



GOBIERNO DE PUERTO RICO
Administración de Seguros de Salud

Hon. Ricardo A. Rosselló Nevares
Gobernador

Sra. Angela M. Avila Marrero
Directora Ejecutiva

NORMATIVE LETTER 12-20-2017

December 20, 2017

To all Managed Care Organizations contracted to provide services for the Government Health Plan (GHP)

Re: Quality Incentive Program

This Normative Letter 12-20-2017 has the purpose of informing all MCO's the changes established by ASES for the Quality Incentive Program (QIP) due to the impact of hurricane Maria. ASES has modified the quarterly evaluation of each program in order to allow an adequate period for MCOs to restore the communication with the providers and GHP members, start interventions with the identified members and all other activities related to the QIP. ASES is establishing a waiver for quarters 1 to 3 (incurred services 7/1/2017 through 3/30/2018). Therefore, ASES will reimburse the corresponding period retention fund for each program subject to the submission of the required reporting templates with their utilization data regardless of the compliance with the established goals in the 2017 QIP Manual. For the fourth quarter, the goals has been revise and will be evaluate as indicated in this normative letter. Reporting timeframes by quarter remains without changes.

For the Performance Measures evaluation purposes, incurred services through quarter one to three, the quarterly reimbursement will only be based on the submission of the required reporting templates with the corresponding utilization data. For the fourth quarter (Q4), the MCO should demonstrate a 5% increase in each performance measure metric. To determine compliance for this quarter, ASES will consider cumulative percentages by quarter (roll over).

Program: Performance Measures	2017 QIP Manual Goal	Modified goal
PM1. Breast Cancer Screening	15%	5%
PM2. Cervical Cancer Screening	15%	5%
PM3. Cholesterol Management	30%	5%
PM4. Diabetes Care Management	30%	5%
PM5. Access to Preventive Care Visits	15%	5%
PM6. Asthma Management	7.5%	5%



PM7. Follow up after Hospitalization for Mental Health	9%	5%
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Additionally, in order to standardize the process, ASES has specify the exclusion codes to be use for the Performance Measures metrics. Therefore, MCOs must reevaluate the baselines reported on August 30, 2017 for each Performance Measure and resubmit the baselines by January 30, 2018. Updated tables for each Performance Measure with the corresponding exclusion criteria are included in Attachment 1.

For the Preventive Clinical Programs evaluation purposes, incurred services through quarter one to three, the quarterly reimbursement will only be based on the submission of the required reporting templates with the corresponding utilization data. For the fourth quarter some goals has been revised. Following is a summary of the final goals.

A. Disease Management Program

1. Physical Health DM Metrics

A. Percent of Active Severe Members by DM condition- 4th Quarter Goal: 7.5, No roll over apply.

B. UM Metrics-No changes has been made.

1. ER Visit Metrics by region and condition for each Physical Health DM – 4th Quarter Goal:
At least 2 % decrease of active severe members ER visits by condition in each quarter.

2. Hospital Admission Metrics by region and condition for Physical Health- 4th Quarter Goal:
At least 2% decrease of active severe member's hospital admission by condition in each quarter.

2. Mental Health DM Metrics

A. Percent of participants with Major Depression- 4th Quarter Goal: 7.5, No roll over apply

B. Hospital Admission Metrics by region and condition for Physical Health- 4th Quarter Goal: At least 2% decrease of hospital admissions of members with severe Major Depression (No changes were made)

3. Timely and Accurate Hot Spotting Report:- No changes were made.

Submit a timely and accurate Hot Spotting as stated in the QIP Manual 2017.

B. PHYSICIAN INCENTIVE PLAN

No changes were made to the Physician Incentive Program. The MCO must submit the reports as established in the QIP 2017 Manual.

Emergency Room Use Indicators: No changes were made

1. Timely and Accurate Hot Spotting Report:

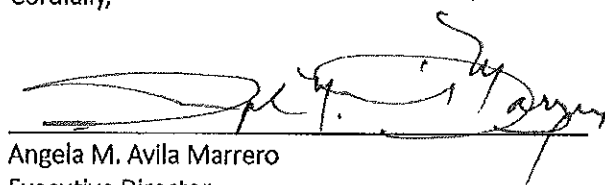
Submit a timely and accurate Hot Spotting as stated in the QIP Manual 2017.

2. Ambulatory Visits Rate: 4th Quarter: goal 3% increase

3. Annualized ER Rate on frequent ER users: 4th Quarter goal: 3% decrease

For any questions, please contact Milagros Soto at 787-474-3300 ext. 3221 or Christopher Orozco at 787-474-3300 ext. 1127.

Cordially,

A handwritten signature in black ink, appearing to read 'Angela M. Avila Marrero', is written over a horizontal line.

Angela M. Avila Marrero

Executive Director

Puerto Rico Health Insurance Administration (PRHIA)

Definition Requirements by Performance Measure

(Codes are subject to continuous update revision)

PM1. Breast Cancer

Breast Cancer	
Definition for Baseline	Total women 50–74 years of age who has not have a mammogram to screen for breast cancer any time on the year prior the measurement year.
Numerator	The number of active women with a Breast Cancer Screening during the measurement period.
Denominator	Indicate the number of active women without a Breast Cancer screening the year prior to the measurement period for whom the screening has not been performed during previous quarters.
Codes	ICD-10-CM Diagnosis: Z12.31 CPT CODES: 77055, 77056, 77057 HCPCS: G0202, G0204, G0206
Exclusion Codes	Bilateral Mastectomy: ICD-9 CM: 85.42, 85.44, 85.46, 85.48 ICD-10 PCS: 0HTV0ZZ History of Bilateral Mastectomy ICD-10CM: Z90.13 UNILATERAL MASTECTOMY WITH BILATERAL MODIFIER: -Unilateral Mastectomy CPT: 19180, 19200, 19220, 19240, 19303-19307 ICD-9CM: 85.41, 85.43, 85.45, 85.47 with Bilateral Modifier CPT: 50, 9950 TWO UNILATERAL MASTECTOMY MORE THAN 14 DAYS APART -Unilateral Mastectomy CPT: 19180, 19200, 19220, 19240, 19303-19307 ICD-9 CM: 85.41, 85.43, 85.45, 85.47 UNILATERAL MASTECTOMY WITH RIGHT/LEFT SIDE MODIFIER Unilateral Mastectomy CPT: 19180, 19200, 19220, 19240, 19303-19307 ICD-9CM: 85.41, 85.43, 85.45, 85.47 with Left Modifier CPT: LT or Right Modifier RT BOTH OF THE FOLLOWING (ON THE SAME OR A DIFFERENT DATES OF SERVICE): Unilateral Mastectomy: Left ICD-10CM: 0HTU0ZZ, Right ICD-10CM: 0HTT0ZZ Absence of Breast: Left ICD-10CM: Z90.12, Right ICD-10CM: Z90.11

PM2. Cervical Cancer Screening

Cervical Cancer	
Definition for Baseline	Total of women 21–64 years of age who were not screened for cervical cancer the year prior to the measurement year.
Numerator	The number of active women in the denominator with a cervical cancer screening during the measurement year.
Denominator	Indicate the number of active women without a Cervical cancer screening the year prior to the measurement period for whom the screening has not been performed during previous quarters.
Codes	ICD-10-CM Diagnosis: Z12.4 CPT CODES: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
Exclusion Codes	Hysterectomy CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135

	ICD9 PCS: 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8 ICD9 CM: 618.5, 752.43, V88.03, V88.01 ICD10 PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ ICD 10 CM: Q51.5, Z90.710, Z90.712
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PM3. Cholesterol Management

Cholesterol Management	
Definition for Baseline	Total members 18-75 years with a high risk diagnose who have not had a LDL-C test during year prior to the measurement period.
Numerator	<p>Numerator 1: Indicate the number of active members in the denominator with Diabetes Mellitus and a LDL-C test done during the measurement period.</p> <p>Numerator 2: Indicate the number of active members in the denominator with a Cardiovascular Condition and a LDL-C test done during the measurement period.</p> <p>Numerator 3: Indicate the number of active members in the denominator with Arterial Hypertension and a LDL-C test done during the measurement year.</p>
Denominator	<p>Denominator 1: Indicate the number of active members with Diabetes Mellitus and without a LDL-C test done the year prior to the measurement year for whom the screening has not been performed during previous quarters.</p> <p>Denominator 2: Indicate the number of active members with a Cardiovascular Condition and without a LDL-C test done the year prior to the measurement year for whom the screening has not been performed during previous quarters.</p> <p>Denominator 3: Indicate the number of active members with Hypertension and without a LDL-C test done the year prior to the measurement year for whom the screening has not been performed during previous quarters.</p>
Codes	<p>ICD-10-CM Diagnosis: Z13.220 & Codes for DM (E10 y E11), CVD (I70, I175), HBP (I10, I11, I12, I13, I15)</p> <p>CPT CODES: 80061 - Lipid Panel, 82465 Cholesterol, 83718 HDL Cholesterol, 83719 LDL, 83721 VLDL, 84478 Triglycerides, 83698 Lipoprotein Associated Phospholipase A2, 83700 Lipoprotein, blood; electrophoretic, 83704 quantitation of lipoprotein particle numbers and lipoprotein subclasses when measured.</p>
Exclusion Codes	N/A

PM4, Diabetes Care Management

Diabetes Care Management	
Definition for Baseline	<p>Total members 18-75 years of age with Diabetes Mellitus (E10 Type 1 Diabetes Mellitus or E11 Type 2 Diabetes Mellitus) who have not had each of the following the year prior the measurement period: Comprehensive Diabetes Care (CDC):</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • Eye exam (retinal) performed by an eye care provider (Z01.01 Encounter Examination of eye) • Medical attention for nephropathy – either evidence of nephrology medical evaluation or a nephropathy screening test
Numerator	The number of active members in the denominator who have had a HgA1c Test, Eye Exam and Nephropathy Screening Test during the measurement period.
Denominator	<p>HgA1c Test Denominator: Indicate the number of active members without a HgA1c test the year prior to the measurement year for whom the screening has not been performed during previous quarters.</p> <p>Eye Exam Denominator: Indicate the number of active members without an Eye Exam the year prior to the measurement year for whom the screening has not been performed during previous quarters.</p> <p>Nephropathy screening test (Urine Microalbumin Testing) Denominator: Indicate the number of active members without a Microalbumin test the year prior to the measurement year for whom the screening has not been performed during previous quarters.</p>
Codes	<p>ICD-10-CM Diagnosis Diabetes: Use the appropriate code family: E10, E11</p> <p>HbA1C Testing CPT CODES 83036, 83037, CPT II Codes 3044F (<7.0%), 3045F (7.0-9.0), 3046F (>9%)</p> <p>Nephropathy Screening CPT CODES: 3060F, 3061F, 3062F, 3066F, 4010F Nephropathy Screening test: 82042, 82043, 82044, 84156</p> <p>Nephropathy Exclusion: CKD stages 4 and 5 (N18.6, I12.0, I13.11, I13.2)</p> <p>Retinal Eye Exam CPT CODES: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 CPT II: 2022F, 2024F, 2026F, 3072F HCPCS S0620, S0621, S0625, S3000</p>
Exclusion Codes	<p>ICD-9 CM: 249</p> <p>ICD-10 CM: E08.00-E09.9, O24.410-O24.439, O24.911-O24.93</p>

PM5. Access to Preventive Care Visits

Access to Preventive Care Visits	
Definition for Baseline	Total members who have not had at least one preventive care visit with a PCP the year prior during the measurement period.
Numerator	The number of active members in the denominator with a preventive care visit with a PCP during the measurement period.
Denominator	Indicate the number of active members without a preventive care visit with a PCP the year prior to the measurement period for whom the screening has not been performed during previous quarters.
Codes	<p>ICD-10-CM Diagnosis "General Medical Exam: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 "</p> <p>ICD-10-CM Procedure Other Exams: Z00.5, Z00.8, Z02.0, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</p> <p>CPT CODES: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99214, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337</p> <p>HCPCS G0402, G0438, G0439, G0463, T1015</p>
Exclusion Codes	N/A

PM6. Asthma Management

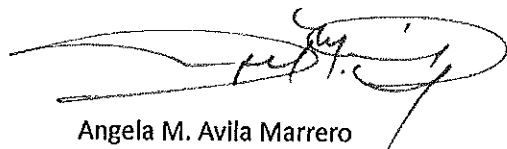
Asthma Management	
Definition for Baseline	Percentage of members with at least one monthly prescription of drugs use for prevention of bronchial asthma, of all members identified with a reported medical evaluation with a diagnosis of Persistent Moderate or Severe Bronchial Asthma during the baseline year 2016.
Numerator	The amount of members with at least one monthly prescriptions of drugs used for Bronchial Asthma prevention, on active members identified on baseline, with Moderate or Severe Persistent Bronchial Asthma diagnosis during the reporting period.
Denominator	The number of active members on baseline, who are identify with Moderate and Severe persistent Bronchial Asthma for the reporting period.
Codes	<p>ICD-10-CM Diagnosis: J45.4; J45.5</p> <p>The MCO must use the NDC codes provided by ASES for prevention of Bronchial Asthma medications.</p>
Exclusion Codes	<p>Acute Respiratory Failure: ICD-9 CM: 518.81 ICD-10 CM: J96.00-J96.02, J96.20-J96.22</p> <p>Chronic Respiratory: ICD-9 CM: 506.4 ICD-10 CM: J68.4</p> <p>COPD: ICD-9 CM: 493.20-493.22, 496 ICD-10 CM: J44.0, J44.1, J44.9</p> <p>Cystic Fibrosis ICD-9 CM: 277.00-277.03, 277.09 ICD-10 CM: E84.0, E84.11, E84.19, E84.8, E84.9</p>

	Emphysema ICD-9 CM: 492.0, 492.8 ICD-10 CM: J43.0-J43.2, J43.8-J43.9 Obstructive Chronic ICD-9 CM: 491.20-491.22 Other Emphysema: ICD-9 CM: 518.1, 518.2 ICD-10 CM: J98.2, J98.3
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PM7. Follow up after Hospitalization for Mental Health

Follow up after Hospitalization for Mental Health	
Definition for Baseline	Percent of members who were discharge of acute mental health care facility and were seen on an outpatient basis by a psychiatrist or a physician within thirty days after discharge.
Numerator	The number of discharges in the denominator followed by an outpatient encounter with a psychiatrist or a physician within thirty days after discharge. (This amount shall include visits performed 30 days after the end of the quarter.)
Denominator	The number of discharges from an acute mental health care facility during the quarter.
Codes	ICD-10 F32.0 – F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
Exclusion Codes	N/A

Cordially,



Angela M. Avila Marrero
Executive Director