul style="list-style-type: none"> Follow up care for children with prescribed ADHD medication 	1
		<ul style="list-style-type: none"> Adherence to Formulary Drugs 	1
Total Points			16




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VIII. HEALTHY PEOPLE INITIATIVE

The Healthy People Initiative focuses on preventive screening for enrollees, including populations identified with high cost or chronic conditions. The Contractor must be prepared to report quarterly on the quality measures listed below. Prior to the implementation date of the Contract, the ASES Office of Planning, Quality and Clinical Affairs will select the respective improvement metrics that will be taken into consideration for the quarterly reports on this initiative. The reporting templates for each selected conditions will be provided to the Contractor through the ASES ShareFile site. Each reporting template will be in Excel format. ASES shall reimburse 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 MEASURE	SCORED MEASURES	POINTS
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 	<ul style="list-style-type: none"> • Breast Cancer Screening 	1
CCS	<ul style="list-style-type: none"> • Cervical Cancer Screening 	<ul style="list-style-type: none"> • Cervical Cancer Screening 	1
CHL	<ul style="list-style-type: none"> • Chlamydia Screening in Women 		
COL	<ul style="list-style-type: none"> • Colorectal Cancer Screening 	<ul style="list-style-type: none"> • Colorectal Cancer Screening 	1
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. 	<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 		

HEALTH CARE IMPROVEMENT PROGRAM

EFFECTIVENESS OF CARE	QUALITY MEASURE	SCORED MEASURES	POINTS
URI	<ul style="list-style-type: none"> Appropriate Treatment for Children With Upper Respiratory Infection 	<ul style="list-style-type: none"> Appropriate Treatment for Children With Upper Respiratory Infection 	1
Access/Availability of Care			
AAP	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 		1
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 	<ul style="list-style-type: none"> Annual Dental Visit 	1
PPC	<ul style="list-style-type: none"> Prenatal and Postpartum Care 		
	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	1
	<ul style="list-style-type: none"> Postpartum Care 	<ul style="list-style-type: none"> Postpartum Care 	1
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 		1
Total Points			10

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IX. EMERGENCY ROOM HIGH UTILIZERS INITIATIVE

The Emergency Room High Utilizers Initiative is designed to identify high users of emergency services (including behavioral health) for non-emergency situations and to allow for early interventions to ensure appropriate utilization of services and resources. The Contractor will submit to ASES for approval a work plan with detailed activities and interventions aimed at Emergency Room High Utilizers. The reporting templates for each metric will be provided to the Contractor through the ASES ShareFile site. Each reporting template will be in Excel format. ASES shall reimburse 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.

Starting from Q1 of CY 2020, the Contractors will be measured by the decrease of the emergency room utilization rate compared to the Mij Salud national benchmark and the increase for the PCP outpatient visits rate. Each metric will have a value of 1 point.

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.

1. Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room (1 POINT)
2. PCP outpatient visits x 1,000 on identified population with seven (7) or more visits to the emergency room (1 POINT)



L.H.A. J.B.