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
CONTRACT YEAR: JANUARY 1, 2023 –SEPTEMBER 30, 2025

Revision with Year 3 Updates: April 29, 2025

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I. INTRODUCTION

The Puerto Rico Health Insurance Administration (PRHIA), 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 and Children's Health Insurance Program (CHIP) 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 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. Chronic Conditions Initiative
2. Healthy People Initiative
3. Emergency Room High Utilizers Initiative

ASES prepares and shares a draft certification document with the Contractor. The draft certification document includes the retention period, the measurement period, the reporting requirements, and metric results by points and percentage of payment. The contractor shall review and provide comments within ten (10) business days. ASES shall review comments and provide a final certification document that accompanies the disbursement.

ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the three (3) HCIP Initiatives specified in this Manual. The Clinical Operation Area 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 January 1, 2023 through September 30, 2025. The HCIP will be updated annually as GHP benchmarks are set and measures or metrics are revised 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 Contractor is to submit quarterly results via XML in the Enterprise System as directed within the Plan Vital Reporting Guide.

For all measures, the Contractor shall use up to 3 months of paid claims past the Service Time Period End Date. If the Contractor meets their raw claims, provider, capitation, network, and Independence Practice Association (IPA) data submission requirements for timeliness and accuracy, ASES will use all submitted data, with up to 3 months of paid claims in their calculation of measures included in this program.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 1			
P1	January 1, 2022	December 31, 2022	April 30, 2023
P2	April 1, 2022	March 31, 2023	July 30, 2023
P3	July 1, 2022	June 30, 2023	October 30, 2023
P4	October 1, 2022	September 30, 2023	January 30, 2024
Year 2			
P1	January 1, 2023	December 31, 2023	April 30, 2024
P2	April 1, 2023	March 31, 2024	July 30, 2024
P3	July 1, 2023	June 30, 2024	October 30, 2024
P4	October 1, 2023	September 30, 2024	January 30, 2025
Year 3 Reporting			
P1	January 1, 2024	December 31, 2024	April 30, 2025
P2	April 1, 2024	March 31, 2025	July 30, 2025
P3	July 1, 2024	June 30, 2025	October 30, 2025
P4	October 1, 2024	September 30, 2025	January 30, 2026
Year 4*			
P1	January 1, 2025	December 31, 2025	April 30, 2026

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Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
P2	April 1, 2025	March 31, 2026	July 30, 2026
P3	July 1, 2025	June 30, 2026	October 30, 2026
P4	October 1, 2025	September 30, 2026	January 30, 2027

Subject to extension or renovation of 4th year contract.

III. EVALUATION & POINT DISTRIBUTION

The HCIP is divided into three categories:

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

There is a list of conditions, indicators and performance measures listed for the HCIP in Sections: VI.2, VI.3, and VI.4. These indicators and performance measures have been chosen by ASES for quarterly basis reporting and evaluation purposes for the HCIP. The MCOs will be notified of any changes to 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	**Contractor GHP Benchmark: Report Submission and Improvement.**	
P1	1/1/2022 – 12/31/2022	Report submission/Baseline
P2	4/1/2022 – 3/30/2023	Report Submission
P3	7/1/2022 – 6/30/2023	Any Improvement Over P2 or Complying with the HCIP Benchmarks
P4	10/1/2022 – 9/30/2023	Any Improvement Over P3 or Complying with the HCIP Benchmarks
Year 2	**Contractor GHP Benchmark: Improvement and Benchmarks to be provided by ASES**	
P1	1/1/2023 – 12/31/2023	Any Improvement Over P4 or Complying with the HCIP Benchmarks
P2	4/1/2023 – 3/30/2024	Complying with the HCIP Benchmarks
P3	7/1/2023 – 6/30/2024	Complying with the HCIP Benchmarks
P4	10/1/2023 – 9/30/2024	Complying with the HCIP Benchmarks

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Period	Claims Data: Incurred Service Time Period	
Year 3	**Contractor GHP Benchmark: To be provided by ASES**	
P1	1/1/2024 – 12/31/2024	Complying with the HCIP Benchmarks*
P2	4/1/2024 – 3/30/2025	Complying with the HCIP Benchmarks*
P3	7/1/2024 – 6/30/2025	Complying with the HCIP Benchmarks*
P4	10/1/2024– 9/30/2025	Complying with the HCIP Benchmarks*
Year 4*	**Contractor GHP Benchmark: To be provided by ASES**	
P1	1/1/2025 – 12/31/2025	Complying with the HCIP Benchmarks
P2	4/1/2025 – 3/30/2026	Complying with the HCIP Benchmarks
P3	7/1/2025 – 6/30/2026	Complying with the HCIP Benchmarks
P4	10/1/2025 – 9/30/2026	Complying with the HCIP Benchmarks

*Year 3 exceptions noted below

Year 1

For Year 1, ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor in P1 and P2, and then quarter over quarter improvement or complying with the benchmark in P3 and P4. For each scored measure (refer to Sections VI.2, VI.3, and VI.4 in this manual), the MCO will receive the following point structure when a complete report and attestation is submitted for P1 and P2.

- 1 point = Per scored measure reported on time with valid data
- 0 points = Per scored measure not submitted on time and without valid data

For P3 and P4

- 1 point = Per scored measure reported on time with valid data and showing improvement from the previous quarter reporting period or showing compliance with the benchmark
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter reporting period or for complying with the benchmark

Year 2

For Year 2, P1, ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor with any quarter reporting period over quarter reporting period improvement for each measure or for complying with the benchmark. For each scored measure (refer to Sections VI.2, VI.3, and VI.4 in this manual), the MCO will receive the following point structure when a complete report and attestation is submitted.

- 1 point = Per scored measure reported on time with valid data and showing improvement from the previous quarter or showing compliance with the benchmark
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter

For Year 2, P2 and all additional quarterly periods, ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor for complying with the benchmark. For each scored measure (refer to Sections VI.2, VI.3, and VI.4 in this manual), the MCO will receive the following point structure when a complete report and attestation is submitted.

- 1 point = Per scored measure reported on time with valid data and showing compliance with the benchmark
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter

Year 3

For Year 3, ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor and for complying with the benchmark. For each scored measure (refer to Sections VI.2, VI.3, and VI.4 in this manual), the MCO will receive the following point structure when a complete report and attestation is submitted.

- 1 point = Per scored measure reported on time with valid data and showing compliance with the benchmark
- 0 points = Per scored measure not submitted on time and without valid data or not compliant with the benchmark.

Modifications to the Performance Measures included for Year 3 of the HCIP are as follows:

- Removal of the Chronic Conditions Initiative, Diabetes measure - Hemoglobin A1c (HbA1c) testing.
- Removal of the Chronic Conditions Initiative, Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) measure - Follow up after Hospitalization for Mental Illness: 30 days.
- Change Hemoglobin A1c (HbA1c) poor control (>9.0%) to Glycemic Status Assessment for Patients With Diabetes (GSD) (>9.0%)
- Addition of Colorectal Screening (COL) to the Healthy People Initiative.
- Addition of One Time Screening for Hepatitis C Virus to the Healthy People Initiative.

Exceptions for Year 3 Scoring are as follows:

Glycemic Status Assessment for Patients With Diabetes (GSD) (>9.0%) has been added to replace Hemoglobin A1c (HbA1c) poor control (>9.0%). As there are some methodology changes within the updated measure, Y3P1 and Y3P2, will be scored based on reporting only, meaning that the MCO will be assigned a point for timely and accurate report submission. The MCO will receive the following point structure when a complete report and attestation is submitted:

- 1 point = Per scored measure reported on time with valid data
- 0 points = Per scored measure not submitted on time and without valid data

Y3P3 and Y3P4 will be scored based on timely and accurate report submissions from the Contractor for complying with the benchmark. The MCO will receive the following point structure when a complete report and attestation is submitted:

- 1 point = Per scored measure reported on time with valid data and showing compliance with the benchmark
- 0 points = Per scored measured not submitted on time and without valid data or no improvement from the previous quarter

Colorectal Screening (COL) is a newly added measure for Year 3. This measure is included in the Adult Core Measure set, however, has not been part of the HCIP measures. As this is a new addition to the HCIP program, Y3P1 and Y3P2, will be scored based on reporting only, meaning that the MCO will be assigned a point for timely and accurate report submission. The MCO will receive the following point structure when a complete report and attestation is submitted:

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- 1 point = Per scored measure reported on time with valid data
- 0 points = Per scored measure not submitted on time and without valid data

Y3P3 and Y3P4 will be scored based on timely and accurate report submissions from the Contractor for complying with the benchmark. The MCO will receive the following point structure when a complete report and attestation is submitted:

- 1 point = Per scored measure reported on time with valid data and showing compliance with the benchmark
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter

One Time Screening for Hepatitis C Virus is a newly added measure for Year 3. This measure uses the measure steward CMS, Merit-based Incentive Payment System (MIPS) along with the use of ASES specific coding. As this is a new addition to the HCIP program, and is a new measure steward, Year 3 will be scored for reporting only, meaning that the MCO will be assigned a point for timely and accurate report submission.

- 1 point = Per scored measure reported on time with valid data
- 0 points = Per scored measured not submitted on time and without valid data.

ASES will provide the MCOs with specific benchmarks to be used to evaluate PMPM disbursement from the retention fund for each measure. For each scored measure (refer to Section VI.2, VI.3, and VI.4 in this manual), the MCO will receive the following point structure when a complete report and attestation is submitted.

- 1 point = Per scored measure complying with the ASES designated benchmark
- 0 points = Per scored measure not submitted on time and /or not meeting the designated benchmark.

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 with 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	
Chronic Conditions Initiative	
Healthy People Initiative	
Emergency Room High Utilizers Initiative	

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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 number of points each Contractor received and percent to be disbursed to the Contractor. The total number of points achieved

by the Contractor will be divided by the total number of points available for the measurement period. This percent rounded to the nearest whole percent equals the total percentage of withhold recoupment for the Contractor (see the following table).

NUMBER OF POINTS ACHIEVED	COMPLIANCE PERCENTAGE AVAILABLE	PERCENTAGE OF POINTS ACHIEVED	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
26 to 28	28	93.00% and over	100%
25	28	89.2%	89%
24	28	85.7%	86%
23	28	82.14%	82%
22	28	78.57%	79%
21	28	75.00%	75%
20	28	71.43%	71%
19	28	67.85%	68%
18	28	64.28%	64%
17	28	60.71%	61%
16	28	57.14%	57%
15	28	53.57%	54%
14	28	50.00%	50%
13	28	46.42%	46%
12	28	42.85%	43%
11	28	39.28%	39%
10	28	35.71%	36%
9	28	32.14%	32%
8	28	28.57%	29%
7	28	25.00%	25%
6	28	21.42%	21%
5	28	17.85%	18%
4	28	14.28%	14%
3	28	10.71%	11%

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NUMBER OF POINTS ACHIEVED	COMPLIANCE PERCENTAGE AVAILABLE	PERCENTAGE OF POINTS ACHIEVED	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
2	28	7.14%	7%
1	28	3.57%	4%
0	28	0%	0%

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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:** The baseline measurement is the first measurement of a metric during the initial submission of the HCIP metrics.

3. **HCIP Benchmark:** The HCIP benchmarks were built from averages across all plans on the island.

4. **Continuous Enrollment:** Membership enrollment from the start of a designated period through the end of the designated period without interruption or as defined in the specifications for a measure.

5. **Health Care Improvement Program (HCIP)**: Approach developed to improve the quality of services provided to enrollees. The HCIP consists of three (3) initiatives: 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.

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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.

13. **Electronic Clinical Data Systems (ECDS)**: Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries. See NCQA's site for more Information - https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting.

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

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VI. Evaluation and Point Distribution

Contract Period: January 1, 2023 through September 30, 2025

VI.1 Point Distribution: Updated for Year 3

PROGRAM	TOTAL POINTS
Chronic Conditions Initiative	14
Healthy People Initiative	13
Emergency Room High Utilizers Initiative	1
Total Possible Points	**28**

VI.2 Chronic Conditions Initiative

The Chronic Conditions Initiative focuses on those enrollees with a chronic condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. 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 the purpose of the HCIP, ASES will consider the Chronic Conditions Initiative Metrics described below for compliance and release to the applicable percent of the retention fund for this program.

CHRONIC CONDITIONS	SCORED MEASURES	POINTS
Medicaid/Federal, State, and CHIP Chronic Conditions		
	• Glycemic Status Assessment for Patients With Diabetes (>9.0%) (GSD) *For the 1st and 2nd period, reporting only, beginning 3rd period, against benchmark	1
	• BP Control (<140/90 mm Hg)	1
	• Eye exam	1
	• Kidney Health Evaluation for Patients With Diabetes	1
	• PQI 01: Diabetes Short Term Complications Admission Rate	1
Asthma	• PQI 15: Asthma in Younger Adults Admission Rate	1
	• ED Use/1000	1
	• PHQ-9	1

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Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• PQI 08: Heart Failure Admission Rate	1
	• PHQ-9	1
Hypertension	• ED Use/1000	1
Chronic Obstructive Pulmonary Disease (COPD)	• PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	1
Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder)	• Follow up after Hospitalization for Mental Illness: 7 days	1
	• Inpatient Admission/1000	1
Total Points for the Chronic Conditions Initiative		**14**

VI.3 Healthy People Initiative

The Healthy People Initiative focuses on preventive screening for all enrollees. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. 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 the purpose of the HCIP, ASES will consider the Health People Initiative Metrics described below for compliance and release to the applicable percent of the retention fund for this program.

EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
Healthy People Initiative		
BCS-E	• Breast Cancer Screening	1
CCS-E	• Cervical Cancer Screening	1
CBP	• Controlling High Blood Pressure	1
COL-E	• Colorectal Rectal Screening *For the 1st and 2nd period, reporting only, beginning 3rd period, against benchmark	1
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	1
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 days	1
HCV	• One-Time Screening for Hepatitis C Virus for all Patients *reporting only for Year 3	1

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Access/Availability of Care		
AAP	• Adults' Access to Preventive/Ambulatory Health Services	1
OEV	• Oral Evaluation, Dental Services	1
PPC	• Timeliness of Prenatal Care	1
	• Postpartum Care	1
Other Utilization		
W30	• Well-Child Visits First 30 months of Life o 0-15 months = 0.5 point o 15-30 months = 0.5 point	1
WCV	• Child and Adolescent Well-Care Visits	1
Total Points for the Health People Initiative		**13**

*Notation of changes for the overall point structure.

VI.4 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. 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 the purpose of the HCIP, ASES will consider the Emergency Room High Utilizers Metric described below for compliance and release to the applicable percent of the retention fund for this program.

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

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Government Health Plan (GHP) – Plan Vital Puerto Rico Healthcare Insurer Administration (PRHIA) Clinical Operations Office			
Policy: **Health Care Improvement Program, Standard Operation Procedure**			
Policy Number:	**Review Date:**	**Effective Date:**	**Number of pages:**
AC-OC-2023/P005	05/12/2025	September 1, 2023	5
Approved By: Lymari Colón Rodríguez Interim Executive Director		**Signature:**	**Date:** 5/12/2025
Milagros A. Soto Mejía, MHSA, MMHC Principal General Manager – Clinical Operations		**Signature:**	**Date:** 5/12/2025
References: **Contract 12.5** Health Care Improvement Program (HCIP) **Attachment 19:** Health Care Improvement Program (HCIP) Manual **Health Care Improvement Program Manual**, (HCIP, por sus siglas en inglés [Anejo 19, Contrato Plan Vital]) del 1ro de enero de 2023 hasta el 30 de septiembre de 2025 - Enmendado			

PURPOSE:

Puerto Rico Health Insurance Administration (PRHIA), has developed the Health Care Improvement Program (HCIP) to incentivize the Medicaid Managed Care Organizations (MCOs), to provide 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 and Children's Health Insurance Program (CHIP) enrollees in Puerto Rico. Many of the metrics utilize performance measures that are nationally recognized and align with the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Measure Sets. This approach provides consistency within the quality strategy of the Puerto Rico Medicaid program.

PROCESS:

1. On a monthly basis, ASES establishes a Retention Fund, withholding 2% of the Per Member Per Month (PMPM) Payments (22.4.1) which is coordinated by the ASES Finance Department.

2. The MCOs submit Report 22: Health Care Improvement Program quarterly metric results through Enterprise Systems (ES) as per the HCIP Manual directive (22.4.2.1).

    a. Due dates, including direction for the claims data incurred timeframe, for report submission are outlined in the HCIP Manual.

    b. The quarterly submission due dates are: April 30, July 30, October 30, and January 30.

3. Clinical Operations (Quality Area) determines if the Contractor has met the applicable performance objectives for each measure for the period within 30 calendar days.

    a. Development of automated reports for each MCO will provide initial scoring based on the quarterly evaluation criteria. This development will include a Summary Report for each MCO that includes quarter over quarter data based on the evaluation criteria.

4. The Report 22 MCO submissions include self-reported data. The Clinical Operations (Quality Area) downloads the MCO reports to a secure file transfer protocol (FTP) site for data validation by a HEDIS® certified vendor using claims data.

5. A HEDIS® certified vendor provides validation results by the 10th of the following month (May 10, August 10, November 10 and February 10) to the Clinical Operations (Quality Area) with a summary by metrics of findings through the FTP site.

6. The Clinical Operations (Quality Area) prepares the draft certification document for each MCO. The certification document includes the retention period, the measurement period, the reporting requirements, and metric results by points and percentage of payment.

7. The Clinical Operations (Quality Area) signs off on the draft MCO certification document that provides reimbursement direction for each MCO.

8. The Clinical Operations (Quality Area) provides a copy of the draft certification document via the Enterprises Systems (ES), to each MCO with the expectation of MCO review and comment to be provided within ten business days. This time frame includes desired communication/questions regarding the data validation process.

9. The Clinical Operations (Quality Area) reviews MCO comments and provides feedback, as needed.

10. The Clinical Operations (Quality Area) signs off on the MCO final certification documents that provides reimbursement direction for each MCO.

11. Once the MCO certification documents are finalized, further discussion reading the quarterly point distribution will not be available.

12. The Clinical Operations (Quality Area) shares the certification document with the ASES Finance Department via hard copy.

    a. **Note** – Process Improvement: To develop a mechanism to upload the documents to ES for coordination between the Clinical Operations (Quality Area) and the ASES Finance Department.

13. ASES Finance Department disburses the portion of the PMPM payment associated with each initiative for the period within 30 calendar days of determination of compliance with the performance objectives as noted in Step #3 (22.4.2.3).

14. For MCOs that have a Primary Medical Groups (PMGs) Subcapitation Agreement with a withhold to match the Retention Fund of the HCIP, the MCO must fully pay the PMGs within 15 days after ASES reimburses the Retention Fund to the MCO (10.6.1.4).

REFERENCES:

Section 12.5 of the Model Contract and Attachment 19 provides contractual requirements and guidance to the MCOs for the delivery of the HCIP. The following documents are updated on an annual basis and provided to the MCOs:

- Attachment 19: HCIP Manual 2023–2025-updated May 2025
- HCIP Benchmarks
- Year 3 Code Book
- Year 3 ASES Diagnosis Codes

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WORKFLOW:

1. •Plan Vital MCO monthly 2% Withhold of PMPM
2. •Quarterly Plan Vital MCO Report 22 submission
   •April 30, July 30, October 30, January 30
3. •HEDIS certified vendor validates MCO data submissions by the day 10 of the following month from Step 2
   •May 10, August 10, November 10, February 10
4. •ASES Clinical Operations determines MCO scores within 2 calendar days from Step 3
5. •ASES Clinical Operations shares HCIP scoring results with each MCO for review and comment
6. •Clinical Operations (Quality Area) provides a draft copy of the certification documents through the Utilization Anomaly Management (UAM) system to each MCO, to allow for MCO review, coordination with the certified HEDIS® vendor and comments to take place and provided within ten (10) business days
7. •ASES Clinical Operations finalizes MCO HCIP scoring for payment, no further discussion on the quarter scoring outcomes will take place
8. •The Clinical Operations Department (Quality Area) signs the final MCO certification documents providing reimbursement instructions for each MCO within 30 days of the initial MCO submission in Step 2, providing the documents to the ASES finance department
9. •ASES Finance Department provides payment per the final MCO certification documents continaing the quarterly HCIP score within 30 days of score determination in Step 4
10. •For Plan Vital MCOs who have a PMG subcapitiation agreement withhold aligned with the HCIP, the MCO fully pays the PMGs within 15 days after receiving payment from Step 9

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Reviews and Approvals

Update	Section Review	Modification and Reason
05/12/2025	Steps 6,7,8 of the process	Additional language that the certification is considered a draft.
05/12/2025	Step 8 of the process	Additional language clarifying that the time frame for the MCO to review the draft certification document with the quarter HCIP score includes desired communication/questions regarding the data validation process.
05/12/2025	Step 11 of the process	Additional documentation provides clarity that, once the quarterly score is finalized, no further action or discussion regarding the score will take place.
05/12/2025	Steps 6 and 7 of the workflow	Update to workflow reflecting the process changes.

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Contrato Número

Input Page

VITAL HEALTH PLAN
Report 22: Health Care Improvement Program

Contractor Name:	-
Period:	Quarterly
Period Start Date:	1/1/2024
Period End Date:	12/31/2024
Contract Years:	01/01/2023 to 09/30/2025

Prepared By:

Name:	
Title:	
Contact Phone:	
Contact Email:	
Date Prepared:	

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CONTENT

ASES

HCIP Report

Tab		Report Name	Submission Frequency
Input Page		-	-
Content		-	-
Attestation		-	-
CCI Medicad Federal	CCI Medicad Federal		Quarterly
CCI CHIP	CCI CHIP		Quarterly
Healthy People Initiative	Healthy People Initiative		Quarterly
ER Initiative	ER Initiative		Quarterly

ADMINISTRACION DE
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Contrato Número

ATTESTATION

22. HCIP

QUARTERLY REPORTS CERTIFICATION STATEMENT OF

-

to

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

FOR THE PERIOD ENDING
(mm/dd/year)

12/31/2024

0
Name Of Preparer

0
Title

1/0/1900
Phone Number

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable Puerto Rico laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Contractor's agreement or contract with ASES. Failure to sign a Certification Statement will result in non acceptance of the attached reports.

[date]
Date Signed

ADMINISTRACION DE SEGUROS DE SALUD

Signature

23-00045-W

Contrato Número

Health Care Improvement Program

Chronic Conditions Initiative	
MCO	-
Contract Years	01/01/2023 to 09/30/2025

	1/1/2024
	12/31/2024

Instructions: Provide the member ID of the population impacted during the measurement period.

Diabetes (Including CHIP population)					Asthma (Including CHIP)			Severe Heart Failure		Hypertension	Chronic Obstructive Pulmonary Disease (COPD)
Glycemic Status Assesment for Patients with Diabetes (GSD)	Blood Pressure Control for Patients with Diabetes (BPD)	Eye Exam for Patients with Diabetes (EED)	Kidney Health Evaluation for Patients With Diabetes (KED)	PQI 01: Diabetes Short Term Complications Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	ED Use/1000	PHQ-9	PQI 08: Heart Failure Admission Rate	PHQ-9	ED Use/1000	PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate

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Contrato Número

Health Care Improvement Program

Healthy People Initiative	
MCO	-
Contract Years	01/01/2023 to 09/30/2025

Medicaid/Federal and Commonwealth High Cost Conditions		Instructions: Provide the member ID of the population impacted during the measurement period
Period Start Date	1/1/2024	
Period End Date	12/31/2024	

Breast Cancer Screening (BCS-E)	Colorectal Cancer Screening (COL-E)	Cervical Cancer Screening (CCS-E)	Controlling High Blood Pressure (CBP)	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)	Follow-Up After Hospitalization for Mental Illness (FUH) 30 days	Adults Access to Preventive/Ambulatory Health Services (AAP)	Oral Evaluation, Dental Services (OEV)	Timeliness of Prenatal Care (PPC)	Postpartum Care (PPC)	Well-Child Visits First 30 months of Life (0-15 months)	Well-Child Visit 30 months of L 30 month

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Contrato Número

Health Care Improvement Program

Emergency Room High Utilizers Initiative	
MCO	-
Contract Year	01/01/2023 to 09/30/2025

Medicaid/Federal and Commonwealth High Cost Conditions	
Period Start Date	1/1/2024
Period End Date	12/31/2024

Instructions: Provide the member ID of the population impacted during the measurement period.

ER High Utilizers Members ID

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Condition: **Asthma**
Population **Medicaid/Federal, Commonwealth**

ICD 10 CODES	Description
J4520	Mild intermittent asthma, uncomplicated
J4521	Mild intermittent asthma with (acute) exacerbation
J4522	Mild intermittent asthma with status asthmaticus
J4530	Mild persistent asthma, uncomplicated
J4531	Mild persistent asthma with (acute) exacerbation
J4532	Mild persistent asthma with status asthmaticus
J4540	Moderate persistent asthma, uncomplicated
J4541	Moderate persistent asthma with (acute) exacerbation
J4542	Moderate persistent asthma with status asthmaticus
J4550	Severe persistent asthma, uncomplicated
J4551	Severe persistent asthma with (acute) exacerbation
J4552	Severe persistent asthma with status asthmaticus
J45901	Unspecified asthma with (acute) exacerbation
J45902	Unspecified asthma with status asthmaticus
J45909	Unspecified asthma, uncomplicated
J45990	Exercise induced bronchospasm
J45991	Cough variant asthma
J45998	Other asthma

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Contrato Número

Condition: **Severe Heart Failure**
Population **Medicaid/Federal and Commonwealth**

ICD 10 CODES	Description
I501	Left ventricular failure, unspecified
I5020	Unspecified systolic (congestive) heart failure
I5021	Acute systolic (congestive) heart failure
I5022	Chronic systolic (congestive) heart failure
I5023	Acute on chronic systolic (congestive) heart failure
I5030	Unspecified diastolic (congestive) heart failure
I5031	Acute diastolic (congestive) heart failure
I5032	Chronic diastolic (congestive) heart failure
I5033	Acute on chronic diastolic (congestive) heart failure
I5040	Unsp combined systolic and diastolic (congestive) hrt fail
I5041	Acute combined systolic and diastolic (congestive) hrt fail
I5042	Chronic combined systolic and diastolic hrt fail
I5043	Acute on chronic combined systolic and diastolic hrt fail
I50810	Right heart failure unspecified
I50811	Acute right heart failure
I50812	Chronic right heart failure
I50813	Acute on chronic right heart failure
I50814	Right heart failure due to left heart failure
I5082	Biventricular heart failure
I5083	High output heart failure
I5084	End stage heart failure
I5089	Other heart failure
I509	Heart failure, unspecified

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Contrato Número

Condition: **Hypertension**
Population **Medicaid/Federal and Commonwealth**

ICD10 Codes	Description
I10	Hypertension
I110	Hypertensive heart disease with heart failure
I119	Hypertensive heart disease without heart failure
I120	Hypertensive chronic kidney disease, stage 5 or ESRD
I129	Hypertensive chronic kidney disease, stage 1 through stage 4 or unspecified
I130	Hypertensive heart disease with heart failure and chronic kidney disease stage 1-4
I1310	Hypertensive heart disease without heart failure and chronic kidney disease stage 1-4
I1311	Hypertensive heart disease without heart failure and chronic kidney disease stage 5 or ESRD
I132	Hypertensive heart disease with heart failure and chronic kidney disease stage 5 or ESRD

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Contrato Número

Condition:	**Select Mental Health Conditions**
Population	**Medicaid/Federal and Commonwealth**

ICD 10 Codes Considered	Description
F3010	Manic episode with psychotic symptoms unspecified
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F3340	Major depressive disorder, recurrent, in remission unspecified
F3341	Major depressive disorder, recurrent, in partial remission
F3342	Major depressive disorder, recurrent, in full remission
F338	Other recurrent depressive disorders
F339	Major depressive disorder, recurrent, unspecified

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REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP
22	SNF claim paid under PPS	
24	Inpatient Rehabilitation Facility paid under PPS	
100	All inclusive rate-room and board plus ancillary	x
101	All inclusive rate-room and board	x
110	Private medical or general-general classification	x
111	Private medical or general-medical/surgical/GYN	x
112	Private medical or general-OB	x
113	Private medical or general-pediatric	x
114	Private medical or general-psychiatric	x
115	Private medical or general-hospice	x
116	Private medical or general-detoxification	x
117	Private medical or general-oncology	x
118	Private medical or general-rehabilitation	x
119	Private medical or general-other	x
120	Semi-private 2 bed (medical or general)-general classification	x
121	Semi-private 2 bed (medical or general)-medical/surgical/GYN	x
122	Semi-private 2 bed (medical or general)-OB	x
123	Semi-private 2 bed (medical or general)-pediatric	x
124	Semi-private 2 bed (medical or general)-psychiatric	x
125	Semi-private 2 bed (medical or general)-hospice	x
126	Semi-private 2 bed (medical or general)-detoxification	x
127	Semi-private 2 bed (medical or general)-oncology	x
128	Semi-private 2 bed (medical or general)-rehabilitation	x
129	Semi-private 2 bed (medical or general)-other	x
130	Semi-private 3 and 4 beds-general classification	x
131	Semi-private 3 and 4 beds-medical/surgical/GYN	x
132	Semi-private 3 and 4 beds-OB	x
133	Semi-private 3 and 4 beds-pediatric	x
134	Semi-private 3 and 4 beds-psychiatric	x
135	Semi-private 3 and 4 beds-hospice	x
136	Semi-private 3 and 4 beds-detoxification	x
137	Semi-private 3 and 4 beds-oncology	x
138	Semi_private 3 and 4 beds-rehabilitation	x
139	Semi-private 3 and 4 beds-other	x
140	Private (deluxe)-general classification	x
141	Private (deluxe)-medical/surgical/GYN	x
142	Private (deluxe)-OB	x
143	Private (deluxe)-pediatric	x
144	Private (deluxe)-psychiatric	x
145	Private (deluxe)-hospice	x
146	Private (deluxe)-detoxification	x
147	Private (deluxe)-oncology	x
148	Private (deluxe)-rehabilitation	x
149	Private (deluxe)-other	x
150	Room&Board ward (medical or general)-general classification	x
151	Room&Board ward (medical or general)-medical/surgical/GYN	x
152	Room&Board ward (medical or general)-OB	x
153	Room&Board ward (medical or general)-pediatric	x
154	Room&Board ward (medical or general)-psychiatric	x
155	Room&Board ward (medical or general)-hospice	x
156	Room&Board ward (medical or general)-detoxification	x

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REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP
157	Room&Board ward (medical or general)-oncology	x
158	Room&Board ward (medical or general)-rehabilitation	x
159	Room&Board ward (medical or general)-other	x
160	Other Room&Board-general classification	x
161	Other Room&Board-SNF (Medicaid)	x
162	Other Room&Board-ICF (Medicaid)	x
164	Other Room&Board-sterile environment	x
166	Other Room&Board-Admin Days	x
167	Other Room&Board-self care	x
168	Other Room&Board-Chem Using Preg Women	x
169	Other Room&Board-other	x
170	Nursery-general classification	x
171	Nursery-newborn-level I (routine)	x
172	Nursery-premature-newborn-level II (continuing care)	x
173	Nursery-newborn-level III (intermediate care)-(eff 10/96)	x
174	Nursery-newborn-level IV (intensive care)-(eff 10/96)	x
175	Nursery-neonatal ICU (obsolete eff 10/96)	x
179	Nursery-other	x
180	Leave of absence-general classification	
182	Leave of absence-patient convenience charges-billable	
183	Leave of absence-therapeutic leave	
184	Leave of absence-ICF mentally retarded-any reason	
185	Leave of absence-nursing home (hospitalization)	
189	Leave of absence-other leave of absence	
190	Subacute care - general classification-(eff. 10/97)	
191	Subacute care - level I (eff. 10/97)	
192	Subacute care - level II (eff. 10/97)	
193	Subacute care - level III (eff. 10/97)	
194	Subacute care - level IV (eff. 10/97)	
199	Subacute care - other (eff 10/97)	
200	Intensive care-general classification	x
201	Intensive care-surgical	x
202	Intensive care-medical	x
203	Intensive care-pediatric	x
204	Intensive care-psychiatric	x
206	Intensive care-post ICU; redefined as-intermediate ICU (eff 10/96)	x
207	Intensive care-burn care	x
208	Intensive care-trauma	x
209	Intensive care-other intensive care	x
210	Coronary care-general classification	x
211	Coronary care-myocardial infraction	x
212	Coronary care-pulmonary care	x
213	Coronary care-heart transplant	x
214	Coronary care-post CCU; redefined as-intermediate CCU (eff 10/96)	x
219	Coronary care-other coronary care	x
1000	Behavioral Health Accomodations-general classification	x
1001	Behavioral Health Accomodations-residential-psychiatric	x
1002	Behavioral Health Accomodations-residential-chemical dependency	
1003	Behavioral Health Accomodations-supervised living	
1004	Behavioral Health Accomodations-halfway house	
1005	Behavioral Health Accomodations-group home	

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

HEALTH CARE IMPROVEMENT PROGRAM

HEALTH CARE IMPROVEMENT PROGRAM
YEAR 3 BENCHMARKS REFERENCE GUIDE
GOVERNMENT HEALTH PLAN PROGRAM
CONTRACT YEAR: JANUARY 1, 2023 –SEPTEMBER 30, 2025

May 8, 2025

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HEALTH CARE IMPROVEMENT PROGRAM 2023 BENCHMARKS REFERENCE

CHRONIC CONDITIONS	SCORED MEASURES	2023 BENCHMARKS (1/1/2023–12/31/2023)
Medicaid/Federal, State, and CHIP Chronic Conditions		
	• Glycemic Status Assessment for Patients With Diabetes (GSD) o Glycemic Status >9.0%	*R** 77.54%
	• BP Control (<140/90 mm Hg)	*H* 47.86%
	• Eye Exam for Patients With Diabetes	*H* 27.17%
	• Kidney Health Evaluation for Patients With Diabetes	*H* 24.67%
	• PQI 01: Diabetes Short Term Complications Admission Rate	*L* 80
Asthma	• PQI 15: Asthma in Younger Adults Admission Rate	*L* 57
	• ED Use/1000	*L* 113
	• PHQ-9	*H* 17.09%
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• PQI 08: Heart Failure Admission Rate	*L* 147
	• PHQ-9	*H* 17.14%
Hypertension	• ED Use/1000	*L* 34
Chronic Obstructive Pulmonary Disease (COPD)	• PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	*L* 236
Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder)	• Follow-Up After Hospitalization for Mental Illness: 7 Days	*H* 32.38%
	• Inpatient Admission/1000	*L* 51

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HEALTHY PEOPLE INITIATIVE	SCORED MEASURES	2023 BENCHMARKS (1/1/2023–12/31/2023)
BCS-E	• Breast Cancer Screening	*H* 63.74%
COL-E	• Colorectal Cancer Screening	*H* 44.16%
CCS-E	• Cervical Cancer Screening	*H* 48.22%
CBP	• Controlling High Blood Pressure	*H* 49.24%
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	*H* 69.71%
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 Days	*H* 70.29%
ACCESS/AVAILABILITY OF CARE		
AAP	• Adults' Access to Preventive/Ambulatory Health Services	*H* 69.42%
OEV	• Oral Evaluation, Dental Services	*H* 51.05%
PPC	• Timeliness of Prenatal Care	*H* 58.48%
	• Postpartum Care	*H* 41.82%
OTHER UTILIZATION		
W30	• Well-Child Visits in the First 15 Months of Life	*H* 10.45%
	• Well-Child Visits for Age 15 Months–30 Months of Life	*H* 39.52%
WCV	• Child and Adolescent Well-Care-Visits	*H* 36.03%
HCV	• One-Time Screening for Hepatitis C	*R* 10.07%

EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	SCORED MEASURE	2023 BENCHMARKS (1/1/2023–12/31/2023)
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	*L* 826

Note

H = 'Higher'; means the MCO's rate should be higher than the benchmark for compliance.

L = 'Lower'; means the MCO's rate should be lower than the benchmark for compliance.

R = 'Report'; means the MCO just needs to report their rate for compliance.

- *(R*) GSD: MCOs will be scored for reporting, only for P1 and P2 of Year 3. For P3 and P4, their rate should be lower than benchmark for compliance.*
- *(R) HCV: MCOs will be scored for reporting all of Year 3.*

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

HEALTH CARE IMPROVEMENT PROGRAM

HEALTH CARE IMPROVEMENT PROGRAM CODEBOOK
GOVERNMENT HEALTH PLAN PROGRAM
CONTRACT YEAR: JANUARY 1, 2023 –SEPTEMBER 30, 2025

Revision with Year 3 Updates: April 29, 2025

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I. Scored Measures

A. Chronic Conditions Initiative

Diabetes

Glycemic Status Assessment for Patients With Diabetes (GSD)	
The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status >9.0%	
Technical specifications	Use HEDIS Version 2024 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate.

Blood Pressure Control for Patients With Diabetes (BPD)	
The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	
Technical specifications	Use HEDIS Version 2024 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate.

Eye Exam for Patients with Diabetes (EED)	
The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	
Technical specifications	Use HEDIS Version 2024 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate.

Kidney Health Evaluation for Patients With Diabetes (KED)	
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) Kidney Health Evaluation for Patients with Diabetes* Version 2024 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.

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Technical specifications	Use AHRQ *PQI 01: Diabetes Short Term Complication Admission Rate* Version 2024 technical specifications. Formula: (# of admissions/distinct members) * 100,000

Asthma

PQI 15: Asthma in Younger Adults Admission Rate	
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: Asthma in Younger Adults Admission Rate* Version 2024 technical specifications. Formula: (# of admissions/distinct members) * 100,000

Asthma ED (Emergency room) Use/1000	
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 *Health Care Improvement Program ASES Diagnosis Codes*).
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 *Attachment 19 Health Care Improvement Program Manual*.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Use the following reference: ED Visits from HEDIS Ambulatory Care (Use HEDIS -- Version 2023 technical specifications). For Asthma, use ICD10 codes from the *Health Care Improvement Program ASES Diagnosis Codes*).
Exclusions	N/A

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PHQ-9 for Asthma	
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 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 ADMINISTRACION DE SEGUROS DE SALUD 23-00045-N Contrato Número	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 *PQI 08: Heart Failure Admission Rate* Version 2024 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 *Attachment 19 Health Care*

PHQ-9 for Severe Heart Failure	
	Improvement Program Manual.
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) Use the following reference: Use ICD-10 codes for Severe Heart Failure as identified within the Health Care Improvement Program ASES Diagnosis Codes.
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 *Attachment 19 Health Care Improvement Program Manual.*
Continuous enrollment	N/A
Allowable gap	N/A

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Description	Use the following reference: ED Visits from HEDIS Ambulatory Care (Use HEDIS -- Version 2023 technical specifications). For Hypertension, use ICD-10 codes as identified within the Health Care Improvement Program ASES Diagnosis Codes.
Exclusions	N/A

Chronic Obstructive Pulmonary Disease (COPD)

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 *Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate* Version 2024 technical specifications Formula: (# of admissions/distinct members) * 100,000

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

Follow up after Hospitalization for Mental Illness: 7 days (FUH)	
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. • The percentage of discharges for which the member received follow-up within 7 days of discharge.	
Technical specifications	Use HEDIS *Follow-Up After Hospitalization for Mental Illness* Version 2024 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.

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Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000	
Continuous enrollment	N/A
Allowable gap	N/A
Description	Use the following reference: *For admissions,* use Appendix A- Rev Codes from the *Health Care Improvement Program ASES Diagnosis Codes* 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*
Exclusions	N/A

B. Healthy People Initiative

Breast Cancer Screening (BCS-E)	
The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	
Technical specifications	Use HEDIS *(BCS-E) Breast Cancer Screening* Version 2024 technical specifications. *Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries. See NCQA's site for more Information - https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting.*

Colorectal Cancer Screening (COL-E)	
The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.	
Technical specifications	Use HEDIS *(COL-E) Colorectal Cancer Screening* Version 2024 technical specifications. *Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries. See NCQA's site for more Information - https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting.*

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Cervical Cancer Screening (CCS-E)
The percentage of members 21–64 years of age who were recommended for routine cervical cancer

Cervical Cancer Screening (CCS-E)	
screening who were screened for cervical cancer using any of the following criteria: • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	
Technical specifications	Use HEDIS *(CCS-E) Cervical Cancer Screening* Version 2024 technical specifications. *Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries. See NCQA's site for more Information - https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting.*

Controlling High Blood Pressure (CBP)	
The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	
Technical specifications	Use HEDIS *(CBP) Controlling High Blood Pressure* Version 2024 technical specifications. Hybrid methodology is not required for HCIP quarterly measures, the MCOs may use supplemental data where appropriate.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	
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 *(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* Version 2024 technical specifications.

Follow up after Hospitalization for Mental Illness: 30 days (FUH)
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.

• The percentage of discharges for which the member received follow-up within 30 days of discharge.	
Technical specifications	Use HEDIS *(FUH) Follow up after Hospitalization for Mental Illness* Version 2024 technical specifications.

Adults' Access to Preventive/Ambulatory Health Services (AAP)	
The percentage of members 20 years and older who had an ambulatory or preventive care visit.	
Technical specifications	Use HEDIS *(AAP) Adults' Access to Preventive/Ambulatory Health Services* Version 2024 technical specifications.

Oral Evaluation, Dental Services (OEV)	
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.

Prenatal And Postpartum Care (PPC)	
Assesses access to prenatal and postpartum care: • 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. • Postpartum Care. The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery.	
Technical specifications	Use HEDIS *(PPC) Prenatal And Postpartum Care* Version 2024 technical specifications.

Well-Child Visits First 30 months of Life (W30)	
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: • Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. • 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.	
Technical specifications	Use HEDIS *(W30) Well-Child Visits in the First 30 Months of Life* Version 2024 technical specifications: • 0-15 months • 15-30 months

Child and Adolescent Well-Care Visits (WCV)
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.

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Technical specifications	Use HEDIS *(WCV) Child and Adolescent Well-Care Visits* Version 2024 technical specifications.

One-Time Screening for Hepatitis C Virus for all Patients (HCV)	
Definition	Percentage of patients age >= 18 years who received one-time screening for hepatitis C virus (HCV) infection.
Numerator	Patients in the Denominator who were screened for hepatitis C virus (HCV) during the measurement period.
Denominator	All patients aged ≥ 18 years who were seen twice for any visits OR who have at least one preventive visit during the performance period. Exclude patients who were diagnosed with Chronic Hepatitis during the performance period or who had a documented medical reason for not receiving a HCV screening.
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	Codes used in the Numerator are as follows: Hepatitis screening (CPT or HCPCS): 86803, 86804, G0472 Codes used in the Denominator are as follows: Patient visit codes (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350 OR Preventive visit codes (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439
Denominator Exclusions	There are two exclusions for the denominator for this measure: Exclusion 1 - Diagnosis for Chronic Hepatitis C during the performance period (ICD-10-CM): B18.2 OR Exclusion 2 - Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy during the performance period (HCPCS): G9452.

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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 2024 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: • A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set). Psychiatry (Psychiatry Value Set). • Electroconvulsive therapy (Electroconvulsive Therapy Value Set).

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