

ATTACHMENT 19

**HCIP -FOURTH (4TH) YEAR
BENCHMARKS REFERENCE GUIDE**

Amendment O (2021-2022)

Plan Vital



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
NOVEMBER 1, 2018 – SEPTEMBER 30, 2022

Vol:1

Revised July 14, 2021



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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 |



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| CHRONIC CONDITIONS | SCORED MEASURES | 2020 BENCHMARKS (1/1/2020-12/31/2020) |
|--|---|--|
| Hypertension | <ul style="list-style-type: none"> ED Use/1000 | 51.03 |
| Chronic Obstructive Pulmonary Disease (COPD) | <ul style="list-style-type: none"> Admissions/1000 | 69.74 |
| Chronic Depression | <ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness: 7 days | 45.65 |
| | <ul style="list-style-type: none"> Follow up after Hospitalization for Mental Illness: 30 days | 73.26 |
| | <ul style="list-style-type: none"> Inpatient Admission/1000 | 52.13 |

| EFFECTIVENESS OF CARE | SCORED MEASURES | 2020 BENCHMARKS (1/1/2020-12/31/2020) |
|-----------------------|---|--|
| BCS | <ul style="list-style-type: none"> Breast Cancer Screening | 57.90 |
| CCS | <ul style="list-style-type: none"> Cervical Cancer Screening | 43.43 |
| COL | <ul style="list-style-type: none"> Controlling High Blood Pressure | 41.60 |
| SSD | <ul style="list-style-type: none"> Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications. | 49.74 |
| FUH | <ul style="list-style-type: none"> Follow-Up After Hospitalization for Mental Illness: 30 days | 71.51 |
| ÁAP | <ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services | 69.15 |
| ADV | <ul style="list-style-type: none"> Annual Dental Visit | 36.85 |
| PPC | <ul style="list-style-type: none"> Timeliness of Prenatal Care | 66.15 |
| | <ul style="list-style-type: none"> Postpartum Care | 33.91 |
| AWC | <ul style="list-style-type: none"> 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 |



ATTACHMENT 19
CODE BOOK FOR THE FOURTH (4TH) YEAR
Amendment O (2021-2022)
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

HEALTH CARE
IMPROVEMENT
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HEALTH CARE IMPROVEMENT PROGRAM CODE BOOK I

GOVERNMENT HEALTH PLAN PROGRAM

NOVEMBER 1, 2018 – SEPTEMBER 30, 2022

Code Book for the fourth year

Vol:1



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 eligible population with the condition during the measurement year or period. |
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | Codes |
| | <p>CPT: 96127 Brief emotional/behav assmt</p> <p>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</p> <p>G8510: Screening for depression is documented as negative, a follow-up plan is not required; Short description: Scr dep neg, no plan reqd</p> <p>Other: Supplementary Data (test performed by case managers among others)</p> |
| 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 eligible population with the condition during the measurement year or period. |
| Continuous enrollment | N/A |
| Allowable gap | N/A |
| Description | Codes |
| | Revenue codes: See Appendix A |
| Exclusions | <p>Exclude cases: With admission source for transferred from a different hospital or other health care facility UB04 Admission source - 2, 3)</p> <p>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) -</p> <p>With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing)</p> |
| ED (Emergency room) Use/1000 | |
| Definition | <p>For members 18 years of age and older, the number of observed emergency department (ED) visits during the measurement year.</p> <p>*ED visits for a principal diagnosis of selected conditions (see HCIP Manual).</p> |
| Numerator | <p>The number of all ED visits during the measurement year.</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 selected conditions (see HCIP Manual).</p> |
| Denominator | All eligible population with the condition during the measurement year or period. |
| Continuous enrollment | N/A |
| Allowable gap | N/A. |
| Description | Codes |



| | |
|---|---|
| | <p>CPT: 99281-99285, 99288</p> <p>Place of service code: 23</p> <p>Use the following reference:</p> <ul style="list-style-type: none"> - 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 | <p>HEDIS MY 2020 & MY 2021, Volume 2 technical specifications:</p> <p>The measure does not include mental health or chemical dependency services. Exclude visits for mental health or chemical dependency. Any of the following meet criteria:</p> <ul style="list-style-type: none"> • A principal diagnosis of mental health or chemical dependency (Mental and Behavioral Disorders Value Set). • Psychiatry (Psychiatry Value Set). • Electroconvulsive therapy (Electroconvulsive Therapy Value Set). |
| 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 | <p>CPT: 99281-99285, 99288</p> <p>Place of service code: 23</p> |



| | |
|--|---|
| 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: <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). |
| (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 |

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