



I. INTRODUCTION _____ 3

II. REPORTING TIMEFRAMES _____ 4

III. EVALUATION & POINT DISTRIBUTION _____ 5

IV. RETENTION FUND & COMPLIANCE PERCENTAGE _____ 9

V. DEFINITIONS _____ 12

VI. Evaluation and Point Distribution _____ 14

VI.1 Point Distribution _____ 14

VI.2 Chronic Conditions Initiative _____ 14

VI.3 Healthy People Initiative _____ 15

VI.4 Emergency Room High Utilizers Initiative _____ 16

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0004672

Contrato Número

I. INTRODUCTION

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

The purpose of this manual is to provide the necessary guidelines for attaining the required performance indicators for each of the categories measured under the HCIP as specified and subject to revision by ASES in this Manual and incorporated in Section 12.5 of the Government Health Plan (GHP) Contract executed between the Contractor and ASES. As the HCIP guidelines and/or performance benchmarks are updated, ASES will share these changes with Contractors and update this manual.

ASES shall maintain a retention fund created by withheld amounts of the per member per month (PMPM) payment each month as part of the HCIP described in Section 22.4 of the Contract. The retained PMPM amount shall be associated with the HCIP initiatives outlined below:

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

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

ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the three (3) HCIP Initiatives specified in this Manual. The Clinical Operation Area will audit the results of the data in the timeframes stated in Section 22.4.2.2 of the Contract for the performance indicators in the above-named initiatives. This Manual describes, in detail, the requirements and the specific metrics for each initiative of the HCIP for the Contract period January 1, 2023 through September 30, 2025. The HCIP will be updated annually as GHP benchmarks are set and measures or metrics are revised accordingly.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000 467

Contrato Número

II. REPORTING TIMEFRAMES

The Contractor will submit a report for each quality initiative on a quarterly basis as established in the following table. The Contractor is to submit quarterly results via XML in the Enterprise System as directed within the Plan Vital Reporting Guide.

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

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

MINISTRACION DE SEGUROS DE SALUD

23 - 000467

Contrato Número

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

**Subject to extension or renovation of 4th year contract.*

III. EVALUATION & POINT DISTRIBUTION

The HCIP is divided into three categories:

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

There is a list of conditions, indicators and performance measures listed for the HCIP in Sections: VI.2, VI.3, and VI.4. These indicators and performance measures have been chosen by ASES for quarterly basis reporting and evaluation purposes for the HCIP. The MCOs will be notified of any changes to the selected indicators, the definition of improvement for each metric, and the corresponding point distribution for each fiscal year before the fiscal year begins.

| Period | Claims Data: Incurred Service Time Period | Evaluation criteria |
|---------------|------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Year 1 | Contractor GHP Benchmark: Report Submission and Improvement. | |
| P1 | 1/1/2022 – 12/31/2022 | Report submission/Baseline |
| P2 | 4/1/2022 – 3/30/2023 | Report Submission |
| P3 | 7/1/2022 – 6/30/2023 | Any Improvement Over P2 or Complying with the HCIP Benchmarks |
| P4 | 10/1/2022 – 9/30/2023 | Any Improvement Over P3 or Complying with the HCIP Benchmarks |
| Year 2 | Contractor GHP Benchmark: Improvement and Benchmarks to be provided by ASES | |
| P1 | 1/1/2023 – 12/31/2023 | Any Improvement Over P4 or Complying with the HCIP Benchmarks |
| P2 | 4/1/2023 – 3/30/2024 | Complying with the HCIP Benchmarks |
| P3 | 7/1/2023 – 6/30/2024 | Complying with the HCIP Benchmarks |
| P4 | 10/1/2023 – 9/30/2024 | Complying with the HCIP Benchmarks |

ADMINISTRACIÓN DE
SEGUROS DE SALUD,

23 - 000469

Contrato Número



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

*Year 3 exceptions noted below

Year 1

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

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

For P3 and P4

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

Year 2

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

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0004672

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

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

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

Year 3

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

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

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

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

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0004672

Contrato Número 7

Exceptions for Year 3 Scoring are as follows:

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

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

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

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

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

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

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número

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

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

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

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

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

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

IV. RETENTION FUND & COMPLIANCE PERCENTAGE

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

| TIME PERIOD (INCURRED SERVICE FROM CONTRACT TERM) | MONTHLY RETENTION FUND PERCENTAGE |
|-------------------------------------------------------------------|--------------------------------------|
| Fiscal Year Quarters Defined in Section II – Reporting Timeframes | 2% |
| HCIP INITIATIVE | |
| Chronic Conditions Initiative | |
| Healthy People Initiative | 23 - 000467 |
| Emergency Room High Utilizers Initiative | |

Contrato Número

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

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

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

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ADMINISTRACION DE SEGUROS DE SALUD

23 - 000467

Contrato Número

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

ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 000467

Contrato Número



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.



ADMINISTRACION DE
SEGUROS DE SALUD ,
23 - 000 467

Contrato Número

10. **Preventive services:** Health care services provided by a physician or other provider within the scope of his or her practice under Puerto Rico law to detect or prevent disease, disability, behavioral health conditions or other health conditions; and to promote physical and behavioral health and efficiency.
11. **Primary care physician (PCP):** A licensed medical doctor (MD) who is a provider and who, within the scope of practice and in accordance with Puerto Rico certification and licensure requirements, is responsible for providing all required primary care to enrollees. The PCP is responsible for determining services required by enrollees, provides continuity of care and provides referrals for enrollees when medically necessary. A PCP may be a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician.
12. **Retention fund:** The amount withheld by ASES of the monthly PMPM payment otherwise payable to the Contractor to incentivize the Contractor to meet performance targets under the HCIP described in this manual. This amount shall be equal to the percent of that portion of the total PMPM payment that is determined to be attributable to the Contractor's administration of the HCIP described in this Manual and Sections 12.5 and 22.4 of the Contract. Amounts withheld will be disbursed to the Contractor in whole or in part (as set forth in the HCIP manual and Sections 12.5 and 22.4 of the Contract) in the event of a determination by ASES that the Contractor has complied with the quality standards and criteria established in this HCIP manual.
13. **Electronic Clinical Data Systems (ECDS):** Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries. See NCQA's site for more information - <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting>.

Note:

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



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número

VI. Evaluation and Point Distribution

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

VI.1 Point Distribution: Updated for Year 3

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

VI.2 Chronic Conditions Initiative

The Chronic Conditions Initiative focuses on those enrollees with a chronic condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual. For the purpose of the HCIP, ASES will consider the Chronic Conditions Initiative Metrics described below for compliance and release to the applicable percent of the retention fund for this program.

| CHRONIC CONDITIONS | SCORED MEASURES | POINTS |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Medicaid/Federal, State, and CHIP Chronic Conditions | | |
| | <ul style="list-style-type: none"> Glycemic Status Assessment for Patients With Diabetes (>9.0%) (GSD) *For the 1st and 2nd period, reporting only, beginning 3rd period, against benchmark | 1 |
| | <ul style="list-style-type: none"> BP Control (<140/90 mm Hg) | 1 |
| | <ul style="list-style-type: none"> Eye exam | 1 |
| | <ul style="list-style-type: none"> Kidney Health Evaluation for Patients With Diabetes | 1 |
| | <ul style="list-style-type: none"> PQI 01: Diabetes Short Term Complications Admission Rate | 1 |
| Asthma | <ul style="list-style-type: none"> PQI 15: Asthma in Younger Adults Admission Rate | 1 |
| | <ul style="list-style-type: none"> ED Use/1000 | 1 |
| | <ul style="list-style-type: none"> PHQ-9 | 1 |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número

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

VI.3 Healthy People Initiative

The Healthy People Initiative focuses on preventive screening for all enrollees. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual. For the purpose of the HCIP, ASES will consider the Health People Initiative Metrics described below for compliance and release to the applicable percent of the retention fund for this program.

ADMINISTRACION DE SEGUROS DE SALUD

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

23-000452

Contrato Número

| 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 | | 13 |

*Notation of changes for the overall point structure.

VI.4 Emergency Room High Utilizers Initiative

The Emergency Room High Utilizers Initiative is designed to identify high users of emergency services for non-emergency situations and to allow for early interventions to ensure appropriate utilization of services and resources. The Contractor must be prepared to report quarterly on the quality measures listed below. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual. For the purpose of the HCIP, ASES will consider the Emergency Room High Utilizers Metric described below for compliance and release to the applicable percent of the retention fund for this program.

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



ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 000467

Contrato Número



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

PURPOSE:

Puerto Rico Health Insurance Administration (PRHIA), has developed the Health Care Improvement Program (HCIP) to incentivize the Medicaid Managed Care Organizations (MCOs), to provide quality services that are patient-centered and aimed at increasing the use of screening, prevention, and appropriate delivery of care in a timely manner to all Medicaid and Children's Health Insurance Program (CHIP) enrollees in Puerto Rico. Many of the metrics utilize performance measures that are nationally recognized and align with the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Measure Sets. This approach provides consistency within the quality strategy of the Puerto Rico Medicaid program.

PROCESS:

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

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

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Contrato Número

2. The MCOs submit Report 22: Health Care Improvement Program quarterly metric results through Enterprise Systems (ES) as per the HCIP Manual directive (22.4.2.1).
 - a. Due dates, including direction for the claims data incurred timeframe, for report submission are outlined in the HCIP Manual.
 - b. The quarterly submission due dates are: April 30, July 30, October 30, and January 30.
3. Clinical Operations (Quality Area) determines if the Contractor has met the applicable performance objectives for each measure for the period within 30 calendar days.
 - a. Development of automated reports for each MCO will provide initial scoring based on the quarterly evaluation criteria. This development will include a Summary Report for each MCO that includes quarter over quarter data based on the evaluation criteria.
4. The Report 22 MCO submissions include self-reported data. The Clinical Operations (Quality Area) downloads the MCO reports to a secure file transfer protocol (FTP) site for data validation by a HEDIS® certified vendor using claims data.
5. A HEDIS® certified vendor provides validation results by the 10th of the following month (May 10, August 10, November 10 and February 10) to the Clinical Operations (Quality Area) with a summary by metrics of findings through the FTP site.
6. The Clinical Operations (Quality Area) prepares the draft certification document for each MCO. The certification document includes the retention period, the measurement period, the reporting requirements, and metric results by points and percentage of payment.
7. The Clinical Operations (Quality Area) signs off on the draft MCO certification document that provides reimbursement direction for each MCO.
8. The Clinical Operations (Quality Area) provides a copy of the draft certification document via the Enterprises Systems (ES), to each MCO with the expectation of MCO review and comment to be provided within ten business days. This time frame includes desired communication/questions regarding the data validation process.
9. The Clinical Operations (Quality Area) reviews MCO comments and provides feedback, as needed.
10. The Clinical Operations (Quality Area) signs off on the MCO final certification documents that provides reimbursement direction for each MCO.
11. Once the MCO certification documents are finalized, further discussion reading the quarterly point distribution will not be available.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

P.O. Box 195661, San Juan, P.R. 00919-5661

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12. The Clinical Operations (Quality Area) shares the certification document with the ASES Finance Department via hard copy.
 - a. **Note – Process Improvement:** To develop a mechanism to upload the documents to ES for coordination between the Clinical Operations (Quality Area) and the ASES Finance Department.
13. ASES Finance Department disburses the portion of the PMPM payment associated with each initiative for the period within 30 calendar days of determination of compliance with the performance objectives as noted in Step #3 (22.4.2.3).
14. For MCOs that have a Primary Medical Groups (PMGs) Subcapitation Agreement with a withhold to match the Retention Fund of the HCIP, the MCO must fully pay the PMGs within 15 days after ASES reimburses the Retention Fund to the MCO (10.6.1.4).

REFERENCES:

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

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

ADMINISTRACION DE
SEGUROS DE SALUD

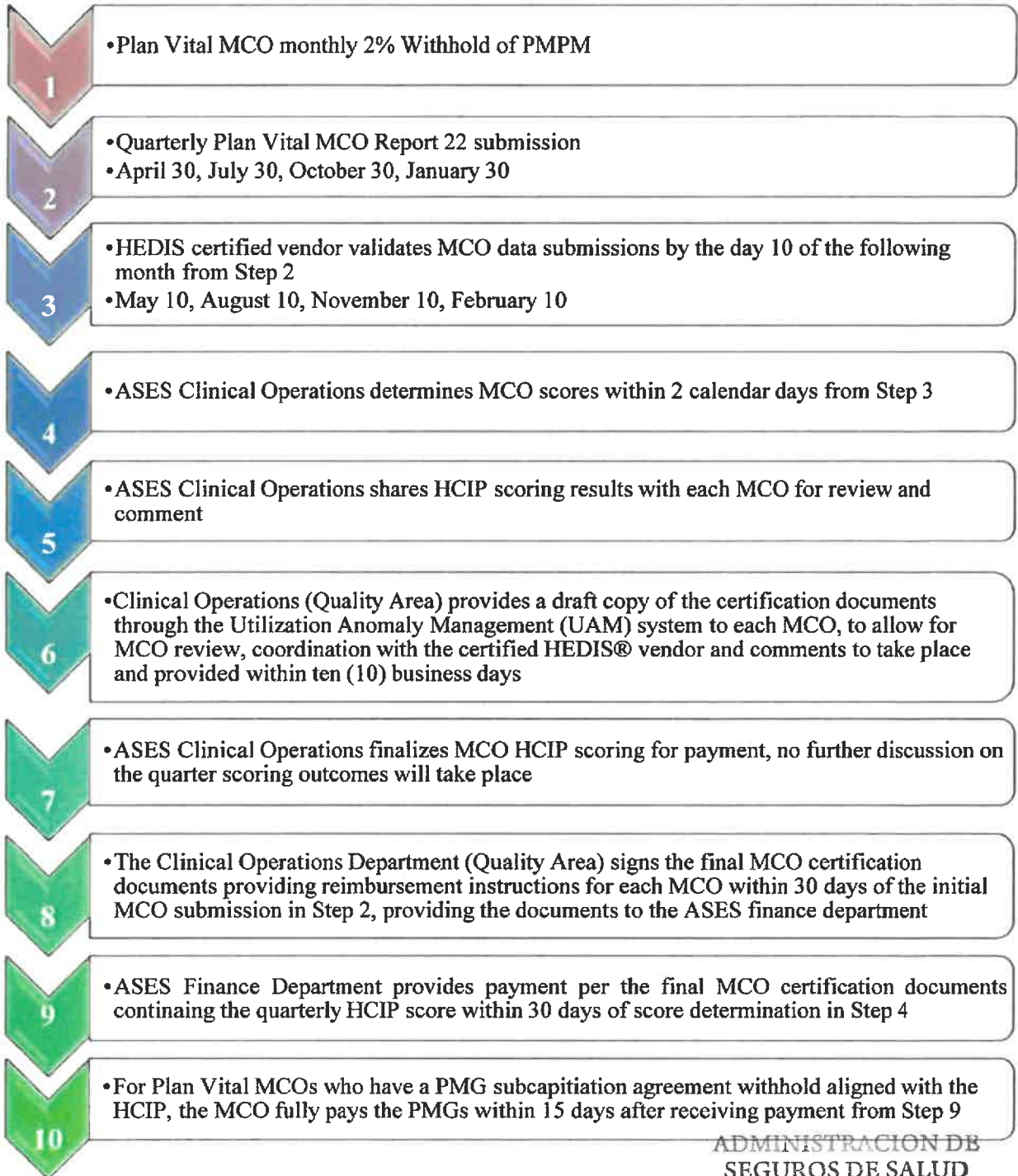
23 - 00046ⁿ

Contrato Número



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WORKFLOW:



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número

Autorizado por la Oficina del Contralor Electoral OCE-SA-2024-00267

Reviews and Approvals

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



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número



VITAL HEALTH PLAN
Report 22: Health Care Improvement Program

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

Prepared By:

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

ADMINISTRACION DE
SEGUROS DE SALUD |

23 - 00046^{yn}

Contrato Número

CONTENT

| 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 |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00046ⁿ

Contrato Número



ATTESTATION



22. HCIP

QUARTERLY REPORTS CERTIFICATION STATEMENT OF

:

to

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

FOR THE PERIOD ENDING
(mm/dd/year)

12/31/2024

0

Name Of Preparer

0

Title

1/0/1900

Phone Number

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

[date]

Date Signed

Signature

ADMINISTRACION DE
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23 - 00046^{en}

Contrato Número

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Health Care Improvement Program

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

| | | |
|--|------------|-----------------------------------------------------------------------------------------------|
| | 1/1/2024 | Instructions: Provide the member ID of the population impacted during the measurement period. |
| | 12/31/2024 | |

| Diabetes (Including CHIP population) | | | | |
|-------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| Glycemic Status Assessment for Patients with Diabetes (GSD) | Blood Pressure Control for Patients with Diabetes (BPD) | Eye Exam for Patients with Diabetes (EED) | Kidney Health Evaluation for Patients With Diabetes (KED) | PQ1 01: Diabetes Short Term Complications Admission Rate |

Yes

| Asthma (Including CHIP) | | |
|-------------------------------------------------|-------------|-------|
| PQ1 15: Asthma in Younger Adults Admission Rate | ED Use/1000 | PHQ-9 |

| Severe Heart Failure | |
|--------------------------------------|-------|
| PQ1 08: Heart Failure Admission Rate | PHQ-9 |

| Hypertension |
|--------------|
| ED Use/1000 |

| Chronic Obstructive Pulmonary Disease (COPD) |
|----------------------------------------------------------------------------------------|
| PQ1 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate |

| Chronic Depression | |
|--------------------|---------------------------------------------------------------------------------------------|
| FUH 7 days | Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000 |

ADMINISTRACION DE SEGUROS DE SALUD

23 - 00046 *n*

Contrato Número

Health Care Improvement Program

| | | | | |
|---------------------------|--------------------------|--------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|
| Healthy People Initiative | | Medicaid/Federal and Commonwealth High Cost Conditions | | Instructions: Provide the member ID of the population impacted during the measurement period. |
| MCO | | Period Start Date | 1/1/2024 | |
| Contract Years | 01/01/2023 to 09/30/2025 | Period End Date | 12/31/2024 | |

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

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000467

Contrato Número

Health Care Improvement Program

| | | | | |
|------------------------------------------|--------------------------|--------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------|
| Emergency Room High Utilizers Initiative | | Medicaid/Federal and Commonwealth High Cost Conditions | | Instructions: Provide the member ID of the population impacted during the measurement period. |
| MCO | - | Period Start Date | 1/1/2024 | |
| Contract Year | 01/01/2023 to 09/30/2025 | Period End Date | 12/31/2024 | |

| ER High Utilizers Members ID |
|------------------------------|
| |

Yes

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23 - 000467

Contrato Número

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SEGUROS DE SALUD

23 - 000467

Contrato Número

Condition: Asthma
Population Medicaid/Federal, Commonwealth

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



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00046ⁿ

Contrato Número

Condition: Severe Heart Failure
Population Medicaid/Federal and Commonwealth

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



ADMINISTRACION DE
SEGUROS DE SALUD ,

23 - 000467

Contrato Número

Condition: Hypertension
Population Medicaid/Federal and Commonwealth

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



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número

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

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

ADMINISTRACION DE SEGUROS DE SALUD

23-000462

Contrato Número

Condition:
Population

Select Mental Health Conditions
Medicaid/Federal and Commonwealth

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



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0004672

Contrato Número

| REVENUE CODE | REVENUE CODE DESCRIPTION | USE FOR IP |
|--------------|----------------------------------------------------------------|---------------------|
| 22 | SNF claim paid under PPS | |
| 24 | Inpatient Rehabilitation Facility paid under PPS | |
| 100 | All inclusive rate-room and board plus ancillary | x |
| 101 | All inclusive rate-room and board | x |
| 110 | Private medical or general-general classification | x |
| 111 | Private medical or general-medical/surgical/GYN | x |
| 112 | Private medical or general-OB | x |
| 113 | Private medical or general-pediatric | x |
| 114 | Private medical or general-psychiatric | x |
| 115 | Private medical or general-hospice | x |
| 116 | Private medical or general-detoxification | x |
| 117 | Private medical or general-oncology | x |
| 118 | Private medical or general-rehabilitation | x |
| 119 | Private medical or general-other | x |
| 120 | Semi-private 2 bed (medical or general)-general classification | x |
| 121 | Semi-private 2 bed (medical or general)-medical/surgical/GYN | x |
| 122 | Semi-private 2 bed (medical or general)-OB | x |
| 123 | Semi-private 2 bed (medical or general)-pediatric | x |
| 124 | Semi-private 2 bed (medical or general)-psychiatric | x |
| 125 | Semi-private 2 bed (medical or general)-hospice | x |
| 126 | Semi-private 2 bed (medical or general)-detoxification | x |
| 127 | Semi-private 2 bed (medical or general)-oncology | x |
| 128 | Semi-private 2 bed (medical or general)-rehabilitation | x |
| 129 | Semi-private 2 bed (medical or general)-other | x |
| 130 | Semi-private 3 and 4 beds-general classification | x |
| 131 | Semi-private 3 and 4 beds-medical/surgical/GYN | x |
| 132 | Semi-private 3 and 4 beds-OB | x |
| 133 | Semi-private 3 and 4 beds-pediatric | x |
| 134 | Semi-private 3 and 4 beds-psychiatric | x |
| 135 | Semi-private 3 and 4 beds-hospice | x |
| 136 | Semi-private 3 and 4 beds-detoxification | x |
| 137 | Semi-private 3 and 4 beds-oncology | x |
| 138 | Semi-private 3 and 4 beds-rehabilitation | x |
| 139 | Semi-private 3 and 4 beds-other | x |
| 140 | Private (deluxe)-general classification | ADMINISTRACION DE x |
| 141 | Private (deluxe)-medical/surgical/GYN | SEGUROS DE SALUD x |
| 142 | Private (deluxe)-OB | x |
| 143 | Private (deluxe)-pediatric | 23 - 000 467 x |
| 144 | Private (deluxe)-psychiatric | x |
| 145 | Private (deluxe)-hospice | x |
| 146 | Private (deluxe)-detoxification | Contrato Número x |
| 147 | Private (deluxe)-oncology | x |
| 148 | Private (deluxe)-rehabilitation | x |
| 149 | Private (deluxe)-other | x |
| 150 | Room&Board ward (medical or general)-general classification | x |
| 151 | Room&Board ward (medical or general)-medical/surgical/GYN | x |
| 152 | Room&Board ward (medical or general)-OB | x |
| 153 | Room&Board ward (medical or general)-pediatric | x |
| 154 | Room&Board ward (medical or general)-psychiatric | x |
| 155 | Room&Board ward (medical or general)-hospice | x |
| 156 | Room&Board ward (medical or general)-detoxification | x |

Yes w

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

ADMINISTRACION DE
SEGUROS DE SALUD

23-000467

Contrato Numero

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



HEALTH CARE IMPROVEMENT PROGRAM

Yes
M

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

May 8, 2025

ADMINISTRACION DE
SEGUROS DE SALUD ,

23 - 000 467

Contrato Número

HEALTH CARE IMPROVEMENT PROGRAM 2023 BENCHMARKS REFERENCE

| CHRONIC CONDITIONS | SCORED MEASURES | 2023 BENCHMARKS (1/1/2023–12/31/2023) |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Medicaid/Federal, State, and CHIP Chronic Conditions | | |
| | <ul style="list-style-type: none"> Glycemic Status Assessment for Patients With Diabetes (GSD) <ul style="list-style-type: none"> Glycemic Status >9.0% | R* 77.54% |
| | <ul style="list-style-type: none"> BP Control (<140/90 mm Hg) | H 47.86% |
| | <ul style="list-style-type: none"> Eye Exam for Patients With Diabetes | H 27.17% |
| | <ul style="list-style-type: none"> Kidney Health Evaluation for Patients With Diabetes | H 24.67% |
| | <ul style="list-style-type: none"> PQI 01: Diabetes Short Term Complications Admission Rate | L 80 |
| Asthma | <ul style="list-style-type: none"> PQI 15: Asthma in Younger Adults Admission Rate | L 57 |
| | <ul style="list-style-type: none"> ED Use/1000 | L 113 |
| | <ul style="list-style-type: none"> PHQ-9 | H 17.09% |
| Medicaid/Federal and State Chronic Conditions | | |
| Severe Heart Failure | <ul style="list-style-type: none"> PQI 08: Heart Failure Admission Rate | L 147 |
| | <ul style="list-style-type: none"> PHQ-9 | H 17.14% |
| Hypertension | <ul style="list-style-type: none"> ED Use/1000 | L 34 |
| Chronic Obstructive Pulmonary Disease (COPD) | <ul style="list-style-type: none"> PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate | L 236 |
| Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) | <ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 7 Days | H 32.38% |
| | <ul style="list-style-type: none"> Inpatient Admission/1000 | L 51 |

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000467

Contrato Número

| HEALTHY PEOPLE INITIATIVE | SCORED MEASURES | 2023 BENCHMARKS (1/1/2023–12/31/2023) |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| BCS-E | <ul style="list-style-type: none"> Breast Cancer Screening | H 63.74% |
| COL-E | <ul style="list-style-type: none"> Colorectal Cancer Screening | H 44.16% |
| CCS-E | <ul style="list-style-type: none"> Cervical Cancer Screening | H 48.22% |
| CBP | <ul style="list-style-type: none"> Controlling High Blood Pressure | H 49.24% |
| SSD | <ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications | H 69.71% |
| FUH | <ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 Days | H 70.29% |
| ACCESS/AVAILABILITY OF CARE | | |
| AAP | <ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services | H 69.42% |
| OEV | <ul style="list-style-type: none"> Oral Evaluation, Dental Services | H 51.05% |
| PPC | <ul style="list-style-type: none"> Timeliness of Prenatal Care | H 58.48% |
| | <ul style="list-style-type: none"> Postpartum Care | H 41.82% |
| OTHER UTILIZATION | | |
| W30 | <ul style="list-style-type: none"> Well-Child Visits in the First 15 Months of Life | H 10.45% |
| | <ul style="list-style-type: none"> Well-Child Visits for Age 15 Months–30 Months of Life | H 39.52% |
| WCV | <ul style="list-style-type: none"> Child and Adolescent Well-Care-Visits | H 36.03% |
| HCV | <ul style="list-style-type: none"> One-Time Screening for Hepatitis C | R 10.07% |

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

Note

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

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

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

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

ADMINISTRACION DE SEGUROS DE SALUD,

23 - 000462

Contrato Número

Contents

| | |
|--------------------------------------------------------------------------------------------------------------------------|----|
| I. Scored Measures | 4 |
| A. Chronic Conditions Initiative | 4 |
| Diabetes | 4 |
| Glycemic Status Assessment for Patients With Diabetes (GSD) | 4 |
| Blood Pressure Control for Patients With Diabetes (BPD) | 4 |
| Eye Exam for Patients with Diabetes (EED) | 4 |
| Kidney Health Evaluation for Patients With Diabetes (KED) | 4 |
| PQI 01: Diabetes Short Term Complications Admission Rate | 4 |
| Asthma | 5 |
| PQI 15: Asthma in Younger Adults Admission Rate | 5 |
| Asthma ED (Emergency room) Use/1000 | 5 |
| PHQ-9 for Asthma | 6 |
| Severe Heart Failure | 6 |
| PQI 08: Heart Failure Admission Rate | 6 |
| PHQ-9 for Severe Heart Failure | 6 |
| Hypertension | 7 |
| Hypertension ED (Emergency room) Use/1000 | 7 |
| Chronic Obstructive Pulmonary Disease (COPD) | 8 |
| PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate | 8 |
| Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) | 8 |
| Follow up after Hospitalization for Mental Illness: 7 days (FUH) | 8 |
| Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000 | 8 |
| B. Healthy People Initiative | 9 |
| Breast Cancer Screening (BCS-E) | 9 |
| Colorectal Cancer Screening (COL-E) | 9 |
| Cervical Cancer Screening (CCS-E) | 9 |
| Controlling High Blood Pressure (CBP) | 10 |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) | 10 |
| Follow up after Hospitalization for Mental Illness: 30 days (FUH) | 10 |
| Adults' Access to Preventive/Ambulatory Health Services (AAP) | 11 |
| Oral Evaluation, Dental Services (OEV) | 11 |
| Prenatal And Postpartum Care (PPC) | 11 |

ADMINISTRACION DE SEGUROS DE SALUD

23 - 0004672

Contrato Número

Handwritten initials: 'cas' and 'm'

Well-Child Visits First 30 months of Life (W30).....11
Child and Adolescent Well-Care Visits (WCV)11
One-Time Screening for Hepatitis C Virus for all Patients (HCV)12
C. Emergency Room High Utilizers Initiative13
Emergency Room High Utilizers Initiative.....13



ADMINISTRACION DE
SEGUROS DE SALUD ,

23 - 000467

Contrato Número

I. Scored Measures

A. Chronic Conditions Initiative

Diabetes

Glycemic Status Assessment for Patients With Diabetes (GSD)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status >9.0%

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Technical specifications | Use HEDIS Version 2024 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate. |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Blood Pressure Control for Patients With Diabetes (BPD)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Technical specifications | Use HEDIS Version 2024 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate. |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Eye Exam for Patients with Diabetes (EED)

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Technical specifications | Use HEDIS Version 2024 technical specifications Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate. |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Kidney Health Evaluation for Patients With Diabetes (KED)

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Technical specifications | Use HEDIS (KED) Kidney Health Evaluation for Patients with Diabetes Version 2024 technical specifications. Hybrid methodology is not required for HCIP quarterly measures, supplemental data may be used where appropriate. |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PQI 01: Diabetes Short Term Complications Admission Rate

Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 target Diabetes Short Term Complications population, ages 18 years and older.

ADMINISTRACION DE
SEGUROS DE SALUD

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

Asthma

| | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PQI 15: Asthma in Younger Adults Admission Rate | |
| Admissions for a principal diagnosis of asthma per 100,000 target Asthma in Younger Adults population, ages 18–39 years. | |
| Technical specifications | Use AHRQ <i>PQI 15: Asthma in Younger Adults Admission Rate</i> Version 2024 technical specifications. Formula: (# of admissions/distinct members) * 100,000 |

| | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asthma ED (Emergency room) Use/1000 | |
| Definition | For members 18 years of age and older, the number of observed emergency department (ED) visits for asthma during the measurement year per 1000 eligible population with asthma. Formula: (# of ED visits/member months) x (1000 members) x (# of months) |
| Numerator | The number ED visits for people 18 and older during the measurement year with a principal diagnosis (ICD-10-CM) of asthma. Count each visit to an ED once, regardless of the intensity or duration of the visit. *ED visits for a principal diagnosis of selected conditions (see <i>Health Care Improvement Program ASES Diagnosis Codes</i>). |
| Denominator | All eligible population with Asthma. |
| Measurement Period | One year ending at the Incurred Service Time Period - End as defined in Section II of the <i>Attachment 19 Health Care Improvement Program Manual</i> . |
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | Use the following reference: ED Visits from HEDIS Ambulatory Care (Use HEDIS -- Version 2023 technical specifications). For Asthma, use ICD10 codes from the <i>Health Care Improvement Program ASES Diagnosis Codes</i> . |
| Exclusions | N/A |

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ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 0004672

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

Severe Heart Failure

| PQI 08: Heart Failure Admission Rate | |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admissions with a principal diagnosis of heart failure per 100,000 target Heart Failure population, ages 18 years and older. | |
| Technical specifications | Use AHRQ <i>PQI 08: Heart Failure Admission Rate</i> Version 2024 technical specifications. Formula: (# of admissions/distinct members) * 100,000 |

Yes

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

| PHQ-9 for Severe Heart Failure | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <i>Improvement Program Manual.</i> |
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | <p>CPT: 96127 Brief emotional/behavioral assessment G8431: Screening for depression is documented as being positive and a follow-up plan is documented Short Description: <i>Pos clin depres scrn f/u doc</i> G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: <i>Scr dep neg, no plan reqd</i> Other: Supplementary Data (test performed by case managers among others) Use the following reference: Use ICD-10 codes for Severe Heart Failure as identified within the Health Care Improvement Program ASES Diagnosis Codes.</p> |
| Exclusions | N/A |

Hypertension

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

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ADMINISTRACION DE SEGUROS DE SALUD

23 - 0004652

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

Chronic Obstructive Pulmonary Disease (COPD)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate | |
| Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per target COPD or Asthma in Older Adults 100,000 population, ages 40 years and older. | |
| Technical specifications | Use AHRQ <i>Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</i> Version 2024 technical specifications Formula: (# of admissions/distinct members) * 100,000 |

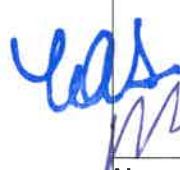
Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder)

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Follow up after Hospitalization for Mental Illness: 7 days (FUH) | |
| The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care Improvement Program ASES Diagnosis Codes and who had a follow-up visit with a mental health practitioner. | |
| <ul style="list-style-type: none"> The percentage of discharges for which the member received follow-up within 7 days of discharge. | |
| Technical specifications | Use HEDIS <i>Follow-Up After Hospitalization for Mental Illness</i> Version 2024 technical specifications. |

Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000

| | |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Definition | For members 18 years of age and older, the number of admissions for Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care Improvement Program ASES Diagnosis Codes during the measurement year per 1000 eligible population with a principal diagnosis (ICD-10-CM) of chronic depression/Mania/Bipolar Disorder. |
| Numerator | The number admissions for people 18 and older during the measurement year with a principal diagnosis (ICD-10-CM) of Chronic Depression/Mania/Bipolar Disorder as identified within the Health Care Improvement Program ASES Diagnosis Codes. |
| Denominator | All eligible population with the condition. |
| Measurement Period | One year ending at the Incurred Service Time Period - End as defined in Section II of the Attachment 19 Health Care Improvement Program Manual. |

ADMINISTRACION DE SEGUROS DE SALUD
23 - 000467
Contrato Número




| Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000 | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | Use the following reference: <i>For admissions, use Appendix A- Rev Codes from the Health Care Improvement Program ASES Diagnosis Codes</i> <i>For Management of Select Mental Health Conditions: Chronic Depression/Mania/Bipolar Disorder, use ICD-10 codes from the Health Care Improvement Program ASES Diagnosis Codes</i> |
| Exclusions | N/A |

B. Healthy People Initiative

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

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


 ADMINISTRACION DE
 SEGUROS DE SALUD
 23 - 000 4672

Contrato Número

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

Cervical Cancer Screening (CCS-E)

screening who were screened for cervical cancer using any of the following criteria:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Technical specifications

Use HEDIS (CCS-E) *Cervical Cancer Screening* Version 2024 technical specifications.

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

Controlling High Blood Pressure (CBP)

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Technical specifications

Use HEDIS (CBP) *Controlling High Blood Pressure* Version 2024 technical specifications.

Hybrid methodology is not required for HCIP quarterly measures, the MCOs may use supplemental data where appropriate.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Technical specifications

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

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SEGUROS DE SALUD,

23-0004672

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

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

| | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> The percentage of discharges for which the member received follow-up within 30 days of discharge. |
| Technical specifications | Use HEDIS (FUH) Follow up after Hospitalization for Mental Illness Version 2024 technical specifications. |

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

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Prenatal And Postpartum Care (PPC) | |
| Assesses access to prenatal and postpartum care: | |
| <ul style="list-style-type: none"> Timeliness of Prenatal Care. The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery. | |
| Technical specifications | Use HEDIS (PPC) Prenatal And Postpartum Care Version 2024 technical specifications. |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Well-Child Visits First 30 months of Life (W30) | |
| The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: | |
| <ul style="list-style-type: none"> Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. Well-Child Visits for Age 15 Months– 30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits. | |
| Technical specifications | Use HEDIS (W30) Well-Child Visits in the First 30 Months of Life Version 2024 technical specifications: |
| | <ul style="list-style-type: none"> 0-15 months 15-30 months |

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ADMINISTRACION DE SEGUROS DE SALUD
23 - 000467c

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Child and Adolescent Well-Care Visits (WCV) | Contrato Número |
| The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. | |

| | |
|--------------------------|-----------------------------------------------------------------------------------------------------|
| Technical specifications | Use HEDIS (WCV) <i>Child and Adolescent Well-Care Visits</i> Version 2024 technical specifications. |
|--------------------------|-----------------------------------------------------------------------------------------------------|

| One-Time Screening for Hepatitis C Virus for all Patients (HCV) | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Definition | Percentage of patients age ≥ 18 years who received one-time screening for hepatitis C virus (HCV) infection. |
| Numerator | Patients in the Denominator who were screened for hepatitis C virus (HCV) during the measurement period. |
| Denominator | All patients aged ≥ 18 years who were seen twice for any visits OR who have at least one preventive visit during the performance period. Exclude patients who were diagnosed with Chronic Hepatitis during the performance period or who had a documented medical reason for not receiving a HCV screening. |
| Measurement Period | One year ending at the Incurred Service Time Period - End as defined in Section II of the <i>Attachment 19 Health Care Improvement Program Manual</i> . |
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | Codes used in the Numerator are as follows: Hepatitis screening (CPT or HCPCS): 86803, 86804, G0472 Codes used in the Denominator are as follows: Patient visit codes (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350 OR Preventive visit codes (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439 |
| Denominator Exclusions | There are two exclusions for the denominator for this measure: Exclusion 1 - Diagnosis for Chronic Hepatitis C during the performance period (ICD-10-CM): B18.2 OR Exclusion 2 - Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy during the performance period (HCPCS): G9452. |

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ADMINISTRACION DE SEGUROS DE SALUD
23 - 00046 *Handwritten mark*

C. Emergency Room High Utilizers Initiative

| Emergency Room High Utilizers Initiative | |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Definition | Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room. |
| Numerator | Total Number of ER Visits incurred by members with 7 or more ER Visits. |
| Denominator | Total members with 7 or more ER Visits. |
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | CPT: 99281-99285, 99288 Place of service code: 23 |
| Exclusions | Use HEDIS -- Version 2024 technical specifications: The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria: <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). |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000467

Contrato Número