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I. Scored Measures

A. Chronic Conditions Initiative

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Diabetes

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing	
Technical specifications	Use HEDIS Version MY 2021 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate.

Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD)	
Blood Pressure Control (BPD)	
Eye Exam for Patients with Diabetes (EED)	
The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:	
<ul style="list-style-type: none"> <li>• Hemoglobin A1c Control for Patients With Diabetes (HBD), poor control (&gt;9.0%)</li> <li>• Blood Pressure Control for Patients With Diabetes (BPD) (&lt;140/90 mm Hg)</li> <li>• Eye Exam for Patients With Diabetes (EED)</li> </ul>	
Technical specifications	Use HEDIS Version 2022 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate.

(KED) Kidney Health Evaluation for Patients With Diabetes	
The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	
Technical specifications	Use HEDIS (KED) <i>Kidney Health Evaluation for Patients with Diabetes</i> Version 2022 technical specifications. Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate.

PQI 01: Diabetes Short Term Complications Admission Rate	
Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 target Diabetes Short Term Complications population, ages 18 years and older.	
Technical specifications	Use AHRQ <i>PQI 01: Diabetes Short Term Complication Admission Rate</i> Version 2022 technical specifications.  Formula: (# of admissions/distinct members) * 100,000

**Asthma**

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<b>PQI 15: Asthma in Younger Adults Admission Rate</b>	
Admissions for a principal diagnosis of asthma per 100,000 target Asthma in Younger Adults population, ages 18–39 years.	
Technical specifications	Use AHRQ PQI 15: <i>Asthma in Younger Adults Admission Rate</i> Version 2022 technical specifications.  Formula: (# of admissions/distinct members) * 100,000

<b>Asthma ED (Emergency room) Use/1000</b>	
Definition	For members 18 years of age and older, the number of observed emergency department (ED) visits for asthma during the measurement year per 1000 eligible population with asthma.  Formula: (# of ED visits/member months) x (1000 members) x (# of months)
Numerator	The number ED visits for people 18 and older during the measurement year with a principal diagnosis (ICD-10-CM) of asthma.  Count each visit to an ED once, regardless of the intensity or duration of the visit.  *ED visits for a principal diagnosis of selected conditions (see <i>Health Care Improvement Program ASES Diagnosis Codes</i> ).
Denominator	All eligible population with Asthma.
Measurement Period	One year ending at the Incurred Service Time Period - End as defined in Section II of the <i>Attachment 19 Health Care Improvement Program Manual</i> .
Continuous enrollment	N/A
Allowable gap	N/A
Description	Use the following reference: ED Visits from HEDIS Ambulatory Care (Use HEDIS -- Version 2022 technical specifications). For Asthma, use ICD10 codes from the <i>Health Care Improvement Program ASES Diagnosis Codes</i> .
Exclusions	N/A

<b>PHQ-9 for Asthma</b>	
Definition	The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.

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Numerator	Patients in the denominator who were screened with a PHQ-9 test during the measurement period.
Denominator	All eligible population over 12 years of age with the condition.
Measurement Period	One year ending at the Incurred Service Time Period - End as defined in Section II of the <i>Attachment 19 Health Care Improvement Program Manual</i> .
Continuous enrollment	N/A
Allowable gap	N/A
Description	CPT: 96127 Brief emotional/behavioral assessment G8431: Screening for depression is documented as being positive and a follow-up plan is documented Short Description: Pos clin depres scrn f/u doc G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: Scr dep neg, no plan reqd Other: Supplementary Data (test performed by case managers among others)
Exclusions	N/A

### Severe Heart Failure

PQI 08: Heart Failure Admission Rate	
Admissions with a principal diagnosis of heart failure per 100,000 target Heart Failure population, ages 18 years and older.	
Technical specifications	Use AHRQ <i>PQI 08: Heart Failure Admission Rate Version 2022</i> technical specifications.  Formula: (# of admissions/distinct members) * 100,000

PHQ-9 for Severe Heart Failure	
Definition	The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.
Numerator	Patients in the denominator who were screened with a PHQ-9 test during the measurement period.
Denominator	All eligible population over 12 years of age with severe heart failure.
Measurement Period	One year ending at the Incurred Service Time Period – End as defined in Section II of the <i>Attachment 19 Health Care Improvement Program Manual</i> .
Continuous enrollment	N/A
Allowable gap	N/A

Description	CPT: 96127 Brief emotional/behavioral assessment G8431: Screening for depression is documented as being positive and a follow-up plan is documented Short Description: Pos clin 7epress scrn f/u doc G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: Scr dep neg, no plan reqd Other: Supplementary Data (test performed by case managers among others)
Exclusions	N/A

### Hypertension

Hypertension ED (Emergency room) Use/1000	
Definition	For members 18 years of age and older, the number of observed emergency department (ED) visits for hypertension during the measurement year per 1000 eligible population with hypertension.  Formula: (# of ED visits/member months) x (1000 members) x (# of months)
Numerator	The number ED visits for people 18 and older during the measurement year with a principal diagnosis (ICD-10-CM) of hypertension.  Count each visit to an ED once, regardless of the intensity or duration of the visit.  *ED visits for a principal diagnosis of Hypertension as identified within the Health Care Improvement Program ASES Diagnosis Codes.
Denominator	All eligible population with the condition.
Measurement Period	One year ending at the month as defined in Section II of the <i>Attachment 19 Health Care Improvement Program Manual</i> .
Continuous enrollment	N/A
Allowable gap	N/A
Description	Use the following reference: ED Visits from HEDIS Ambulatory Care (Use HEDIS -- Version 2022 technical specifications). For Hypertension, use ICD-10 codes as identified within the Health Care Improvement Program ASES Diagnosis Codes.
Exclusions	N/A

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**Chronic Obstructive Pulmonary Disease (COPD)**

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PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	
Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per target COPD or Asthma in Older Adults 100,000 population, ages 40 years and older.	
Technical specifications	Use AHRQ <i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i> Version 2022 technical specifications  Formula: (# of admissions/distinct members) * 100,000

**Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder)**

(FUH) Follow up after Hospitalization for Mental Illness (7 days)	
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care Improvement Program ASES Diagnosis Codes and who had a follow-up visit with a mental health practitioner. <ul style="list-style-type: none"> <li>The percentage of discharges for which the member received follow-up within 7 days of discharge.</li> </ul>	
Technical specifications	Use HEDIS <i>Follow-Up After Hospitalization for Mental Illness</i> Version 2022 technical specifications.

(FUH) Follow up after Hospitalization for Mental Illness (30 days)	
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care Improvement Program ASES Diagnosis Codes and who had a follow-up visit with a mental health practitioner. <ul style="list-style-type: none"> <li>The percentage of discharges for which the member received follow-up within 30 days of discharge.</li> </ul>	
Technical specifications	Use HEDIS <i>Follow-Up After Hospitalization for Mental Illness</i> Version 2022 technical specifications.

Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000	
Definition	For members 18 years of age and older, the number of admissions for Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care Improvement Program ASES Diagnosis Codes during the measurement year per 1000 eligible population with a principal diagnosis (ICD-10-CM) of chronic depression/Mania/Bipolar Disorder.  Formula: (# of admissions/member months) x (1000 members) x (# of months)
Numerator	The number admissions for people 18 and older during the measurement year with a principal diagnosis (ICD-10-CM) of Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care



	Improvement Program ASES Diagnosis Codes.
Denominator	All eligible population with the condition.
Measurement Period	One year ending at the Incurred Service Time Period - End as defined in Section II of the Attachment 19 Health Care Improvement Program Manual.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Use the following reference: <i>For admissions, use Appendix A- Rev Codes from the Health Care Improvement Program ASES Diagnosis Codes</i> <i>For Management of Select Mental Health Conditions: Chronic Depression/Mania/Bipolar Disorder, use ICD-10 codes from the Health Care Improvement Program ASES Diagnosis Codes</i>
Exclusions	N/A

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**B. Healthy People Initiative**

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<b>(BCS) Breast Cancer Screening</b>	
The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	
Technical specifications	Use HEDIS <i>(BCS) Breast Cancer Screening</i> Version 2022 technical specifications.

<b>(CCS) Cervical Cancer Screening</b>	
The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:	
<ul style="list-style-type: none"> <li>• Women 21–64 years of age who had cervical cytology performed within the last 3 years.</li> <li>• Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>• Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>	
Technical specifications	Use HEDIS <i>(CCS) Cervical Cancer Screening</i> Version 2022 technical specifications.

<b>(CBP) Controlling High Blood Pressure</b>	
The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	
Technical specifications	Use HEDIS <i>(CBP) Controlling High Blood Pressure</i> Version 2022 technical specifications. Hybrid methodology is not required for HCIP quarterly measures, the MCOs may use supplemental data where appropriate.

<b>(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications</b>	
The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	
Technical specifications	Use HEDIS <i>(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> Version 2022 technical specifications.

<b>(FUH) Follow up after Hospitalization for Mental Illness (30 days)</b>	
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.	
<ul style="list-style-type: none"> <li>• The percentage of discharges for which the member received follow-up within 30 days of discharge.</li> </ul>	
Technical specifications	Use HEDIS <i>(FUH) Follow up after Hospitalization for Mental Illness</i> Version 2022 technical specifications.

<b>(AAP) Adults' Access to Preventive/Ambulatory Health Services</b>	
The percentage of members 20 years and older who had an ambulatory or preventive care visit.	
Technical specifications	Use HEDIS <i>(AAP) Adults' Access to Preventive/Ambulatory Health Services</i> Version 2022 technical specifications.

<b>(OEV) Oral Evaluation, Dental Services</b>	
Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year.	
Technical specifications	Use DQA Measure Technical Specifications: Administrative Claims-Based Measures.

<b>(PPC) Prenatal And Postpartum Care</b>	
Assesses access to prenatal and postpartum care: <ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care. The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> <li>• Postpartum Care. The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul>	
Technical specifications	Use HEDIS <i>(PPC) Prenatal And Postpartum Care</i> Version 2022 technical specifications.

<b>(W30) Well-Child Visits First 30 months of Life</b>	
The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: <ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>• Well-Child Visits for Age 15 Months– 30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ul>	
Technical specifications	Use HEDIS <i>(W30) Well-Child Visits in the First 30 Months of Life</i> Version 2022 technical specifications: <ul style="list-style-type: none"> <li>• 0-15 months</li> <li>• 15-30 months</li> </ul>

<b>(WCV) Child and Adolescent Well-Care Visits</b>	
The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	
Technical specifications	Use HEDIS <i>(WCV) Child and Adolescent Well-Care Visits</i> Version 2022 technical specifications.

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**C. Emergency Room High Utilizers Initiative**

Emergency Room High Utilizers Initiative	
Definition	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room.
Numerator	Total Number of ER Visits incurred by members with 7 or more ER Visits.
Denominator	Total members with 7 or more ER Visits.
Continuous enrollment	N/A
Allowable gap	N/A
Description	CPT: 99281-99285, 99288 Place of service code: 23
Exclusions	Use HEDIS -- Version 2022 technical specifications: The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria: <ul style="list-style-type: none"> <li>• A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set). Psychiatry (Psychiatry Value Set).</li> <li>• Electroconvulsive therapy (Electroconvulsive Therapy Value Set).</li> </ul>

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