GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SEGUROS DE SALUD
Directora Ejecutiva | Edna Y. Marín Ramos | emarin@asespr.org

July 06, 2022

Normative Letter 21-1222-A (Amended)

A: COORDINATED HEALTH MANAGEMENT ORGANIZATIONS (MCOs) CONTRACTED FOR THE VITAL PLAN

RE: Plan Vital Health Care Improvement Program (Year 4) Period 5

The Puerto Rico Health Insurance Administration's (ASES, its acronym in Spanish) has revised the approach to the Plan Vital Health Care Improvement Program (HCIP) for the final year of the current model. This change is being made based on an internal review of the program and feedback provided by the MCOs during the duration of the program. This change applies to Year 4 P5 of the HCIP (10/1/21 through 12/31/2022) and is effective immediately.

Per Plan Vital contract Attachment 19 (Health Care Improvement Manual), ASES will evaluate MCO performance in Year 4, taking a similar approach to earlier years of the program. ASES will continue to maintain a retention fund using withheld amounts of the MCO per member per month (PMPM) payment each month as described in Section 22.4 of the Contract. The retained PMPM amount will be associated with the HCIP initiatives outlined below:

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

ASES will disburse the retention fund to the Contractor according to each MCOs compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in the HCIP manual and will audit the results of the data according to the timeframes stated in Section 22.4.2.2 of the Contract for the performance indicators.

ASES is extending the 4 year period by including a period 5 under the HCIP Manual (Year 4 P5) to cover the months of October 1, 2022 to December 31, 2022.

This P5 submission due date to ASES will be on 4/30/2023 (timeframe). Meaning that the submission due date to ASES for this period will be not later than 4/30/2023. All the elements regarding the retention fund & compliance percentage as well as the HCIP Initiative will remain the same.

ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor.

Year 4 Submission Schedule:

For Year 4 of the HCIP, the Contractor must submit Report 22 based on the following schedule. There have been no changes to this schedule per this normative letter.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 3			
P4	10/1/2020	9/30/2021	1/30/2022
Year 4			
P1	1/1/2021	12/31/2021	4/30/2022
P2	4/1/2021	3/31/2022	7/30/2022
P3	7/1/2021	6/30/2022	10/30/2022
P4	10/1/2021	9/30/2022	1/30/2023
P5	**10/1/2022**	**12/31/2022**	**4/30/2023**

Year 4 Evaluation Criteria

Similar to the approach implemented in Years 2 and 3 of the model, ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in the HCIP manual **based on a timely and accurate report submission for each initiative.** A Contractor's retention fund withhold will not be tied to the Contractor's performance on a specific measure to an established benchmark or past performance.

Period	Claims Data: Incurred Service Time Period	Evaluation criteria
Year 3	**Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.**	
PY4	10/1/2020--9/30/2021	Report submission
Year 4	**Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.**	
PY1	1/1/2021-12/31/2021	Report submission
PY2	4/1/2021-3/31/2022	Report submission
PY3	7/1/2021-6/30/2022	Report submission
PY4	10/1/2021-9/30/2022	Report submission
PY5	**10/1/2022-12/31/2022**	**Report submission**

New Model Effective 10/1/22

ASES are developing a more streamlined and transparent HCIP for the upcoming new model. More information will be shared in the Spring of 2022.

Sincerely yours,

Edna Y. Marín Ramos, MA
Executive Director

GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SEGUROS DE SALUD
Director Ejecutivo | Jorge E. Galva, JD, MHA | jgalva@asespr.org

Normative Letter 21-1222

December 22, 2021

A: ORGANIZACIONES DE MANEJO COORDINADO DE SALUD (MCOs) CONTRATADAS PARA EL PLAN VITAL

RE: Plan Vital Health Care Improvement Program (Year 4)

The Puerto Rico Health Insurance Administration's (ASES, its acronym in Spanish) has revised the approach to the Plan Vital Health Care Improvement Program (HCIP) for the final year of the current model. This change is being made based on an internal review of the program and feedback provided by the MCOs during the duration of the program. This change applies to Year 4 of the HCIP (10/1/21 through 9/30/22) and is effective immediately.

Per Plan Vital contract Attachment 19 (Health Care Improvement Manual), ASES will evaluate MCO performance in Year 4, taking a similar approach to earlier years of the program. ASES will continue to maintain a retention fund using withheld amounts of the MCO per member per month (PMPM) payment each month as described in Section 22.4 of the Contract. The retained PMPM amount will be associated with the HCIP initiatives outlined below:

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

ASES will disburse the retention fund to the Contractor according to each MCOs compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in the HCIP manual and will audit the results of the data according to the timeframes stated in Section 22.4.2.2 of the Contract for the performance indicators.

To support this change for Year 4 of HCIP, the HCIP manual (Version Date: December 17, 2021) was updated to reflect this update.

ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor.

Year 4 Submission Schedule:

For Year 4 of the HCIP, the Contractor must submit Report 22 based on the following schedule. There have been no changes to this schedule per this normative letter.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 3			
P4	10/1/2020	9/30/2021	1/30/2022
Year 4			
P1	1/1/2021	12/31/2021	4/30/2022
P2	4/1/2021	3/31/2022	7/30/2022
P3	7/1/2021	6/30/2022	10/30/2022
P4	10/1/2021	9/30/2022	1/30/2023

Year 4 Evaluation Criteria

Similar to the approach implemented in Years 2 and 3 of the model, ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in the HCIP manual **based on a timely and accurate report submission for each initiative.** A Contractor's retention fund withhold will not be tied to the Contractor's performance on a specific measure to an established benchmark or past performance.

Period	Claims Data: Incurred Service Time Period	Evaluation criteria
Year 3	**Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.**	
PY4	10/1/2020--9/30/2021	Report submission
Year 4	**Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.**	
PY1	1/1/2021-12/31/2021	Report submission
PY2	4/1/2021-3/31/2022	Report submission
PY3	7/1/2021-6/30/2022	Report submission
PY4	10/1/2021-9/30/2022	Report submission

New Model Effective 10/1/22

ASES are developing a more streamlined and transparent HCIP for the upcoming new model. More information will be shared in the Spring of 2022.

Cordialmente,

Jorge E. Galva, JD, MHA
Director Ejecutivo

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

HEALTH CARE IMPROVEMENT PROGRAM

ATTACHMENT 19 – HEALTH CARE IMPROVEMENT PROGRAM MANUAL
GOVERNMENT HEALTH PLAN PROGRAM
FOURTH YEAR
OCTOBER 1, 2021 – DECEMBER 31, 2022

Revised: July 05, 2022 Vol:2

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I. INTRODUCTION

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

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

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

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

ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the four (4) HCIP Initiatives specified in this Manual. The Planning, Quality and Clinical Affairs Office 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 October 1, 2021 through December 31, 2022. The HCIP will start on the implementation date of the Contract and will be updated annually as GHP benchmarks are set and measures or metrics are revised accordingly.

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II. REPORTING TIMEFRAMES

The Contractor will submit a report for each quality initiative on a quarterly basis as established in the following table. The reporting templates will be provided by ASES and the Contractor must submit them through the ASES secure File Transfer Protocol (FTP) service.

Period	Claims Data: Incurred Service Time Period - Start	Claims Data: Incurred Service Time Period - End	Submission Due Date to ASES
Year 1			
P1	1/1/2018	12/31/2018	7/30/2019
P2	4/1/2018	3/31/2019	7/30/2019
P3	7/1/2018	6/30/2019	10/30/2019
P4	10/1/2018	9/30/2019	1/30/2020
Year 2			
P1	1/1/2019	12/31/2019	4/30/2020
P2	4/1/2019	3/31/2020	7/30/2020
P3	7/1/2019	6/30/2020	10/30/2020
P4	10/1/2019	9/30/2020	1/30/2021
Year 3			
P1	1/1/2020	12/31/2020	6/07/2021
P2	4/1/2020	3/31/2021	7/30/2021
P3	7/1/2020	6/30/2021	10/30/2021
P4	10/1/2020	9/30/2021	1/30/2022
Year 4			
P1	1/1/2021	12/31/2021	4/30/2022
P2	4/1/2021	3/31/2022	7/30/2022
P3	7/1/2021	6/30/2022	10/30/2022
P4	10/1/2021	9/30/2022	1/30/2023
P5	10/1/2022	12/31/2022	4/30/2023

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III. EVALUATION & POINT DISTRIBUTION

The HCIP is divided into four categories:

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

There is a list of conditions, indicators and performance measures listed for the HCIP in Sections VI, VII, VIII, and IX. From that list, a selection of these indicators and performance measures will be chosen by ASES for quarterly basis reporting and evaluation purposes for the HCIP. The MCOs will be notified which are 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	***Puerto Rico GHP Benchmark — ASES will establish the Puerto Rico GHP benchmark for the metrics included in this manual using the period from January 1, 2017 through December 31, 2017.**	
PY1	1/1/2018 - 12/31/2018	Report submission
PY2	4/1/2018 – 3/31/2019	Report submission
PY3	7/1/2018 – 6/30/2019	Report submission
PY4	10/1/2018 – 9/30/2019	Report submission
Year 2	**Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.**	
PY1	1/1/2019 – 12/31/2019	Report submission
PY2	4/1/2019 – 3/31/2020	Report submission
PY3	7/1/2019 – 6/30/2020	Report submission
PY4	10/1/2019 – 9/30/2020	Report submission
Year 3	**Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.**	
PY1	1/1/2020 – 12/31/2020	Report submission
PY2	4/1/2020 – 3/31/2021	Report submission
PY3	7/1/2020 – 6/30/2021	Report Submission
PY4	10/1/2020--9/30/2021	Report Submission
Year 4	**Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.**	
PY1	1/1/2021-12/31/2021	Report Submission

PY2	4/1/2021-3/31/2022	Report Submission
PY3	7/1/2021-6/30/2022	Report Submission
PY4	10/1/2021-9/30/2022	Report Submission
PY5	10/1/2022-12/31/2022	Report Submission

ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor. For each scored measure (refer to Section X in this manual), the MCO will receive the following points structure, when a complete report and attestation is submitted:

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

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IV. RETENTION FUND & COMPLIANCE PERCENTAGE

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

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

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

COMPLIANCE PERCENTAGE (BASED ON POINTS EARNED)	TOTAL POINTS REQUIRED	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0%- 100%	31 points or higher	100%
80.0%- 89.9%	27-30 points	75%
70.0%–79.9%	24-26 points	50%
50.0%–69.9%	17-23 points	25%
0.00%- 49.9%	16 points or lower	0%

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V. DEFINITIONS

The following definitions apply to measures of the HCIP Manual:

1. **Active Enrollee**: GHP Enrollee with **continuous** enrollment during the HCIP measurement quarter.

2. **Baseline:** is a measurement at a point in time.

3. **Benchmark:** is a measurement of a standard result.

4. **Continuous Enrollment:** Membership enrollment from the start of a designated period through the end of the designated period without interruption.

5. **Health Care Improvement Program (HCIP)**: Approach developed to improve the quality of services provided to enrollees. The HCIP consists of four (4) initiatives: High Cost Conditions Initiative, 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.

10. **Preventive services**: Health care services provided by a physician or other provider within the scope of his or her practice under Puerto Rico law to detect or prevent disease, disability, behavioral health conditions or other health conditions; and to promote physical and behavioral health and efficiency.

11. **Primary care physician (PCP):** A licensed medical doctor (MD) who is a provider and who, within the scope of practice and in accordance with Puerto Rico certification and licensure requirements, is responsible for providing all required primary care to enrollees. The PCP is responsible for determining services required by enrollees, provides continuity of care and provides referrals for enrollees when medically necessary. A PCP may be a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist or pediatrician.

12. **Retention fund**: The amount withheld by ASES of the monthly PMPM payment otherwise payable to the Contractor to incentivize the Contractor to meet performance targets under the HCIP described in this manual. This amount shall be equal to the percent of that portion of the total PMPM payment that is determined to be attributable to the Contractor's administration of the HCIP described in this Manual and Sections 12.5 and 22.4 of the Contract. Amounts withheld will be disbursed to the Contractor in whole or in part (as set forth in the HCIP manual and Sections 12.5 and 22.4 of the Contract) in the event of a determination by ASES that the Contractor has complied with the quality standards and criteria established in this HCIP manual.

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

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VI. HIGH COST CONDITIONS INITIATIVE

The High Cost Conditions Initiative focuses on those enrollees with a high cost condition that may be part of the High Cost High Need (HCHN) Program specified in Section 7.8.3 of the Contract. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

HIGH COST CONDITIONS	QUALITY MEASURES
Medicaid/Federal and State High Cost Conditions	
Cancer	• Generic Dispensing Rate • PHQ-4 • Admissions/1000 • Emergency Department (ED) Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
End-Stage Renal Disease (ESRD)	• Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Multiple Sclerosis	• Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual

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HIGH COST CONDITIONS	QUALITY MEASURES
Rheumatoid Arthritis	• Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
CHIP High Cost Conditions	
Cancer	• Generic Dispensing Rate • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Children and Youth with Special Healthcare Needs (CYSHCN)	• Well-child visits in first 15 months of life • Well-child visits in the 3rd, 4th, 5th and 6th years of life • Adolescent Well-care visits • Annual Dental Visit
Hemophilia	• Well-child visits in first 15 months of life • Well-child visits in the 3rd, 4th, 5th and 6th years of life • Generic Dispensing Rate • Adherence to Formulary Drugs • BMI Assessment
Autism	• Well-child visits in first 15 months of life • Well-child visits in the 3rd, 4th, 5th and 6th years of life • Generic Dispensing Rate • Adherence to Formulary Drugs • Incidence rate • Prevalence rate

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VII. CHRONIC CONDITIONS INITIATIVE

The Chronic Conditions Initiative focuses on those enrollees with a chronic condition. The Contractor must be prepared to report quarterly on the quality measures listed below for each condition. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

CHRONIC CONDITIONS	QUALITY MEASURES
Medicaid/Federal, State, and CHIP Chronic Conditions	

Diabetes	• Comprehensive Diabetes Care:
	  ○ HbA1c
	  ○ Eye exam
	  ○ Nephropathy screen
	• Generic Dispensing Rate
	• PHQ-4
	• Adherence to oral diabetic medications
	• Admissions/1000
	• ED Use/1000
	• Readmission Rate
	• Adherence to Formulary Drugs
	• Medication Reconciliation Post Discharge
	• Medication Reconciliation Annual

Asthma	• Medication management for people with Asthma • Asthma medication ratio • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Ambulatory visits per quarter for population • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Medicaid/Federal and State Chronic Conditions	
Diabetes	• Statin Use

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CHRONIC CONDITIONS	QUALITY MEASURES
Severe Heart Failure	• Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Hypertension	• Controlling High Blood Pressure • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Medication Reconciliation Post Discharge • Medication Reconciliation Annual • Adherence to Formulary Drugs • Adherence to anti-hypertensive (RAS Agonist) medication
Chronic Obstructive Pulmonary Disease (COPD)	• Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Chronic Depression	• Follow up after Hospitalization for Mental Illness 7 days and 30 days • Follow up after ED visit for Mental Illness • Use of Opioids at High Dosage • Use of Opioids from Multiple Providers • Generic Dispensing Rate • Adherence to Formulary Drugs • Inpatient Admission/1000 • Readmission Rate • Antidepressant Medication Management

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CHRONIC CONDITIONS	QUALITY MEASURES
Substance Use Disorders (SUD) (Buprenorphine User)	• Follow up after Emergency Department Visits for Alcohol and Other Drug Abuse or Dependence • Adherence to treatment (12 months)
Serious Mental Illness (SMI) Other than Depression	• Follow up after Hospitalization for Mental Illness • Follow up after ED visit for Mental Illness • Use of Opioids at High Dosage • Use of Opioids from Multiple Providers • Generic Dispensing Rate • Adherence to Formulary Drugs • Inpatient Admission
CHIP Chronic Conditions	
Diabetes	• Comprehensive Diabetes Care: o HbA1c o Eye exam o Nephropathy screen • Generic Dispensing Rate • PHQ-4 • Statin Use • Adherence to oral diabetic medications • Admissions/1000 • ED Use/1000 • Readmission Rate • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual
Asthma	• Medication management for people with Asthma • Asthma medication ratio • Generic Dispensing Rate • PHQ-4 • Admissions/1000 • ED Use/1000 • Readmission Rate • Ambulatory visits per quarter for population • Adherence to Formulary Drugs • Medication Reconciliation Post Discharge • Medication Reconciliation Annual

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CHRONIC CONDITIONS	QUALITY MEASURES
Attention-Deficit/ Hyperactivity Disorder (ADHD)	• Follow up care for children with prescribed ADHD medication • Adherence to Formulary Drugs • Generic Dispensing Rate

VIII. HEALTHY PEOPLE INITIATIVE

The Healthy People Initiative focuses on preventive screening for enrollees, including populations identified with high cost and/or chronic conditions. The Contractor must be prepared to report quarterly on the quality measures listed below. Each fiscal year, the quality measures required to be reported for the HCIP will be specified. The reporting templates for the selected condition will be provided to the Contractor. ASES shall disburse the Contractor the applicable percentage of the Retention Fund in accordance with the Contractor's performance across the scored measures and the point distribution section of this Manual.

EFFECTIVENESS OF CARE	QUALITY MEASURES
Healthy People Initiative	
ABA	• Adult BMI Assessment
WCC	• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents • BMI Percentile • Counseling for Nutrition • Counseling for Physical Activity
CIS	• Childhood Immunization Status
BCS	• Breast Cancer Screening
CCS	• Cervical Cancer Screening
CHL	• Chlamydia Screening in Women
COL	• Colorectal Cancer Screening
AMM	• Antidepressant Medication Management
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 days
URI	• Appropriate Treatment for Children With Upper Respiratory Infection
Access/Availability of Care	
AAP	• Adults' Access to Preventive/Ambulatory Health Services
CAP	• Children and Adolescents' Access to Primary Care Practitioners
ADV	• Annual Dental Visit
PPC	• Prenatal and Postpartum Care

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EFFECTIVENESS OF CARE	QUALITY MEASURES
	• Timeliness of Prenatal Care • Postpartum Care
Other Utilization	
FPC	• Frequency of Ongoing Prenatal Care
W15	• Well-Child Visits in the First 15 Months of Life
AWC	• Adolescent Well-Care Visits
FSP	• Frequency of Selected Procedures
AMB	• Ambulatory Care
IAD	• Identification of Alcohol and Other Drug Services
MPT	• Overall Mental Health Utilization Readmission Rate • Mental Health Use of Opioids at High Dosage • Mental Health Use of Opioids from Multiple Providers • Overall Mental Health admission per thousand

IX. EMERGENCY ROOM HIGH UTILIZERS INITIATIVE

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

For purpose of the HCIP, ASES will consider the UM Metric described below:

ER HU INITIATIVE	QUALITY MEASURE
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room

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X. FISCAL YEAR 2021-2022 (OCTOBER 2021 – SEPTEMBER 2022)

X.1 Evaluation and Point Distribution

X.1.1 Point Distribution

PROGRAM	TOTAL POINTS
High Cost Conditions Initiative	9
Chronic Conditions Initiative	14
Healthy People Initiative	10
Emergency Room High Utilizers Initiative	1
Total Possible Points	**34**

X.1.2 Compliance Percentage and Points Earned

COMPLIANCE PERCENTAGE	TOTAL POINTS REQUIRED	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0%- 100.0%	31 points or higher	100%
80.0%–89.9%	27-30 points	75%
70.0%–79.9%	24-26 points	50%
50.0%–69.9%	17-23 points	25%
0.0%- 49.9%	16 points or lower	0%

X.2 Scored Measures for 2021-2022

X.2.1 High Cost Conditions Initiative

HIGH COST CONDITIONS	SCORED MEASURES	POINTS
Medicaid/Federal and State High Cost Conditions		
Cancer	• Readmissions rate	1
	• PHQ-9	1
End-Stage Renal Disease (ESRD)	• Admissions/1000	1
	• PHQ-9	1
Multiple Sclerosis	• Admissions/1000	1
CHIP High Cost Conditions		
Cancer	• Readmissions rate	1

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HIGH COST CONDITIONS	SCORED MEASURES	POINTS
Children and Youth with Special Healthcare Needs (CYSHCN)	• Child and Adolescent Well-Care Visits	1
	• Annual Dental Visits	1
Autism	• Child and Adolescent Well-Care Visits	1
Total Points for the High Costs Conditions Initiative for Fiscal Year 2021-2022		**9**

X.2.2 Chronic Conditions Initiative

CHRONIC CONDITIONS	SCORED MEASURES	POINTS
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	• Comprehensive Diabetes Care:	
	▪ HbA1c	1
	▪ Eye exam	1
	▪ Kidney Health Evaluation for Patients With Diabetes	1
	• Admissions/1000	1
Asthma	• Admissions/1000	1
	• ED Use/1000	1
	• PHQ-9	1
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• Admissions/1000	1
	• PHQ-9	1
Hypertension	• ED Use/1000	1
Chronic Obstructive Pulmonary Disease (COPD)	• Admissions/1000	1

Chronic Depression	• Follow up after Hospitalization for Mental Illness: 7 days	1
	• Follow up after Hospitalization for Mental Illness: 30 days	1
	• Inpatient Admission/1000	1
Total Points for the Chronic Conditions Initiative for Fiscal Year 2021-2022		**14**

X.2.3 Healthy People Initiative

EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
Healthy People Initiative		
BCS	• Breast Cancer Screening	1
CCS	• Cervical Cancer Screening	1
CBP	• Controlling High Blood Pressure	1
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	1
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 days	1
Access/Availability of Care		
AAP	• Adults' Access to Preventive/Ambulatory Health Services	1
ADV	• Annual Dental Visit	1
PPC	• Timeliness of Prenatal Care	1
	• Postpartum Care	1
Other Utilization		
WCV	• Child and Adolescent Well-Care Visits	1
Total Points for the Health People Initiative for Fiscal Year 2021-2022		**10**

X.2.4 Emergency Room High Utilizers Initiative

For purpose of the HCIP, ASES will consider the UM Metrics described below for compliance and release to the applicable percent of the retention fund for this particular program.

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ER HU INITIATIVE	SCORED MEASURES	POINTS
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	1
Total Points for the Emergency Room High Utilizer Initiative for Fiscal Year 2021-2022		1

X.2.5 Definition of Improvement

HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal and State High Cost Conditions		
Cancer	• Readmissions rate	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• PHQ-9	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
End-Stage Renal Disease (ESRD)	• Admissions/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• PHQ-9	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Multiple Sclerosis	• Admissions/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission

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HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
CHIP High Cost Conditions		
Cancer	• Readmissions rate	Q1: Report submission Q2: Report submission Q3: Report submission Q4: Report submission Q5: Report Submission
Children and Youth with Special Healthcare Needs (CYSHCN)	• Child and Adolescent WellCare Visits	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• Annual Dental Visits	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Autism	• Child and Adolescent WellCare Visits	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	• Comprehensive Diabetes Care:	
	o HbA1c	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission

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CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
	○ Eye exam	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	○ Kidney Health Evaluation for Patients With Diabetes	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• Admissions/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Asthma	• Admissions/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• ED Use/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• PHQ-9	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• Admissions/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission

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CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
	• PHQ-9	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Hypertension	• ED Use/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Chronic Obstructive Pulmonary Disease (COPD)	• Admissions/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
Chronic Depression	• Follow up after Hospitalization for Mental Illness: 7 days	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• Follow up after Hospitalization for Mental Illness: 30 days	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission
	• Inpatient Admission/1000	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission

EFFECTIVENESS OF CARE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
BCS	• Breast Cancer Screening	Q1: Report submission Q2: Report Submission Q3: Report Submission
CCS	• Cervical Cancer Screening	
CBP	• Controlling High Blood Pressure	

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EFFECTIVENESS OF CARE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	Q4: Report Submission Q5: Report Submission
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 days	
AAP	• Adults' Access to Preventive/Ambulatory Health Services	
ADV	• Annual Dental Visit	
PPC	• Timeliness of Prenatal Care	
	• Postpartum Care	
WCV	• Child and Adolescent Well-Care Visits	

ER HU INITIATIVE	SCORED MEASURES	DEFINIATION OF IMPROVEMENT
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	Q1: Report submission Q2: Report Submission Q3: Report Submission Q4: Report Submission Q5: Report Submission

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

HEALTH CARE IMPROVEMENT PROGRAM

HEALTH CARE IMPROVEMENT PROGRAM BENCHMARKS
FOURTH YEAR
BENCHMARKS REFERENCE GUIDE
GOVERNMENT HEALTH PLAN PROGRAM
OCTOBER 1, 2021 – DECEMBER 31, 2022

Vol:2

Revised July 05, 2022

HEALTH CARE IMPROVEMENT PROGRAM 2020 BENCHMARKS REFERENCE

HIGH COST CONDITIONS	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
Medicaid/Federal and State High Cost Conditions		
Cancer	• Readmissions rate	12.28
	• PHQ-9	17.79
End-Stage Renal Disease (ESRD)	• Admissions/1000	49.80
	• PHQ-9	16.58
Multiple Sclerosis	• Admissions/1000	31.70
CHIP High Cost Conditions		
Cancer	• Readmissions rate	N/A
Children and Youth with Special Healthcare Needs (CYSHCN)	• Child and Adolescent Well-Care Visits	47.12
	• Annual Dental Visits	44.61
Autism	• Child and Adolescent Well-Care Visits	41.21

CHRONIC CONDITIONS	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	• Comprehensive Diabetes Care:	
	○ HbA1c	70.37
	○ Eye exam	20.89
	○ Kidney Health Evaluation for Patients with Diabetes	9.33
	• Admissions/1000	41.36
Asthma	• Admissions/1000	32.48
	• ED Use/1000	164.91
	• PHQ-9	13.18
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	• Admissions/1000	80.13
	• PHQ-9	15.73

CHRONIC CONDITIONS	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
Hypertension	• ED Use/1000	51.03
Chronic Obstructive Pulmonary Disease (COPD)	• Admissions/1000	69.74
Chronic Depression	• Follow up after Hospitalization for Mental Illness: 7 days	45.65
	• Follow up after Hospitalization for Mental Illness: 30 days	73.26
	• Inpatient Admission/1000	52.13

EFFECTIVENESS OF CARE	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
BCS	• Breast Cancer Screening	57.90
CCS	• Cervical Cancer Screening	43.43
COL	• Controlling High Blood Pressure	41.60
SSD	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	49.74
FUH	• Follow-Up After Hospitalization for Mental Illness: 30 days	71.51
AAP	• Adults' Access to Preventive/Ambulatory Health Services	69.15
ADV	• Annual Dental Visit	36.85
PPC	• Timeliness of Prenatal Care	66.15
	• Postpartum Care	33.91
AWC	• Child and Adolescent Well-Care-Visits	28.75

ER HU INITIATIVE	SCORED MEASURES	2020 BENCHMARKS (1/1/2020-12/31/2020)
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	946.21

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

HEALTH CARE IMPROVEMENT PROGRAM

HEALTH CARE IMPROVEMENT PROGRAM CODE BOOK I

GOVERNMENT HEALTH PLAN PROGRAM

OCTOBBER 1, 2021 – DECEMBER 31, 2022

Code Book for the fourth year

Vol:2 (Rev July 5, 2022)

I.1 Scored Measures for 2021-2022

I.1.1 High Cost Conditions Initiative

Readmissions rate	
Technical specifications	Plan all cause (PCR) metric: HEDIS MY 2020 & MY 2021, Volume 2 technical specifications .
PHQ-9	
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 elegible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	CPT: 96127 Brief emotional/behav assmt G8431: Screening for depression is documented as being positive and a follow-up plan is documented Short Description: Pos clin depres scrn f/u doc G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: Scr dep neg, no plan reqd Other: Supplementary Data (test peformed by case managers among others)
Exclusions	N/A
Admissions/1000	
Definition	Discharges for a principal diagnosis of selected conditions (see HCIP Manual) per 1,000 enrolled population. Excludes obstetric admissions and transfers from other institutions.
Numerator	Discharges for members with a principal diagnosis (ICD-10-CM) which meet the criteria of the applicable initiative/condition

Denominator	All elegible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes
	Revenue codes: See Appendix A
Exclusions	Exclude cases: With admission source for transferred from a different hospital or other health care facility UB04 Admission source- 2, 3) With a point of origin code for transfer from a hospital, Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or other healthcare facility (Appendix A) (UB04 Point of Origin- 4,5,6)- With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing)
ED (Emergency room) Use/1000	
Definition	For members 18 years of age and older, the number of observed emergency department (ED) visits during the measurement year. *ED visits for a principal diagnosis of selected conditions (see HCIP Manual).
Numerator	The number of all ED visits during the measurement year. Count each visit to an ED once, regardless of the intensity or duration of the visit. *ED visits for a principal diagnosis of selected conditions (see HCIP Manual).
Denominator	All elegible population with the condition during the measurement year or period.
Continuous enrollment	N/A
Allowable gap	N/A
Description	Codes

	CPT: 99281-99285, 99288 Place of service code: 23 Use the following reference: - ED Visits from HEDIS Ambulatory Care (HEDIS MY 2020 & MY 2021, Volume 2 technical specifications). - ED Use ICD10 codes tab from the Code Book II Health Care Improvement Program
Exclusions	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications: The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria: • A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set). • Psychiatry (Psychiatry Value Set). • Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
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	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications: The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria: • A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set). • Psychiatry (Psychiatry Value Set). • Electroconvulsive therapy (Electroconvulsive Therapy Value Set).
(ADV) Annual Dental Visit	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(AAP) Adults' Access to Preventive/Ambulatory Health Services	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(WCV) Child and Adolescent Well-Care Visits	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(BCS) Breast Cancer Screening	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CCS) Cervical Cancer Screening	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CDC) Comprehensive Diabetes Care	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
Kidney Health Evaluation for Patients With Diabetes	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(CBP) Controlling High Blood Pressure	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(FUH) Follow up after Hospitalization for Mental Illness (7 and 30 days)	

Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(PPC) Prenatal And Postpartum Care	
	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	
Technical specifications	HEDIS MY 2020 & MY 2021, Volume 2 technical specifications