

ATTACHMENT 19

Health Care Improvement Program Manual

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Nº 23 - 0044A

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I. INTRODUCTION

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

The purpose of this manual is to provide the necessary guidelines for attaining the required performance indicators for each of the categories measured under the HCIP as specified and subject to revision by ASES in this Manual and incorporated in Section 12.5 of the Government Health Plan (GHP) Contract 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 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 start on the implementation date of the Contract and will be updated annually as GHP benchmarks are set and measures or metrics are revised accordingly.

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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 secure File Transfer Protocol (FTP) service.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 1			
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			
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
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.

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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	Any Improvement Over P1 Or Complying HCIP Benchmark
P3	7/1/2022 – 6/30/2023	Any Improvement Over P2 Or Complying HCIP Benchmark
P4	10/1/2022 – 9/30/2023	Any Improvement Over P3 Or Complying HCIP Benchmark
Year 2	Contractor GHP Benchmark: Improvement and Benchmarks to be provided by ASES	
P1	1/1/2023 – 12/31/2023	Any Improvement Over Q4 Or Complying HCIP Benchmark
P2	4/1/2023 – 3/30/2024	Complying HCIP Benchmarks
P3	7/1/2023 – 6/30/2024	Complying HCIP Benchmarks
P4	10/1/2023 – 9/30/2024	Complying HCIP Benchmarks
Year 3	Contractor GHP Benchmark: To be provided by ASES	
P1	1/1/2024 – 12/31/2024	Complying HCIP Benchmarks
P2	4/1/2024 – 3/30/2025	Complying HCIP Benchmarks
P3	7/1/2024 – 6/30/2025	Complying HCIP Benchmarks
P4	10/1/2024 – 9/30/2025	Complying HCIP Benchmarks
Year 4*	Contractor GHP Benchmark: To be provided by ASES	
P1	1/1/2025 – 12/31/2025	Complying HCIP Benchmarks
P2	4/1/2025 – 3/30/2026	Complying HCIP Benchmarks
P3	7/1/2025 – 6/30/2026	Complying HCIP Benchmarks
P4	10/1/2025 – 9/30/2026	Complying HCIP Benchmarks

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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 quarter over quarter improvement in P2, 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.

- 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 P2, P3, and P4

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

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. 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
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter

After year 2, P1 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 the ASES designated benchmark
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter

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IV. RETENTION FUND & COMPLIANCE PERCENTAGE

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

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

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

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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%
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.

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

PROGRAM	TOTAL POINTS
Chronic Conditions Initiative	16
Healthy People Initiative	11
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. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual. For 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.

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CHRONIC CONDITIONS	SCORED MEASURES	POINTS
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	• Hemoglobin A1c (HbA1c) testing	1
	• Hemoglobin A1c (HbA1c) poor control (>9.0%)	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
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
Chronic Depression	• Follow up after Hospitalization for Mental Illness: 7 days	1
	• Follow up after Hospitalization for Mental Illness: 30 days	1
	• Inpatient Admission/1000	1
Total Points for the Chronic Conditions Initiative		16

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. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual. For 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.

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EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
Healthy People Initiative		
BCS	<ul style="list-style-type: none"> Breast Cancer Screening 	1
CCS	<ul style="list-style-type: none"> Cervical Cancer Screening 	1
CBP	<ul style="list-style-type: none"> Controlling High Blood Pressure 	1
SSD	<ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications. 	1
FUH	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 days 	1
Access/Availability of Care		
AAP	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 	1
OEV	<ul style="list-style-type: none"> Oral Evaluation, Dental Services 	1
PPC	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	1
	<ul style="list-style-type: none"> Postpartum Care 	1
Other Utilization		
W30	<ul style="list-style-type: none"> Well-Child Visits First 30 months of Life <ul style="list-style-type: none"> 0-15 months = 0.5 point 15-30 months = 0.5 point 	1
WCV	<ul style="list-style-type: none"> Child and Adolescent Well-Care Visits 	1
Total Points for the Health People Initiative		11

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. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual. For 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.

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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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HEALTH CARE IMPROVEMENT PROGRAM



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

Revised March 16, 2023

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HEALTH CARE IMPROVEMENT PROGRAM 2021 BENCHMARKS REFERENCE

CHRONIC CONDITIONS	SCORED MEASURES	2021 BENCHMARKS (1/1/2021-12/31/2021)
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	• Comprehensive Diabetes Care:	
	• Hemoglobin A1c (HbA1c) testing	77.68%
	• Hemoglobin A1c (HbA1c) poor control (>9.0%)	84.43%
	• BP Control (<140/90 mm Hg)	30.72%
	• Eye exam	26.17%
	• Kidney Health Evaluation for Patients With Diabetes	12.05%
	• PQI 01: Diabetes Short Term Complications Admission Rate	71
Asthma	• PQI 15: Asthma in Younger Adults Admission Rate	47
	• ED Use/1000	104
	• PHQ-9	16.08%
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• PQI 08: Heart Failure Admission Rate	174
	• PHQ-9	24.24%
Hypertension	• ED Use/1000	74
Chronic Obstructive Pulmonary Disease (COPD)	• PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	190
Chronic Depression	• Follow up after Hospitalization for Mental Illness: 7 days	45.71%
	• Follow up after Hospitalization for Mental Illness: 30 days	73.15%
	• Inpatient Admission/1000	16

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HEALTHY PEOPLE INITIATIVE	SCORED MEASURES	2021 BENCHMARKS (1/1/2021-12/31/2021)
BCS	<ul style="list-style-type: none"> Breast Cancer Screening 	50.88%
CCS	<ul style="list-style-type: none"> Cervical Cancer Screening 	50.57%
CBP	<ul style="list-style-type: none"> Controlling High Blood Pressure 	31.77%
SSD	<ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications. 	62.07%
FUH	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 days 	73.66%
ACCESS / AVAILABILITY OF CARE		
AAP	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 	71.29%
OEV	<ul style="list-style-type: none"> Oral Evaluation, Dental Services** 	TBD
PPC	<ul style="list-style-type: none"> Timeliness of Prenatal Care 	58.05%
	<ul style="list-style-type: none"> Postpartum Care 	42.53%
OTHER UTILIZATION		
W30	<ul style="list-style-type: none"> Well-Child Visits in the First 15 months of Life 	4.03%
	<ul style="list-style-type: none"> Well-Child Visits for Age 15 months–30 months of Life 	23.55%
WCV	<ul style="list-style-type: none"> Child and Adolescent Well-Care-Visits 	31.44%
ER HU INITIATIVE	SCORED MEASURES	2021 BENCHMARKS (1/1/2021-12/31/2021)
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	897

**TBD – To be determined. 2022 Child Core Set New Measure

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HEALTH CARE IMPROVEMENT PROGRAM



HEALTH CARE IMPROVEMENT PROGRAM CODE BOOK I

GOVERNMENT HEALTH PLAN PROGRAM

JANUARY 1, 2023 – SEPTEMBER 30, 2025

Code Book for the first year;

Updated March 17, 2023

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(KED) Kidney Health Evaluation for Patients With Diabetes	3
PQI 01: Diabetes Short Term Complications Admission Rate	3
PQI 15: Asthma in Younger Adults Admission Rate	3
PQI 08: Heart Failure Admission Rate	3
PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	3
(FUH) Follow up after Hospitalization for Mental Illness (7 and 30 days)	3
Admissions/1000	3
ED (Emergency room) Use/1000	4
PHQ-9	5
B. Healthy People Initiative	6
(BCS) Breast Cancer Screening	6
(CCS) Cervical Cancer Screening	6
(CBP) Controlling High Blood Pressure	6
(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications	6
(FUH) Follow up after Hospitalization for Mental Illness (30 days)	6
(AAP) Adults' Access to Preventive/Ambulatory Health Services	6
(OEV) Oral Evaluation, Dental Services	6
(PPC) Prenatal And Postpartum Care	6
(W30) Well-Child Visits First 30 months of Life	6
(WCV) Child and Adolescent Well-Care Visits	7
C. Emergency Room High Utilizers Initiative	7
Emergency Room High Utilizers Initiative	7

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I. Scored Measures for 2021-2022

A. Chronic Conditions Initiative

(CDC) Comprehensive Diabetes Care	
Technical specifications	Use HEDIS <i>Comprehensive Diabetes Care (CDC) Version 2022</i> technical specifications

(KED) Kidney Health Evaluation for Patients With Diabetes	
Technical specifications	Use HEDIS <i>(KED) Kidney Health Evaluation for Patients with Diabetes Version 2022</i> technical specifications



PQI 01: Diabetes Short Term Complications Admission Rate	
Technical specifications	Use AHRQ <i>PQI 01: Diabetes Short Term Complication Admission Rate Version 2022</i> technical specifications

PQI 15: Asthma in Younger Adults Admission Rate	
Technical specifications	Use AHRQ <i>PQI 15: Asthma in Younger Adults Admission Rate Version 2022</i> technical specifications

PQI 08: Heart Failure Admission Rate	
Technical specifications	Use AHRQ <i>PQI 08: Heart Failure Admission Rate Version 2022</i> technical specifications

PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	
Technical specifications	Use AHRQ <i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate Version 2022</i> technical specifications

(FUH) Follow up after Hospitalization for Mental Illness (7 and 30 days)	
Technical specifications	Use HEDIS <i>Follow-Up After Hospitalization for Mental Illness Version 2022</i> technical specifications

Admissions/1000	
 Definition 	Admissions for a principal diagnosis of selected conditions (see HCIP Manual) per 1,000 enrolled population. Excludes obstetric admissions and transfers from other institutions.
Numerator	Admissions for members with a principal diagnosis (ICD-10-CM) which meet the criteria of the applicable initiative/condition

Denominator	All eligible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	Revenue codes: See Appendix A
Exclusions	Exclude cases: With admission source for transferred from a different hospital or other health care facility UB04 Admission source - 2, 3) With a point of origin code for transfer from a hospital, Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or other healthcare facility (Appendix A) (UB04 Point of Origin - 4,5,6) - With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing)

ED (Emergency room) Use/1000	
Definition	For members 18 years of age and older, the number of observed emergency department (ED) visits during the measurement year. *ED visits for a principal diagnosis of selected conditions (see HCIP Manual).
Numerator	The number of all ED visits during the measurement year. 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 HCIP Manual).
Denominator	All eligible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	CPT: 99281-99285, 99288 Place of service code: 23 Use the following reference: - ED Visits from HEDIS Ambulatory Care (Use HEDIS -- Version 2022 technical specifications). - ED Use ICD10 codes tab from the Code Book II Health Care Improvement Program

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Exclusions	<p>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:</p> <ul style="list-style-type: none"> • 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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PHQ-9	
Definition	<p>The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression. * PHQ-9 for members with selected conditions (see HCIP Manual).</p>
Numerator	Patients in the denominator who were screened with a PHQ-9 test during the measurement period.
Denominator	All eligible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	<p>CPT: 96127 Brief emotional/behav assmt 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)</p>
Exclusions	N/A

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B. Healthy People Initiative

(BCS) Breast Cancer Screening	
Technical specifications	Use HEDIS (BCS) Breast Cancer Screening Version 2022 technical specifications

(CCS) Cervical Cancer Screening	
Technical specifications	Use HEDIS (CCS) Cervical Cancer Screening Version 2022 technical specifications

(CBP) Controlling High Blood Pressure	
Technical specifications	Use HEDIS (CBP) Controlling High Blood Pressure Version 2022 technical specifications

(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications	
Technical specifications	Use HEDIS (SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Version 2022 technical specifications

(FUH) Follow up after Hospitalization for Mental Illness (30 days)	
Technical specifications	Use HEDIS (FUH) Follow up after Hospitalization for Mental Illness Version 2022 technical specifications

(AAP) Adults' Access to Preventive/Ambulatory Health Services	
Technical specifications	Use HEDIS (AAP) Adults' Access to Preventive/Ambulatory Health Services Version 2022 technical specifications

(OEV) Oral Evaluation, Dental Services	
Technical specifications	Use DQA Measure Technical Specifications: Administrative Claims-Based Measures

(PPC) Prenatal And Postpartum Care	
Technical specifications	Use HEDIS (PPC) Prenatal And Postpartum Care Version 2022 technical specifications

(W30) Well-Child Visits First 30 months of Life	
Technical specifications	Use HEDIS (W30) Well-Child Visits in the First 30 Months of Life Version 2022 technical specifications
	<ul style="list-style-type: none"> • 0-15 months • 15-30 months

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(WCV) Child and Adolescent Well-Care Visits	
Technical specifications	Use HEDIS (WCV) Child and Adolescent Well-Care Visits Version 2022 technical specifications

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"> • 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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ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0044A

Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	
ICD 10 CODES	Description	Milliman Comments
E0800	Diab d/t undrl cond w hyprosm w/o nonket hyprgly-hypros coma	Verified as valid and accurate for 2022
E0801	Diabetes due to underlying condition w hyprosm w coma	Verified as valid and accurate for 2022
E0810	Diabetes due to underlying condition w ketoacidosis w/o coma	Verified as valid and accurate for 2022
E0811	Diabetes due to underlying condition w ketoacidosis w coma	Verified as valid and accurate for 2022
E0821	Diabetes due to underlying condition w diabetic nephropathy	Verified as valid and accurate for 2022
E0822	Diabetes due to undrl cond w diabetic chronic kidney disease	Verified as valid and accurate for 2022
E0829	Diabetes due to undrl condition w oth diabetic kidney comp	Verified as valid and accurate for 2022
E08311	Diab due to undrl cond w unsp diabetic rtnop w macular edema	Verified as valid and accurate for 2022
E08319	Diab due to undrl cond w unsp diab rtnop w/o macular edema	Verified as valid and accurate for 2022
E083211	Diabetes with mild nonp rtnop with macular edema, right eye	Verified as valid and accurate for 2022
E083212	Diabetes with mild nonp rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E083213	Diabetes with mild nonp rtnop with macular edema, bilateral	Verified as valid and accurate for 2022
E083219	Diabetes with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E083291	Diabetes with mild nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E083292	Diab with mild nonp rtnop without macular edema, left eye	Verified as valid and accurate for 2022
E083293	Diabetes with mild nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E083299	Diabetes with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E083311	Diabetes with moderate nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E083312	Diab with moderate nonp rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E083313	Diabetes with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E083319	Diabetes with moderate nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E083391	Diab with moderate nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E083392	Diab with moderate nonp rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E083393	Diabetes with moderate nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E083399	Diab with moderate nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E083411	Diabetes with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E083412	Diabetes with severe nonp rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E083413	Diabetes with severe nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E083419	Diabetes with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E083491	Diabetes with severe nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E083492	Diab with severe nonp rtnop without macular edema, left eye	Verified as valid and accurate for 2022
E083493	Diabetes with severe nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E083499	Diabetes with severe nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E083511	Diab with prolif diabetic rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E083512	Diab with prolif diabetic rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E083513	Diabetes with prolif diabetic rtnop with macular edema, bi	Verified as valid and accurate for 2022
E083519	Diabetes with prolif diabetic rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E083521	Diab with prolif diab rtnop with trctn dtch macula, r eye	Verified as valid and accurate for 2022
E083522	Diab with prolif diab rtnop with trctn dtch macula, left eye	Verified as valid and accurate for 2022
E083523	Diab with prolif diabetic rtnop with trctn dtch macula, bi	Verified as valid and accurate for 2022
E083529	Diab with prolif diabetic rtnop with trctn dtch macula, unsp	Verified as valid and accurate for 2022
E083531	Diab with prolif diab rtnop with trctn dtch n-mcla, r eye	Verified as valid and accurate for 2022
E083532	Diab with prolif diab rtnop with trctn dtch n-mcla, left eye	Verified as valid and accurate for 2022
E083533	Diab with prolif diabetic rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate for 2022
E083539	Diab with prolif diabetic rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate for 2022
E083541	Diabetes with prolif diabetic rtnop with comb detach, r eye	Verified as valid and accurate for 2022
E083542	Diab with prolif diabetic rtnop with comb detach, left eye	Verified as valid and accurate for 2022
E083543	Diabetes with prolif diabetic rtnop with combined detach, bi	Verified as valid and accurate for 2022
E083549	Diabetes with prolif diabetic rtnop with comb detach, unsp	Verified as valid and accurate for 2022
E083551	Diabetes with stable prolif diabetic retinopathy, right eye	Verified as valid and accurate for 2022
E083552	Diabetes with stable prolif diabetic retinopathy, left eye	Verified as valid and accurate for 2022
E083553	Diabetes with stable prolif diabetic retinopathy, bilateral	Verified as valid and accurate for 2022
E083559	Diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate for 2022
E083591	Diab with prolif diabetic rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E083592	Diab with prolif diab rtnop without macular edema, left eye	Verified as valid and accurate for 2022
E083593	Diab with prolif diabetic rtnop without macular edema, bi	Verified as valid and accurate for 2022
E083599	Diab with prolif diabetic rtnop without macular edema, unsp	Verified as valid and accurate for 2022

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№ 23 - 0044

Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	Contrato Número
ICD 10 CODES	Description	Milliman Comments
E0836	Diabetes due to underlying condition w diabetic cataract	Verified as valid and accurate for 2022
E0837X1	Diab with diabetic macular edema, resolved fol trtmt, r eye	Verified as valid and accurate for 2022
E0837X2	Diab with diab macular edema, resolved fol trtmt, left eye	Verified as valid and accurate for 2022
E0837X3	Diabetes with diabetic macular edema, resolved fol trtmt, bi	Verified as valid and accurate for 2022
E0837X9	Diab with diabetic macular edema, resolved fol trtmt, unsp	Verified as valid and accurate for 2022
E0839	Diabetes due to undrl condition w oth diabetic oph comp	Verified as valid and accurate for 2022
E0840	Diabetes due to underlying condition w diabetic neurop, unsp	Verified as valid and accurate for 2022
E0841	Diabetes due to undrl condition w diabetic mononeuropathy	Verified as valid and accurate for 2022
E0842	Diabetes due to underlying condition w diabetic polyneurop	Verified as valid and accurate for 2022
E0843	Diab due to undrl cond w diabetic autonm (poly)neuropathy	Verified as valid and accurate for 2022
E0844	Diabetes due to underlying condition w diabetic amyotrophy	Verified as valid and accurate for 2022
E0849	Diabetes due to undrl condition w oth diabetic neuro comp	Verified as valid and accurate for 2022
E0851	Diab due to undrl cond w diab prph angiopath w/o gangrene	Verified as valid and accurate for 2022
E0852	Diab due to undrl cond w diabetic prph angiopath w gangrene	Verified as valid and accurate for 2022
E0859	Diabetes due to underlying condition w oth circulatory comp	Verified as valid and accurate for 2022
E08610	Diabetes due to undrl cond w diabetic neuropathic arthrop	Verified as valid and accurate for 2022
E08618	Diabetes due to underlying condition w oth diabetic arthrop	Verified as valid and accurate for 2022
E08620	Diabetes due to underlying condition w diabetic dermatitis	Verified as valid and accurate for 2022
E08621	Diabetes mellitus due to underlying condition w foot ulcer	Verified as valid and accurate for 2022
E08622	Diabetes due to underlying condition w oth skin ulcer	Verified as valid and accurate for 2022
E08628	Diabetes due to underlying condition w oth skin comp	Verified as valid and accurate for 2022
E08630	Diabetes due to underlying condition w periodontal disease	Verified as valid and accurate for 2022
E08638	Diabetes due to underlying condition w oth oral comp	Verified as valid and accurate for 2022
E08641	Diabetes due to underlying condition w hypoglycemia w coma	Verified as valid and accurate for 2022
E08649	Diabetes due to underlying condition w hypoglycemia w/o coma	Verified as valid and accurate for 2022
E0865	Diabetes due to underlying condition w hyperglycemia	Verified as valid and accurate for 2022
E0869	Diabetes due to underlying condition w oth complication	Verified as valid and accurate for 2022
E088	Diabetes due to underlying condition w unsp complications	Verified as valid and accurate for 2022
E089	Diabetes due to underlying condition w/o complications	Verified as valid and accurate for 2022
E0900	Drug/chem diab w hyprosm w/o nonket hyprgly-hypros coma	Verified as valid and accurate for 2022
E0901	Drug/chem diabetes mellitus w hyperosmolarity w coma	Verified as valid and accurate for 2022
E0910	Drug/chem diabetes mellitus w ketoacidosis w/o coma	Verified as valid and accurate for 2022
E0911	Drug/chem diabetes mellitus w ketoacidosis w coma	Verified as valid and accurate for 2022
E0921	Drug/chem diabetes mellitus w diabetic nephropathy	Verified as valid and accurate for 2022
E0922	Drug/chem diabetes w diabetic chronic kidney disease	Verified as valid and accurate for 2022
E0929	Drug/chem diabetes w oth diabetic kidney complication	Verified as valid and accurate for 2022
E09311	Drug/chem diabetes w unsp diabetic rtnop w macular edema	Verified as valid and accurate for 2022
E09319	Drug/chem diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate for 2022
E093211	Drug/chem diab with mild nonp rtnop with mclr edema, r eye	Verified as valid and accurate for 2022
E093212	Drug/chem diab with mild nonp rtnop with mclr edema, l eye	Verified as valid and accurate for 2022
E093213	Drug/chem diab with mild nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E093219	Drug/chem diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E093291	Drug/chem diab with mild nonp rtnop w/o mclr edema, r eye	Verified as valid and accurate for 2022
E093292	Drug/chem diab with mild nonp rtnop w/o mclr edema, l eye	Verified as valid and accurate for 2022
E093293	Drug/chem diab with mild nonp rtnop without mclr edema, bi	Verified as valid and accurate for 2022
E093299	Drug/chem diab with mild nonp rtnop without mclr edema, unsp	Verified as valid and accurate for 2022
E093311	Drug/chem diab with mod nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E093312	Drug/chem diab with mod nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E093313	Drug/chem diab with mod nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E093319	Drug/chem diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E093391	Drug/chem diab with mod nonp rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E093392	Drug/chem diab with mod nonp rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E093393	Drug/chem diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E093399	Drug/chem diab with mod nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E093411	Drug/chem diab with severe nonp rtnop with mclr edema, r eye	Verified as valid and accurate for 2022
E093412	Drug/chem diab with severe nonp rtnop with mclr edema, l eye	Verified as valid and accurate for 2022
E093413	Drug/chem diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E093419	Drug/chem diab with severe nonp rtnop with mclr edema, unsp	Verified as valid and accurate for 2022

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Condition:

Measurement period: Diabetes

Contrato Número

Population	Medicaid/Federal, Commonwealth and CHIP Population	
ICD 10 CODES	Description	Milliman Comments
E093491	Drug/chem diab with severe nonp rtnop w/o mclr edema, r eye	Verified as valid and accurate for 2022
E093492	Drug/chem diab with severe nonp rtnop w/o mclr edema, l eye	Verified as valid and accurate for 2022
E093493	Drug/chem diab with severe nonp rtnop without mclr edema, bi	Verified as valid and accurate for 2022
E093499	Drug/chem diab with severe nonp rtnop w/o mclr edema, unsp	Verified as valid and accurate for 2022
E093511	Drug/chem diab with prolif diab rtnop with mclr edema, r eye	Verified as valid and accurate for 2022
E093512	Drug/chem diab with prolif diab rtnop with mclr edema, l eye	Verified as valid and accurate for 2022
E093513	Drug/chem diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate for 2022
E093519	Drug/chem diab with prolif diab rtnop with mclr edema, unsp	Verified as valid and accurate for 2022
E093521	Drug/chem diab w prolif diab rtnop w trctn dtch macula,r eye	Verified as valid and accurate for 2022
E093522	Drug/chem diab w prolif diab rtnop w trctn dtch macula,l eye	Verified as valid and accurate for 2022
E093523	Drug/chem diab w prolif diab rtnop w trctn dtch macula, bi	Verified as valid and accurate for 2022
E093529	Drug/chem diab w prolif diab rtnop w trctn dtch macula, unsp	Verified as valid and accurate for 2022
E093531	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla,r eye	Verified as valid and accurate for 2022
E093532	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla,l eye	Verified as valid and accurate for 2022
E093533	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, bi	Verified as valid and accurate for 2022
E093539	Drug/chem diab w prolif diab rtnop w trctn dtch n-mcla, unsp	Verified as valid and accurate for 2022
E093541	Drug/chem diab w prolif diab rtnop with comb detach, r eye	Verified as valid and accurate for 2022
E093542	Drug/chem diab w prolif diab rtnop with comb detach, l eye	Verified as valid and accurate for 2022
E093543	Drug/chem diab with prolif diab rtnop with comb detach, bi	Verified as valid and accurate for 2022
E093549	Drug/chem diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate for 2022
E093551	Drug/chem diabetes with stable prolif diabetic rtnop, r eye	Verified as valid and accurate for 2022
E093552	Drug/chem diab with stable prolif diabetic rtnop, left eye	Verified as valid and accurate for 2022
E093553	Drug/chem diabetes with stable prolif diabetic rtnop, bi	Verified as valid and accurate for 2022
E093559	Drug/chem diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate for 2022
E093591	Drug/chem diab with prolif diab rtnop w/o mclr edema, r eye	Verified as valid and accurate for 2022
E093592	Drug/chem diab with prolif diab rtnop w/o mclr edema, l eye	Verified as valid and accurate for 2022
E093593	Drug/chem diab with prolif diab rtnop without mclr edema, bi	Verified as valid and accurate for 2022
E093599	Drug/chem diab with prolif diab rtnop w/o mclr edema, unsp	Verified as valid and accurate for 2022
E0936	Drug/chem diabetes mellitus w diabetic cataract	Verified as valid and accurate for 2022
E0937X1	Drug/chem diab w diab mclr edma, resolved fol trtmt, r eye	Verified as valid and accurate for 2022
E0937X2	Drug/chem diab w diab mclr edma, resolved fol trtmt, l eye	Verified as valid and accurate for 2022
E0937X3	Drug/chem diab with diab mclr edema, resolved fol trtmt, bi	Verified as valid and accurate for 2022
E0937X9	Drug/chem diab with diab mclr edma, resolved fol trtmt, unsp	Verified as valid and accurate for 2022
E0939	Drug/chem diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate for 2022
E0940	Drug/chem diabetes w neuro comp w diabetic neuropathy, unsp	Verified as valid and accurate for 2022
E0941	Drug/chem diabetes w neuro comp w diabetic mononeuropathy	Verified as valid and accurate for 2022
E0942	Drug/chem diabetes w neurological comp w diabetic polyneurop	Verified as valid and accurate for 2022
E0943	Drug/chem diab w neuro comp w diab autonm (poly)neuropathy	Verified as valid and accurate for 2022
E0944	Drug/chem diabetes w neurological comp w diabetic amyotrophy	Verified as valid and accurate for 2022
E0949	Drug/chem diabetes w neuro comp w oth diabetic neuro comp	Verified as valid and accurate for 2022
E0951	Drug/chem diabetes w diabetic prph angiopath w/o gangrene	Verified as valid and accurate for 2022
E0952	Drug/chem diabetes w diabetic prph angiopath w gangrene	Verified as valid and accurate for 2022
E0959	Drug/chem diabetes mellitus w oth circulatory complications	Verified as valid and accurate for 2022
E09610	Drug/chem diabetes w diabetic neuropathic arthropathy	Verified as valid and accurate for 2022
E09618	Drug/chem diabetes mellitus w oth diabetic arthropathy	Verified as valid and accurate for 2022
E09620	Drug/chem diabetes mellitus w diabetic dermatitis	Verified as valid and accurate for 2022
E09621	Drug or chemical induced diabetes mellitus with foot ulcer	Verified as valid and accurate for 2022
E09622	Drug or chemical induced diabetes mellitus w oth skin ulcer	Verified as valid and accurate for 2022
E09628	Drug/chem diabetes mellitus w oth skin complications	Verified as valid and accurate for 2022
E09630	Drug/chem diabetes mellitus w periodontal disease	Verified as valid and accurate for 2022
E09638	Drug/chem diabetes mellitus w oth oral complications	Verified as valid and accurate for 2022
E09641	Drug/chem diabetes mellitus w hypoglycemia w coma	Verified as valid and accurate for 2022
E09649	Drug/chem diabetes mellitus w hypoglycemia w/o coma	Verified as valid and accurate for 2022
E0965	Drug or chemical induced diabetes mellitus w hyperglycemia	Verified as valid and accurate for 2022
E0969	Drug/chem diabetes mellitus w oth complication	Verified as valid and accurate for 2022
E098	Drug/chem diabetes mellitus w unsp complications	Verified as valid and accurate for 2022
E099	Drug or chemical induced diabetes mellitus w/o complications	Verified as valid and accurate for 2022
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate for 2022

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Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	Contrato Número
ICD 10 CODES	Description	Milliman Comments
E1011	Type 1 diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate for 2022
E1021	Type 1 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate for 2022
E1022	Type 1 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate for 2022
E1029	Type 1 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate for 2022
E10311	Type 1 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate for 2022
E10319	Type 1 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate for 2022
E103211	Type 1 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E103212	Type 1 diab with mild nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E103213	Type 1 diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E103219	Type 1 diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E103291	Type 1 diab with mild nonp rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E103292	Type 1 diab with mild nonp rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E103293	Type 1 diab with mild nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E103299	Type 1 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E103311	Type 1 diab with mod nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E103312	Type 1 diab with mod nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E103313	Type 1 diab with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E103319	Type 1 diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E103391	Type 1 diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E103392	Type 1 diab with mod nonp rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E103393	Type 1 diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E103399	Type 1 diab with mod nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E103411	Type 1 diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E103412	Type 1 diab with severe nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E103413	Type 1 diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E103419	Type 1 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E103491	Type 1 diab with severe nonp rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E103492	Type 1 diab with severe nonp rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E103493	Type 1 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E103499	Type 1 diab with severe nonp rtnop without mclr edema, unsp	Verified as valid and accurate for 2022
E103511	Type 1 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E103512	Type 1 diab with prolif diab rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E103513	Type 1 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate for 2022
E103519	Type 1 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E103521	Type 1 diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate for 2022
E103522	Type 1 diab w prolif diab rtnop w trctn dtch macula, l eye	Verified as valid and accurate for 2022
E103523	Type 1 diab w prolif diab rtnop with trctn dtch macula, bi	Verified as valid and accurate for 2022
E103529	Type 1 diab w prolif diab rtnop with trctn dtch macula, unsp	Verified as valid and accurate for 2022
E103531	Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate for 2022
E103532	Type 1 diab w prolif diab rtnop w trctn dtch n-mcla, l eye	Verified as valid and accurate for 2022
E103533	Type 1 diab w prolif diab rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate for 2022
E103539	Type 1 diab w prolif diab rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate for 2022
E103541	Type 1 diab with prolif diab rtnop with comb detach, r eye	Verified as valid and accurate for 2022
E103542	Type 1 diab with prolif diab rtnop with comb detach, l eye	Verified as valid and accurate for 2022
E103543	Type 1 diab with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate for 2022
E103549	Type 1 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate for 2022
E103551	Type 1 diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate for 2022
E103552	Type 1 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate for 2022
E103553	Type 1 diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate for 2022
E103559	Type 1 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate for 2022
E103591	Type 1 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E103592	Type 1 diab with prolif diab rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E103593	Type 1 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate for 2022
E103599	Type 1 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate for 2022
E1036	Type 1 diabetes mellitus with diabetic cataract	Verified as valid and accurate for 2022
E1037X1	Type 1 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate for 2022
E1037X2	Type 1 diab with diab mclr edema, resolved fol trtmt, l eye	Verified as valid and accurate for 2022
E1037X3	Type 1 diab with diab macular edema, resolved fol trtmt, bi	Verified as valid and accurate for 2022

EMR

Condition:

Measurement period: Diabetes

Contrato Número

Population	Medicaid/Federal, Commonwealth and CHIP Population	Milliman Comments
ICD 10 CODES	Description	
E1037X9	Type 1 diab with diab mclr edema, resolved fol trmt, unsp	Verified as valid and accurate for 2022
E1039	Type 1 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate for 2022
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unsp	Verified as valid and accurate for 2022
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate for 2022
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate for 2022
E1043	Type 1 diabetes w diabetic autonomic (poly)neuropathy	Verified as valid and accurate for 2022
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate for 2022
E1049	Type 1 diabetes w oth diabetic neurological complication	Verified as valid and accurate for 2022
E1051	Type 1 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate for 2022
E1052	Type 1 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate for 2022
E1059	Type 1 diabetes mellitus with oth circulatory complications	Verified as valid and accurate for 2022
E10610	Type 1 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate for 2022
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate for 2022
E10620	Type 1 diabetes mellitus with diabetic dermatitis	Verified as valid and accurate for 2022
E10621	Type 1 diabetes mellitus with foot ulcer	Verified as valid and accurate for 2022
E10622	Type 1 diabetes mellitus with other skin ulcer	Verified as valid and accurate for 2022
E10628	Type 1 diabetes mellitus with other skin complications	Verified as valid and accurate for 2022
E10630	Type 1 diabetes mellitus with periodontal disease	Verified as valid and accurate for 2022
E10638	Type 1 diabetes mellitus with other oral complications	Verified as valid and accurate for 2022
E10641	Type 1 diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate for 2022
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate for 2022
E1065	Type 1 diabetes mellitus with hyperglycemia	Verified as valid and accurate for 2022
E1069	Type 1 diabetes mellitus with other specified complication	Verified as valid and accurate for 2022
E108	Type 1 diabetes mellitus with unspecified complications	Verified as valid and accurate for 2022
E109	Type 1 diabetes mellitus without complications	Verified as valid and accurate for 2022
E1100	Type 2 diab w hyprosm w/o nonket hyprgly-hypros coma (NKHHC)	Verified as valid and accurate for 2022
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma	Verified as valid and accurate for 2022
E1121	Type 2 diabetes mellitus with diabetic nephropathy	Verified as valid and accurate for 2022
E1122	Type 2 diabetes mellitus w diabetic chronic kidney disease	Verified as valid and accurate for 2022
E1129	Type 2 diabetes mellitus w oth diabetic kidney complication	Verified as valid and accurate for 2022
E11311	Type 2 diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate for 2022
E11319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	Verified as valid and accurate for 2022
E113211	Type 2 diab with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E113212	Type 2 diab with mild nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E113213	Type 2 diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E113219	Type 2 diab with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E113291	Type 2 diab with mild nonp rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E113292	Type 2 diab with mild nonp rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E113293	Type 2 diab with mild nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E113299	Type 2 diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E113311	Type 2 diab with mod nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E113312	Type 2 diab with mod nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E113313	Type 2 diab with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E113319	Type 2 diab with mod nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E113391	Type 2 diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E113392	Type 2 diab with mod nonp rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E113393	Type 2 diab with mod nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E113399	Type 2 diab with mod nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E113411	Type 2 diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E113412	Type 2 diab with severe nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E113413	Type 2 diab with severe nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E113419	Type 2 diab with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E113491	Type 2 diab with severe nonp rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E113492	Type 2 diab with severe nonp rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E113493	Type 2 diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E113499	Type 2 diab with severe nonp rtnop without mclr edema, unsp	Verified as valid and accurate for 2022
E113511	Type 2 diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E113512	Type 2 diab with prolif diab rtnop with macular edema, l eye	Verified as valid and accurate for 2022

EMR

Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	Contracto Número
ICD 10 CODES	Description	Milliman Comments
E113513	Type 2 diab with prolif diab rtnop with macular edema, bi	Verified as valid and accurate for 2022
E113519	Type 2 diab with prolif diab rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E113521	Type 2 diab w prolif diab rtnop w trctn dtch macula, r eye	Verified as valid and accurate for 2022
E113522	Type 2 diab w prolif diab rtnop w trctn dtch macula, l eye	Verified as valid and accurate for 2022
E113523	Type 2 diab w prolif diab rtnop with trctn dtch macula, bi	Verified as valid and accurate for 2022
E113529	Type 2 diab w prolif diab rtnop with trctn dtch macula, unsp	Verified as valid and accurate for 2022
E113531	Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, r eye	Verified as valid and accurate for 2022
E113532	Type 2 diab w prolif diab rtnop w trctn dtch n-mcla, l eye	Verified as valid and accurate for 2022
E113533	Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate for 2022
E113539	Type 2 diab w prolif diab rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate for 2022
E113541	Type 2 diab with prolif diab rtnop with comb detach, r eye	Verified as valid and accurate for 2022
E113542	Type 2 diab with prolif diab rtnop with comb detach, l eye	Verified as valid and accurate for 2022
E113543	Type 2 diab with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate for 2022
E113549	Type 2 diab with prolif diab rtnop with comb detach, unsp	Verified as valid and accurate for 2022
E113551	Type 2 diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate for 2022
E113552	Type 2 diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate for 2022
E113553	Type 2 diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate for 2022
E113559	Type 2 diabetes with stable prolif diabetic rtnop, unsp	Verified as valid and accurate for 2022
E113591	Type 2 diab with prolif diab rtnop without mclr edema, r eye	Verified as valid and accurate for 2022
E113592	Type 2 diab with prolif diab rtnop without mclr edema, l eye	Verified as valid and accurate for 2022
E113593	Type 2 diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate for 2022
E113599	Type 2 diab with prolif diab rtnop without mclr edema, unsp	Verified as valid and accurate for 2022
E1136	Type 2 diabetes mellitus with diabetic cataract	Verified as valid and accurate for 2022
E1137X1	Type 2 diab with diab mclr edema, resolved fol trtmt, r eye	Verified as valid and accurate for 2022
E1137X2	Type 2 diab with diab mclr edema, resolved fol trtmt, l eye	Verified as valid and accurate for 2022
E1137X3	Type 2 diab with diab macular edema, resolved fol trtmt, bi	Verified as valid and accurate for 2022
E1137X9	Type 2 diab with diab mclr edema, resolved fol trtmt, unsp	Verified as valid and accurate for 2022
E1139	Type 2 diabetes w oth diabetic ophthalmic complication	Verified as valid and accurate for 2022
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unsp	Verified as valid and accurate for 2022
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate for 2022
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate for 2022
E1143	Type 2 diabetes w diabetic autonomic (poly)neuropathy	Verified as valid and accurate for 2022
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate for 2022
E1149	Type 2 diabetes w oth diabetic neurological complication	Verified as valid and accurate for 2022
E1151	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	Verified as valid and accurate for 2022
E1152	Type 2 diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate for 2022
E1159	Type 2 diabetes mellitus with oth circulatory complications	Verified as valid and accurate for 2022
E11610	Type 2 diabetes mellitus w diabetic neuropathic arthropathy	Verified as valid and accurate for 2022
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate for 2022
E11620	Type 2 diabetes mellitus with diabetic dermatitis	Verified as valid and accurate for 2022
E11621	Type 2 diabetes mellitus with foot ulcer	Verified as valid and accurate for 2022
E11622	Type 2 diabetes mellitus with other skin ulcer	Verified as valid and accurate for 2022
E11628	Type 2 diabetes mellitus with other skin complications	Verified as valid and accurate for 2022
E11630	Type 2 diabetes mellitus with periodontal disease	Verified as valid and accurate for 2022
E11638	Type 2 diabetes mellitus with other oral complications	Verified as valid and accurate for 2022
E11641	Type 2 diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate for 2022
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate for 2022
E1165	Type 2 diabetes mellitus with hyperglycemia	Verified as valid and accurate for 2022
E1169	Type 2 diabetes mellitus with other specified complication	Verified as valid and accurate for 2022
E118	Type 2 diabetes mellitus with unspecified complications	Verified as valid and accurate for 2022
E119	Type 2 diabetes mellitus without complications	Verified as valid and accurate for 2022
E1300	Oth diab w hyprosm w/o nonket hyprgly-hypros coma (NKHHC)	Verified as valid and accurate for 2022
E1301	Oth diabetes mellitus with hyperosmolarity with coma	Verified as valid and accurate for 2022
E1310	Oth diabetes mellitus with ketoacidosis without coma	Verified as valid and accurate for 2022
E1311	Oth diabetes mellitus with ketoacidosis with coma	Verified as valid and accurate for 2022
E1321	Other specified diabetes mellitus with diabetic nephropathy	Verified as valid and accurate for 2022
E1322	Oth diabetes mellitus with diabetic chronic kidney disease	Verified as valid and accurate for 2022
E1329	Oth diabetes mellitus with oth diabetic kidney complication	Verified as valid and accurate for 2022

EMR

Condition:

Measurement period: Diabetes

Population	Medicaid/Federal, Commonwealth and CHIP Population	
ICD 10 CODES	Description	Milliman Comments
E1342	Oth diabetes mellitus with diabetic polyneuropathy	Verified as valid and accurate for 2022
E1343	Oth diabetes mellitus w diabetic autonomic (poly)neuropathy	Verified as valid and accurate for 2022
E1344	Other specified diabetes mellitus with diabetic amyotrophy	Verified as valid and accurate for 2022
E1349	Oth diabetes w oth diabetic neurological complication	Verified as valid and accurate for 2022
E1351	Oth diabetes w diabetic peripheral angiopathy w/o gangrene	Verified as valid and accurate for 2022
E1352	Oth diabetes w diabetic peripheral angiopathy w gangrene	Verified as valid and accurate for 2022
E1359	Oth diabetes mellitus with other circulatory complications	Verified as valid and accurate for 2022
E13610	Oth diabetes mellitus with diabetic neuropathic arthropathy	Verified as valid and accurate for 2022
E13618	Oth diabetes mellitus with other diabetic arthropathy	Verified as valid and accurate for 2022
E13620	Other specified diabetes mellitus with diabetic dermatitis	Verified as valid and accurate for 2022
E13621	Other specified diabetes mellitus with foot ulcer	Verified as valid and accurate for 2022
E13622	Other specified diabetes mellitus with other skin ulcer	Verified as valid and accurate for 2022
E13628	Oth diabetes mellitus with other skin complications	Verified as valid and accurate for 2022
E13630	Other specified diabetes mellitus with periodontal disease	Verified as valid and accurate for 2022
E13638	Oth diabetes mellitus with other oral complications	Verified as valid and accurate for 2022
E13641	Oth diabetes mellitus with hypoglycemia with coma	Verified as valid and accurate for 2022
E13649	Oth diabetes mellitus with hypoglycemia without coma	Verified as valid and accurate for 2022
E1365	Other specified diabetes mellitus with hyperglycemia	Verified as valid and accurate for 2022
E1369	Oth diabetes mellitus with other specified complication	Verified as valid and accurate for 2022
E138	Oth diabetes mellitus with unspecified complications	Verified as valid and accurate for 2022
E139	Other specified diabetes mellitus without complications	Verified as valid and accurate for 2022
Z9483	Pancreas transplant status	Verified as valid and accurate for 2022

ADMINISTRACION DE
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Nº 23 - 0044A

Contrato Número

EMR

Condition:

Measurement period: Diabetes

Contrato Número

Population	Medicaid/Federal, Commonwealth and CHIP Population	
ICD 10 CODES	Description	Milliman Comments
E13311	Oth diabetes w unsp diabetic retinopathy w macular edema	Verified as valid and accurate for 2022
E13319	Oth diabetes w unsp diabetic retinopathy w/o macular edema	Verified as valid and accurate for 2022
E133211	Oth diabetes with mild nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E133212	Oth diab with mild nonp rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E133213	Oth diabetes with mild nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E133219	Oth diabetes with mild nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E133291	Oth diab with mild nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E133292	Oth diab with mild nonp rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E133293	Oth diabetes with mild nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E133299	Oth diab with mild nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E133311	Oth diab with moderate nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E133312	Oth diab with moderate nonp rtnop with macular edema, l eye	Verified as valid and accurate for 2022
E133313	Oth diabetes with moderate nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E133319	Oth diab with moderate nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E133391	Oth diab with mod nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E133392	Oth diab with mod nonp rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E133393	Oth diab with moderate nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E133399	Oth diab with mod nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E133411	Oth diab with severe nonp rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E133412	Oth diab with severe nonp rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E133413	Oth diabetes with severe nonp rtnop with macular edema, bi	Verified as valid and accurate for 2022
E133419	Oth diabetes with severe nonp rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E133491	Oth diab with severe nonp rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E133492	Oth diab with severe nonp rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E133493	Oth diab with severe nonp rtnop without macular edema, bi	Verified as valid and accurate for 2022
E133499	Oth diab with severe nonp rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E133511	Oth diab with prolif diab rtnop with macular edema, r eye	Verified as valid and accurate for 2022
E133512	Oth diab with prolif diab rtnop with macular edema, left eye	Verified as valid and accurate for 2022
E133513	Oth diab with prolif diabetic rtnop with macular edema, bi	Verified as valid and accurate for 2022
E133519	Oth diab with prolif diabetic rtnop with macular edema, unsp	Verified as valid and accurate for 2022
E133521	Oth diab w prolif diab rtnop with trctn dtch macula, r eye	Verified as valid and accurate for 2022
E133522	Oth diab w prolif diab rtnop with trctn dtch macula, l eye	Verified as valid and accurate for 2022
E133523	Oth diab with prolif diab rtnop with trctn dtch macula, bi	Verified as valid and accurate for 2022
E133529	Oth diab with prolif diab rtnop with trctn dtch macula, unsp	Verified as valid and accurate for 2022
E133531	Oth diab w prolif diab rtnop with trctn dtch n-mcla, r eye	Verified as valid and accurate for 2022
E133532	Oth diab w prolif diab rtnop with trctn dtch n-mcla, l eye	Verified as valid and accurate for 2022
E133533	Oth diab with prolif diab rtnop with trctn dtch n-mcla, bi	Verified as valid and accurate for 2022
E133539	Oth diab with prolif diab rtnop with trctn dtch n-mcla, unsp	Verified as valid and accurate for 2022
E133541	Oth diab with prolif diabetic rtnop with comb detach, r eye	Verified as valid and accurate for 2022
E133542	Oth diab with prolif diab rtnop with comb detach, left eye	Verified as valid and accurate for 2022
E133543	Oth diabetes with prolif diabetic rtnop with comb detach, bi	Verified as valid and accurate for 2022
E133549	Oth diab with prolif diabetic rtnop with comb detach, unsp	Verified as valid and accurate for 2022
E133551	Oth diabetes with stable prolif diabetic rtnop, right eye	Verified as valid and accurate for 2022
E133552	Oth diabetes with stable prolif diabetic rtnop, left eye	Verified as valid and accurate for 2022
E133553	Oth diabetes with stable prolif diabetic rtnop, bilateral	Verified as valid and accurate for 2022
E133559	Oth diabetes with stable prolif diabetic retinopathy, unsp	Verified as valid and accurate for 2022
E133591	Oth diab with prolif diab rtnop without macular edema, r eye	Verified as valid and accurate for 2022
E133592	Oth diab with prolif diab rtnop without macular edema, l eye	Verified as valid and accurate for 2022
E133593	Oth diab with prolif diab rtnop without macular edema, bi	Verified as valid and accurate for 2022
E133599	Oth diab with prolif diab rtnop without macular edema, unsp	Verified as valid and accurate for 2022
E1336	Other specified diabetes mellitus with diabetic cataract	Verified as valid and accurate for 2022
E1337X1	Oth diab with diab macular edema, resolved fol trtmt, r eye	Verified as valid and accurate for 2022
E1337X2	Oth diab with diab macular edema, resolved fol trtmt, l eye	Verified as valid and accurate for 2022
E1337X3	Oth diab with diabetic macular edema, resolved fol trtmt, bi	Verified as valid and accurate for 2022
E1337X9	Oth diab with diab macular edema, resolved fol trtmt, unsp	Verified as valid and accurate for 2022
E1339	Oth diabetes mellitus w oth diabetic ophthalmic complication	Verified as valid and accurate for 2022
E1340	Oth diabetes mellitus with diabetic neuropathy, unspecified	Verified as valid and accurate for 2022
E1341	Oth diabetes mellitus with diabetic mononeuropathy	Verified as valid and accurate for 2022

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Condition: Asthma

Population		Medicaid/Federal, Commonwealth	
ICD 10 CODES	Description	Milliman Comments	
J4520	Mild intermittent asthma, uncomplicated	Verified as valid and accurate for 2022	
J4521	Mild intermittent asthma with (acute) exacerbation	Verified as valid and accurate for 2022	
J4522	Mild intermittent asthma with status asthmaticus	Verified as valid and accurate for 2022	
J4530	Mild persistent asthma, uncomplicated	Verified as valid and accurate for 2022	
J4531	Mild persistent asthma with (acute) exacerbation	Verified as valid and accurate for 2022	
J4532	Mild persistent asthma with status asthmaticus	Verified as valid and accurate for 2022	
J4540	Moderate persistent asthma, uncomplicated	Verified as valid and accurate for 2022	
J4541	Moderate persistent asthma with (acute) exacerbation	Verified as valid and accurate for 2022	
J4542	Moderate persistent asthma with status asthmaticus	Verified as valid and accurate for 2022	
J4550	Severe persistent asthma, uncomplicated	Verified as valid and accurate for 2022	
J4551	Severe persistent asthma with (acute) exacerbation	Verified as valid and accurate for 2022	
J4552	Severe persistent asthma with status asthmaticus	Verified as valid and accurate for 2022	
J45901	Unspecified asthma with (acute) exacerbation	Verified as valid and accurate for 2022	
J45902	Unspecified asthma with status asthmaticus	Verified as valid and accurate for 2022	
J45909	Unspecified asthma, uncomplicated	Verified as valid and accurate for 2022	
J45990	Exercise induced bronchospasm	Verified as valid and accurate for 2022	
J45991	Cough variant asthma	Verified as valid and accurate for 2022	
J45998	Other asthma	Verified as valid and accurate for 2022	

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Condition: Severe Heart Failure

Population	Medicaid/Federal and Commonwealth	Milliman Comments
ICD 10 CODES	Description	
I501	Left ventricular failure, unspecified	Verified as valid and accurate for 2022
I5020	Unspecified systolic (congestive) heart failure	Verified as valid and accurate for 2022
I5021	Acute systolic (congestive) heart failure	Verified as valid and accurate for 2022
I5022	Chronic systolic (congestive) heart failure	Verified as valid and accurate for 2022
I5023	Acute on chronic systolic (congestive) heart failure	Verified as valid and accurate for 2022
I5030	Unspecified diastolic (congestive) heart failure	Verified as valid and accurate for 2022
I5031	Acute diastolic (congestive) heart failure	Verified as valid and accurate for 2022
I5032	Chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2022
I5033	Acute on chronic diastolic (congestive) heart failure	Verified as valid and accurate for 2022
I5040	Unsp combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2022
I5041	Acute combined systolic and diastolic (congestive) hrt fail	Verified as valid and accurate for 2022
I5042	Chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2022
I5043	Acute on chronic combined systolic and diastolic hrt fail	Verified as valid and accurate for 2022
I509	Heart failure, unspecified	Verified as valid and accurate for 2022

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Contrato Número

Condition: Hypertension

Population	Medicaid/Federal and Commonwealth	Milliman Comments
ICD10 Codes	Description	
I10	Hypertension	Verified as valid and accurate for 2022
I110	Hypertensive heart disease without heart failure	Verified as valid and accurate for 2022
I119	Hypertensive heart disease with heart failure	Verified as valid and accurate for 2022
I120	Hypertensive chronic kidney disease, stage 1-4	Verified as valid and accurate for 2022
I129	Hypertensive chronic kidney disease, stage 5 or ESRD	Verified as valid and accurate for 2022
I130	Hypertensive heart disease with heart failure and chronic kidney disease stage 1-4	Verified as valid and accurate for 2022
I1310	Hypertensive heart disease without heart failure and chronic kidney disease stage 1-4	Verified as valid and accurate for 2022
I1311	Hypertensive heart disease without heart failure and chronic kidney disease stage 5 or ESRD	Verified as valid and accurate for 2022
I132	Hypertensive heart disease with heart failure and chronic kidney disease stage 5 or ESRD	Verified as valid and accurate for 2022

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SEGUROS DE SALUD

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Contrato Número

Condition: Chronic Obstructive Pulmonary Disease (COPD)

ICD10 Codes	Medicaid/Federal and Commonwealth	Description	Milliman Comments
J410		Simple chronic bronchitis	Verified as valid and accurate for 2022
J411		Mucopurulent chronic bronchitis	Verified as valid and accurate for 2022
J418		Mixed simple and mucopurulent chronic bronchitis	Verified as valid and accurate for 2022
J42		Unspecified chronic bronchitis	Verified as valid and accurate for 2022
J430		Unilateral pulmonary emphysema [MacLeods syndrome]	Verified as valid and accurate for 2022
J431		Panlobular emphysema	Verified as valid and accurate for 2022
J432		Centriobular emphysema	Verified as valid and accurate for 2022
J438		Other emphysema	Verified as valid and accurate for 2022
J439		Emphysema unspecified	Verified as valid and accurate for 2022
J440		Chronic obstructive pulmonary disease w acute lower resp infect	Verified as valid and accurate for 2022
J441		Chronic obstructive pulmonary disease w (acute) exacerbation	Verified as valid and accurate for 2022
J449		Chronic obstructive pulmonary disease, unspecified	Verified as valid and accurate for 2022

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ADMINISTRACION DE
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Condition: **Chronic Depression**

Population	Medicaid/Federal and Commonwealth	
ICD 10 Codes Considered	Description	Milliman Comments
F3010	Manic episode without psychotic symptoms unspecified	Verified as valid and accurate for 2022
F3011	Manic episode without psychotic symptoms mild	Verified as valid and accurate for 2022
F3012	Manic episode without psychotic symptoms moderate	Verified as valid and accurate for 2022
F3013	Manic episode severe without psychotic symptoms	Verified as valid and accurate for 2022
F302	Manic episode severe with psychotic symptoms	Verified as valid and accurate for 2022
F303	Manic episode in partial remission	Verified as valid and accurate for 2022
F304	Manic episode in full remission	Verified as valid and accurate for 2022
F308	Other manic episodes	Verified as valid and accurate for 2022
F309	Manic episode unspecified	Verified as valid and accurate for 2022
F310	Bipolar disorder current episode hypomanic	Verified as valid and accurate for 2022
F3110	Bipolar disord crnt episode manic wo psych features unsp	Verified as valid and accurate for 2022
F3111	Bipolar disord crnt episode manic wo psych features mild	Verified as valid and accurate for 2022
F3112	Bipolar disord crnt episode manic wo psych features mod	Verified as valid and accurate for 2022
F3113	Bipolar disord crnt epsd manic wo psych features severe	Verified as valid and accurate for 2022
F312	Bipolar disord crnt episode manic severe w psych features	Verified as valid and accurate for 2022
F3130	Bipolar disord crnt epsd depress mild or mod severt unsp	Verified as valid and accurate for 2022
F3131	Bipolar disorder current episode depressed mild	Verified as valid and accurate for 2022
F3132	Bipolar disorder current episode depressed moderate	Verified as valid and accurate for 2022
F314	Bipolar disord crnt epsd depress sev wo psych features	Verified as valid and accurate for 2022
F315	Bipolar disord crnt epsd depress severe w psych features	Verified as valid and accurate for 2022
F3160	Bipolar disorder current episode mixed unspecified	Verified as valid and accurate for 2022
F3161	Bipolar disorder current episode mixed mild	Verified as valid and accurate for 2022
F3162	Bipolar disorder current episode mixed moderate	Verified as valid and accurate for 2022
F3163	Bipolar disord crnt epsd mixed severe wo psych features	Verified as valid and accurate for 2022
F3164	Bipolar disord crnt episode mixed severe w psych features	Verified as valid and accurate for 2022
F3170	Bipolar disorder currently in remis most recent episode unsp	Verified as valid and accurate for 2022
F3171	Bipolar disorder in partial remis most recent epsd hypomanic	Verified as valid and accurate for 2022
F3172	Bipolar disorder in full remis most recent episode hypomanic	Verified as valid and accurate for 2022
F3173	Bipolar disorder in partial remis most recent episode manic	Verified as valid and accurate for 2022
F3174	Bipolar disorder in full remis most recent episode manic	Verified as valid and accurate for 2022
F3175	Bipolar disorder in partial remis most recent epsd depress	Verified as valid and accurate for 2022
F3176	Bipolar disorder in full remis most recent episode depress	Verified as valid and accurate for 2022
F3177	Bipolar disorder in partial remis most recent episode mixed	Verified as valid and accurate for 2022
F3178	Bipolar disorder in full remis most recent episode mixed	Verified as valid and accurate for 2022
F3181	Bipolar II disorder	Verified as valid and accurate for 2022
F3189	Other bipolar disorder	Verified as valid and accurate for 2022
F319	Bipolar disorder unspecified	Verified as valid and accurate for 2022
F320	Major depressive disorder single episode mild	Verified as valid and accurate for 2022
F321	Major depressive disorder single episode moderate	Verified as valid and accurate for 2022
F322	Major depressv disord single epsd sev wo psych features	Verified as valid and accurate for 2022
F323	Major depressv disord single epsd severe w psych features	Verified as valid and accurate for 2022
F324	Major depressv disorder single episode in partial remis	Verified as valid and accurate for 2022
F325	Major depressive disorder single episode in full remission	Verified as valid and accurate for 2022
F3281	Premenstrual dysphoric disorder	Verified as valid and accurate for 2022
F3289	Other specified depressive episodes	Verified as valid and accurate for 2022
F329	Major depressive disorder single episode unspecified	Verified as valid and accurate for 2022
F330	Major depressive disorder, recurrent, mild	Verified as valid and accurate for 2022
F331	Major depressive disorder, recurrent, moderate	Verified as valid and accurate for 2022
F332	Major depressive disorder, recurrent severe without psychotic features	Verified as valid and accurate for 2022
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	Verified as valid and accurate for 2022
F3340	Major depressive disorder, recurrent, in remission unspecified	Verified as valid and accurate for 2022
F3341	Major depressive disorder, recurrent, in partial remission	Verified as valid and accurate for 2022
F3342	Major depressive disorder, recurrent, in full remission	Verified as valid and accurate for 2022
F338	Other recurrent depressive disorders	Verified as valid and accurate for 2022
F339	Major depressive disorder, recurrent, unspecified	Verified as valid and accurate for 2022

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REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP	Milliman Comments
22	SNF claim paid under PPS		Verified as valid and accurate for 2022.
24	Inpatient Rehabilitation Facility paid under PPS		Verified as valid and accurate for 2022.
100	All inclusive rate-room and board plus ancillary	x	Verified as valid and accurate for 2022.
101	All inclusive rate-room and board	x	Verified as valid and accurate for 2022.
110	Private medical or general-general classification	x	Verified as valid and accurate for 2022.
111	Private medical or general-medical/surgical/GYN	x	Verified as valid and accurate for 2022.
112	Private medical or general-OB	x	Verified as valid and accurate for 2022.
113	Private medical or general-pediatric	x	Verified as valid and accurate for 2022.
114	Private medical or general-psychiatric	x	Verified as valid and accurate for 2022.
115	Private medical or general-hospice	x	Verified as valid and accurate for 2022.
116	Private medical or general-detoxification	x	Verified as valid and accurate for 2022.
117	Private medical or general-oncology	x	Verified as valid and accurate for 2022.
118	Private medical or general-rehabilitation	x	Verified as valid and accurate for 2022.
119	Private medical or general-other	x	Verified as valid and accurate for 2022.
120	Semi-private 2 bed (medical or general)-general classification	x	Verified as valid and accurate for 2022.
121	Semi-private 2 bed (medical or general)-medical/surgical/GYN	x	Verified as valid and accurate for 2022.
122	Semi-private 2 bed (medical or general)-OB	x	Verified as valid and accurate for 2022.
123	Semi-private 2 bed (medical or general)-pediatric	x	Verified as valid and accurate for 2022.
124	Semi-private 2 bed (medical or general)-psychiatric	x	Verified as valid and accurate for 2022.
125	Semi-private 2 bed (medical or general)-hospice	x	Verified as valid and accurate for 2022.
126	Semi-private 2 bed (medical or general)-detoxification	x	Verified as valid and accurate for 2022.
127	Semi-private 2 bed (medical or general)-oncology	x	Verified as valid and accurate for 2022.
128	Semi-private 2 bed (medical or general)-rehabilitation	x	Verified as valid and accurate for 2022.
129	Semi-private 2 bed (medical or general)-other	x	Verified as valid and accurate for 2022.
130	Semi-private 3 and 4 beds-general classification	x	Verified as valid and accurate for 2022.
131	Semi-private 3 and 4 beds-medical/surgical/GYN	x	Verified as valid and accurate for 2022.
132	Semi-private 3 and 4 beds-OB	x	Verified as valid and accurate for 2022.
133	Semi-private 3 and 4 beds-pediatric	x	Verified as valid and accurate for 2022.
134	Semi-private 3 and 4 beds-psychiatric	x	Verified as valid and accurate for 2022.
135	Semi-private 3 and 4 beds-hospice	x	Verified as valid and accurate for 2022.
136	Semi-private 3 and 4 beds-detoxification	x	Verified as valid and accurate for 2022.
137	Semi-private 3 and 4 beds-oncology	x	Verified as valid and accurate for 2022.
138	Semi-private 3 and 4 beds-rehabilitation	x	Verified as valid and accurate for 2022.
139	Semi-private 3 and 4 beds-other	x	Verified as valid and accurate for 2022.
140	Private (deluxe)-general classification	x	Verified as valid and accurate for 2022.
141	Private (deluxe)-medical/surgical/GYN	x	Verified as valid and accurate for 2022.
142	Private (deluxe)-OB	x	Verified as valid and accurate for 2022.
143	Private (deluxe)-pediatric	x	Verified as valid and accurate for 2022.
144	Private (deluxe)-psychiatric	x	Verified as valid and accurate for 2022.
145	Private (deluxe)-hospice	x	Verified as valid and accurate for 2022.
146	Private (deluxe)-detoxification	x	Verified as valid and accurate for 2022.
147	Private (deluxe)-oncology	x	Verified as valid and accurate for 2022.
148	Private (deluxe)-rehabilitation	x	Verified as valid and accurate for 2022.
149	Private (deluxe)-other	x	Verified as valid and accurate for 2022.
150	Room&Board ward (medical or general)-general classification	x	Verified as valid and accurate for 2022.
151	Room&Board ward (medical or general)-medical/surgical/GYN	x	Verified as valid and accurate for 2022.
152	Room&Board ward (medical or general)-OB	x	Verified as valid and accurate for 2022.
153	Room&Board ward (medical or general)-pediatric	x	Verified as valid and accurate for 2022.
154	Room&Board ward (medical or general)-psychiatric	x	Verified as valid and accurate for 2022.
155	Room&Board ward (medical or general)-hospice	x	Verified as valid and accurate for 2022.
156	Room&Board ward (medical or general)-detoxification	x	Verified as valid and accurate for 2022.
157	Room&Board ward (medical or general)-oncology	x	Verified as valid and accurate for 2022.
158	Room&Board ward (medical or general)-rehabilitation	x	Verified as valid and accurate for 2022.
159	Room&Board ward (medical or general)-other	x	Verified as valid and accurate for 2022.
160	Other Room&Board-general classification	x	Verified as valid and accurate for 2022.
161	Other Room&Board-SNF (Medicaid)	x	Verified as valid and accurate for 2022.
162	Other Room&Board-ICF (Medicaid)	x	Verified as valid and accurate for 2022.
164	Other Room&Board-sterile environment	x	Verified as valid and accurate for 2022.
166	Other Room&Board-Admin Days	x	Verified as valid and accurate for 2022.
167	Other Room&Board-self care	x	Verified as valid and accurate for 2022.
168	Other Room&Board-Chem Using Preg Women	x	Verified as valid and accurate for 2022.
169	Other Room&Board-other	x	Verified as valid and accurate for 2022.
170	Nursery-general classification	x	Verified as valid and accurate for 2022.
171	Nursery-newborn-level I (routine)	x	Verified as valid and accurate for 2022.
172	Nursery-premature-newborn-level II (continuing care)	x	Verified as valid and accurate for 2022.
173	Nursery-newborn-level III (intermediate care)-(eff 10/96)	x	Verified as valid and accurate for 2022.

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REVENUE CODE	REVENUE CODE DESCRIPTION	USE FOR IP	Milliman Comments
174	Nursery-newborn-level IV (intensive care)-(eff 10/96)	x	Verified as valid and accurate for 2022.
175	Nursery-neonatal ICU (obsolete eff 10/96)	x	Verified as valid and accurate for 2022.
179	Nursery-other	x	Verified as valid and accurate for 2022.
180	Leave of absence-general classification		Verified as valid and accurate for 2022.
182	Leave of absence-patient convenience charges-billable		Verified as valid and accurate for 2022.
183	Leave of absence-therapeutic leave		Verified as valid and accurate for 2022.
184	Leave of absence-ICF mentally retarded-any reason		Verified as valid and accurate for 2022.
185	Leave of absence-nursing home (hospitalization)		Verified as valid and accurate for 2022.
189	Leave of absence-other leave of absence		Verified as valid and accurate for 2022.
190	Subacute care - general classification-(eff. 10/97)		Verified as valid and accurate for 2022.
191	Subacute care - level I (eff. 10/97)		Verified as valid and accurate for 2022.
192	Subacute care - level II (eff. 10/97)		Verified as valid and accurate for 2022.
193	Subacute care - level III (eff. 10/97)		Verified as valid and accurate for 2022.
194	Subacute care - level IV (eff. 10/97)		Verified as valid and accurate for 2022.
199	Subacute care - other (eff 10/97)		Verified as valid and accurate for 2022.
200	Intensive care-general classification	x	Verified as valid and accurate for 2022.
201	Intensive care-surgical	x	Verified as valid and accurate for 2022.
202	Intensive care-medical	x	Verified as valid and accurate for 2022.
203	Intensive care-pediatric	x	Verified as valid and accurate for 2022.
204	Intensive care-psychiatric	x	Verified as valid and accurate for 2022.
206	Intensive care-post ICU; redefined as-intermediate ICU (eff 10/96)	x	Verified as valid and accurate for 2022.
207	Intensive care-burn care	x	Verified as valid and accurate for 2022.
208	Intensive care-trauma	x	Verified as valid and accurate for 2022.
209	Intensive care-other intensive care	x	Verified as valid and accurate for 2022.
210	Coronary care-general classification	x	Verified as valid and accurate for 2022.
211	Coronary care-myocardial infraction	x	Verified as valid and accurate for 2022.
212	Coronary care-pulmonary care	x	Verified as valid and accurate for 2022.
213	Coronary care-heart transplant	x	Verified as valid and accurate for 2022.
214	Coronary care-post CCU; redefined as-intermediate CCU (eff 10/96)	x	Verified as valid and accurate for 2022.
219	Coronary care-other coronary care	x	Verified as valid and accurate for 2022.
1000	Behavioral Health Accomodations-general classification	x	Verified as valid and accurate for 2022.
1001	Behavioral Health Accomodations-residential-psychiatric	x	Verified as valid and accurate for 2022.
1002	Behavioral Health Accomodations-residential-chemical dependency		Verified as valid and accurate for 2022.
1003	Behavioral Health Accomodations-supervised living		Verified as valid and accurate for 2022.
1004	Behavioral Health Accomodations-halfway house		Verified as valid and accurate for 2022.
1005	Behavioral Health Accomodations-group home		Verified as valid and accurate for 2022.

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Contrato Número



VITAL HEALTH PLAN
Report 22: Health Care Improvement Program

Contractor Name:	-
Period:	Quarterly
Period Start Date:	1/1/2023
Period End Date:	9/30/2023
Fiscal Year:	

Prepared By:

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


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Contrato Número

CONTENT

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

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Nº 23 - 0044A

Contrato Número

ATTESTATION



22. HCIP

QUARTERLY REPORTS CERTIFICATION STATEMENT OF

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to

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

FOR THE PERIOD ENDING
(mm/dd/year)

9/30/2023

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

Signature

ADMINISTRACION DE
SEGUROS DE SALUD

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[Signature]

Health Care Improvement Program

Chronic Conditions Initiative		Medicaid/Federal and Commonwealth	
MCO	-	Period Start Date	1/1/2023
Fiscal Year	January 2023-Sep 2023	Period End Date	9/30/2023

Chronic Conditions Report

Diabetes (Including CHIP population) Scored measure: Comprehensive Diabetes Care Hemoglobin A1c (HbA1c) testing					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
77.68%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population) Scored measure: Hemoglobin A1c (HbA1c) poor control (>9.0%)					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
84.43%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population) Scored measure: Blood Pressure Control (<140/90 mm Hg)					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
30.72%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population) Scored measure: Comprehensive Diabetes Care Eye Exam					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
26.17%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population) Scored measure: Kidney Health Evaluation for Patients With Diabetes					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
12.05%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes (Including CHIP population) Scored measure: PQI 01: Diabetes Short Term Complications Admission Rate: Ages 18+					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
71	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Asthma (Including CHIP) Scored Measure: PQI 15: Asthma in Younger Adults Admissions Rate					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
47	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Asthma (Including CHIP) Scored Measure: ED Use/1000					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
104	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Asthma (Including CHIP) Scored Measure: PHQ-9					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
16.08%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Severe Heart Failure Scored Measure: PQ1 08: Heart Failure Admissions/1000: Ages 18+					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
174	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Severe Heart Failure Scored Measure: PHQ-9					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
24.24%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hypertension Scored Measure: ED Use/1000					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
74	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Chronic Obstructive Pulmonary Disease (COPD) Scored Measure: PQ1 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate: Ages 18 +					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
190	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Chronic Depression Scored Measure: Follow up after Hospitalization for Mental Illness: 7 days					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
45.71%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Chronic Depression Scored Measure: Follow up after Hospitalization for Mental Illness: 30 days					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
73.15%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Chronic Depression Scored Measure: Inpatient Admission/1000					
Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
16	Denominator				
	Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Health Care Improvement Program

Healthy People Initiative

MCO	-		Period Start Date	1/1/2023
Fiscal Year	January 2023-Sept 2023		Period End Date	9/30/2023

Healthy People Initiative Report

Breast Cancer Screening (BCS)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
50.88%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Cervical Cancer Screening (CCS)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
50.57%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Controlling High Blood Pressure (CBP)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
31.77%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
62.07%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Follow-Up After Hospitalization for Mental Illness (FUH) 30 days					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
73.66%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Adults Access to Preventive/Ambulatory Health Services (AAP)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
71.29%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Oral Evaluation, Dental Services** (OEV)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
TBD	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Timeliness of Prenatal Care (PPC)					
		Q1	Q2	Q3	Q4
National Benchmark 2021	Numerator				
58.05%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Postpartum Care (PPC)					
National Benchmark 2021		Q1	Q2	Q3	Q4
		Numerator			
42.53%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Utilization Well-Child Visit First 30 Months of Life: Ages 0-15 months					
National Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
4.03%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Utilization Well-Child Visit First 30 Months of Life: Ages: 15-30 months					
National Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
23.55%	Denominator				
	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Child and Adolescent Well-Care Visits (WCV)					
National Benchmark 2021		Q1	Q2	Q3	Q4
	Numerator				
	Denominator				
31.44%	Percent	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Health Care Improvement Program

Emergency Room High Utilizers Initiative

MCO	-		Period Start Date	1/1/2023
Fiscal Year	January 2023-Sept 2023		Period End Date	9/30/2023

Emergency Room High Utilizers Report

Overall emergency room utilization rate X 1000 on identified population with 7 or more visits to the Emergency Room

Benchmark 2021	Numerator	Denominator	Rate	Q1	Q2	Q3	Q4
897				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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