

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

HEALTH CARE
IMPROVEMENT
PROGRAM



ATTACHMENT 19 – HEALTH CARE IMPROVEMENT PROGRAM MANUAL
GOVERNMENT HEALTH PLAN PROGRAM
JANUARY 1, 2023 –SEPTEMBER 30, 2025

Rev. March 16, 2023 Vol:1

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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

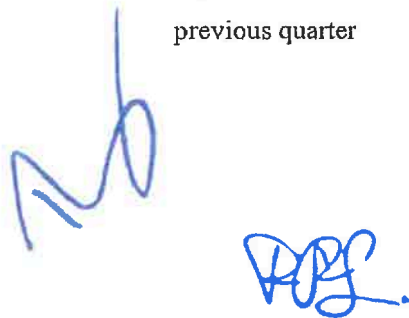
- 1 point = Per scored measure reported on time with valid data and showing improvement from the previous quarter reporting period
- 0 points = Per scored measure not submitted on time and without valid data or no improvement from the previous quarter reporting period

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	• Breast Cancer Screening	1
CCS	• Cervical Cancer Screening	1
CBP	• Controlling High Blood Pressure	1
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	1
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 days	1
Access/Availability of Care		
AAP	• Adults' Access to Preventive/Ambulatory Health Services	1
OEV	• Oral Evaluation, Dental Services	1
PPC	• Timeliness of Prenatal Care	1
	• Postpartum Care	1
Other Utilization		
W30	• Well-Child Visits First 30 months of Life o 0-15 months = 0.5 point o 15-30 months = 0.5 point	1
WCV	• Child and Adolescent Well-Care Visits	1
Total Points for the Health People Initiative		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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