

# ATTACHMENT 19

## HEALTH CARE IMPROVEMENT PROGRAM (HCIP) MANUAL

*Handwritten signature and scribble*



ATTACHMENT 19

**HEALTH CARE IMPROVEMENT PROGRAM MANUAL  
GOVERNMENT HEALTH PLAN PROGRAM/PLAN VITAL**

**FOURTH (4<sup>TH</sup>) YEAR**

**OCTOBER 1, 2021 – SEPTEMBER 30, 2022**

**(AMENDMENT O)**

A handwritten signature in black ink, appearing to be 'JF' followed by a large, stylized flourish.



# TABLE OF CONTENTS

I.	INTRODUCTION	2
II.	REPORTING TIMEFRAMES	3
III.	EVALUATION & POINT DISTRIBUTION	4
IV.	RETENTION FUND & COMPLIANCE PERCENTAGE	6
V.	DEFINITIONS	7
VI.	HIGH COST CONDITIONS INITIATIVE	9
VII.	CHRONIC CONDITIONS INITIATIVE	11
VIII.	HEALTHY PEOPLE INITIATIVE	15
IX.	EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	17
X.	FISCAL YEAR 2019-2020 (NOVEMBER 2018 – SEPTEMBER 2020)	18
	X1.1 POINT DISTRIBUTION	20
	X1.2 COMPLIANCE PERCENTAGE AND POINTS EARNED	21
X.2	SCORED MEASURES FOR 2019	21
	X.2.1 HIGH COST CONDITIONS INITIATIVE	21
	X.2.2 CHRONIC CONDITIONS INITIATIVE	22
	X.2.3 HEALTHY PEOPLE INITIATIVE	24
	X.2.4 EMERGENCY ROOM HIGH UTILIZERS INITIATIVE	24
	X.2.5 DEFINITION OF IMPROVEMENT	25




## 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 (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 November 1, 2018 through September 30, 2021, with an option to extend to September 30, 2022, at ASES' discretion. In the event ASES exercises the optional extension, an updated HCIP Manual will be provided. 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.



## 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
<b>Year 1</b>			
Q1	1/1/2018	12/31/2018	7/30/2019
Q2	4/1/2018	3/31/2019	7/30/2019
Q3	7/1/2018	6/30/2019	10/30/2019
Q4	10/1/2018	9/30/2019	1/30/2020
<b>Year 2</b>			
Q1	1/1/2019	12/31/2019	4/30/2020
Q2	4/1/2019	3/31/2020	7/30/2020
Q3	7/1/2019	6/30/2020	10/30/2020
Q4	10/1/2019	9/30/2020	1/30/2021
<b>Year 3</b>			
Q1	1/1/2020	12/31/2020	6/07/2021
Q2	4/1/2020	3/31/2021	7/30/2021
Q3	7/1/2020	6/30/2021	10/30/2021
Q4	10/1/2020	9/30/2021	1/30/2022
<b>Year 4</b>			
Q1	1/1/2021	12/31/2021	4/30/2022
Q2	4/1/2021	3/31/2022	7/30/2022
Q3	7/1/2021	6/30/2022	10/30/2022
Q4	10/1/2021	9/30/2022	1/30/2023



### 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
<b>Year 1</b>	<b>*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.</b>	
Q1	1/1/2018 - 12/31/2018	Report submission
Q2	4/1/2018 – 3/31/2019	Report submission
Q3	7/1/2018 – 6/30/2019	Report submission
Q4	10/1/2018 – 9/30/2019	Report submission
<b>Year 2</b>	<b>Contractor GHP Benchmark Data Analysis — From January 1, 2018 to December 31, 2018: To be provided by ASES.</b>	
Q1	1/1/2019 – 12/31/2019	Report submission
Q2	4/1/2019 – 3/31/2020	Report submission
Q3	7/1/2019 – 6/30/2020	Report submission
Q4	10/1/2019 – 9/30/2020	Report submission
<b>Year 3</b>	<b>Contractor GHP Benchmark Data Analysis — From January 1, 2019 to December 31, 2019: To be provided by ASES.</b>	
Q1	1/1/2020 – 12/31/2020	Report submission
Q2	4/1/2020 – 3/31/2021	Report submission
Q3	7/1/2020 – 6/30/2021	Any improvement over GHP benchmark <sup>1</sup>
Q4	10/1/2020-9/30/2021	Any improvement over GHP benchmark <sup>1</sup>
<b>Year 4</b>	<b>Contractor GHP Benchmark Data Analysis — From January 1, 2020 to December 31, 2020: To be provided by ASES.</b>	
Q1	1/1/2021-12/31/2021	See section: X 2.5 Definition of Improvement (pages 21-25)



Q2	4/1/2021-3/31/2022	See section: X 2.5 Definition of Improvement (pages 21-25)
Q3	7/1/2021-6/30/2022	See section: X 2.5 Definition of Improvement (pages 21-25)
Q4	10/1/2021-9/30/2022	See section: X 2.5 Definition of Improvement (pages 21-25)

The scale of values per indicator is divided into the three levels indicated below.

**Report Submission:**

- 1 point = Report and attestation submission on time with valid data
- 0 points = Report and attestation submission without valid data

**Any Improvement:**

- 1 point = Data submitted has improvement
- .5 point = Data submitted has no change; no improvement or deterioration
- 0 points = Data submitted has deteriorated

**Improvement Goal Established by ASES:**

- 1 Point = Full compliance with the expected goal; The results reported meets or exceeds (90%–100%) the established goal.
- 0.5 point = Partial compliance with the expected goal; The results reported are greater than or equal to 70% but less than 90% (70.00%–89.99%) of the established goal.
- 0 points = No compliance; The results reported are less than 70% (0%–69.99%) of the established goal.

The point distribution by program may vary for each fiscal year. Please see the sections specific to each fiscal year for the point distribution table for a particular year.






#### 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%
<b>HCIP INITIATIVE</b>	
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)	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0% - 100%	100%
80.0% - 89.9%	75%
70.0%–79.9%	50%
50.0%–69.9%	25%
0.00% - 49.9%	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:** 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).



## 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
<b>Medicaid/Federal and State High Cost Conditions</b>	
Cancer	<ul style="list-style-type: none"> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• Emergency Department (ED) Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
End-Stage Renal Disease (ESRD)	<ul style="list-style-type: none"> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
Multiple Sclerosis	<ul style="list-style-type: none"> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>



HIGH COST CONDITIONS	QUALITY MEASURES
Rheumatoid Arthritis	<ul style="list-style-type: none"> <li>• Disease-modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</li> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
<b>CHIP High Cost Conditions</b>	
Cancer	<ul style="list-style-type: none"> <li>• Generic Dispensing Rate</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
Children and Youth with Special Healthcare Needs (CYSHCN)	<ul style="list-style-type: none"> <li>• Well-child visits in first 15 months of life</li> <li>• Well-child visits in the 3rd, 4th, 5th and 6th years of life</li> <li>• Adolescent Well-care visits</li> <li>• Annual Dental Visit</li> </ul>
Hemophilia	<ul style="list-style-type: none"> <li>• Well-child visits in first 15 months of life</li> <li>• Well-child visits in the 3rd, 4th, 5th and 6th years of life</li> <li>• Generic Dispensing Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• BMI Assessment</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• Well-child visits in first 15 months of life</li> <li>• Well-child visits in the 3rd, 4th, 5th and 6th years of life</li> <li>• Generic Dispensing Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Incidence rate</li> <li>• Prevalence rate</li> </ul>

\* Other specific measures could be added. See X.2 Scored Measures for 2020-2021



## 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
<b>Medicaid/Federal, State, and CHIP Chronic Conditions</b>	
Diabetes	<ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care:               <ul style="list-style-type: none"> <li>○ HbA1c</li> <li>○ Eye exam</li> <li>○ Nephropathy screen</li> </ul> </li> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Adherence to oral diabetic medications</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
Asthma	<ul style="list-style-type: none"> <li>• Medication management for people with Asthma</li> <li>• Asthma medication ratio</li> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Ambulatory visits per quarter for population</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>



CHRONIC CONDITIONS	QUALITY MEASURES
<b>Medicaid/Federal and State Chronic Conditions</b>	
Diabetes	<ul style="list-style-type: none"> <li>• Statin Use</li> </ul>
Severe Heart Failure	<ul style="list-style-type: none"> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
Hypertension	<ul style="list-style-type: none"> <li>• Controlling High Blood Pressure</li> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> <li>• Adherence to Formulary Drugs</li> <li>• Adherence to anti-hypertensive (RAS Agonist) medication</li> </ul>
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>



CHRONIC CONDITIONS	QUALITY MEASURES
Chronic Depression	<ul style="list-style-type: none"> <li>● Follow up after Hospitalization for Mental Illness 7 days and 30 days</li> <li>● Follow up after ED visit for Mental Illness</li> <li>● Use of Opioids at High Dosage</li> <li>● Use of Opioids from Multiple Providers</li> <li>● Generic Dispensing Rate</li> <li>● Adherence to Formulary Drugs</li> <li>● Inpatient Admission/1000</li> <li>● Readmission Rate</li> <li>● Antidepressant Medication Management</li> </ul>
Substance Use Disorders (SUD) (Buprenorphine User)	<ul style="list-style-type: none"> <li>● Follow up after Emergency Department Visits for Alcohol and Other Drug Abuse or Dependence</li> <li>● Adherence to treatment (12 months)</li> </ul>
Serious Mental Illness (SMI) Other than Depression	<ul style="list-style-type: none"> <li>● Follow up after Hospitalization for Mental Illness</li> <li>● Follow up after ED visit for Mental Illness</li> <li>● Use of Opioids at High Dosage</li> <li>● Use of Opioids from Multiple Providers</li> <li>● Generic Dispensing Rate</li> <li>● Adherence to Formulary Drugs</li> <li>● Inpatient Admission</li> </ul>
<b>CHIP Chronic Conditions</b>	
Diabetes	<ul style="list-style-type: none"> <li>● Comprehensive Diabetes Care: <ul style="list-style-type: none"> <li>○ HbA1c</li> <li>○ Eye exam</li> <li>○ Nephropathy screen</li> </ul> </li> <li>● Generic Dispensing Rate</li> <li>● PHQ-4</li> <li>● Statin Use</li> <li>● Adherence to oral diabetic medications</li> <li>● Admissions/1000</li> <li>● ED Use/1000</li> <li>● Readmission Rate</li> <li>● Adherence to Formulary Drugs</li> <li>● Medication Reconciliation Post Discharge</li> <li>● Medication Reconciliation Annual</li> </ul>





CHRONIC CONDITIONS	QUALITY MEASURES
Asthma	<ul style="list-style-type: none"> <li>• Medication management for people with Asthma</li> <li>• Asthma medication ratio</li> <li>• Generic Dispensing Rate</li> <li>• PHQ-4</li> <li>• Admissions/1000</li> <li>• ED Use/1000</li> <li>• Readmission Rate</li> <li>• Ambulatory visits per quarter for population</li> <li>• Adherence to Formulary Drugs</li> <li>• Medication Reconciliation Post Discharge</li> <li>• Medication Reconciliation Annual</li> </ul>
Attention-Deficit/ Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> <li>• Follow up care for children with prescribed ADHD medication</li> <li>• Adherence to Formulary Drugs</li> <li>• Generic Dispensing Rate</li> </ul>

\* Other specific measures could be added. See X.2 Scored Measures for 2021-2022



**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
<b>Healthy People Initiative</b>	
ABA	<ul style="list-style-type: none"> <li>• Adult BMI Assessment</li> </ul>
WCC	<ul style="list-style-type: none"> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</li> <li>• BMI Percentile</li> <li>• Counseling for Nutrition</li> <li>• Counseling for Physical Activity</li> </ul>
CIS	<ul style="list-style-type: none"> <li>• Childhood Immunization Status</li> </ul>
BCS	<ul style="list-style-type: none"> <li>• Breast Cancer Screening</li> </ul>
CCS	<ul style="list-style-type: none"> <li>• Cervical Cancer Screening</li> </ul>
CHL	<ul style="list-style-type: none"> <li>• Chlamydia Screening in Women</li> </ul>
COL	<ul style="list-style-type: none"> <li>• Colorectal Cancer Screening</li> </ul>
AMM	<ul style="list-style-type: none"> <li>• Antidepressant Medication Management</li> </ul>
SSD	<ul style="list-style-type: none"> <li>• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>
FUH	<ul style="list-style-type: none"> <li>• Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>
URI	<ul style="list-style-type: none"> <li>• Appropriate Treatment for Children With Upper Respiratory Infection</li> </ul>
<b>Access/Availability of Care</b>	
AAP	<ul style="list-style-type: none"> <li>• Adults' Access to Preventive/Ambulatory Health Services</li> </ul>
CAP	<ul style="list-style-type: none"> <li>• Children and Adolescents' Access to Primary Care Practitioners</li> </ul>
ADV	<ul style="list-style-type: none"> <li>• Annual Dental Visit</li> </ul>



EFFECTIVENESS OF CARE	QUALITY MEASURES
PPC	<ul style="list-style-type: none"> <li>• Prenatal and Postpartum Care</li> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Care</li> </ul>
<b>Other Utilization</b>	
FPC	<ul style="list-style-type: none"> <li>• Frequency of Ongoing Prenatal Care</li> </ul>
W15	<ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months of Life</li> </ul>
AWC	<ul style="list-style-type: none"> <li>• Adolescent Well-Care Visits</li> </ul>
FSP	<ul style="list-style-type: none"> <li>• Frequency of Selected Procedures</li> </ul>
AMB	<ul style="list-style-type: none"> <li>• Ambulatory Care</li> </ul>
IAD	<ul style="list-style-type: none"> <li>• Identification of Alcohol and Other Drug Services</li> </ul>
MPT	<ul style="list-style-type: none"> <li>• Overall Mental Health Utilization Readmission Rate</li> <li>• Mental Health Use of Opioids at High Dosage</li> <li>• Mental Health Use of Opioids from Multiple Providers</li> <li>• Overall Mental Health admission per thousand</li> </ul>

\* Other specific measures could be added. See X.2 Scored Measures for 2021-2022




**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




**X. FISCAL YEAR 2021-2022 (OCTOBER 2021 – SEPTEMBER 2022)****X.1 Evaluation and Point Distribution****X.1.1 Point Distribution**

PROGRAM	POINTS
High Cost Conditions Initiative	9
Chronic Conditions Initiative	14
Healthy People Initiative	10
Emergency Room High Utilizers Initiative	1
<b>Total Possible Points</b>	<b>34</b>

**X.1.2 Compliance Percentage and Points Earned**

COMPLIANCE PERCENTAGE	DISBURSEMENT PERCENTAGE OF MONTHLY PMPM
90.0% - 100.0%	100%
80.0%–89.9%	75%
70.0%–79.9%	50%
50.0%–69.9%	25%
0.0% - 49.9%	0%

**X.2 Scored Measures for 2021-2022****X.2.1 High Cost Conditions Initiative**

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



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
<b>Total Points for the High Costs Conditions Initiative for Fiscal Year 2021-2022</b>		<b>9</b>

## X.2.2 Chronic Conditions Initiative

CHRONIC CONDITIONS	SCORED MEASURES	POINTS
<b>Medicaid/Federal, State, and CHIP Chronic Conditions</b>		
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
<b>Medicaid/Federal and State Chronic Conditions</b>		
Severe Heart Failure	• Admissions/1000	1
	• PHQ-9	1
Hypertension	• ED Use/1000	1
Chronic Obstructive Pulmonary Disease (COPD)	• Admissions/1000	1



Chronic Depression	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	1
	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 30 days</li> </ul>	1
	<ul style="list-style-type: none"> <li>Inpatient Admission/1000</li> </ul>	1
<b>Total Points for the Chronic Conditions Initiative for Fiscal Year 2021-2022</b>		<b>14</b>

### X.2.3 Healthy People Initiative

EFFECTIVENESS OF CARE	SCORED MEASURES	POINTS
<b>Healthy People Initiative</b>		
BCS	<ul style="list-style-type: none"> <li>Breast Cancer Screening</li> </ul>	1
CCS	<ul style="list-style-type: none"> <li>Cervical Cancer Screening</li> </ul>	1
CBP	<ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> </ul>	1
SSD	<ul style="list-style-type: none"> <li>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>	1
FUH	<ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>	1
<b>Access/Availability of Care</b>		
AAP	<ul style="list-style-type: none"> <li>Adults' Access to Preventive/Ambulatory Health Services</li> </ul>	1
ADV	<ul style="list-style-type: none"> <li>Annual Dental Visit</li> </ul>	1
PPC	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> </ul>	1
	<ul style="list-style-type: none"> <li>Postpartum Care</li> </ul>	1
<b>Other Utilization</b>		
WCV	<ul style="list-style-type: none"> <li>Child and Adolescent Well-Care Visits</li> </ul>	1
<b>Total Points for the Health People Initiative for Fiscal Year 2021-2022</b>		<b>10</b>

### 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.



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
<b>Total Points for the Emergency Room High Utilizer Initiative for Fiscal Year 2021-2022</b>		<b>1</b>

## X.2.5 Definition of Improvement

HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
<b>Medicaid/Federal and State High Cost Conditions</b>		
Cancer	<ul style="list-style-type: none"> <li>Readmissions rate</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
End-Stage Renal Disease (ESRD)	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Multiple Sclerosis	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
<b>CHIP High Cost Conditions</b>		

*Handwritten signature and scribble*





HIGH COST CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Cancer	<ul style="list-style-type: none"> <li>Readmissions rate</li> </ul>	Q1: Report submission Q2: Report submission Q3: Report submission Q4: Report submission
Children and Youth with Special Healthcare Needs (CYSHCN)	<ul style="list-style-type: none"> <li>Child and Adolescent WellCare Visits</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Annual Dental Visits</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Autism	<ul style="list-style-type: none"> <li>Child and Adolescent WellCare Visits</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
<b>Medicaid/Federal, State, and CHIP Chronic Conditions</b>		
Diabetes	<ul style="list-style-type: none"> <li>Comprehensive Diabetes Care:                             <ul style="list-style-type: none"> <li>HbA1c</li> <li>Eye exam</li> </ul> </li> <li>Kidney Health Evaluation for Patients With Diabetes</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>HbA1c</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Eye exam</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Kidney Health Evaluation for Patients With Diabetes</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2



*[Handwritten signature]*

*[Handwritten initials]*


CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
Asthma	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>ED Use/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
<b>Medicaid/Federal and State Chronic Conditions</b>		
Severe Heart Failure	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
	<ul style="list-style-type: none"> <li>PHQ-9</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
Hypertension	<ul style="list-style-type: none"> <li>ED Use/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> <li>Admissions/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2



*JCB*

*[Handwritten signature]*

CHRONIC CONDITIONS	SCORED MEASURES	DEFINITION OF IMPROVEMENT
Chronic Depression	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 7 days</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Follow up after Hospitalization for Mental Illness: 30 days</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2
	<ul style="list-style-type: none"> <li>Inpatient Admission/1000</li> </ul>	Q1: Report submission Q2: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2

EFFECTIVENESS OF CARE	SCORED MEASURES	DEFINITION OF IMPROVEMENT
BCS	<ul style="list-style-type: none"> <li>Breast Cancer Screening</li> </ul>	Q1: Report submission Q2: Any increase over Q1 Q3: 2% of increase over Q2 Q4: 3% of increase over Q2 
CCS	<ul style="list-style-type: none"> <li>Cervical Cancer Screening</li> </ul>	
CBP	<ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> </ul>	
SSD	<ul style="list-style-type: none"> <li>Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</li> </ul>	
FUH	<ul style="list-style-type: none"> <li>Follow-Up After Hospitalization for Mental Illness: 30 days</li> </ul>	
AAP	<ul style="list-style-type: none"> <li>Adults' Access to Preventive/Ambulatory Health Services</li> </ul>	
ADV	<ul style="list-style-type: none"> <li>Annual Dental Visit</li> </ul>	
PPC	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> </ul>	
	<ul style="list-style-type: none"> <li>Postpartum Care</li> </ul>	
WCV	<ul style="list-style-type: none"> <li>Child and Adolescent Well-Care Visits</li> </ul>	

ER HU INITIATIVE	SCORED MEASURES	DEFINITION 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: Any decrease over Q1 Q3: 2% of decrease over Q2 Q4: 3% of decrease over Q2
----	--	---

*Handwritten initials*

*Handwritten signature*

