

#### **NORMATIVE LETTER 22-1212**

December 12, 2022

To: MANAGED CARE ORGANIZATIONS (MCOS) CONTRACTED TO OFFER SERVICES UNDER THE GOVERNMENT HEALTH PLAN PROGRAM (THE "VITAL" PROGRAM)

Re: HEDIS MY 2022 for Report 24 and Adult and Child Core Measures for Report 26

The Puerto Rico Health Insurance Administration announces the revised HEDIS measures list for the 2022 period. The MCO must use the HEDIS MY 2022 Volume 2: Technical Specifications for Health Plans. Please be advised that the measurement period is January 1, 2022 through December 31, 2022 for HEDIS MY 2022. The MCO must use hybrid data for the Comprehensive Diabetes Care, Prenatal and Postpartum Care and Controlling High Blood Pressure measures, and administrative data for the rest of the measures.

The Contractor will submit the following standardized HEDIS measures for the HEDIS MY 2022 for Report 24: Audited HEDIS Results Report and Report 26, Adult and Child Core Measures:

Report 24 Audited HEDIS Results Report			
EFFECTIVENESS OF CARE			
CDC	Comprehensive Diabetes Care		
HBD	Hemoglobin A1c Control <8 for Patients with Diabetes		
CBP	Blood Pressure Control for Patients With Diabetes		
EED	Eye Exam for Patients With Diabetes		
KED	Kidney Health Evaluation for Patients with Diabetes		
URI	Appropriate Treatment for Upper Respiratory Infection		
ACCESS/AVAILABILITY OF CARE			
OEV	Oral Evaluation, Dental Services		

### UTILIZATION

FSP	Frequency of Selected Procedures	
AMB	Ambulatory Care	
IAD	Identification of Alcohol and Other Drug Services	
MPT	Mental Health Utilization	

# Report 26: Adult and Child Core Measures

Note: This listing not only includes the HEDIS ACCMs, but lists all required measures and the measure streward if other than HEDIS. .

# ADULT CORE SET

https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-adult-core-set.pdf

# PRIMARY CARE ACCESS AND PREVENTVIE CARE

CCS	Cervical Cancer Screening
CHL	Chlamydia Screening in Women
COL	Colorectal Screening
FVA	Flu Vaccinations for Adults Ages 18-64
CDF	Non-HEDIS,CMS: Screening for Depression and Follow-Up Plan: Age 18 and
	Older
BCS	Breast Cancer Screening
ALL STREET	

### MATERNAL AND PERINATAL HEALTH

PPC	Prenatal and Postpartum Care: Postpartum Care
CCP	Non-HEDIS, OPA: Contraceptive Care – Postpartum Women Ages 21-44
CCW	Non-HEDIS, OPA: Contraceptive Care – All Women Ages 21-44

#### CARE OF ACUTE AND CHRONIC CONDITIONS

CBP	Controlling High Blood Pressure
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
HPC	Hemoglobin A1c Poor Control >9
PQI 01	Diabetes Short Term Complications Admission Rate
PQI 05	Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission
	Rate

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PQI 08	Heart Failure Admission Rate		
PQI 15	Asthma in Younger Adults Admission Rate		
PCR	Plan All-Cause Readmissions		
AMR	Asthma Medication Ratio		
HVL	Non-HEDIS, HRSA: HIV Viral Load Suppression		
BEHAVIORAL HEALTH CARE			
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment		
MSC	Medical Assistance with Smoking and Tobacco Us Cessation		
AMM	Antidepressant Medication Management		
FUH	Follow-Up After Hospitalization for Mental Illness (7 and 30 days)		
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		
НРСМІ	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control >9		
OHD	Non-HEDIS, PQA: Use of Opioids at High Dosage in Persons Without Cancer		
COB	Non-HEDIS, PQA: Concurrent Use of Opioids and Benzodiazepines		
OUD	Non-HEDIS, CMS: Use of Pharmacotherapy for Opioid Use Disorder		
FUA	Follow-Up After Emergency Department Visit Alcohol and Other Drug Abuse or Dependence		
FUM	Follow-Up After Emergency Department Visit for Mental Illness		
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia		
	EXPERIENCE OF CARE		
CPA	CAHPS Health Plan Survey 5.1H, Adult Version		
https://ww	CHILD CORE SET  https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf		
	PRIMARY CARE ACCESS AND PREVENTTIVE CARE		
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents		
CHL	Chlamydia Screening in Women Ages 16 to 20		
CIS	Childhood Immunization Status		
CDF	Non-HEDIS: Screening for Depression and Follow-up Plan: Ages 12 to 17		

W30	Well-Child Visits in the First 30 Months of Life	
IMA	Immunizations for Adolescents	
DEV	Non-HEDIS, OHSU: Developmental Screening in the First Three Years of Life	
WCV	Child and Adolescent WellCare Visits	
	MATERNAL AND PERINATAL HEALTH	
LBW	Non-HEDIS, CDC: Live Births Weighing Less Than 2,500 Grams	
PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	
CCP	Non-HEDIS, OPA: Contraceptive Care – Postpartum Women Ages 15 to 20	
CCW	Non-HEDIS, OPA: Contraceptive Care – All Women Ages 15 to 20	
LRCD	Non-HEDIS, CDC: Low-Risk Cesarean Delivery	
	CARE OF ACUTE AND CHRONIC CONDITIONS	
AMR	Asthma Medication Ratio: Ages 5 to 18	
AMB	Ambulatory Care: Emergency Department (ED) Visits	
	BEHAVIORAL HEALTH CARE	
ADD	Follow-Up Care for Children Prescribed ADHD Medication	
FUH	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (7 and 30 days)	
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17	
FUM	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	
	DENTAL AND ORAL HEALTH SERVICES	
OEV	Non-HEDIS, DQA: Oral Evaluation, Dental Services	
TFL	Non-HEDIS, DQA: Topical Fluoride for Children	
SFM	Non-HEDIS, DQA: Sealant Receipt on Permanent First Molars	
	EXPERIENCE OF CARE	
CPC	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	

ASES will require an Ad-Hoc report with the data related to the Childhood Immunization Status measure, once the vaccination web portal of the Department of Health is ready.

Sincerely,

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Director

Clinical Affairs Office

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CC:

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