



Carta Normativa 26-0330

30 de marzo de 2026

Para: Aseguradoras (MCOs, por sus siglas en inglés) contratadas para ofrecer servicios bajo el Plan Vital del Gobierno: First Medical, Inc., MMM, Triple S & Plan de Salud de Menonita

Asunto: Actualizaciones del Health Care Improvement Program Manual (HCIP), para el Año 4 del (Anejo 19 del contrato del Plan Vital)

La Administración de Seguros de Salud (ASES) les notifica las actualizaciones al *Health Care Improvement Program*, (HCIP) correspondientes al Año 4, conforme a lo establecido en el Anejo 19 del contrato del Plan Vital.

El periodo del Año 4 comprende desde el **1 de enero de 2025 hasta el 30 de septiembre de 2026**. Estas actualizaciones responden a la revisión de métricas, alineación con estándares vigentes y mejoras en los procesos de monitoreo y cumplimiento del Programa de Calidad.

Como parte de estas actualizaciones, ASES ha determinado lo siguiente:

- **Prórroga para la entrega de HCIP Y4P1:**

El término de sometimiento originalmente establecido es para el **30 de abril de 2026**, se extiende hasta el **30 de mayo de 2026**, aplicable únicamente a este periodo. Esta prórroga aplica exclusivamente a este periodo. Los periodos subsiguientes deberán cumplirse conforme a las fechas establecidas en el Manual del HCIP.

ASES estará compartiendo los siguientes documentos actualizados correspondientes para el Año 4:

- *Year 4 Attachment 19 Health Care Improvement Program Manual*
- *Year 4 HCIP Code Book*
- *Year 4 HCIP Benchmark*
- *Year 4 HCIP Diagnosis Codes*
- *Reporte 22 HCIP Template*
- *Template Members ID Report 22 HCIP*

Se requiere que todas las organizaciones contratadas revisen e integren estas actualizaciones en sus procesos operacionales, reportes y estrategias de mejoramiento de calidad, en cumplimiento con los requisitos establecidos.

Agradecemos su compromiso con el Programa de Calidad del Plan Vital y su colaboración continua para garantizar servicios de salud de excelencia a la población asegurada.

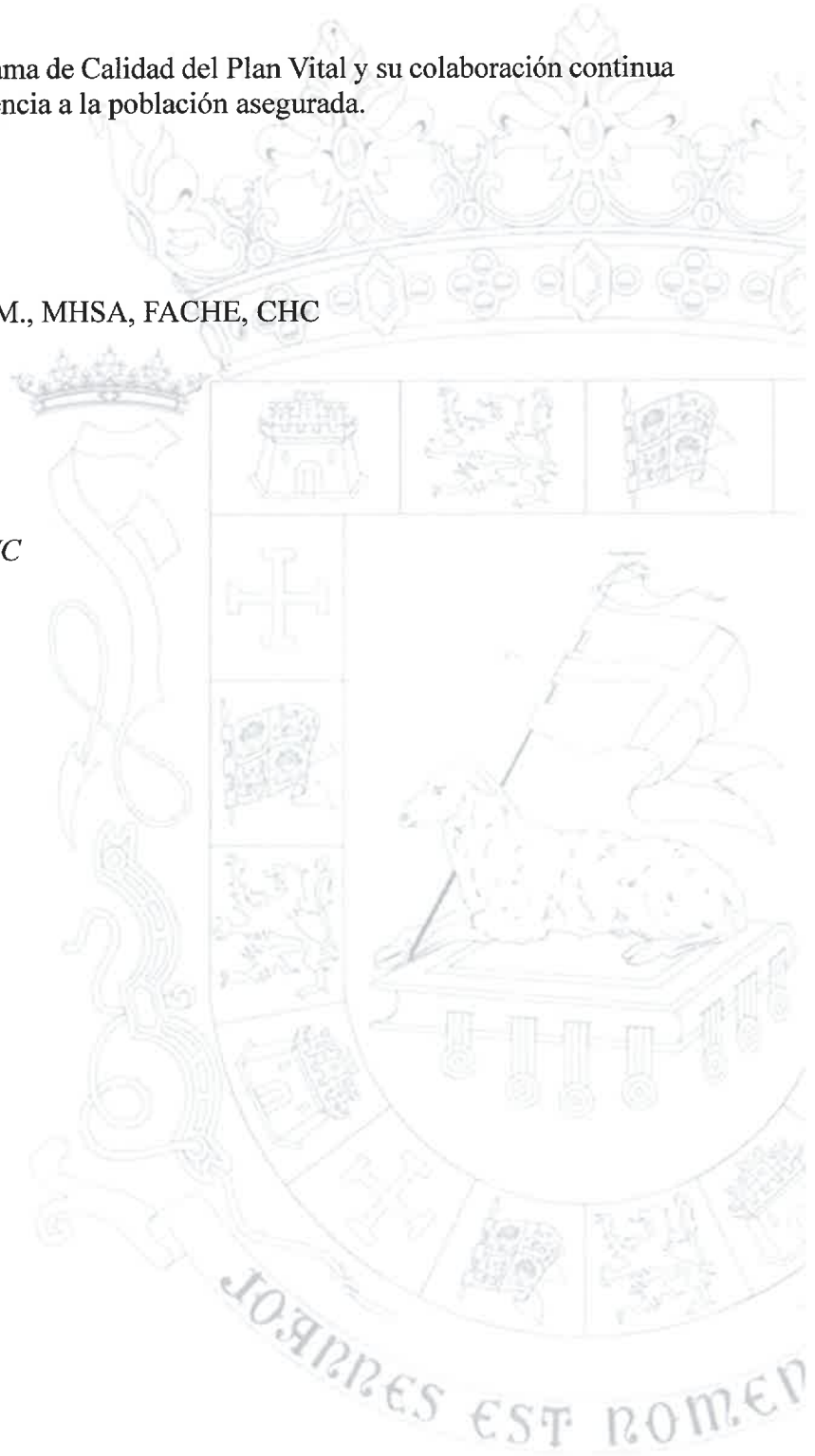
Cordialmente,



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Anejos (6)



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

HEALTH CARE
IMPROVEMENT
PROGRAM



ATTACHMENT 19 – HEALTH CARE IMPROVEMENT PROGRAM MANUAL
GOVERNMENT HEALTH PLAN PROGRAM
CONTRACT YEAR: JANUARY 1, 2023 –SEPTEMBER 30, 2026

Revision with Year 4 Updates: April 3, 2026



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I. INTRODUCTION

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

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

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

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

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

ASES will disburse the retention fund to the Contractor according to compliance with each of the categories of performance indicators for each of the three (3) HCIP Initiatives specified in this Manual. The Clinical Operation Area will audit the results of the data in the timeframes stated in Section 22.4.2.2 of the Contract for the performance indicators in the above-named initiatives. This Manual describes, in detail, the requirements and the specific metrics for each initiative of the HCIP for the Contract period January 1, 2023 through September 30, 2026. The HCIP will be updated annually as GHP benchmarks are set and measures or metrics are revised accordingly.

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, along with Report 22 (Excel version), in ASES FTP site, 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	May 30, 2026*

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

** A one-time extension for the Y4P1 report submission is granted, with the deadline extended to May 30, 2026. This extension applies exclusively to this reporting period; all subsequent reports must adhere to the original reporting schedule.*

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 – 3/31/2023	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 – 3/31/2024	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

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 – 3/31/2025	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	Any Improvement Over P4 or Complying with the HCIP Benchmarks
P2	4/1/2025 – 3/31/2026	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 4 requirements noted below

Year 1

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


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

For P3 and P4

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

Year 2

For Year 2, P1, ASES will evaluate PMPM disbursement from the retention fund based on timely and accurate report submissions from the Contractor with any quarter reporting period over quarter reporting period improvement for each measure or for complying with the benchmark. For each scored measure (refer to Sections VI.2, VI.3, and



VI.4 in this manual), the MCO will receive the following point structure when a complete report and attestation is submitted.

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

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

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

Year 3

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

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

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

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

- Addition of Colorectal Cancer Screening (COL-E) to the Healthy People Initiative.
- Addition of One Time Screening for Hepatitis C Virus to the Healthy People Initiative.

Exceptions for Year 3 Scoring are as follows:

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

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

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

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

Colorectal Cancer Screening (COL-E) 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

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

- 1 point = Per scored measure reported on time with valid data and showing compliance with the benchmark

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

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

- 1 point = Per scored measure reported on time with valid data
- 0 points = Per scored 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.

Year 4

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

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

For Year 4, 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 /or not meeting the designated benchmark.

Modifications to the Performance Measures included for Year 4 of the HCIP are as follows:

- Updated technical specifications version to 2025.
- Updated benchmarks applied to 2025.

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.

ASES will consider supplemental data (both standard and non-standard) that is not included in administrative claims data submitted by the Contractor to ASES in the following way. For the 8 measures in the *Code Book Health Care Improvement Program* that stipulate that supplemental data may be used, if the Contractor can provide evidence of supplemental data, ASES will use the Contractor's rate for scoring points for disbursement. Evidence shall be provided as a list of measure name and member ID for each member included in the calculation of the rate using only supplemental data. Supplemental evidence data shall be submitted directly to ASES through secure methods on the same date that the Contractor submits their measures through the ASES FTP site.

For example, if a Contractor included supplemental data for a PHQ-9 measure and they provided a supplemental file with all member IDs that were found for that PHQ-9 measure, ASES would consider the Contractor's submitted rate for point scoring over ASES' own calculated rate that is based only on administrative (claims) data.

IV. RETENTION FUND & COMPLIANCE PERCENTAGE

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

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

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%

NUMBER OF POINTS ACHIEVED	COMPLIANCE PERCENTAGE AVAILABLE	PERCENTAGE OF POINTS ACHIEVED	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
14	28	50.00%	50%
13	28	46.42%	46%
12	28	42.85%	43%
11	28	39.28%	39%
10	28	35.71%	36%
9	28	32.14%	32%
8	28	28.57%	29%
7	28	25.00%	25%
6	28	21.42%	21%
5	28	17.85%	18%
4	28	14.28%	14%
3	28	10.71%	11%
2	28	7.14%	7%
1	28	3.57%	4%
0	28	0%	0%

V. DEFINITIONS

The following definitions apply to measures of the HCIP Manual:

1. **Active Enrollee:** GHP Enrollee with **continuous** enrollment during the HCIP measurement quarter.
2. **Baseline:** The baseline measurement is the first measurement of a metric during the initial submission of the HCIP metrics.
3. **HCIP Benchmark:** The HCIP benchmarks were built from averages across all plans on the island.
4. **Continuous Enrollment:** Membership enrollment from the start of a designated period through the end of the designated period without interruption or as defined in the specifications for a measure.
5. **Health Care Improvement Program (HCIP):** Approach developed to improve the quality of services provided to enrollees. The HCIP consists of three (3) initiatives: Chronic Condition Initiative, Healthy People Initiative and Emergency Room High Utilizers Initiative. As part of the HCIP, a Retention Fund shall be maintained by ASES from the monthly PMPM payment to incent the Contractor to meet performance indicators and targets under HCIP specified in the HCIP Manual. The Retention Fund shall be disbursed on a quarterly basis to the Contractor when a determination is made by ASES that the Contractor has complied with the quality standards and criteria established by ASES in accordance with the HCIP Manual and the Contract.
6. **Incurred date:** The date on which the service was provided.
7. **Intervention:** Activities targeted at the achievement of client stability, wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, care coordination, collaboration and service facilitation.
8. **Performance measures:** Periodic measurement of outcomes and results used to assess the effectiveness and efficiency of quality or improvement initiatives on selected indicators.
9. **Per member per month (PMPM) payment:** The fixed monthly amount that the Contractor is paid by ASES for each enrollee to ensure that benefits under the Contract are provided. This payment is made regardless of whether the enrollee receives benefits during the period covered by the payment.

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

Note:

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

VI. Evaluation and Point Distribution

Contract Period: January 1, 2023 through September 30, 2026

VI.1 Point Distribution

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) 	1
	<ul style="list-style-type: none"> Blood Pressure Control for Patients With Diabetes (BPD) 	1
	<ul style="list-style-type: none"> Eye Exam for Patients with Diabetes (EED) 	1
	<ul style="list-style-type: none"> Kidney Health Evaluation for Patients With Diabetes (KED) 	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"> Asthma ED (Emergency room) Use/1000 	1
	<ul style="list-style-type: none"> PHQ-9 for Asthma 	1

Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	<ul style="list-style-type: none"> PQI 08: Heart Failure Admission Rate 	1
	<ul style="list-style-type: none"> PHQ-9 for Severe Heart Failure 	1
Hypertension	<ul style="list-style-type: none"> Hypertension ED (Emergency room) Use/1000 	1
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> PQI 05: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate 	1
Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder)	<ul style="list-style-type: none"> Follow-Up after Hospitalization for Mental Illness: 7 days (FUH) 	1
	<ul style="list-style-type: none"> Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000 	1
Total Points for the Chronic Conditions Initiative		14

VI.3 Healthy People Initiative

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

EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
Healthy People Initiative		
BCS-E	<ul style="list-style-type: none"> Breast Cancer Screening 	1
CCS-E	<ul style="list-style-type: none"> Cervical Cancer Screening 	1
CBP	<ul style="list-style-type: none"> Controlling High Blood Pressure 	1
COL-E	<ul style="list-style-type: none"> Colorectal Cancer Screening 	1
SSD	<ul style="list-style-type: none"> Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications 	1
FUH	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 days 	1
HCV	<ul style="list-style-type: none"> One-Time Screening for Hepatitis C Virus for all Patients 	1

Healthy People Initiative		
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"> Prenatal And Postpartum Care – Timeliness of Prenatal Care 	1
	<ul style="list-style-type: none"> Prenatal And Postpartum Care – Postpartum Care 	1
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

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

HEALTH CARE IMPROVEMENT PROGRAM 2025 BENCHMARKS REFERENCE

CHRONIC CONDITIONS	SCORED MEASURES	2025* BENCHMARKS (1/1/2025–12/31/2025)
Medicaid/Federal, State, and CHIP Chronic Conditions		
Diabetes	<ul style="list-style-type: none"> ● Glycemic Status Assessment for Patients With Diabetes (GSD) <ul style="list-style-type: none"> ○ Glycemic Status >9.0% 	L 77.63%
	<ul style="list-style-type: none"> ● Blood Pressure Control for Patients With Diabetes (BPD) 	H 54.77%
	<ul style="list-style-type: none"> ● Eye Exam for Patients With Diabetes (EED) 	H 35.77%
	<ul style="list-style-type: none"> ● Kidney Health Evaluation for Patients With Diabetes (KED) 	H 48.39%
	<ul style="list-style-type: none"> ● PQI 01: Diabetes Short-Term Complications Admission Rate 	L 71
Asthma	<ul style="list-style-type: none"> ● PQI 15: Asthma in Younger Adults Admission Rate 	L 77
	<ul style="list-style-type: none"> ● Asthma ED (Emergency room) Use/1000 	L 87
	<ul style="list-style-type: none"> ● PHQ-9 for Asthma 	H 23.36%
Medicaid/Federal and State Chronic Conditions		
Severe Heart Failure	<ul style="list-style-type: none"> ● PQI 08: Heart Failure Admission Rate 	L 173
	<ul style="list-style-type: none"> ● PHQ-9 for Severe Heart Failure 	H 20.11%
Hypertension	<ul style="list-style-type: none"> ● Hypertension ED (Emergency room) Use/1000 	L 26
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 286
Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder)	<ul style="list-style-type: none"> ● Follow-Up after Hospitalization for Mental Illness: 7 days (FUH) 	H 39.9%
	<ul style="list-style-type: none"> ● Select Mental Health Conditions (Chronic Depression/Mania/Bipolar Disorder) Admissions/1000 	L 44

HEALTHY PEOPLE INITIATIVE	SCORED MEASURES	2025* BENCHMARKS (1/1/2025–12/31/2025)
BCS-E	<ul style="list-style-type: none"> Breast Cancer Screening 	H 68.44%
CCS-E	<ul style="list-style-type: none"> Cervical Cancer Screening 	H 56.39%
CBP	<ul style="list-style-type: none"> Controlling High Blood Pressure 	H 55.25%
COL-E	<ul style="list-style-type: none"> Colorectal Cancer Screening 	H 52.49%
SSD	<ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications 	H 70.28%
FUH	<ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 Days 	H 64.11%
AAP	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services 	H 78.5%
OEV	<ul style="list-style-type: none"> Oral Evaluation, Dental Services 	H 51.29%
PPC	<ul style="list-style-type: none"> Prenatal And Postpartum Care – Timeliness of Prenatal Care 	H 66.87%
	<ul style="list-style-type: none"> Prenatal And Postpartum Care – Postpartum Care 	H 47.99%
W30	<ul style="list-style-type: none"> Well-Child Visits First 30 Months of Life – 0-15 months 	H 16.96%
	<ul style="list-style-type: none"> Well-Child Visits First 30 Months of Life – 15-30 months 	H 53.56%
WCV	<ul style="list-style-type: none"> Child and Adolescent Well-Care-Visits 	H 41.98%
HCV	<ul style="list-style-type: none"> One-Time Screening for Hepatitis C 	H 11.81%

EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	SCORED MEASURE	2025* BENCHMARKS (1/1/2025–12/31/2025)
ER	Overall emergency room utilization rate x 1,000 on identified population with 7 or more visits to the emergency room	L 1148

**Please note, the benchmarks shown in this document will be updated on or around April 15, 2025.*