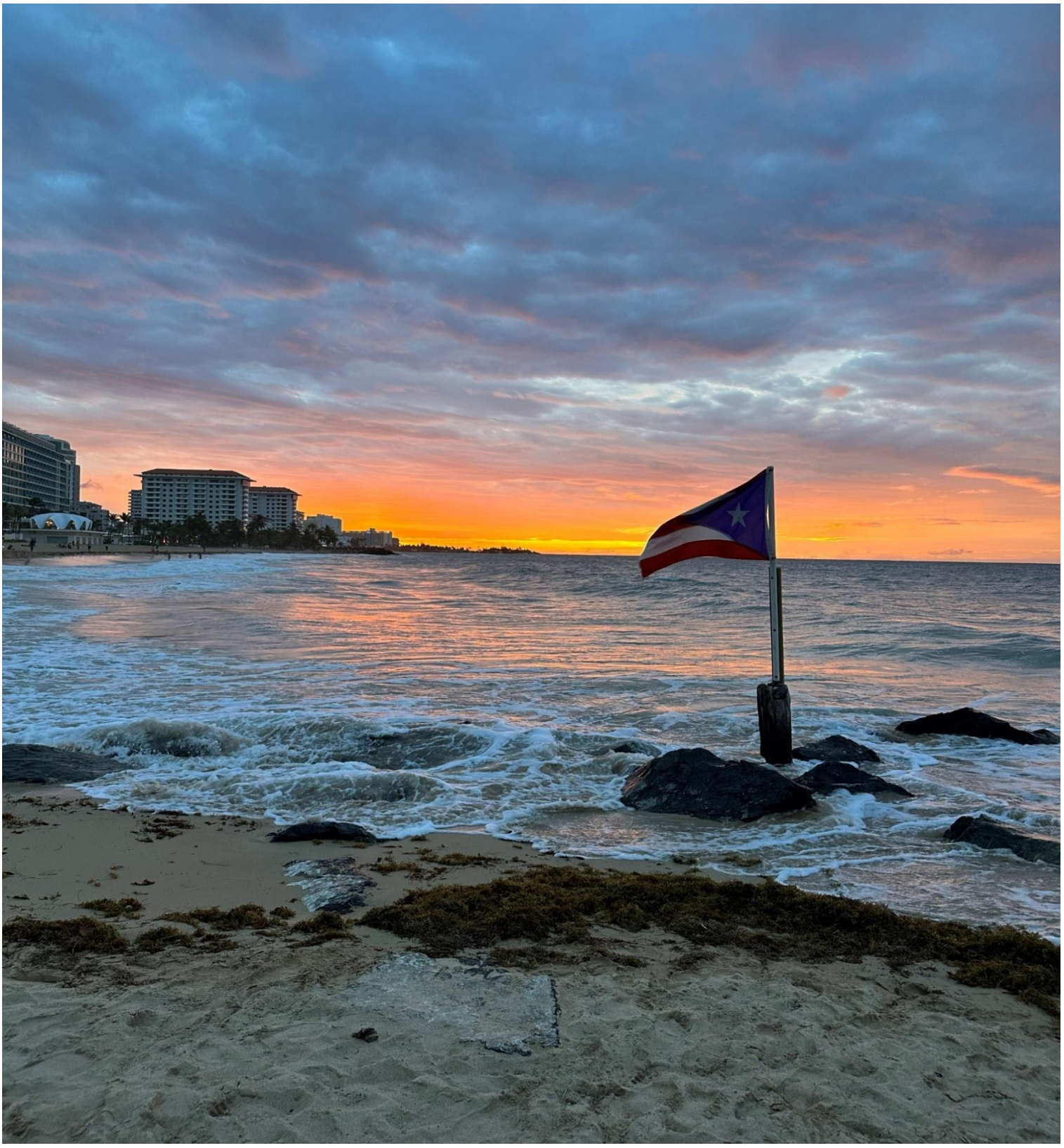
2024 Annual Report to Congress

Public Law 117-328: Consolidated Appropriations Act, 2023



Government of Puerto Rico, Department of Health,

Puerto Rico Medicaid Program

October 2024

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1. Executive Summary

The Puerto Rico Medicaid Enterprise is composed of the Puerto Rico Department of Health (PRDOH), the Puerto Rico Medicaid Program (PRMP), and the Puerto Rico Health Insurance Administration (PRHIA, commonly referred to as Administración de Seguros de Salud [ASES] in Spanish). These entities collectively oversee the delivery of Medicaid and Children's Health Insurance Program (CHIP) services and appreciate the opportunity to report on Puerto Rico's improvements and initiatives implemented within our Medicaid program since the 2023 Annual Report to Congress. PRDOH is the single State Medicaid Agency (SMA). Within PRDOH, PRMP determines Medicaid eligibility of residents and is responsible for the operation of the Medicaid Management Information System (MMIS), provider enrollment, and the eligibility system (MEDITI3G). PRHIA was created in 1993 to oversee, monitor, and evaluate services offered by managed care organizations (MCOs) under contract with PRHIA. All Medicaid beneficiaries in Puerto Rico are enrolled in managed care (see Section 4.1).

This report provides an overview of Puerto Rico's Medicaid Enterprise, the landscape in which it operates, as well as updates on the current and future tasks, activities, and actions for continued program improvement. These activities take place in the context of continuing to recover from the coronavirus (COVID-19) public health emergency (PHE) like the rest of the nation. Unique to Puerto Rico is the additional need to recover from the significant damage caused by hurricanes Irma, Maria, and Fiona. Puerto Rico suffered widespread infrastructure damage to its healthcare facilities, experienced inflationary pressures, and faced a lack of available equipment and supplies as it worked to rebuild. More than six years after hurricanes Irma and Maria, with support from the Federal Emergency Management Agency (FEMA), Puerto Rico's recovery is still ongoing.[1]

Puerto Rico submits a monthly Medicaid Enterprise System (MES) report to Centers for Medicare & Medicaid Services (CMS). These reports reflect our continued commitment toward program enhancements and ensuring the systems that support the Medicaid Enterprise are continually maturing. We recognize that having a strong and dependable MES will further our momentum and ultimately increase access to healthcare under Medicaid. The reports identify project updates, timelines, and key milestones for the MES.

Our Medicaid Enterprise is funded on an annual basis with a federal capped dollar amount. Over the years, that capped funding amount has been increased by temporary funding adjustments, some of which were awarded in response to natural disasters and the COVID-19 public health crisis. While these increased annual allotments were extremely helpful and provided interim stability and resources, Puerto Rico continues to have limitations with funding some mandatory and optional services. Figure 1 shows the history of Medicaid funding in Puerto Rico.

1 Office, US GAO February 13, 2024. Puerto Rico Disasters: Progress Made, but the Recovery Continues to Face Challenges | Puerto Rico Disasters: Progress Made, but the Recovery Continues to Face Challenges | U.S. GAO

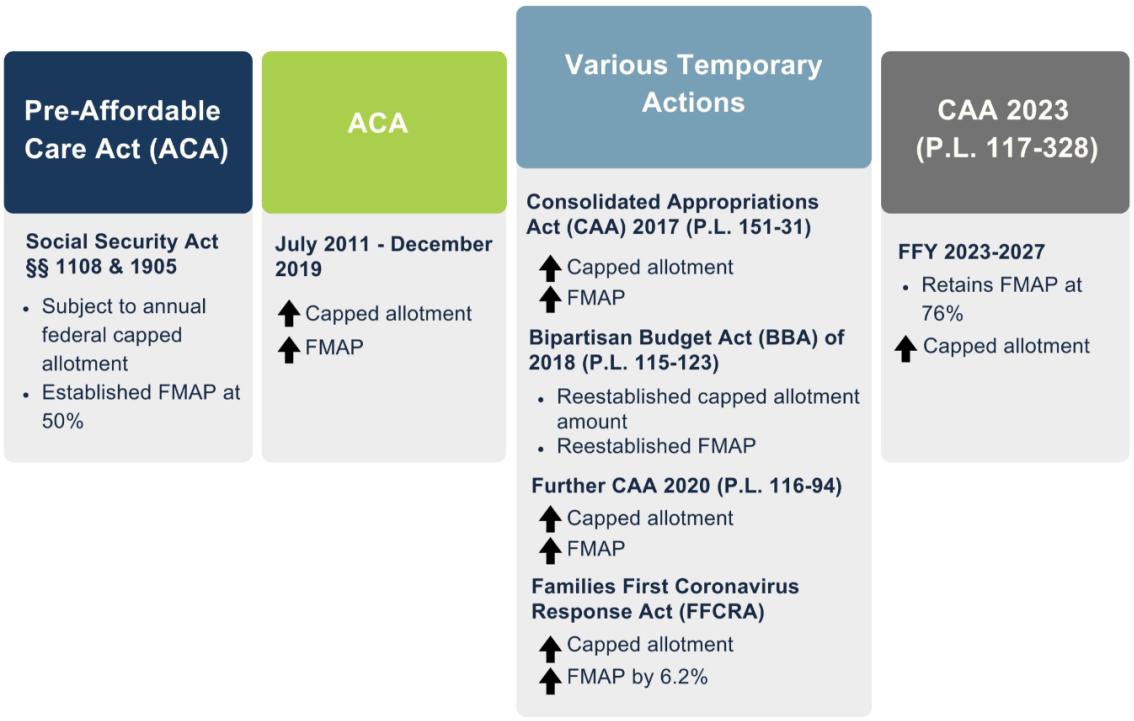


Figure 1. Puerto Rico Medicaid Funding History[2]

Congress passed the Continuing Appropriations Act, 2021 and Other Extensions Act that maintained our capped funding levels with an 82 percent Federal Medical Assistance Percentage (FMAP) until December 3, 2021 (our enhanced 76 percent FMAP plus the 6.2 percent Families First Coronavirus Response Act [FFCRA] enhancement). These dollars mitigated the impact of our historical cycle of receiving temporary federal funding enhancements and regularly preparing for a fiscal cliff. In December 2022, Congress passed the Consolidated Appropriations Act (CAA), 2023, which extended the 76 percent FMAP for until the end of Federal Fiscal Year (FFY) 2027. It also provides an increase in the level of federal block grant funding with incremental increases over five years (FFY 2023 – 2027). This aims to ensure continued, medium-term fiscal stability and, therefore, increased access to needed care for families and individuals with low incomes (see Section 4.3). However, if adequate state-like funding is achieved, we will have the opportunity to make further programmatic improvements to benefit the people of Puerto Rico.

In addition to funding challenges, Puerto Rico also faces increased difficulties with provider access much more than its state counterparts do. Puerto Rico faces large-scale professional emigration and an aging provider population. As noted in Section 6.1.1, we continue to take action to help stabilize the provider access situation with additional provider reimbursement increases, raising rates for most providers to a minimum of 75

[2] Congressional Research Service. June 22, 2023. "Legislative History of Medicaid Financing for the Territories." *Congressional Research Service.* https://www.everycrsreport.com/files/2023-06-22_R47601_a8b408e9224568ef24c5b49c245e910420059e86.pdf

percent of Medicare and some to levels that are on par with Medicare rates. Approximately half the island's population is enrolled in Medicaid or CHIP, and many have chronic conditions, which puts increased stress on provider availability (see Section 4.2).

Despite historically unpredictable funding dynamics and provider out-migration, Puerto Rico has made major progress toward impactful program improvements under the leadership of the Secretary of Health, Hon. Dr. Carlos Mellado Lopez.

Puerto Rico continues to prioritize program oversight by enhancing program integrity processes to address fraud, waste, and abuse (FWA) and increasing program transparency. These efforts are directed toward bolstering program oversight, improving program quality, and strengthening program integrity. The Medicaid program integrity division includes a Program Integrity Lead and staff who are focused on ensuring Medicaid funds are utilized appropriately. The division operates under comprehensive policies and procedures and continues to prioritize coordination with other investigatory agencies (see Section 5.3.1).

Puerto Rico remains committed to improve, standardize, and make more rigorous procurement practices, including a threshold and justification requirement for non-competitive procurements. Standardized procedures are used for competitive procurements related to requests for proposals (RFPs), evaluations, and contract negotiations. To increase accountability, ownership, and signoff, responsibility for different parts of the process is assigned (see Section 5.3.2).

Puerto Rico remains focused on improving its governance and program management functions. Efforts center on key high-level improvements of our Medicaid Enterprise, with priority on enhancing enterprise governance, data governance, information technology projects, and program standardization. Through these improvements, PRMP is able to align data-strengthening priorities with clear leadership and decision-making processes. Improved data governance helps support performance in a variety of program areas, including financial oversight and quality metrics reporting. Program standardization and our program and project management structures have continued to strengthen vendor contract oversight (see Section 5.1).

In the area of technology, PRMP is planning for additional upgrades to its eligibility system, which will be accompanied by continued updates of the eligibility manual. In parallel, PRMP has upgraded financial and reporting capabilities of its MMIS, with more enhancements planned, and is moving forward with efforts to implement an asset verification system by January 1, 2026 (see Section 5.2). These and other technology investments as well as our Medicaid administrative budget for FFY 2023-2024 are shown in Table 1.

FFY 2023-2024 Administrative and Technology Investments Budget			
Puerto Rico FFY 2023 – 2024 Budget	**State Share**	**Federal Share**	**Total Computable**
Admin Payments	$25,166,000	$36,094,911	$61,260,911
MMIS	$14,458,187	$80,929,145	$95,387,332
Eligibility and Enrollment (E&E)	$16,558,778	$68,185,730	$84,744,508

Table 1. FFY 2023-2024 Administrative and Technology Investments Budget

As important as these more administrative improvements are, they are all in the service of providing better services to an expanded pool of Medicaid beneficiaries. Puerto Rico also expanded coverage of vaccines for adults, covering recommended vaccines for all adults, not just those at higher risk (see Section 6.2.2). In 2022, Puerto Rico received a grant under the Money Follows the Person (MFP) program and is using those funds to plan for the implementation of a continuum of long-term services and supports (LTSS). While MFP efforts continue, Puerto Rico has already been able to strengthen some services in the areas of home health and non-emergency medical transportation (NEMT) (see Section 7.2).

Puerto Rico also loosened some eligibility requirements during the COVID-19 PHE and received federal approval to increase the income eligibility level for Medicaid eligibility. Puerto Rico has been working to manage the COVID-19 PHE unwind process by completing eligibility redeterminations for all beneficiaries who remained on Medicaid during the COVID-19 PHE under a continuous enrollment condition of the FFCRA. (see Section 6.3).

As Puerto Rico plans for state-like funding, we are taking steps to meet requirements imposed on states, as feasible within budget constraints. Puerto Rico is awaiting results from our first Payment Error Rate Measurement (PERM) pilot cycle, and Puerto Rico's first Medicaid Eligibility Quality Control (MEQC) pilot is underway (see Section 5.3.3). In addition, Puerto Rico continues to receive rebates as a result of joining the Medicaid Drug Rebate Program (MDRP) in 2023 (see Section 6.2.3).

Despite these improvements, current Medicaid funding results in a Medicaid program that lags behind how other Medicaid programs are funded. The island's health system is strained by lack of funding and a dwindling provider population. A state-like funding structure for Puerto Rico Medicaid can support provision of these services, expand eligibility, and drive health equity, which is a stated CMS priority. We look forward to continuing to work with Congress to achieve state-like funding to move toward the goal of a healthier Puerto Rico for the U.S. citizens who reside there.

2. Introduction

In FFYs 2020 and 2021, Puerto Rico submitted an Annual Report to Congress, as required by Section 202 of the Further Consolidated Appropriations Act 2020, Public Law (P.L.) 116-94. The contents of the Annual Report were set forth in Section 1108(g)(9) of the Social Security Act (SSA).

On December 29, 2022, the Consolidated Appropriations Act, 2023, (P.L. 117-328) was enacted. This act amended SSA 1108(g)(9) by reinstating annual reporting for FFY 2023 and each subsequent year before FFY 2028 if Puerto Rico receives a Medicaid cap increase or an increase in the FMAP for such FFY. Section 1108(g)(9) of the SSA, as amended, states the following:

> *"(9) Annual report- (A) In general: Not later than the date that is 30 days after the end of each fiscal year (beginning with fiscal year 2020 and ending with fiscal year 2021) and for fiscal year 2023 and each subsequent fiscal year (or, in the case of Puerto Rico, and for fiscal year 2023 and each subsequent fiscal year before fiscal year 2028), in the case that a specified territory receives a Medicaid cap increase, or an increase in the Federal medical assistance percentage for such territory under section 1396d(ff) of this title, for such fiscal year, such territory shall submit to the Chair and Ranking Member of the Committee on Energy and Commerce of the House of Representatives and the Chair and Ranking Member of the Committee on Finance of the Senate a report, employing the most up-to-date information available, that describes how such territory has used such Medicaid cap increase, or such increase in the Federal medical assistance percentage, as applicable, to increase access to health care under the State Medicaid plan of such territory under subchapter XIX (or a waiver of such plan). Such report may include—(i) the extent to which such territory has, with respect to such plan (or waiver)— increased payments to health care providers; increased covered benefits; expanded health care provider networks; or improved in any other manner the carrying out of such plan (or waiver); and any other information as determined necessary by such territory."*

This 2024 Annual Report provides Puerto Rico's response to comply with Section 1108(g)(9) of the SSA and describes the current landscape of the Puerto Rico Medicaid Enterprise, the improvements made since the submission of the 2023 report and plans to continue program improvements.

Puerto Rico is a U.S. commonwealth with a large population that has significant health needs. Our Medicaid program's funding and governance structures are different than U.S. states. Despite resource disparities between Puerto Rico and state Medicaid programs, Puerto Rico Medicaid continues to invest in program enhancements to better serve our Medicaid beneficiaries while simultaneously strengthening our program's governance, technology, and oversight. Accordingly, as Puerto Rico Medicaid demonstrates a capability to implement a Medicaid Enterprise with structures for robust contract oversight, program integrity, and data transparency, we continue to advocate for state-like treatment of our program, which will improve the

experience of Medicaid beneficiaries.

As described in the history of Puerto Rico's Medicaid funding in the Executive Summary, various pieces of federal legislation have temporarily and incrementally increased funding to the Puerto Rico Medicaid Program[3]. P.L. 117-328 also extends the increase in FMAP to 76 percent for Puerto Rico for five years (FFY 2023 through the end of FFY 2027) and increases the federal capped allotment for each FFY through 2027 to sustain Puerto Rico's Medicaid Program and enable further programmatic improvements. Puerto Rico appreciates the increase in the federal capped allotment for FFYs 2023 – 2027 from P.L. 117-328. These funding enhancements help ensure interim fiscal stability for Puerto Rico's Medicaid Program, thereby increasing access to needed healthcare services for individuals with low incomes in Puerto Rico. We continue to strive to use Congress-provided funding to support increased eligibility levels, enhance services covered, and improve reimbursement rates for providers—all with the overarching goal of increasing access to needed healthcare for our beneficiaries.

As we manage Medicaid program operations and explore options for program improvements, we look forward to maintaining a strong relationship with our federal partners at CMS, the Governmental Accounting Office (GAO), and Congress to advance our program's positive momentum and advocate for a commensurate funding structure. This report captures actions we have taken and demonstrates our capacity and commitment to the beneficiaries we serve by operating a strong Medicaid program.

[3] Congressional Research Service. June 22, 2023. "Legislative History of Medicaid Financing for the Territories." *Congressional Research Service.* https://www.everycrsreport.com/files/2023-06-22_R47601_a8b408e9224568ef24c5b49c245e910420059e86.pdf

3. Difference in Medicaid Funding Between the States and Puerto Rico/Other Territories

Medicaid is the primary federal program that provides access to healthcare to qualifying individuals with limited resources, including many of the nation's most vulnerable populations. Medicaid is jointly funded by the state and federal government, with the federal government matching a percentage of the state's program expenses based on a formula that considers per capita income relative to the national average. The formula results in a state-specific FMAP. The funding for states is open-ended, and the FMAP rates range from 50 percent to 83 percent. The FMAP was temporarily increased for all Medicaid programs through the FFCRA, P.L. 115-217), to respond to the COVID-19 pandemic. This FFCRA temporary increase was phased out, with the final phase-out period ending December 31, 2023. Certain Medicaid expenses, populations, or medical services have a different match rate. The Affordable Care Act (ACA) provided an option for states to expand their Medicaid eligibility criteria, and those expansion populations were initially covered 100 percent by the federal government. For states that opt in to this Medicaid expansion, that match percentage incrementally decreased to 90 percent over time. Many general administrative costs are covered at 50 percent, while some types of state Medicaid administrative costs, such as eligibility and enrollment systems, are eligible for a federal match rate as high as 90 percent. Certain medical benefits, such as family planning, also have a higher federal match rate.

CHIP funding in Puerto Rico is determined using the same methodology used for U.S. states, which is an annual capped allotment, as established under Section 2014 of the SSA. CHIP has a separate enhanced FMAP that is about 15 percent higher than the regular Medicaid FMAP. As of August 2024, Puerto Rico used CHIP funds to pay for coverage for approximately 47,000 children, who are enrolled in its Medicaid expansion CHIP.[4]

The Medicaid program, including CHIP, is arguably the most consequential federal program in Puerto Rico because, as of August 2024, it provides healthcare services to 1.4 million[5] people, which slightly less than half of the island's population. However, our program differs in fundamental ways when compared to state Medicaid programs.

Territories do not receive federal funding based on the same calculations as states. Puerto Rico is subject to an annual Medicaid cap pursuant to Section §1108(g) of the SSA. This means the federal government will match Puerto Rico's Medicaid spending up to the cap, and any Medicaid spending above that cap is the sole responsibility of Puerto Rico. This is unlike states that have open-ended Medicaid funding. Figure 2 depicts this difference in funding.

[4] Departmento De Salud. August 2024. "Programa Medicaid Statistics." *Departmento De Salud.* Programa Medicaid - Departamento de Salud. August 21, 2024. https://medicaid.pr.gov/Info/Statistics/

[5] *Ibid.*

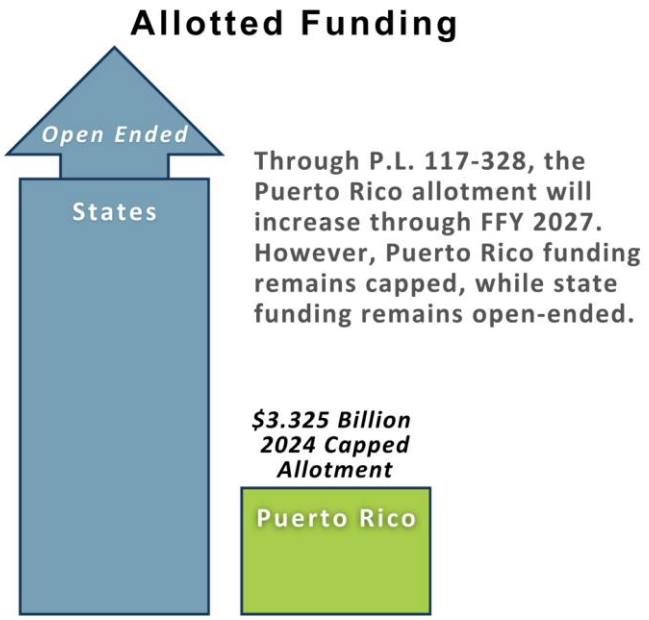


Figure 2. Allotted Medicaid Funding[6]

If calculated using the FMAP formula, Puerto Rico would likely receive the maximum rate of 83 percent; however, the FMAP formula uses per capita income data reported by the U.S. Department of Commerce's Bureau of Economic Analysis, and Puerto Rico does not report per capita income. Any expenditures beyond the federal capped allotment are paid entirely with territory dollars, further deflating the FMAP rate. Figure 3 compares Puerto Rico's current FMAP rate to its historical rate and that of other states.

The FMAP for Puerto Rico was set in statute at 50 percent in 1968, increased to 55 percent by the ACA of 2010, and raised to 76 percent through FFY 2027 via Congressional actions, including P.L. 117-328. Although other U.S. Territories have received permanent FMAP increases to 83 percent, the Puerto Rico FMAP would revert to 55 percent if no additional Congressional action were taken before the end of FFY 2027.

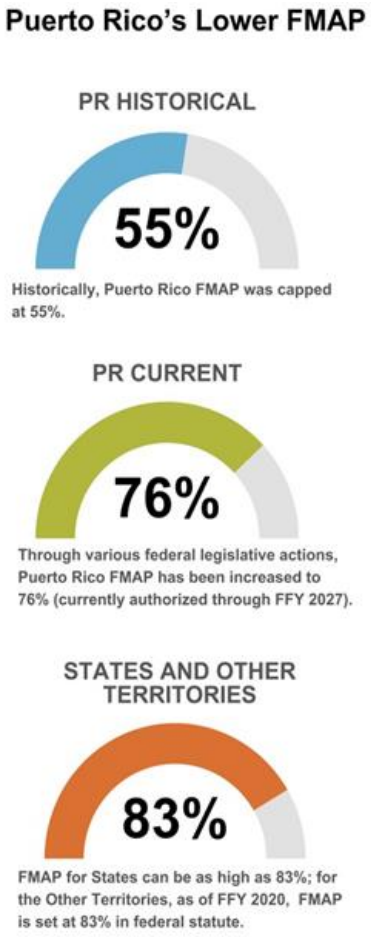


Figure 3. Puerto Rico's Lower FMAP[7]

[6]Consolidated Appropriations Act, H.R. 2617, Pub. L. 117-328 (2023). H.R. 2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023 | Congress.gov | Library of Congress

[7]Congressional Research Service. June 22, 2023. "Legislative History of Medicaid Financing for the Territories." Congressional Research Service. https://www.everycrsreport.com/files/2023-06-22_R47601_a8b408e9224568ef24c5b49c245e910420059e86.pdf

The territory also faces ongoing challenges with access to care, including provider migration off-island, and has been unable to cover certain critical benefits. Figure 4 shows mandatory services that are not covered, as well as Puerto Rico's fiscal inability to opt into the Medicare Savings Program. Despite Puerto Rico's financial challenges, a significant milestone has been achieved. Starting July 2024, the island implemented coverage for home health, hospice, durable medical equipment (DME), and NEMT under its Medicaid program. This expansion of benefits is a demonstration of Puerto Rico's ongoing commitment to improve healthcare access and quality of life for residents.

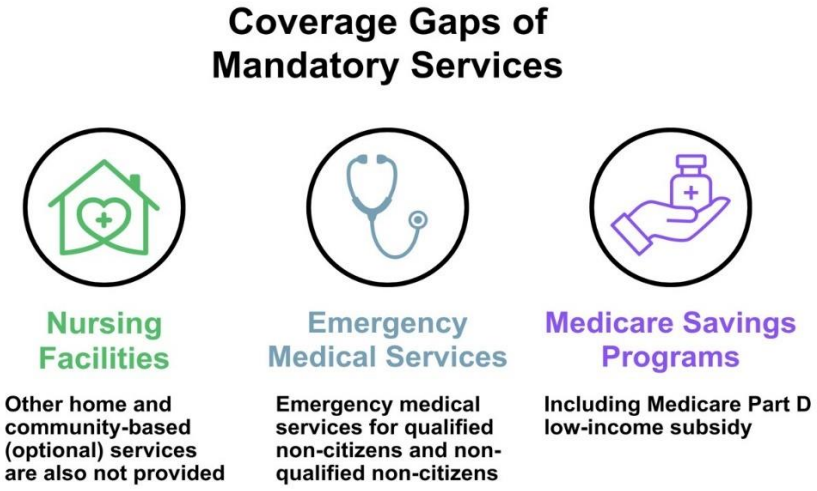


Figure 4. Mandatory Service Coverage Gaps

Poverty rates in Puerto Rico are significantly higher than in the mainland United States. Based on 2021 data, nearly 43 percent of Puerto Ricans lived below 100 percent of the Federal Poverty Level (FPL), which was over three times the national average of 12.6 percent.[8] Puerto Rico's poverty level was more than twice the poverty level of the most impoverished state, Mississippi, with its reported poverty level of just over 19 percent. Furthermore, among all U.S. territories, Puerto Rico has the second-highest poverty level.[9]

In 2022, nearly 47 percent of the island's total population was enrolled in Medicaid and CHIP which is 13 points higher than the next closest state (34 percent for New Mexico) and 26 percent higher than the U.S. average of 21. percent (U.S. average does not include Puerto Rico).[10] Figure 5 illustrates these disparities.

[8] Colon Mendez, Laura; I Figueroa-Lazu, Damayra; Soldevila Irizarry, Jorge; Vergas-Ramos, Carlos/Center for Puerto Rican Studies, Hunter College CUNY. September 22, 2023. *Pervasive Poverty in Puerto Rico: a Closer Look.* Accessed August 22, 2024. https://centropr.hunter.cuny.edu/reports/pervasive-poverty-in-puerto-rico/

[9] Ibid.

[10] Kaiser Family Foundation. 2022. "Health Insurance Coverage of the Total Population." *Kaiser Family Foundation*. Accessed August 29, 2024. Health Insurance Coverage of the Total Population | KFF

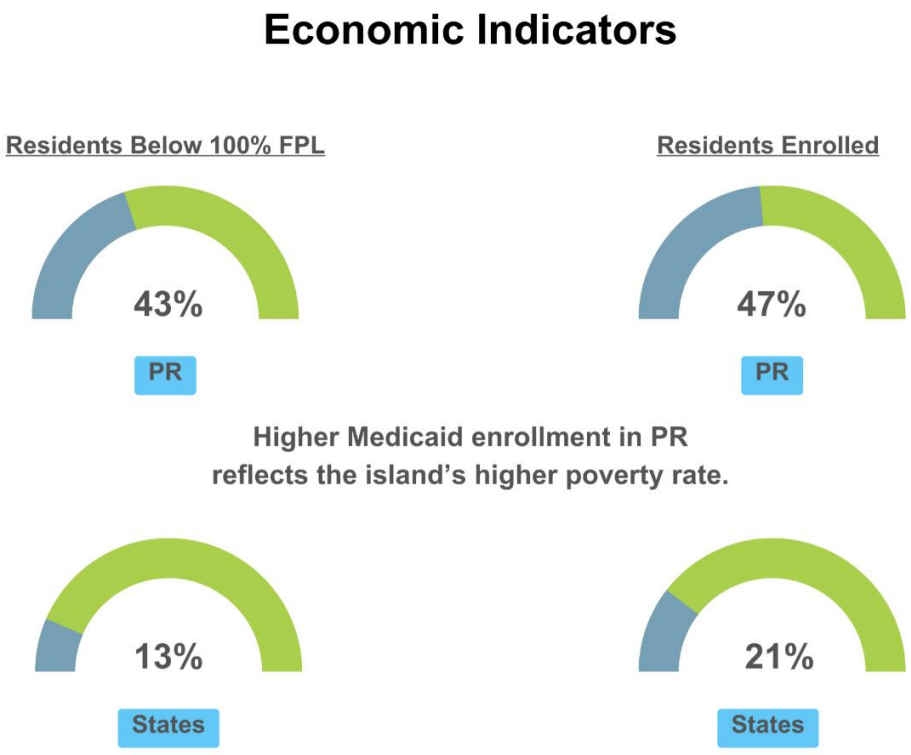


Figure 5. Economic Indicators

4. Landscape of Puerto Rico's Medicaid Program

To better understand program improvements and the additional and ongoing funding needs of the Medicaid program, our overall Medicaid landscape is described in the following section, including our agency governance structure, our current and anticipated needs based on population and healthcare changes, our program's funding, and our eligibility and enrollment demographics.

4.1 PRMP Governance Bodies

PRDOH is the single SMA administering the Puerto Rico Medicaid Program. There is a longstanding sister agency relationship between PRDOH and PRHIA, defined by an interagency memorandum of understanding (MOU). PRMP, a department under the PRDOH, oversees the Medicaid State Plan, determines Medicaid eligibility of residents, and is responsible for the operation of the MMIS, the Provider Enrollment Portal (PEP), and the eligibility system (MEDITI3G). PRHIA was created in 1993 to oversee, monitor, and evaluate services offered by MCOs under contract with PRHIA. PRHIA is a public corporation overseen and monitored by a board of directors (BOD).

There is also a federally mandated oversight agency, the Financial Oversight and Management Board (FOMB) for Puerto Rico, which helps ensure fiscal responsibility in the contracting procedures of the island's government agencies. The FOMB must approve government contracts, including Medicaid contracts, in the amount of $10 million or more and can audit other contracting processes at its discretion.

Figure 6 below summarizes the PRMP governance structure.

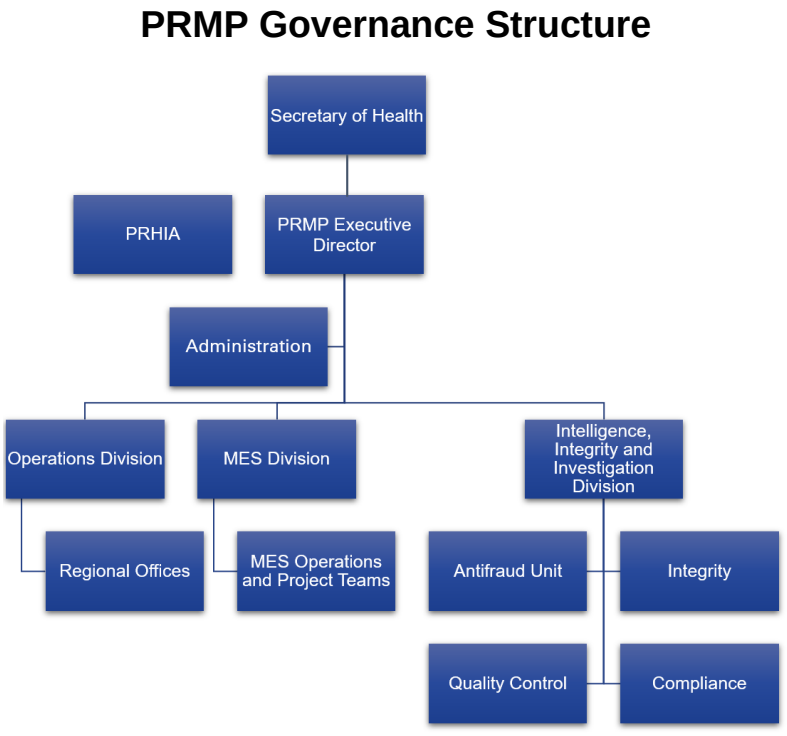


Figure 6. Medicaid Enterprise Governance and Staffing Structure

4.1.1 Puerto Rico Department of Health (PRDOH)

The PRDOH Medicaid program is chartered with ensuring appropriate delivery of healthcare services under Medicaid and CHIP, which is structured as an expansion of Medicaid. PRDOH provides access to Medicaid services to eligible individuals by operating local Medicaid eligibility offices throughout all the island municipalities. Residents applying for Medicaid coverage provide demographic and socio-economic information for their household.

Healthcare services to Medicaid-eligible individuals are delivered under managed care through networks of providers located throughout our geographic regions. All individuals who are eligible for Medicaid receive services through a managed care arrangement.

PRMP retains responsibility for eligibility determination, policy, Medicaid State Plan maintenance, oversight of overall program compliance, federal reporting, and financial administration. While PRHIA, which is known in Spanish as ASES, implements and delivers services through our managed care delivery system, PRDOH leads coordination between the agencies to deliver the Medicaid program.

4.1.2 Puerto Rico Health Insurance Administration (PRHIA)

PRHIA directs the managed care delivery system aspects of the Puerto Rico Medicaid Program. The Puerto Rico Health Reform Program (Plan Vital) created a government health insurance program under a managed care delivery system. In 1993, an interagency MOU (which has been updated multiple times, most recently August 2024) was established to delegate the implementation of the Medicaid managed care delivery model to PRHIA, a public corporation established by Law No. 72 on September 7, 1993, as amended. PRHIA is responsible for the program design and implementation of Plan Vital contracts with MCOs. The process of selecting the MCOs, negotiating, and managing those contracts was assigned to PRHIA pursuant to Law No. 72. PRHIA also oversees the contracted pharmacy benefits manager.

In 2006, PRHIA implemented the Medicare Platino program to provide additional coverage benefits to beneficiaries of Medicaid and Plan Vital (formerly called Reforma) who are also eligible for Medicare (i.e., dually eligible) and enrolled in a Medicare Advantage Organization (MAO). PRHIA holds contracts with the MAOs.

PRHIA is responsible for implementing coverage changes, assisting PRMP in evaluating potential program changes, and/or estimating the cost of implementing new services or changes in reimbursement levels or payment methodology. PRHIA is also responsible for communications with beneficiaries about benefit changes and with providers about benefit or reimbursement changes.

PRHIA is charged with managing MCO compliance issues, including managed care contracting, managed care oversight (program integrity, quality measures), fair hearings related to MCO services, and benefits for beneficiaries, and provider appeals. Figure 7 shows PRHIA's organizational structure.

PRHIA Organizational Chart

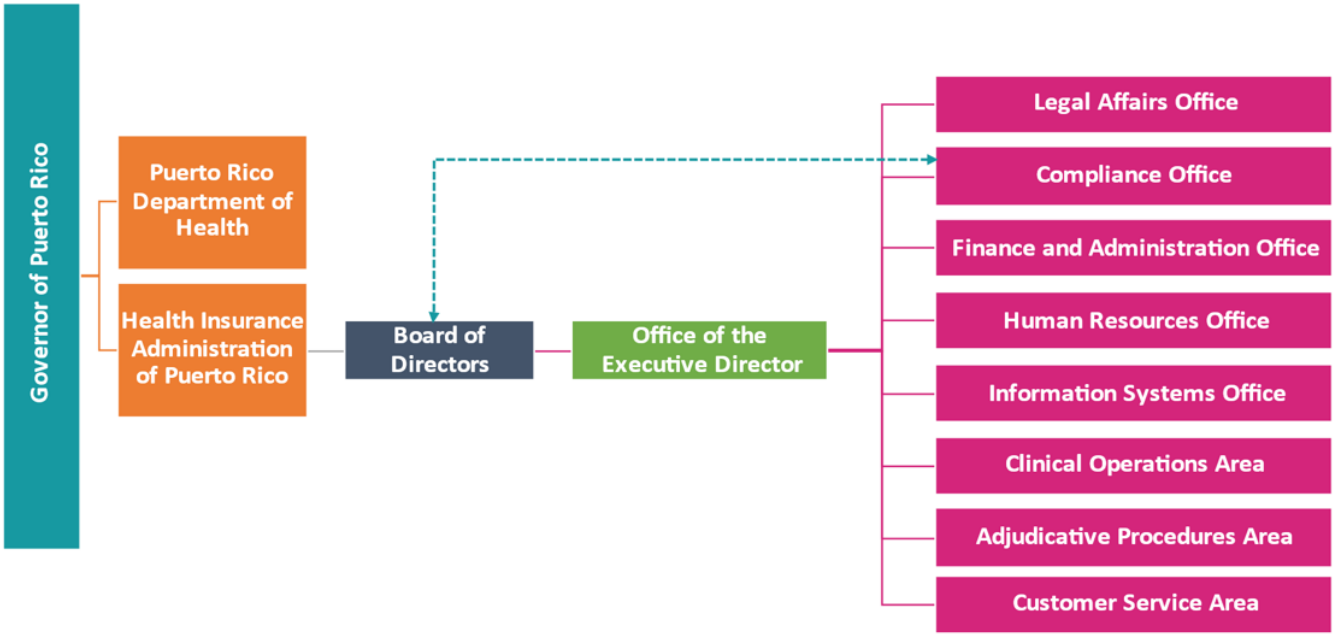


Figure 7. PRHIA Organizational Chart

4.1.3 The PRHIA Board of Directors (BOD)

PRHIA is governed by a BOD made up of eleven members; six are ex-officio members and five are appointed by the governor of Puerto Rico with the advice and consent of Puerto Rico's Senate.

The ex-officio members include the Secretary of Health, the Treasury Department Secretary, the Administrator of the Administration of Mental Health and Addiction Services (ASSMCA), the Director of the Office of Management and Budget (OMB), the Executive Director of the Puerto Rico Fiscal Agency and Financial Advisory Authority (AAFAF), and the Insurance Commissioner or their delegates. The governor of Puerto Rico appoints the president of the BOD from among its members.

4.1.4 Financial Oversight and Management Board (FOMB) for Puerto Rico

The FOMB was created under the federal Puerto Rico Oversight, Management and Economic Stability Act (PROMESA) of 2016. FOMB consists of seven members appointed by the President of the United States and one ex-officio member designated by the governor of Puerto Rico. FOMB is tasked with working with the people and the Government of Puerto Rico to create the necessary foundation for economic growth and to restore opportunity to the people of Puerto Rico.

In its oversight of the Medicaid Enterprise, the FOMB must approve all government contracts and amendments with an aggregate value of $10 million or more. FOMB may review any contract below that threshold at its sole discretion. All proposed contracts or amendments stemming from the rate negotiations between PRHIA and the Plan Vital MCOs must be submitted to the FOMB for review and approval prior to

execution. Also, certain proposed rules, regulations, administrative orders, and executive orders must be submitted for FOMB review prior to enactment.

4.2 Healthcare Needs

As of August 2024, approximately half of Puerto Rico's population is enrolled in Medicaid and CHIP.[11] To provide the best possible service for beneficiaries, we continue to evaluate services to consider for coverage changes, enhance collaborative efforts with various agencies for data collection, and subsequently utilize this data for making well-informed decisions, particularly in support of vulnerable populations.

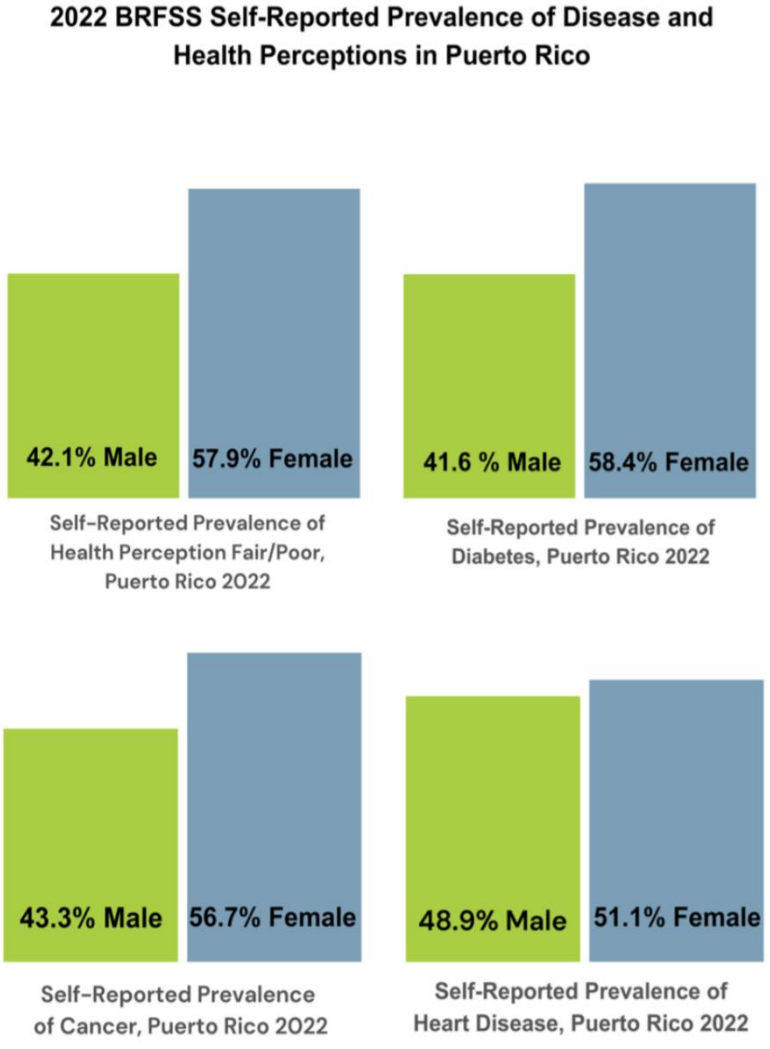


Figure 8. BRFSS Self-Reported Prevalence of Disease and Health Perceptions in Puerto Rico

Self-reported health is often fair or poor for Puerto Rico residents. This can be attributed to lifestyle choices as well as the prevalence of chronic conditions they report. These chronic conditions put Puerto Rico residents at higher risk of life-threatening health complications. Medicaid's inability to fund the full range of services exacerbates the problem.

The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project between all the states in the United States and participating U.S. territories and the Centers for Disease Control and Prevention (CDC). The BRFSS is administered and supported by CDC's Population Health Surveillance branch, under the Division of Population Health at the CDC's National Center for Chronic Disease Prevention and Health Promotion. Puerto Rico collaborates with the CDC to conduct BRFSS surveys that collect information about demographic characteristics and the prevalence of healthcare needs within Puerto Rico.

[11] Departmento De Salud. August 2024. "Programa Medicaid Statistics." *Departmento De Salud.* Programa Medicaid - Departamento de Salud. August 21, 2024. https://medicaid.pr.gov/Info/Statistics/

The PRDOH, operating under a cooperative agreement with the CDC, first implemented the BRFSS in 1996. The primary aim of BRFSS is to gather standardized, state-specific data on preventive health practices and risk behaviors associated with chronic diseases, injuries, and preventable infectious diseases among adults. Key factors assessed by BRFSS include tobacco usage, healthcare coverage, knowledge and prevention of HIV/AIDS, physical activity, and fruit and vegetable consumption. The survey results help frame the demographic landscape and the distribution of chronic health conditions that require the development of effective public health interventions and tailored healthcare strategies. Collecting this information provides Puerto Rico leadership with a better understanding of health perception and health-related behaviors. Figure 8 shows self-reported health status and prevalence of diseases in the Puerto Rico BRFSS survey. The BRFSS data is from 2022, which is the most recent data available at the time of submission of this report.

Puerto Rico also faces heightened challenges due to its geography, including hurricanes, power outages, earthquakes, and high dependence on imported health technology. Notably, hurricanes have been detrimental and require years of recovery. In September 2017, hurricanes Irma and Maria caused widespread destruction to infrastructure, businesses, and homes, resulting in billions of dollars in damage to Puerto Rico.[12] Recovery efforts were slowed due to additional damage caused by hurricane Fiona in September 2022[13]. Hundreds of thousands of residents needed assistance to meet basic needs for an extended period.[14] The hurricanes shut down electricity, water, and sewer services, hindered first responders' ability to dispatch 911 calls, and halted transportation.[15] Schools and some healthcare facilities were forced to close, and hospitals had to rely on emergency generators.[16] Recovery work continues, although more than six years of work has occurred to rebuild from recent hurricane destruction.[17] The challenge of island recovery and rebuilding its economy further complicates Puerto Rico's financial situation.

4.2.1 COVID-19

Federal pandemic flexibilities enabled Puerto Rico to enact time-limited coverage changes that adapted Medicaid operations to beneficiary needs to address the complexities and health threats posed by the COVID-19 pandemic.

Puerto Rico has continued efforts to provide accessible COVID-19-related services to Medicaid beneficiaries. In 2023, in compliance with the American Rescue Plan (ARP), Puerto Rico extended coverage for COVID-19-related treatments, COVID-19 vaccines and vaccine administration, and COVID-19 at-home testing. All these

[12] Central Office for Recovery, Reconstruction, and Resiliency. August 8, 2018. "Transformation and Innovation in the Wake of Devastation: An Economic and Disaster Recovery Plan for Puerto Rico." *Central Office for Recovery, Reconstruction, and Resiliency.* https://recovery.pr.gov/documents/pr-transformation-innovation-plan-congressional-submission-080818.pdf
[13] Congressional Research Service. November 14, 2022. "Hurricane Fiona Recovery: Context and Challenges." https://crsreports.congress.gov/product/pdf/IN/IN12044/1
[14] Central Office for Recovery, Reconstruction, and Resiliency. August 8, 2018. "Transformation and Innovation in the Wake of Devastation: An Economic and Disaster Recovery Plan for Puerto Rico." *Central Office for Recovery, Reconstruction, and Resiliency.* https://recovery.pr.gov/documents/pr-transformation-innovation-plan-congressional-submission-080818.pdf
[15] Ibid.
[16] Ibid.
[17] U.S. Government Accountability Office. February 13, 2024. Puerto Rico Disasters: Progress Made, but the Recovery Continues to Face Challenges. https://www.gao.gov/products/gao-24-105557

benefits were provided without beneficiary cost sharing. This extended coverage has helped Puerto Rico manage the transition from a pandemic to an endemic disease. The ARP provisions expired September 30, 2024, including the 100 percent FMAP for COVID-19 vaccines and vaccine administration. Puerto Rico is considering how the COVID-19 treatment, vaccines, and vaccine administration will be adopted into our Medicaid program and is preparing to cover the cost of COVID-19 vaccines and vaccine administration within its annual allotment. This is a good example of how states that do not have capped federal funding are able to shift the additional cost of COVID-19 vaccines and vaccine administration to the FMAP rates without any concern about hitting a cap, while Puerto Rico has to consider how these additional costs will impact its annual federal capped allotment.

4.3 Funding

This section describes Puerto Rico's specific funding schema and how that funding is utilized. The current state of the program, including improvements and reforms, was made possible by various federal funding extensions and temporary increases.

From July 1, 2011, through September 30, 2019, Section 2005 of the ACA provided an additional $5.5 billion in Medicaid funding to Puerto Rico by amending Section 1108(g) of the SSA.[18] Once the annual capped allotment appropriated through the ACA was used, Puerto Rico was able to draw down from a pool of $925 million above the $5.5 billion of funds appropriated in lieu of establishing a health insurance marketplace.[19] The Consolidated Appropriations Act of 2017 provided Puerto Rico with nearly $300 million in additional Medicaid funds, and the Bipartisan Budget Act of 2018 (BBA) of 2018 provided Puerto Rico Medicaid with $3.6 billion in disaster response funding until September 30, 2019.[20] The Further Consolidated Appropriations Act, 2020 (P.L. 116-94) provided Puerto Rico and the other U.S. territories with an increase in Section 1108(g) of the SSA capped funds and an increase in the FMAP to 76 percent.[21] In FFY 2021, on September 30, 2021, Congress passed a continuing resolution (CR) that maintained Puerto Rico's current capped allotment funding levels and enhanced FMAP through December 3, 2021. The FFCRA (P.L. 116-27) increased the federal capped allotment for Puerto Rico and increased the FMAP rate for all Medicaid programs by 6.2 percent for the period of the COVID-19 PHE.[22]

The Consolidated Appropriations Act, 2023, P.L. 117-328**,** was signed into law on December 29, 2022. P.L. P.L. 117-328 delinks the Medicaid continuous coverage requirement from the enhanced FMAP (6.2 percent) authorized as part of the COVID-19 PHE and extends the 76 percent FMAP for Puerto Rico for five years (through the end of the FFY 2027).[23] P.L. 117-328 also allocates Medicaid funding in Puerto Rico for the next five years and secures the U.S. government's portion of Puerto Rico's costs. For FFY 2024, Puerto Rico was

[18] Congressional Research Service. June 22, 2023. "Legislative History of Medicaid Financing for the Territories." *Congressional Research Service.* https://www.everycrsreport.com/files/2023-06-22_R47601_a8b408e9224568ef24c5b49c245e910420059e86.pdf
[19] Ibid.
[20] Ibid.
[21] Ibid.
[22] Ibid.
[23] Consolidated Appropriations Act, H.R. 2617, Pub. L. 117-328 (2023). H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023 | Congress.gov | Library of Congress

granted $3.325 billion in Medicaid funds.[24] Puerto Rico has appreciated the increases and acknowledges that P.L. 117-328 removed "temporary" from the reference to the FMAP increase in Section 1905(ff) of the act. However, the sunset date for the FMAP increase for Puerto Rico is still set in statute as September 30, 2027, unlike the other territories.

Table 2 shows Puerto Rico Medicaid Program expenditures for FFY 2022 and 2023 and projected expenditures for FFY 2024. The 2024 projected expenditures reflect both the effects of the PHE unwinding (see Section 6.3) and the timing of implementing new services in July 2024 (see Section 3).

At the time of our 2023 Annual Report to Congress, Puerto Rico was providing healthcare services to 1.6 million people enrolled in Medicaid and CHIP. As a result of the PHE unwinding, the number has decreased to 1.4 million. This 14 percent decrease in enrollment has impacted the number of monthly per member per month payments made to the MCOs, which ultimately impacts total program expenditures.

At the same time, Puerto Rico has expanded Medicaid benefits to include the mandatory Medicaid services of home health, DME, and NEMT as well as hospice; these services were added recently (July 2024), and the full financial impact of adding these services will not be realized until FFY 2025. Puerto Rico also considered adding mandatory Nursing Facility services effective October 2024, however, postponed implementing this service as the available allotment was insufficient to cover the expected utilization of the service.

Medicaid Program Expenditures				
	FFY 2022	FFY 2023	FFY 2024	FFY 2024 (Comments)
Medicaid MAP	$3,803,781,552	$4,056,602,252	$3,900,358,864	Projected
Enhanced Allotment Plan (EAP)	$102,500,037	$83,503,967	$323,947,523	Projected
CHIP	$150,094,029	$147,868,517	$106,820,822	Projected
Admin	$22,030,218	$40,882,986	$51,852,674	As of 10.18.2024
ARP	$23,823,000	$15,796,742	–	As of 10.18.2024

Table 2. Medicaid Program Expenditures

P.L. 117-328 further establishes criteria for an additional $375 million annually for the Puerto Rico Medicaid Program if specific requirements are satisfied.[25] The requirements and Puerto Rico actions include:

> Puerto Rico is eligible to receive $300 million in additional funding by establishing a reimbursement floor for physician services at 75 percent of Medicare reimbursement. In 2023, Puerto Rico amended its contracts with MCOs to include the 75 percent reimbursement floor. In addition, on September 11, 2023, CMS approved Puerto Rico's submission of a state direct payment (SDP) arrangement, which establishes a minimum fee schedule for primary care services at 75 percent of Medicare reimbursement, in accordance with requirements of the CAA, 2023.

[24] Consolidated Appropriations Act, H.R. 2617, Pub. L. 117-328 (2023). H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023 | Congress.gov | Library of Congress

[25] Ibid.

Puerto Rico is also eligible for an additional $75 million for FFY 2023 through FFY 2027. To receive this funding specifically for FFY 2023 through FFY 2025, Puerto Rico must satisfy the requirements in Paragraph (7)(A)(i) of Section 1108 of the SSA, which requires the designation of an officer (other than the director of such agency) to serve as the Program Integrity Lead, which Puerto Rico established to satisfy the requirement.

To continue to receive the additional $75 million in FFYs 2026 and 2027, Puerto Rico must continue to meet the requirements for the Program Integrity Lead, and the U.S. Health and Human Services Secretary must determine that Puerto Rico has designated a Contracting and Procurement Oversight Lead who is fulfilling the requirements in Paragraphs (7)(A)(v)(II) and (7)(A)(v)(III) of Section 1108 of the SSA. Puerto Rico has a designated Contracting and Procurement Oversight Lead and anticipates no difficulties in receiving the additional $75 million through FFY 2027.

Puerto Rico appreciates this additional support and acknowledges receipt of the additional $375 million for FFY 2024. We look forward to continuing to comply with the requirements of P.L. 117-328 to receive this funding for FFYs 2025 – 2027.

4.4 Demographics of Program Enrollment and Eligibility Enhancements

As of August 2024, Puerto Rico provides Medicaid coverage to approximately 1.4 million individuals, with a total population of 3.2 million residents.[26] An additional 47,000 children under the age of 19 are covered under the island's CHIP.[27] The number of Medicaid and CHIP enrollees has declined, primarily a result of Puerto Rico unwinding from continuous Medicaid enrollment, which had been required by FFCRA. Earlier this year, PRMP requested, and CMS approved additional time to process recertifications of high-risk populations, including minors, individuals who have special and catastrophic conditions or who are bedridden or homeless, and the dual-eligible elderly population. Puerto Rico continues to monitor the outcomes from the unwind recertifications to help ensure beneficiaries are not left without access to healthcare coverage.

In December 2020, with additional funding provided by P.L. 116-94, we extended the sunset date for the income eligibility level to 85 percent Local Poverty Level (LPL). Puerto Rico removed the sunset date from the 85 percent LPL, effective October 1, 2022.

As a result of additional funding provided by P.L. 117-328, Puerto Rico submitted a Medicaid State Plan Amendment (SPA), effective July 1, 2023, to further increase income eligibility levels to 100 percent of the FPL. The increase to 100 percent of the FPL was a significant enhancement as previously, due to funding constraints, Puerto Rico had to deflate the poverty level to a LPL, which meant Puerto Rico residents had to have lower incomes to qualify for Medicaid than U.S. state residents. As a result of the increase to 100 percent of the FPL, over 11,000 additional individuals are now eligible for Medicaid coverage in Puerto Rico.

[26] "Quick Facts Puerto Rico: Population Estimates, July 1, 2023." United States Census Bureau. 1 July 2023. Accessed August 26, 2024. https://www.census.gov/quickfacts/fact/table/puertorealcomunidadpuertorico,PR/PST045223

[27] Puerto Rico Department of Health. August 2024. "Beneficiaries by Program as of August 2024." *medicaid.pr.gov*. August 21, 2024. https://medicaid.pr.gov/Info/Statistics/

5. Program Operations

5.1 Governance

Puerto Rico continues to add rigor, structure, and standardization across our departments and projects to bolster accountability and improve the performance of our agencies as we strengthen governance structures. We believe a strong governance structure, with underlying processes that support that structure, can provide the goals, vision, and strategic direction for our Medicaid program, and allow for coordination across other agencies.

As detailed in Section 4.1, Figure 9 details PRMP's governance structure:

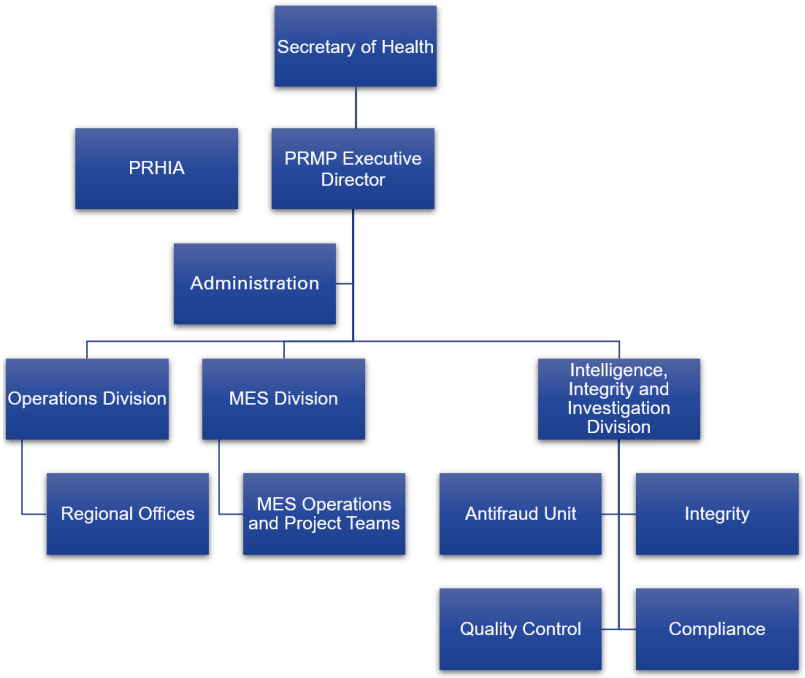


Figure 9. PRMP Governance Structure

Within the PRMP governance structure and reporting to the Executive Medicaid Director, lies the governance structure for PRMP MES, the IT systems and services responsible for managing, monitoring, and administering the Medicaid Program.

PRMP is persistent in its mission to advance standardization of program and project-related governance across its MES. As noted in the 2023 Annual Report, through establishment of two governance structures, the Program Management Office (PgMO) and the Enterprise Project Management Office (ePMO), Puerto Rico is maturing the standardization and optimization of program management and project management processes across PRMP's MES to help increase program success. Both the PgMO, focusing on program management, and the ePMO, focusing on project management, play critical, yet unique, governance roles within the MES.

The two governance structures help bring consistency, process standardization, and predictability to MES

outcomes, communications, and decision-making. This minimizes the risk of program failure while increasing the efficiency of each project. The benefits associated with two governance structures include:

- **Strengthen governance across the MES:** Given the unique focus of program management and project management, two governance entities offer focused, simultaneous maturity of PRMP's program management and project management capabilities across the MES.
- **Alignment with organizational goals:** Effective governance ensures that the projects selected for execution align with the organization's broader strategic goals. This alignment is crucial for achieving long-term success and maximizing the return on investment from project initiatives.
- **Increased transparency:** Transparency is vital for building trust among stakeholders. Governance frameworks facilitate transparency by defining how information is reported and shared. Regular updates and open lines of communication help ensure that all parties are aware of progress and any challenges encountered.
- **Enhanced decision-making:** With a robust governance structure, decision-making becomes more streamlined and informed. Stakeholders have clear guidance on their roles and the procedures to follow, which reduces confusion and speeds up the process of making critical decisions.
- **Improved risk management:** Projects often face unforeseen issues and risks. Governance structures provide frameworks for systematically identifying, assessing, and responding to risks. This proactive approach helps in mitigating potential setbacks and ensures project resilience.

Figure 10 shows in greater detail the governance functions of the PgMO and the ePMO within PRMP's MES:

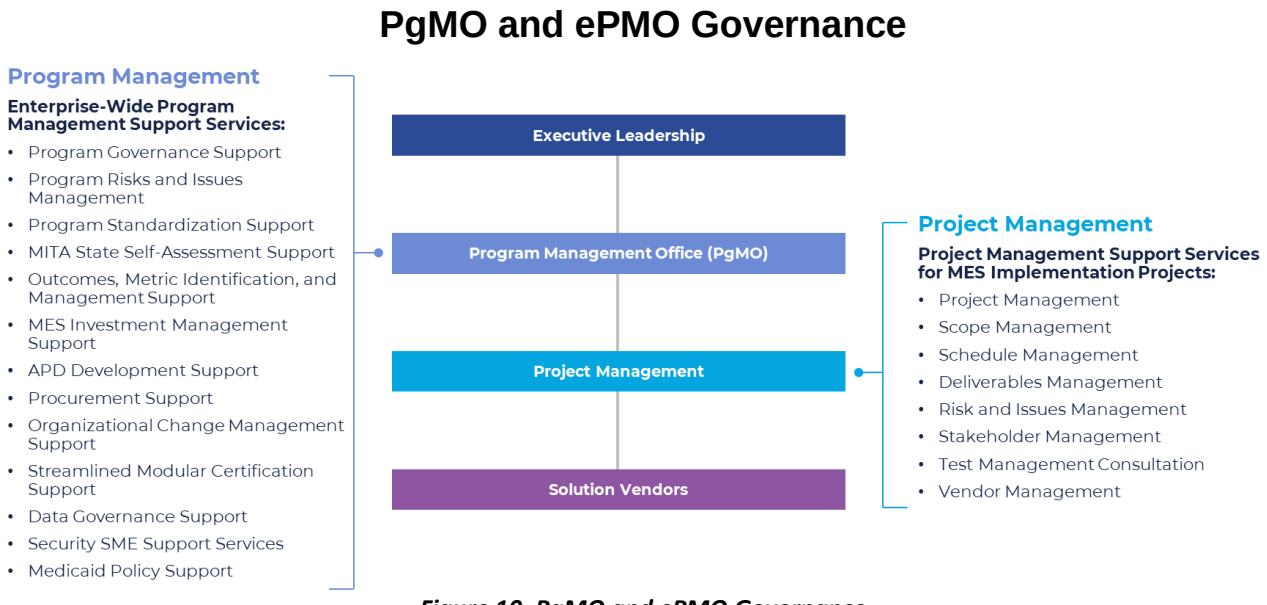


Figure 10. PgMO and ePMO Governance

Given the resource constraints within the Medicaid agency, PRMP believes two governance structures--one to focus on strategic planning and program management, the other to focus on execution and project

management--are critical to helping advance Puerto Rico's governance across its MES. CMS's Data Systems Group (DSG) has also acknowledged and supported PRMP's view of this approach as an industry best practice.

The PgMO, consisting of three PRMP leadership team members, are supported by a PgMO vendor and engage across the MES on various projects and functions to help ensure achievement of overarching business objectives. The PgMO role requires a broad, holistic view of PRMP's Medicaid landscape and is the governing entity that is responsible for the strategic planning and program management of the MES. In addition, the PgMO focuses on:

- Monitoring and mitigation of cross-project, and high-priority change requests, risks, and issues.
- Examining daily program management operations.
- Identifying low impact schedule deviations with cross-project implications, and
- Tracking program-level decisions and action items.

The ePMO, comprised of support primarily from vendors who provide project management services in PRMP's MES, focuses on the details of one or more project, with clear attention to defined deliverables, budget, and timeline. The ePMO is tactical in nature, focusing on consistent execution and delivery of the priority initiatives within the MES. The ePMO role requires an attentive view, specializing in standardization and execution to help ensure all projects within the MES are completed on budget and on time and are aligned with the PRMP's overarching ideology.

The primary focus of the ePMO continues to be standardization of project management tools, processes, roles, and approaches across MES projects. As previously shared in the 2023 Annual Report, the ePMO's work is supported by a set of fourteen plan aids created by the PgMO to onboard and manage all MES vendors and help ensure best practice and standardized approaches. These include aids to manage scope, schedule, cost, changes, quality, and stakeholders as well as templates for change requests and status reports.

Over the past year, the ePMO has made strides in applying project management standardization across the MES. Where it made sense, the ePMO standardized the use of the fourteen plan aids within the MMIS and MEDITI3G projects. PRMP and the ePMO recognized that making wholesale changes across the MES had potential to disrupt work patterns, so special considerations were made during the standardization process.

The ePMO, in concert with the PgMO, reviews the plans aids periodically, and is currently in the process of sharing feedback on the plan aids with the PgMO for consideration and potential updates.

Additional ePMO initiatives that have been successful in promoting standardization across the MES projects included:

- SharePoint Real-Time Executive Dashboards
- Risks, Issues, Action Items, and Decisions (RAID) Management Tool

- Schedule Management Tool with MS Power BI
- Weekly Status Reporting Template
- Biweekly Project Health Status Reporting
- Monthly Service Level Agreement Reporting

Future advancements planned within the ePMO include:

- Expand reporting to provide centralized MES-level project reporting
- Formalize and enhance Service Level Agreement (SLA) governance
- Broaden standardized project management and consistent tools across all MES projects
- Develop an ePMO roadmap focusing on advancement to help improve project management processes

By means of both the PgMO and ePMO, Puerto Rico will continue to add rigor, structure, and standardization across our department and project to bolster accountability and improve the performance of our agencies as we strengthen and advance governance across the MES.

5.1.1 MES Governance Documentation

Throughout this past year the MES Enterprise Governance Roadmap, previously referred to as the MES Program Management Roadmap, Outcomes Management Plan (OMP), the MES Roadmap, and the MITA SS-A continued to guide the iterative advancement of the MES to help ensure its effectiveness and success. Collectively, these documents are maintained by the PgMO and help establish the strategic direction of MES governance as well as the supporting technology initiatives. The following summarizes each of these four documents:

- The MES Enterprise Governance Roadmap defines the current and future state of PRMP's MES governance structure and the activities of focus to help further mature PRMP's PgMO.
- The OMP identifies the activities, processes, and tools to help PRMP track progress in achieving their desired MES outcomes.
- The MES Roadmap defines the current and future state or PRMP's MES as well as the priority level of each initiative.
- The MITA SS-A is a framework by which PRMP can establish strategy, goals, and guidelines for continuous improvement of Medicaid program operations and systems alignment throughout the MES.

The following sections provide greater detail on each of these MES governance related documents.

5.1.1.1 MES Enterprise Governance Roadmap

The MES Enterprise Governance Roadmap, last updated in January 2024, outlines how PRMP plans to achieve incremental maturation of program management capabilities through consistent management and coordinated improvement over time. The MES Enterprise Governance Roadmap guides the maturation of the PgMO and governance of the MES and provides actionable steps to strengthen PRMP's overall MES governance capabilities.

In alignment with industry best practices such as PMI®, Data Management Association (DAMA)-DMBOK2®, and ITIL-4, the MES Enterprise Governance Roadmap focuses on four business areas as described below:

- ***Program Management*** works to standardize program-related governance and supports sharing resources, methods, and tools. Program Management promotes a unified culture; creates or improves organizational processes through IT project life cycle management; manages enterprise-level projects, programs, and portfolios; promotes and fosters change through Organizational Change Management initiatives; and helps achieve financial and strategic goals.
- ***Enterprise Architecture*** is responsible for defining, planning, designing, and implementing the overall structure of the PRMP IT systems, requirements, business processes, and infrastructure. The primary goal of the Enterprise Architecture business area is to help ensure PRMP's technology and business strategies are aligned and support the mission, vision, and values of the agency.
- ***Business Operations*** focuses on improving efficiency, effectiveness, and overall performance of core operations. It is responsible for developing documentation, describing business processes and process requirements, modeling business processes, and managing policy and compliance. This business area also maintains the documentation it develops.
- ***Data Governance*** is the exercise of authority, control, and shared decision-making over the management of data assets through the entire data life cycle. Data governance defines data management roles and responsibilities. Data governance increase the efficiency of development projects through the identification and resolution of data issues and opportunities. Data governance increases the quality, accuracy, and completeness of data.

Through a recent MES enterprise governance prioritization effort, PRMP leadership identified three priority areas to advance – Vendor Management (falling with the Program Management business area), Operations Management (falling within the Business Operations business area), and Change Management (falling within the Program Management business area). For each of the prioritized areas, PRMP identified use cases to mature and more recently further prioritized building plans in support of MES Operations Management and Change Management.

PRMP is also focusing on enhancing the MES data governance capabilities (falling within the Data Governance business area). While PRMP seeks to hire and onboard a Data Governance Lead, PRMP is proceeding with the development of outcomes and metrics to inform its data governance maturity as well as develop policies and procedures to support a future data governance steering committee.

In alignment to the MES Roadmap and MES Enterprise Governance Roadmap activities as described above, the PgMO continues to:

- Submit CMS Monthly Reports
- Track program-level RAID
- Track and update MES metrics, KPIs, and dashboards
- Track and report on each project's health
- Support the federally required completion of the MITA SS-A
- Support preparation for CMS On-Site visits
- Support preparation for Territories Summit focused on collaboration across Territories
- Support standardization of ePMO processes
- Support data governance across the MES
- Support operations and change management

In summary, the PgMO will continue to leverage the MES Enterprise Governance Roadmap to help inform the strategic direction for its IT initiatives and looks forward to continued investment in the maturation of the PgMO to help ensure PRMP's IT investments continue to successfully support program operations.

5.1.1.2 Outcomes Management Plan

In alignment with CMS' feedback and in support of PRMP's needs, the PgMO and MES continue to rely upon the OMP to help the agency move to a more outcomes-based organization that can use outcomes, measures, and metrics to measure enterprise progress. As previously mentioned, the PgMO is responsible for defining, tracking, and reporting on MES outcomes and metrics. As evidenced by the recent Operational Reporting Workbook (ORW) submission to CMS, application of the most recent OMP has aided in delivery of this milestone and supported PRMP's transition toward a more outcomes-based organization. On July 22, 2024, PRMP submitted to CMS a MEDITI3G ORW containing CMS-required and State-specific outcomes applicable to the E&E system. On August 21, 2024, PRMP submitted to CMS a MMIS Phase I and II ORW containing the CMS-required and State-specific outcomes applicable to the MMIS project.

In further alignment with PRMP's OMP and CMS guidance, and in support of business needs and decision-making, PRMP has integrated OMP best practices such as outcomes and metrics definition and ORW monitoring and reporting into their Advanced Planning Documents (APDs), procurement solicitations, Streamlined Modular Certification (SMC) requirements, and MITA SS-A documentation. Since January 2023, this has resulted in or is being demonstrated in efforts such as:

- Approval of 6 APDs from CMS; development of 4 APDs that are in progress, awaiting CMS approval or scheduled to be submitted to CMS by December 2024

- Completion of 3 solicitations (Central Provider Enrollment and Credentialing, Health Information Exchange Operations and Technical Support, Printing and Mailing Services)
- Development of 5 in-progress solicitations (E&E Takeover, Third Party Liability Support, Electronic Visit Verification system and Services, Provider Services Support, MMIS Re-procurement)
- Certification of the MEDITI3G solution
- Ongoing certification efforts for the MMIS Phase III Financial Management Solution, Enterprise Data Warehouse, and Health Information Exchange
- Completion of the 2022-2023 MITA IT Investment Strategy
- Completion of 2 MITA Pre-Assessments (Third Party Liability and Asset Verification System) and development of 1 in-progress MITA Pre-Assessment (Electronic Visit Verification) on the as-is and to-be states of PRMP's MES

Consistent with PRMP's commitments to federal partners and the related CMS guidance, the PgMO will continue to provide ORW updates to CMS and will continue integrating OMP practices into their APD, procurement, SMC, and MITA related documentation. PRMP's PgMO will also continue to revisit and update the outcomes and metrics submitted in previous APDs to accommodate new learnings, address operational issues, and to maintain alignment with current PRMP needs.

5.1.1.3 MES Roadmap

The MES Roadmap, last updated in June 2024, provides the current state of PRMP's MES, and captures the view into PRMP's MES plans for 2024 and beyond. The MES Roadmap identifies PRMP's priority MES initiatives and is used by the PgMO and PRMP leadership to articulate PRMP strategy to CMS, as well as to internal and external stakeholders. PRMP updates their MES Roadmap at least annually and uses it to help inform the prioritization of resources, the timing of projects, and generally any conversation internally and externally that may relate to their plans for the MES.

Additional detail on the MES Roadmap and the priority initiatives of focus for PRMP can be found in Section 5.2 MES Initiatives.

5.1.1.4 MITA SS-A

Under current regulations defined in 42 Code of Federal Regulations (CFR) 433.112(b) (11) and 433.116 (b), (c), and (i), and guidance issued by the Centers for Medicare & Medicaid Services (CMS) in 2014, states are required to submit a MITA SS-A in support of their request for enhanced federal matching for their MES expenditures. The MITA framework offers guidelines for continuous improvement of Medicaid program operations and systems alignment throughout each SMA's Medicaid enterprise. Further, in April 2022, CMS released SMC guidance which included an alternative format for SMAs to develop and submit their annual MITA SS-A. PRMP has used that guidance as an opportunity to adopt an alternative MITA framework and establish an IT investment strategy for their MES projects. This strategy includes a process for assessing PRMP's business and organizational needs at both the enterprise and project level.

Supported by CMS, PRMP's MITA SS-A approach shifted in FFYs 2022–2023 from MITA maturity ratings to focus on current operational challenges, defined desired future systems, and improvement outcomes and targets to best support PRMP's strategic goals and objectives for its Medicaid program, operations, and supporting technology investments. This shift resulted in the production and maintenance of an MITA IT Investment Strategy document which detailed processes to assess, qualify, and quantify PRMP's business needs. The 2022-2023 MITA IT Investment Strategy, last updated in September 2023, also documents and demonstrates how implementation of PRMP's strategic vision effectively meets MITA goals, objectives, and principles, as well as satisfies CMS expectations for Federal Financial Participation (FFP).

In alignment with PRMP's MITA IT Investment Strategy, PRMP produces MITA Pre-Assessments for nearly all of their MES IT investments to help assess, qualify, and quantify the current and future state of their business needs as well as the supporting plan and/or roadmap. To date, PRMP has conducted MITA Pre-Assessments for the Third Party Liability (TPL) and Asset Verification System (AVS) business needs and is currently in the midst of developing an Electronic Visit Verification (EVV) pre-assessment.

PRMP remains invested in leveraging the MITA SS-A IT Investment Strategy to help inform their approach to assessing business needs as well as program operations and systems alignment across the enterprise. Through the MITA IT Investment Strategy and the supporting MITA Pre-Assessment tool, PRMP is able to operationalize both MES Enterprise Governance and MES Roadmaps.

Specific to the E&E solution, MEDITI3G, PRMP has enhanced the eligibility process and provider enrollment process by procuring new technologies and implementing system modernization efforts, allowing both units to streamline their verification and validation procedures. MEDITI3G allows the eligibility team greater transparency and consistency in its eligibility procedures and will support the implementation of federal MEQC requirements. The system is continually evaluated for enhancements as eligibility changes are considered.

In addition, PRMP has implemented MMIS Phase III – Release 1, which focuses on enhancing financial management business processes. Go-live for Release 1 occurred in May 2024, with federal certification expected before the close of the 2024 calendar year. The functionality implemented with MMIS Phase III improves access to and the accuracy of financial data, simplifies the processes in provider financial management, and supports various calculations and transactions related to provider and MCO payments. MMIS Phase III – Release 2, once implemented, will automate the quarterly CMS expenditure report, which will help ensure timely and complete reporting of financial data to the federal government.

Through annual updates to PRMP's MITA IT Investment Strategy, Puerto Rico remains committed to using the power of data and technology to improve operations, drive innovation, and continually push to provide better services to the people of Puerto Rico.

5.2 MES Initiatives

As detailed in Section 5.1.1.3., PRMP uses the MES Roadmap to define the current and future desired state of the MES. Further, the MES Roadmap prioritizes PRMP's MES initiatives and is used by the PgMO and PRMP

leadership to articulate the strategy and timing of MES initiatives to PRMP, PRDoH, CMS, and other stakeholders. Some of priority initiatives detailed in the current MES Roadmap include:

- MMIS Phase III Implementation and Certification
- Organizational Change Management (OCM) Support and Implementation
- HIE Policy, Governance, and Strategic Planning
- EVV Procurement and Implementation
- E&E System Vendor Procurement and Implementation
- Third-Party Liability Roadmap, Procurement, and Implementation
- Electronic Data Warehouse (EDW) Business Intelligence Support and Implementation
- Asset Verification Services Procurement and Implementation
- Provider Services Procurement and Implementation

As detailed above, PRMP's MES Roadmap also prioritizes PRMP's commitment to implementing an EVV program and solution as well as an AVS. In support of an AVS, Puerto Rico has launched a fully automated PEP to screen and enroll Medicaid providers and is planning to release an RFP to secure an AVS vendor by early 2025. Puerto Rico has also researched other SMA's asset verification solutions and has begun to coordinate with local and federal agencies to help ensure PRMP's success. Currently, PRMP remains on track to implement and comply with the January 1, 2026, CAA deadline.

Also documented within the MES Roadmap, is PRMP's focus on enhancing the existing E&E solution (MEDITI3G) to align with existing business needs. MEDITI3G enhancements include but are not limited to: Verify Lawful Presence (VLP) interface, Citizen Portal updates, and "No Touch" application processing. Additionally, improvements to overall data quality, enhancements to eligibility-related processes and advances to reporting capabilities are in progress. The following details PRMP's focus on these three MEDITI3G enhancements:

- **VLP – Interface:** PRMP has completed the design and development for the implementation of a VLP interface using Systematic Alien Verification for Entitlements (SAVE) version 37. Because SAVE will be transitioning to version 38, PRMP has decided to postpone implementation of the interface until CMS provides the final version 38 design document so the necessary modifications can be made. In the meantime, PRMP will continue to use the online SAVE VLP web services.
- **Citizen Portal:** During the past months, PRMP has implemented several updates related to the Citizen Portal. The updates are in alignment with CMS recommendations to make the portal more understandable for applicants and beneficiaries. For example, an automated person link process was deployed in August 2024. This will facilitate the linking process when an applicant is already registered in the system.

- **"No Touch" applications:** Beginning January 2024, we have been enhancing the connection between Puerto Rico's MEDITI3G system and federal interfaces to improve the accuracy of "No Touch" cases. As a result, PRMP has seen an increase in the number of applications evaluated through ex parte. In addition, PRMP presented the necessity and value of having the MEDITI3G system capable of processing "No Touch" cases to the system integrator, and after a series of Joint Application Design sessions, a solution was developed. When design and development were completed, PRMP implemented a "No Touch" solution for the July 2024 release. Already implemented in the ex parte process, a "No Touch" process was deployed on July 27, 2024, to the MEDITI3G system, which allowed the following:
    - Online Initial Application, Change of Circumstance (CoC), and Renewal to go under a "No Touch" process. The system will attempt to use the available local and federal interfaces to complete the eligibility determination process without the intervention of a user.
    - On the caseworker portal, after an application is submitted, the system will trigger electronic verifications to attempt to verify the necessary information using the local and federal interfaces.

There are additional updates to the Intelligent Evidence Gathering (IEG) application that were implemented in the MEDITI3G solution's September 2024 release. The IEG application aims to speed up processing time and reduce applicant burden.

PRMP's MES Roadmap remains vital to PRMP's PgMO and their efforts to identify, prioritize, and manage to the MES current and future state. Further many of the initiatives described above are key to helping PRMP achieve compliance with local and federal requirements as well as advancing the PRMP MES ability to further program operations.

5.3 Program Oversight

Puerto Rico continues the work of enhancing our infrastructure and oversight processes. We want to reflect the level of integrity and rigor in our programs as other states and demonstrate that we can operate and therefore be funded in the same capacity as states are.

5.3.1 Program Integrity

As noted in our 2023 Annual Report, Puerto Rico has taken significant steps in the areas of staffing, policy and procedure development, and coordination of program integrity activities across the Medicaid Enterprise.

Providing effective healthcare assistance to eligible beneficiaries and ensuring the financial sustainability of Puerto Rico's Medicaid Program requires a multifaceted approach to program integrity. This approach involves a range of activities and strategies such as verification of eligibility, analytics to detect fraudulent billing and improper payments, provider audits, and investigations into suspected fraud and abuse.

In addition to setting up governance committees, we have also identified performance metrics and developed

reporting processes to gauge and communicate progress on program integrity and contracting reform efforts to our federal partners regularly. We have started standardizing program integrity metrics and the approach to identifying and investigating FWA across the Puerto Rico Medicaid Program Integrity Unit (PRMPIU) and the compliance division within PRHIA. PRMPIU and PRHIA have enhanced their inter-entity cooperation to integrate their approaches to program integrity, help prevent information siloes, and enhance communication across units.

PRMPIU and PRHIA regularly meet to share information, review leads, and coordinate referrals. PRMPIU and PRHIA have standardized their review process across programs, such that they are reviewing for outliers and anomalous behaviors in tandem with each other.

Puerto Rico has been working on providing a favorable experience to our providers to achieve our shared goal of improving the experience of our Medicaid beneficiaries. This section highlights some of the investments we are making to improve our internal staffing levels and program knowledge as well as provider experience, which contribute to improving the experience of our Medicaid beneficiaries.

5.3.1.1 Staffing

The Division of Integrity, Investigations and Intelligence (D-III) within the Medicaid program supports the goal of improving the integrity of our program and enhancing oversight and transparency across the enterprise. We are making strategic investments in gauging staffing levels and workload equity for optimal execution of the Medicaid program. We continue to develop procedures for how best to assign tasks and staff to PRMPIU and MEQC tasks so that the PRMPIU becomes a robust team.

D-III methods encompass outreach, education, prevention, industry liaison development, detection, investigation, referral, and the prosecution of FWA of those who victimize PRDOH Medicaid-sponsored programs and grants.

PRMP via D-III assesses FWA allegations and liaises with the Puerto Rico Department of Justice Prosecutor, the Department of Public Safety, and the Puerto Rico Department of Hacienda (taxation) for support with investigations. These agencies—along with fraud, integrity, and quality control PRMP team members—work together to support PRDOH's ability to reduce Medicaid FWA in Puerto Rico.

5.3.1.2 Continuation of Program Integrity Lead

Puerto Rico continues to satisfy the requirements in Paragraph (7)(A)(i) of Section 1108 of the SSA, which requires the designation of an officer (other than the director of such agency) to serve as the Program Integrity Lead.

The mission of the PRMPIU managed by the Program Integrity Lead is to ensure compliance, efficiency, accountability, and coordination within Medicaid and its contracted entities in detecting and preventing FWA and ensuring that Medicaid, CHIP, and territory dollars are appropriately paid according to federal and territory requirements. This mission is achieved through activities such as ensuring that contracted MCOs establish policies and procedures to address FWA and audit to ensure that MCOs implement the policies and procedures and comply with the contract provisions and program requirements.

The primary objective of the PRMPIU is to ensure the ability to detect and deter potential FWA in the Medicaid program. Other PRMPIU objectives include:

- Carrying out program safeguard functions effectively and efficiently
- Providing formal training to PRMPIU, appropriate other Medicaid staff, and contractors on FWA and program integrity
- Collaborating in the detection and investigation of cases identified as possible FWA
- Protecting the confidentiality of all provider and beneficiary information
- Ensuring MCOs recover inappropriate payments
- Referring credible allegations of fraud cases to the Medicaid Anti-Fraud Unit (MAFU), Medicaid Fraud Control Unit (MFCU), or the Office of Inspector General (OIG)
- Coordinating with the MFCU, OIG, and any other agencies
- Monitoring PRHIA's oversight of MCOs
- Coordinating with the PRMP Policy Department
- Coordinating communication with the MCOs pertaining to surveillance and utilization review through the PRMP Program Integrity Director

PRMPIU initiatives also focus on educating both beneficiaries and healthcare providers about Medicaid rules and regulations, promoting transparency, and strengthening collaboration with law enforcement agencies. The ultimate objective of the unit is to maintain the program's integrity, protect taxpayer dollars, and ensure Medicaid resources reach those in genuine need of healthcare assistance while deterring and addressing any instances of FWA.

Figure 11 shows the organizational chart for D-III:

Figure 11. Organizational Chart for D-III

5.3.1.3 Policies, Procedures, and Tools

As mentioned in the last report, Puerto Rico has implemented an array of policies, procedures, and tools to strengthen its program integrity activities. These initiatives are detailed below.

- Puerto Rico developed a comprehensive Program Integrity Manual. This manual encompasses the activities of prevention, detection, investigation, referral, and prosecution of FWA. These activities mainly include monitoring claims patterns, auditing to ensure compliance with plan contracts and agreements, pursuing civil and criminal prosecution where evidence indicates fraudulent activity, and restitution where warranted.
- Formalized procedures related to provider enrollment and oversight are in place:
    - Provider background check and fingerprinting policies and procedures
    - Criteria for changing the risk level category of a provider and the requirements related to that change
    - On-site provider audit requirements and processes
    - Mandatory and discretionary provider termination requirements and processes
- Training requirements for provider, staff, and MCO include:
    - HIPAA privacy requirements
    - Confidentiality and security requirements
    - Non-retaliation policy for whistleblowers
    - Identification and explanation of acceptable standards of practice as defined by applicable federal and state laws and regulations

- Identification of unacceptable practices and improper activities
- Explanation of FWA activities and legal penalties
- PRMPIU contact information (telephone number, email, web page, postal address)
- Overview of the internal monitoring and auditing process for providers
- Administrative actions when required
- If follow-up training is required, review of the disciplinary guidelines for noncompliant or fraudulent behavior will be discussed

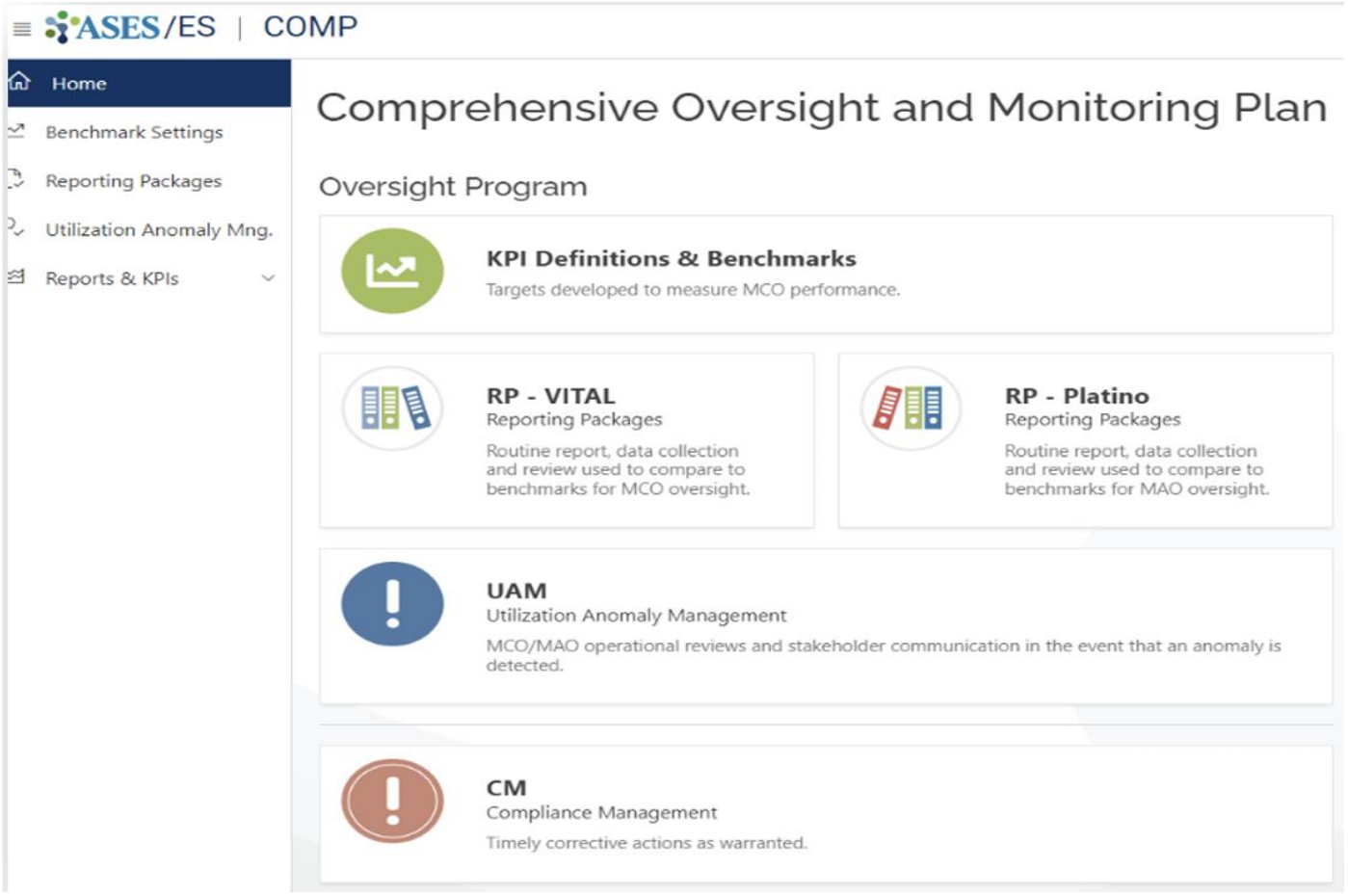
- Additional policies that guide our work include:
  - Conflict of Interest Policy and a related disclosure form, which applies to all employees of PRMP, contractual third parties, or partners doing business with PRMP
  - Document retention
  - Post-payment review processes and requirements to determine if services were provided and billed in accordance with applicable regulations
  - Method for receiving a referral of FWA from an outside source
  - Appeal levels and processes for Medicaid
  - Refunding of federal share of Medicaid overpayments to CMS and the limitations of recouping overpayments from providers due to bankruptcy or business closure
  - Good cause to reconsider full or partial suspension of payment
  - PRMP continually updates its eligibility Policy and Procedures Manual as program changes are made. This Policy and Procedures Manual is another example of Puerto Rico's commitment to ensure compliance in accordance with federal law, regulations, and the Medicaid State Plan. We also believe this Policy and Procedures Manual demonstrates Puerto Rico's commitment to accountable eligibility determinations for Medicaid, CHIP, and the state population.

5.3.1.4 Comprehensive Oversight Monitoring Program (COMP)

Consistent with program oversight efforts, PRHIA implemented a COMP and a tracking tool to oversee the operation of Medicaid services. The COMP and tracking tool allow PRHIA to monitor on an ongoing basis to track performance according to contract and program requirements such as: Member and Provider Call Center Service Level, Provider Claims Payment, Network Access & Availability, Program Integrity, Quality and Clinical Management, Pharmacy Expenditure, and Financial Execution. The COMP tool has enabled PRHIA to execute the MCO Compliance Program in a standardized and systematic way, recording all actions taken, from reporting and analysis to corrective actions requested and recommendations for sanctions. PRHIA has trained all administrative personnel in the use of the tool and, during 2023, worked with subject matter

expert departments to support compliance oversight. During 2023, PRHIA expanded the development of this tool to the operation and services administered by MAOs that provide Medicaid services to Dual-Special Need Plan beneficiaries enrolled in the Platino benefit plan under Medicaid in Puerto Rico, which is approximately 280,000 individuals. By the end of 2025, PRHIA expects all operations and services to be systematically monitored on an ongoing basis while conducting annual reviews and adapting program operations as new regulatory requirements arise.

Comprehensive Oversight and Management Program Tool Module



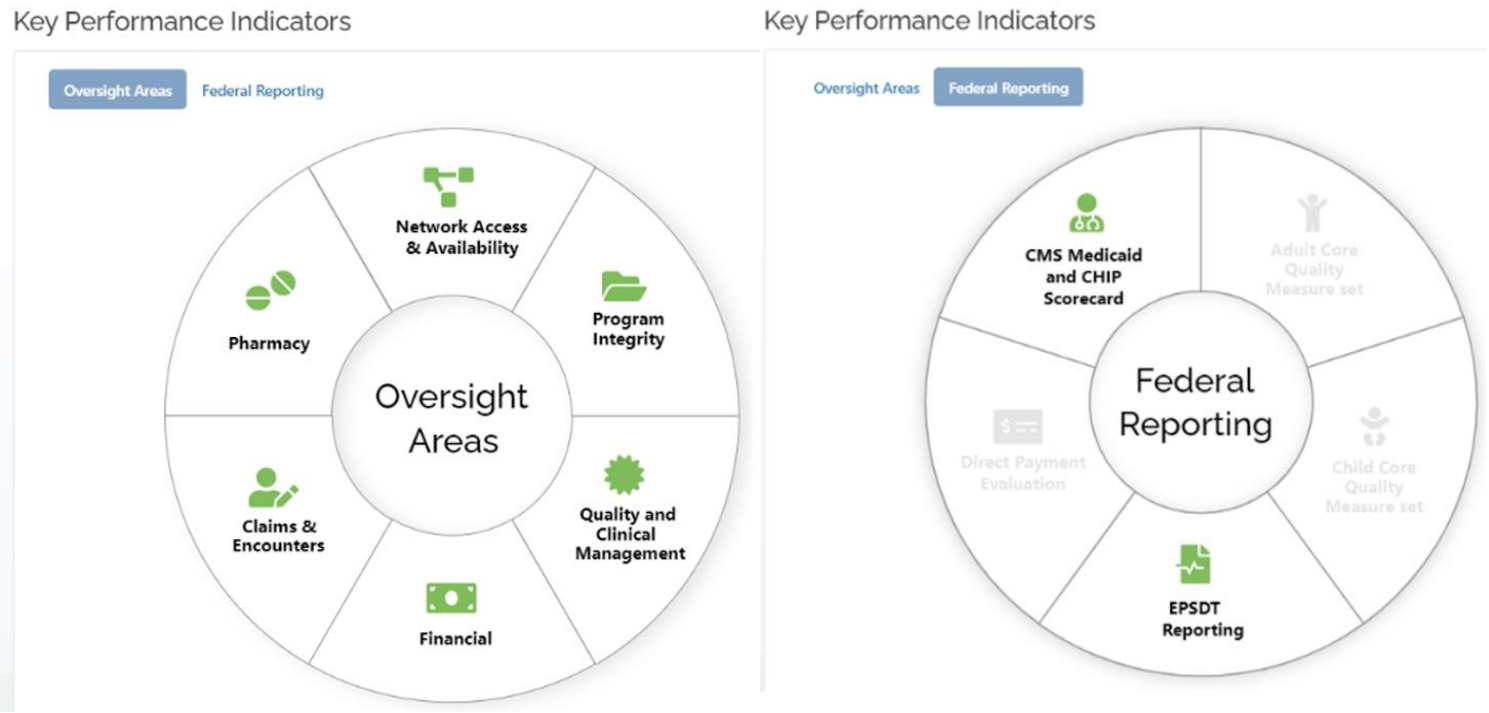


Figure 12. Comprehensive Oversight and Management Program Tool Module

As part of its efforts to strengthen its monitoring systems, PRHIA, under 42 CFR 455 Subpart F, continues to leverage its Medicaid Recovery Audit Contractors (RAC) Program. The RAC allows PRHIA to identify deficiencies and inaccuracies in payments made by the MCOs and recoup all or a portion of the premiums paid to the MCOs. Consistent with requirements under 42 CFR 438, Puerto Rico State Law 72-1993, and MCO contract requirements for utilization management, PRHIA is also working to conduct formal audits of the MCOs and MAOs.

5.3.1.5 Standardizing Activities

Puerto Rico is standardizing program integrity metrics and its approach to identifying and investigating FWA across PRMPIU and the compliance division within PRHIA. PRMPIU and PRHIA have enhanced their inter-entity cooperation to integrate their approaches to program integrity, help prevent information siloes, and enhance communication across units.

PRMPIU and PRHIA have standardized their review process of FWA leads and are standardizing their treatment of referrals across programs, including reviewing for outliers and anomalous behaviors in tandem.

PRHIA is also working to ensure compliance with its MOU with PRMP with respect to communication, policies, and procedures determined by the Program Integrity Director.

5.3.1.6 Ensuring Communication

An MOU is in place between the MFCU and PRMPIU. In addition, Puerto Rico hosts regular meetings among

those involved in program integrity efforts:

- Monthly meetings between the PRMPIU, the MFCU, the OIG/Health and Human Services Puerto Rico office, and the MCOs.
- Regular meetings between the PRMPIU and the Puerto Rico MFCU.
- Regular meetings between the PRMPIU, and MCO's Special Investigation Unit (SIU) to validate contract compliance.
- Quarterly meetings, at a minimum, between the Puerto Rico Medicaid Program Integrity Director and the MCOs' SIU.

5.3.2 Procurement and Contract Oversight, Reform, and Management

Puerto Rico's vision is to be recognized as a leader in ethics and transparency in procurement and contracting. We are striving to achieve this vision by a continuous evolution of our procurement and contract processes that help ensure our procurement efforts achieve results with the best possible impact on our beneficiaries—all at a lower cost to taxpayers. Puerto Rico continues to work toward this goal by strengthening our staff resources, increasing accountability, developing new processes and tools, and establishing criteria for non-competitive procurements. Multiple contracts that were previously awarded on a sole-source basis are now subject to competitive bidding.

Table 3 describes the guiding principles that drive our contracting and procurement processes:

Contracting and Procurement Guiding Principles	
Enhance the strategy and planning efforts in our procurements	Strive to align the procurement and contracting processes with the mission and goals of Puerto Rico Medicaid and CMS and engage our multiple agencies within the enterprise in this effort. The procurement process will drive innovative. strategies to advance the Medicaid Enterprise.
Further drive competition across procurements	Seek to procure high-quality goods, works, and services in a competitive manner.
Standardize and unify our processes	Use a common structure to standardize and formalize procurement and contracting processes.
Increase transparency	Make most procurement scoring decisions and other relevant information easily accessible to internal and external stakeholders.
Use data to inform our operations	Make data central to our procurement processes and derive insights from that data to drive procurement decisions.
Promote efficient and cost-effective processes	Strive to maximize value by considering existing and expected organizational demands, capabilities, availability of resources, and funding without compromising the efficient provision of goods and services that best serve beneficiaries' needs.
Seek value for money and good stewardship of public funds	Spend public money wisely and focus on reducing waste and abuse of taxpayer dollars.

Contracting and Procurement Guiding Principles	
Create a culture of ownership, accountability, and continuous learning	Define clearly and openly communicate roles and responsibilities across parties throughout the procurement and contracting process. Stakeholders will work cooperatively and collaboratively to continually improve contracting and procurement processes.

Table 3. Contracting and Procurement Guiding Principles

5.3.2.1 Staffing

Puerto Rico's Contracting and Procurement Group includes a Procurement Oversight Lead, a Procurement Officer, and an Administrative Assistant. The Contracting and Procurement group is part of PRMP's Administrative Division. Contracting efforts, described further below, are carried out by the Contracts branch with the Administrative Director as its lead; Procurement efforts are carried out by the Procurement Branch and Oversight Lead. The Procurement Oversight Lead informs the Administrative Director of ongoing and future procurement processes.

The Procurement Oversight Lead's position description as it relates to procurement includes:

- Developing a procurement protocol; establishing, communicating, and implementing long-term goals for the office to promote effectiveness and efficiency.
- Serving as the primary contact for procurement related questions, training, policy and procedure interpretation, and alignment by all departments.
- Ensuring all applicable laws are followed during the process.
- Developing, organizing, and directing procurement policies and procedures.
- Attending meetings on behalf of the procurement office with upper management, clients, guests, vendors, and auditors.
- Managing the procurement process interfaces with all relevant departments and product management teams to effectively support procurement.
- Developing and implementing innovative procurement strategies to maximize spending, reduce risk, and generate savings.
- Attending meetings of the Evaluation Committee.
- Assessing risks of potential contracts and agreements.
- Updating PRMP on all laws and administrative orders related to procurement.

5.3.2.2 Policies, Procedures, and Tools

As reported in the 2023 Annual Report, Puerto Rico developed a PRMP Contracting Transparency, Non-Competitive Procurement and Competitive Bid Evaluation Process Standard Operating Procedure (SOP). The

SOP was developed as part of Puerto Rico's work to comply with Medicaid contracting reform requirements set forth in Federal Act P.L. 116-94 from December 2019. The SOP is followed to ensure compliance with territorial and federal laws, regulations, and administrative orders, and is a living document that will be updated as required to reflect new territory or federal requirements.

The SOP consists of a set of steps to be consistently followed to complete the business task efficiently and effectively while maintaining transparency throughout the procurement process. Documenting and following an SOP allows PRMP to operate in a process-driven manner. The SOP also serves as a training document for new and existing staff, a reference document to guide processes, and a checklist that can be shared externally to demonstrate compliance with federal requirements in Medicaid contracting. More specifically, the SOP was created to:

- Streamline PRMP operations and increase efficiency by bringing consistency to the contracting process.
- Increase transparency and accountability by identifying clear process owners at every step.
- Decrease training time for new/transitioning employees by providing a written resource detailing the process steps related to procurements.
- Provide consistent procedures for applying the CMS regulations and other federal requirements.
- Facilitate easier reviews and audits of contracting processes.

The SOP includes the following areas:

- **Transparency:** The SOP describes the key procurement documents published or disseminated to support transparency and stakeholder involvement in the competitive and non-competitive procurement processes. This SOP covers the following procurement documents issued by the Medicaid Enterprise: Bid Announcements, RFP/Request for Quotation (RFQ) for competitive procurements, Notice of Intent to Award Contract, and the Final Contract. The Contracting Transparency Processes consist of the program actions to ensure all stages of the procurement process (from bids to contracts) are widely available and easily accessible to potential bidders, internal staff, and the general public to promote competition and fairness in the Medicaid program.
- **Process Improvement and Standardization:** This includes a description of what initiates a procurement, the procedure to create an RFP, steps to evaluate and score bids, including descriptions of the evaluation committee and its works, bidder question and answer protocols, and negotiating contract drafting. The SOP also provides related confidentiality and conflict of interest forms. To facilitate process improvement, procurement reviews are computer-based rather than paper-based.
- **Accountability:** The SOP covers who participates in the process and who has ownership of, and must sign off on, the various steps of the different processes, including a determination that a non-competitive procurement is allowable. This will involve the participation of contracts, legal, finance, and others. Participants may vary depending on the type of contract (e.g., whether it is professional

services or a technical systems procurement).

- **Criteria for non-competitive procurements:** Puerto Rico has established a monetary threshold that if a contract will be under the threshold and is not complex, a competitive bid process is not required. There may be some exceptions to these criteria, notably when a contract extension is needed to complete critical work, or a response to a public emergency is necessary. An exception to the competitive bidding process must be accompanied by justification, and there must be confirmation and signoff that all the required steps have been taken.
- **Compliance oversight:** The SOP covers ensuring appropriate attention to oversight, particularly related to the requirement for FOMB approval for contracts over $10 million.

5.3.2.3 Contract Management

In addition to substantial progress toward improving Puerto Rico's Medicaid procurement processes and making them more competitive, Puerto Rico has improved our management of contracts once they are in place. Puerto Rico has taken the following steps:

- Developed contract management best practices and implemented SOPs for Contracting Transparency and Non-Competitive Procurement & Competitive Bid Evaluation Process.
- Established the PgMO, which coordinates with the Contracting and Procurement group, and the ePMO to manage and standardize information technology projects.
- Increased internal staffing capacity and expertise to manage growing vendor and contract management needs with the establishment of a dedicated Procurement Branch to focus its work primarily on procurement best practices. The Procurement Oversight Lead's responsibilities related to contract management include:
    - Adopt an operational protocol for the Procurement Branch and develop short-, medium-, and long-term goals that promote the effective and efficient management of the branch.
    - Serve as the main contact to answer questions, interpret rules, and liaise with other branches.
    - Monitor compliance with applicable laws, rules, and procedures, both local and federal.
    - Develop regulations, procedures, and rules applicable to the functions of the Procurement Branch.
    - Attend meetings with the management of PRMP, auditors, and other Medicaid program stakeholders, as determined necessary by the Program Integrity Lead or Executive Director of the Medicaid program.
    - Develop and establish innovative strategies that enact the most effective use of public funds, risk reduction, and savings.
    - Attend evaluation committee meetings.

- Evaluate, analyze, and foresee risks in potential contracts and agreements of the PRMP.
- Enact and facilitate communication between entities participating in competitive processes and the PRMP.
- Serve as liaison between participating entities and PRMP.
- Report to the PgMO matters related to MES vendor management.
- Evaluate the performance of contractors and their compliance with agreed service levels.
- Keep PRMP informed regarding changes in legislation, regulations, procedures, and other operational protocols, related to the functions of the Procurement Branch.
- Standardize vendor/contract templates, processes, and expectations to create alignment and efficiencies across the MES as described in the Governance section of this report.
- Prioritize MES procurements outcomes-focused, leveraging contractual ties to demonstration of outcomes.

PRMP's contract management and oversight continues to evolve, and we are committed to continuous improvement working with vendors on contractual terms, moving to outcomes-based procurements, and adhering to requirements.

5.3.3 PERM and MEQC

5.3.3.1 PERM

The PERM program measures improper payments in Medicaid and CHIP and calculates improper payment rates for each program. Although CMS has conducted PERM audits on state Medicaid program payments for many years, Puerto Rico's first time participating in a PERM cycle began on July 1, 2022. Puerto Rico submitted a response to CMS in June of 2021 fulfilling Congressional requirements to highlight plans for complying with PERM requirements. Puerto Rico is in the final stages of our PERM pilot cycle for reporting year (RY) 2024.

Through collaboration with stakeholders, including PRHIA and the Pharmacy Benefit Manager, Puerto Rico anticipates no errors for eligibility and medical record reviews. Puerto Rico anticipates one error will be cited for data processing reviews. Puerto Rico expects to receive results from the RY 2024 PERM pilot cycle in November 2024. Puerto Rico has identified and applied corrective action to address the one anticipated data processing error to help ensure this error is not cited during the next PERM cycle. The corrective action plan will be submitted to CMS in February 2025.

PRMP has identified improvements that can be made to internal processes to help ensure a better overall experience during the next PERM cycle. In addition, PRMP will continue to foster its relationship with PRHIA to help ensure continued collaboration during the next PERM cycle. While CMS contractors have completed their reviews, Puerto Rico is awaiting the completion of the CMS-64 reconciliation process and receipt of the final improper payment rate for the RY 2024 PERM pilot cycle.

5.3.3.2 MEQC

Under MEQC, states design and implement an ongoing process of evaluating eligibility determinations by reviewing a selection of samples from the universe of active cases for Medicaid and CHIP as well as actions taken on negative cases. The results of the evaluations are used to help improve procedures used for eligibility determinations. States have conducted MEQC reviews, which are similar to PERM reviews, for many years. States have flexibility in designing their studies and submit their proposed design through the MEQC Pilot Planning Document. CMS approved Puerto Rico's MEQC Pilot Planning Document in December 2023, allowing Puerto Rico to begin the pilot MEQC review. Once the MEQC review is complete, Puerto Rico will submit a report for the review period of January 1, 2024 – December 31, 2024. The final MEQC case-Level report is due to CMS by August 1, 2025.

Puerto Rico's MEQC unit consists of seven reviewers and an MEQC director. Each region has one reviewer who is responsible for conducting all MEQC reviews. The MEQC director assigns cases, manages the post-review process, verifies and submits findings, and handles MEQC findings and error appeals processes. The MEQC unit has a Public Assistance Reporting Information System (PARIS) contact to ensure no duplication of benefits across states and an administrative assistant. The MEQC unit organizational chart is displayed in Figure 13.

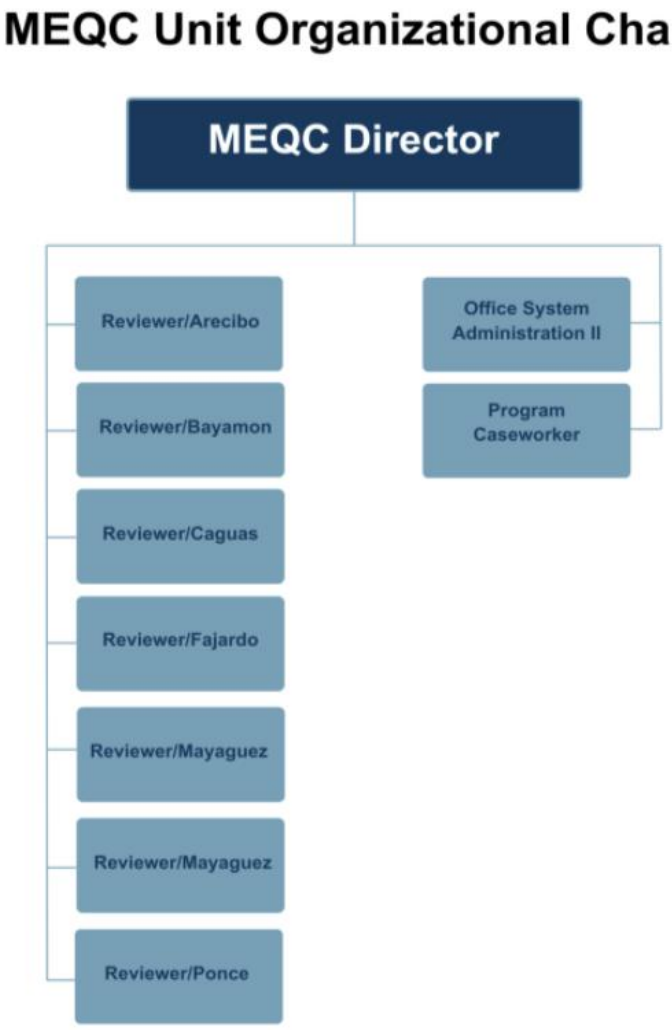


Figure 13. MEQC Unit Organizational Chart

A description of the essential functions of the MEQC team members is included below.

- Director:
    - Coordinate and direct MEQC based on federal regulation, Verification Plan, and State Plan.
    - Supervise the team.
    - Design pilot plan.
    - Prepare audits and allocation of samples.
    - Receive and verify reports prepared by reviewers.
    - Review and finalize Audit Report.
    - Complete the reports required by CMS.

- Reviewers:
    - Conduct sample reviews to complete audit reports.
    - Conduct audits of eligibility determinations verifying compliance with federal and territory requirements.
    - Visit service delivery areas (field offices) to collect data and create a file with audit evidence.
    - Evaluate data obtained and the eligibility determination system to verify compliance with federal and territory requirements.
    - Draft reports on their audits, including findings, correspondence, and work reports.
- PARIS Contact:
    - Serve as point of contact for other Puerto Rico agencies and handling of PARIS reports.
    - Maintain responsibility for the PARIS mail where applications are received from the different states and territories.
    - Send closure and information requests to states and their counties.
    - Handle required eligibility terminations, including sending notices to participants.
    - Make changes in circumstances and processes applications to determine extraordinary eligibility.
    - Prepare reports.
- Office Systems Administrator:
    - Handle correspondence received or sent by the division.
    - Produce documents such as requisitions tables and case records.
    - Take the minutes of the division's meetings.
    - Complete forms, process documents, and files related to the activities of the division.

5.3.3.3 Planned Next Steps

Plans for both PERM and MEQC focus on improving process and collaboration. These include:

- Finalizing SOP for PERM and MEQC.
- Improving collaboration, including enhancing the partnership with PRHIA.
- Automating MEQC sample selection for the next PERM cycle.
- Enhancing internal PERM team processes and procedures.

6. Impact of Program Investments

Since our 2023 report, Puerto Rico continues to work toward enhancing our controls, compliance, and oversight activities; being good stewards of program funds; and enhancing public trust in the execution of our Medicaid program. In addition, we continue to take actions that help ensure the program achieves its ultimate goal of providing healthcare for those citizens who qualify for Medicaid.

This section highlights some of our key investments and our future priority enhancement efforts. Each investment is focused on our goal to improve the Medicaid experience for beneficiaries. We strive to improve their ability to access care when it is needed and ensure that the care received is high-quality.

In addition to our continued internal-facing enhancements discussed earlier in this report, we are covering more services and have made additional investments for our provider community by increasing reimbursement rates across provider settings and types. Our program must have a provider network that can meet the needs of our beneficiaries, and the additional investments made over the past year have provided higher reimbursements for providers. Puerto Rico continues to prioritize provider recruitment and retention, and these investments will help ensure providers continue to participate in our Medicaid program.

6.1 Increase Provider Payments

We collaborated with the Office of the Assistant Secretary for Planning and Evaluation within Health and Human Services (HHS) to conduct research into analyzing provider movement off the island or out of Medicaid. These findings suggested significant challenges to keeping providers within the Medicaid program. Before hurricanes Irma and Maria in 2017, approximately 500 doctors per year were leaving the island for the mainland. Additionally, Puerto Rico had about half as many emergencies room (ER) physicians, neurosurgeons, and ear, nose, and throat (ENT) specialists compared to the mainland average.[28] It is evident that historic funding levels within our Medicaid Enterprise were considered insufficient by providers participating in the Medicaid program. One study by the American Association of Family Physicians found that only four out of ten family medicine graduates remain in Puerto Rico. Primary care doctors who have stayed on the island have a median age of 60, compared with 53 years nationally.[29] Moreover, Puerto Rico has the lowest number of registered nurses (RNs) per thousand of any state in the U.S., and salaries for both RNs and licensed practical nurses (LPNs) are less than half of what they are in the U.S.[30]

We remain focused on ensuring access to services for the members of Plan Vital, a key element of which is offering a robust provider network. Some of the identified challenges to maintaining that network include the availability of certain provider types island-wide and low reimbursement levels for providers. Increased funding to the Medicaid program has allowed Puerto Rico to take steps to increase reimbursement levels for

[28] Office of the Assistant Secretary for Planning and Evaluation. January 12, 2017. "Evidence Indicates a Range of Challenges for Puerto Rico Health Care System. U.S. Department of Health and Human Services."
https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//171926/PuertoRico_Assessment.pdf
[29] Wilkinson, Elizabeth, David Killeen, Gabriel José Pérez-López, and Yalda Jabbarpour. January 1, 2020. "A Shrinking Primary Care Workforce in Puerto Rico." *American Family Physician* 101(1): 13-14. A Shrinking Primary Care Workforce in Puerto Rico | AAFP
[30] Bureau of Labor Statistics, U.S. Department of Labor. September 6, 2023. "License Practical and Licensed Vocational Nurses." *Bureau of Labor Statistics.* https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm

current and future providers.

6.1.1 Increases to Reimbursement for Physician Services

The minimum Medicaid reimbursement for physician services under the Plan Vital managed care program increased from 70 to 75 percent of the Medicare Part B fee schedule in January 2023. This minimum fee schedule is consistent with the requirements in the CAA, 2023. The FOMB recently approved an increase to the minimum Medicaid reimbursement for physician services to 100 percent of the Medicare Part B fee schedule retroactive to October 1, 2023, although payments have not yet been paid out in the MCO system.

Between October 2021 and April 2024, there were four reporting periods for physician services fee schedules. Fee increases aim to sustain and improve beneficiaries' access to physician services. Table 4 shows fee schedule updates for physician services from October 2021 through April 2024.

Fee Schedule Updates for Physician Services from October 2021 through April 2024 – Excluding Incurred But Not Reported (IBNR)		
Timeline	**Updates**	**Total MCO payments**
Oct 2021 – Sept 2022	Increase payment for physician services to a minimum of 70 percent of the Medicare Part B Fee Schedule.	$147,279,102
Oct 2022 – Dec 2022	Increase payment for physician services to a minimum of 70 percent of the Medicare Part B Fee Schedule.	$38,543,864
Jan 2023 – Sept 2023	Increase payment for physician services to a minimum of 75 percent of the Medicare Part B Fee Schedule.	$194,543,697
Oct 2023 – April 2024	Increase payment for physician services to a minimum of 75 percent of the Medicare Part B Fee Schedule.	$110,532,237

Table 4. Fee Schedule Updates for Physician Services from October 2021 through April 2024

6.1.2 Inpatient Hospital Payments

Between October 2021 and September 2024, there were four reporting periods for inpatient hospital services at qualifying short-term acute care (STAC) hospitals. The STAC payments at qualifying hospitals were fixed at $102,978,450 per year until October 1, 2023. Effective October 1, 2023, the STAC payments were increased by $33 million, bringing the total annual STAC payment amount to $135,978,450. The STAC payments, calculated separately for public and private hospitals, aim to sustain access to inpatient hospital services, support payment and delivery system transformation activities, and incentivize hospitals to code completely and accurately. Public hospitals in Puerto Rico are essential for Plan Vital beneficiaries to access care and to maintain a strong network of hospitals. The STAC payments help hospitals stay operational.

Complete and accurate coding supports program oversight efforts and the ability of the PRHIA to monitor services provided. As PRHIA designs a new Diagnosis Related Group (DRG)-based payment system, the STAC payments are intended to support payment and delivery system transformation activities and help the inpatient hospitals remain operational during the transition to a new payment system. PRHIA was granted an extension by the FOMB for the DRG-based payment system, projected to go live in October 2025. In preparation of go-live, PRHIA has added a webpage dedicated to DRG, including frequently asked questions

and answers. PRHIA leadership is working directly with hospital associations to prepare as well.

Table 5 shows the total expenditures for STAC payments for FFY 2022 and FFY 2023 and anticipated expenditures for FFY 2024.

STAC Payments		
Timeline	**Updates**	**Total Dollar Amount**
Oct 2021 – Sept 2022	Uniform increase to qualifying STAC hospitals	$102,978,450
Oct 2022 – Sept 2023	Uniform increase for eligible inpatient hospital services	$102,978,450
Oct 2023 – Sept 2024	Uniform increase for eligible inpatient hospital services	$135,978,450

Table 5. STAC Payments

6.1.3 Sub-Capitated Providers

This directed payment institutes a minimum fee schedule to the sub-capitated payments negotiated between the MCOs and primary care providers (PCPs). Medicaid beneficiaries are assigned a primary medical group (PMG) to deliver and coordinate primary and covered services. PMGs play a critical role in providing access to preventative care, primary care, and management of chronic conditions. The sub-capitated payment represents payment in full for services during the month based on assigned membership.

In 2024, PRHIA maintained the increase to sub-capitated reimbursements at the minimum established in 2023. The minimum fee schedule for sub-capitated payments made to PMGs/PCPs improves and helps sustain access to primary care. The availability of providers supports timely access to services, improved health outcomes, and beneficiary satisfaction. Table 6 shows the sub-capitation payments between October 2021 and April 2024.

Sub-Capitation Payments Made from October 2021 to April 2024* ***These amounts are not compared the prior periods. They represent the sub-capitated amounts paid to providers during the timeframes listed.***		
Timeline	**Updates**	**Payments to PCPs**
Oct 2021 – Sept 2022	Minimum $4.50 PMPM	$68,802,253
Oct 2022 – Dec 2022	Minimum $4.50 PMPM	$17,528,107
Jan 2023 – Sept 2023	Minimum $18.00 PMPM	$212,313,152
Oct 2023 – April 2024	Minimum $18.00 PMPM	$157,458,478

Table 6. Sub-Capitation Payments

6.1.4 Increased Reimbursement for Behavioral Health Services

In January 2023, Puerto Rico increased the minimum reimbursement for behavioral health services from 70 to 80 percent of the Medicare Part B fee schedule. Reimbursement increases for behavioral health services provide financial incentives for physicians and other providers to maintain Medicaid provider status and render behavioral health services to Medicaid beneficiaries. Furthermore, enhancing minimum reimbursement helps achieve uniform reimbursement across MCOs and engage a provider network, which is essential to help ensure access to critical behavioral health services that support improved health outcomes and beneficiary satisfaction. Table 7 shows the increases made for behavioral health services between October 2021 and April 2024.

Fee Schedule Updates for Behavioral Health Services between October 2021 and April 2024 ***Increases reported are based on comparison to September 2019 through June 2020***		
Timeline	**Updates**	**Increase***
Oct 2021 – Sept 2022	70 percent Medicare Part B as the minimum fee schedule for behavioral health services	$32,467,000
Oct 2022 – Dec 2022	70 percent Medicare Part B as the minimum fee schedule for behavioral health services	$8,185,000
Jan 2023 – Sept 2023	80 percent Medicare Part B as the minimum fee schedule for behavioral health services	$31,675,000
Oct 2023 – April 2024	80 percent Medicare Part B as the minimum fee schedule for behavioral health services	$19,309,000

Table 7. Fee Schedule Updates for Behavioral Health Services between October 2021 and April 2024

6.1.5 Increases in Reimbursement for Dental Services

Between October 2021 and September 2024, there were four reporting periods for the payment rate for Medicaid dental services. To establish appropriate payment rates for Medicaid dental services, Puerto Rico evaluated the billed amounts for services and other payer fee schedules. Utilizing the data, a revised minimum fee schedule was implemented on October 1, 2023. The updated payment rates were accepted by the Puerto Rico College of Dental Surgeons. The Medicaid minimum fee schedule helps ensure an adequate network of dental providers are available to provide comprehensive dental services ranging from preventive care through surgical care. Dental providers are necessary to support continued access to medically necessary dental services, including improved preventive care screening. Table 8 includes updates for dental services payments over the span of four reporting periods, between October 2021 and April 2024.

Fee Schedule Updates for Dental Services between October 2021 and April 2024

Timeline	Updates	Total MCO Payments
Fiscal Year 2022		
Oct 2021 – Sept 2022	Alternative fee schedule established for dental services provided by network dentists and dental surgeon providers	$12,716,836
Fiscal Year 2023		
Oct 2022 – Dec 2022	A minimum fee schedule established for dental services	$3,502,798
Jan 2023 – Sept 2023	A minimum fee schedule established for dental services incorporated in the capitation rates through a risk-based rate adjustment	$12,048,860
Fiscal Year 2024 (to date)		
Oct 2023 – April 2024	A minimum fee schedule established for dental services incorporated in the capitation rates through a risk-based rate adjustment	$7,911,516

Table 8. Fee Schedule Updates for Dental Services between October 2021 and April 2024

6.2 Expanded Services

6.2.1 Expanded Adult Dental Services

In January 2023, Puerto Rico added periodontal scaling and root planning, as well as partial dentures for adults, as covered services. Table 9 includes expenditures for adult dental services from January 2023 through April 2024.

Adult Dental Service Expenditures		
Dentures		
Timeline	**Units**	**Total Expenditures**
Jan 2023 – Sept 2023	626	$16,426
Oct 2023 – April 2024 (to date)	2650	$40,449
Periodontal Scaling and Root Planning		
Timeline	**Units**	**Total Expenditures**
Jan 2023 – Sept 2023	0	$0
Oct 2023 – April 2024 (to date)	408	$966

Table 9. Adult Dental Service Expenditures

6.2.2 Expanded Adult Vaccines

In 2023, Puerto Rico added coverage of all vaccines and related administration costs for Medicaid-eligible adults, as recommended by the Advisory Committee on Immunization Practices (ACIP). Previously coverage had only been available for higher-risk adults. Table 10 shows the total expenditures for adult vaccines for 2023 as well as FFY 2024 through April 2024.

Adult Vaccination		
Timeline	**Units**	**Total Expenditure**
Jan 2023 – Sept 2023	42,000	$4,631,000
Oct 2023 – Apr 2024 (to date)	51,000	$5,328,000

Table 10. Adult Vaccination Units and Expenditures

6.2.3 Medicaid Drug Rebate Program (MDRP)

On January 1, 2023, Puerto Rico joined the MDRP. As part of the MDRP implementation, Puerto Rico also made our drug coverage policies more flexible to allow Puerto Rico to be more agile in responding to changes in pharmaceutical innovation and costs. Table 11 shows the drug rebates since the PRMP joined the MDRP.

MDRP Rebate Amounts as of June 30, 2024	
Period	**Total**
2023, Q1	$138,574,351
2023, Q2	$141,963,804
2023, Q3	$143,593,811
2023, Q4	$141,475,840
2024, Q1*	$36,314,340

Table 11. MDRP Rebate Amounts

**For Q1 2024, not all rebates have been processed as it takes two quarters to complete the rebates.*

6.2.4 Hepatitis C Elimination Effort

As part of the efforts to eliminate Hepatitis C in Puerto Rico by 2030, PRMP received CMS approval in 2020 to cover the treatment of Hepatitis C. Table 12 shows utilization and expenditures for Hepatitis C treatment for FFYs 2021 – 2023 and projected utilization and expenditures for FFY 2024.

Hepatitis C Treatment Utilization and Expenditures				
Hepatitis C by FFY	**FFY 2021**	**FFY 2022**	**FFY 2023**	**FFY 2024**

				(Projection)
Unique Patients	591	710	704	681
Total Paid (Millions)	$14.6	$17.4	$17.8	$16.1
Services	1,182	1,376	1,380	1,313

Table 12. Hepatitis C Treatment Utilization and Expenditures

6.3 Member Experience

We are committed to delivering high-quality, accessible care and have continued to invest in enhancing eligibility processes, improving quality of services, and increasing access to care for members.

Typically, the first interaction a resident of Puerto Rico has with the Medicaid program is when they apply for Medicaid coverage. Recognizing the importance of consistent and accurate eligibility determination processes, in November 2022, the PRMP completed a thorough review and update to its Puerto Rico Medicaid Policy and Procedures Manual. This manual is used by eligibility caseworkers. It details Medicaid requirements related to Medicaid eligibility and outlines the application, evaluation, verification, and case maintenance processes. PRMP has established processes to ensure the manual is updated when program changes are made that impact eligibility determinations.

As noted in Section 4.4, the FFCRA required continuous enrollment, until the end of the PHE, of individuals who were eligible for Medicaid at the beginning of the PHE or who became eligible for Medicaid during the PHE. P.L. 117-328 made changes to end continuous enrollment. Starting April 1, 2023, Medicaid agencies resumed normal eligibility processes, including renewals and terminations for those no longer eligible.

Puerto Rico identified 1.1 million households that needed to have an eligibility redetermination during the unwind period. Challenges have been identified during the unwind period, and Puerto Rico has continued to identify strategies and activities to mitigate these challenges. CMS has required all unwinding-related renewals to be completed by December 31, 2024. PRMP continues to submit PHE metrics to CMS throughout the unwinding period documenting PRMP's progress in addressing pending eligibility and enrollment actions.

PRMP received approval of 1902(e)(14)(A) waivers to assist during the unwinding period and to protect eligible beneficiaries from inappropriate coverage losses. The approved waivers that will continue through June 30, 2025, include:

- Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests
- Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms
- Permit the designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary
- Partner with the Puerto Rico Department of Treasury to Update Beneficiary Contact Information

During the unwinding period, CMS identified areas of non-compliance with renewal requirements in nearly every SMA. To help ensure compliance with federal Medicaid and CHIP renewal requirements described in 42 CFR §§ 435.916 and 457.343 and to protect eligible beneficiaries' ability to maintain coverage, CMS is requiring all SMAs to complete an assessment that documents compliance with each requirement or, if a deficiency is identified, allowing the SMA to outline a plan for addressing the area of non-compliance. In accordance with CMS guidance, PRMP will submit the compliance template to CMS by December 31, 2024, with a plan for full compliance by December 31, 2026.

6.3.1 Eligibility Policy Changes

With the increase in funding appropriated, Puerto Rico increased the eligibility level used for Medicaid to 100 percent of the FPL. Prior to this increase, due to funding constraints, Puerto Rico had to deflate the poverty level to an LPL, which meant Puerto Rico residents had to have lower incomes to qualify for Medicaid than U.S. state residents.

Puerto Rico also expanded coverage for Former Foster Care Children and implemented 12-month continuous eligibility for children and protections for when a spouse applies for Medicaid. Puerto Rico continues to look for opportunities to enhance coverage opportunities and improve the eligibility experience for individuals applying for Medicaid coverage.

On April 2, 2024, CMS finalized the *Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes rule*, which makes significant changes to Medicaid and CHIP eligibility, enrollment, and renewal processes. The rule will require Medicaid agencies to make system changes, update policies and processes, and retrain staff. Puerto Rico has analyzed the provisions of the rule and is planning for the system, policy, process, and operational changes needed to comply with the rule and ensure applicants and beneficiaries are afforded the benefits and flexibilities required by the rule.

6.3.2 Implementation of New Services

Increased funding also allowed Puerto Rico Medicaid to implement coverage for home health, hospice, DME, and NEMT services. Except for hospice, these services are mandatory Medicaid services, but Puerto Rico was previously unable to implement these services due to lack of sustainable funding to cover the expenditures for the services.

6.3.3 Services for Justice-Involved Youth

In accordance with Section 5121 of the CAA, 2023, Puerto Rico has analyzed the required provisions and is moving forward with efforts to develop an operational plan to prepare for the coverage and eligibility requirements related to pre- and post-release services for justice-involved youth.

6.3.4 Reduced Beneficiary Cost Sharing

As reported in our 2023 Annual Report, effective January 1, 2023, Puerto Rico eliminated copays on all non-

pharmacy services other than non-emergency use of the ER, which was maintained to ensure appropriate use of that resource. Since that time, CMS has approved the SPA, and PRMP has maintained the status of copays only for pharmacy and non-emergency use of the ER.

6.3.5 Adult and Child Core Set Reporting

The Medicaid and CHIP Child and Adult Core Sets contain measures that, taken together, can be used to estimate the overall national quality of healthcare for Medicaid and CHIP beneficiaries.

The Final Adult and Child Core Set rule was published on August 31, 2023. The rule was effective January 1, 2024, with the first round of reporting required by December 31, 2024. This rule requires states and territories to comply with the mandatory reporting requirements and submit an SPA attesting that the agency will report on the Adult and Child Core Sets.

Puerto Rico aims to comply with the mandatory reporting and satisfy State Plan requirements in accordance with 42 CFR §437.20.

While we are mindful of the requirements for Adult and Child Core Set reporting, we continue to require annual reports from MCOs on the Healthcare Effectiveness Data and Information Set (HEDIS). On April 3, 2024, PRHIA issued a normative letter to contracted MCOs providing updated reporting requirements related to HEDIS reporting and Adult and Child Core Measures. The letter details HEDIS submission requirements, parameters, effectiveness of care, and utilization requirements. Changes included adding reporting requirements for Diagnosed Mental Health Disorders (DMH), Diagnosed Substance Abuse Disorders (DSU), Appropriate Treatment for Upper Respiratory Infection (URI), and Adults' Access to Preventative/Ambulatory Health Services (AAP). Please see Appendix A for MCO HEDIS results for the most recent RY 2023.

The April 2024 normative letter also details submission requirements and specifications for the Adult and Child Core Sets to support compliance with the CMS published Medicaid Adult and Child Core standardized measures, which are updated annually.

Puerto Rico reported in 2023 that an MCO Report Card framework was developed to begin measuring MCO performance and quality in providing benefits and services to the Medicaid population. The MCO Report Card process was paused in 2024; however, we continue work to develop a framework to measure MCO performance and with the goal of helping create an MCO Report Card to enhance public transparency of MCO performance.

Although the MCO Report Card has been paused, PRHIA continues to periodically monitor and evaluate the results of the metrics for the four contracted MCOs. This evaluation is conducted monthly, quarterly, and annually through various quality reports.

In addition, PRHIA uses the Health Care Improvement Program (HCIP) to monitor and evaluate the MCOs. The HCIP captures quarterly performance on the scored measures established by PRHIA. The scored measures drive reimbursement from the Retention Fund. In addition to performance measurement, HCIP is used to assess the effectiveness and efficiency of quality or improvement initiatives on selected indicators.

Retentions of 2 percent are assessed to MCOs based on their performance, as outlined in the HCIP Manual. If after validating benchmark assessments, MCOs are out of compliance, PRHIA will place them on a corrective action plan.

6.3.6 Telemedicine

The use of telemedicine for delivering certain healthcare services has been gaining popularity for many years. During the PHE, those seeking healthcare services, as well as providers and payers, quickly pivoted to telemedicine as a reliable option for ensuring access to services and continuity of care. PRMP, like other State Medicaid Agencies, adopted flexibilities offered by CMS to support telemedicine efforts and ensure beneficiaries received services.

Table 13 shows the higher use of telemedicine for rendering services in FFYs 2020 and 2021 as compared to FFY 2022 to the present. The reduced use of telemedicine post-pandemic was expected, as some beneficiaries prefer to receive services face-to-face. However, seeing the higher expenditures during the PHE signals the "readiness" of beneficiaries, providers, and PRMP to use telemedicine in similar emergency situations, such as post-hurricane. PRMP will continue tracking telemedicine expenditures to understand utilization trends and plan for future expanded use of telemedicine. See Appendix B for a report, by MCO and provider type, of telemedicine claims submitted from FFY 2020 through FFY 2023.

Telemedicine Expenditures	
Timeline	**Total**
FFY 2020	$8,185,000
FFY 2021	$9,966,000
FFY 2022	$4,260,000
FFY 2023	$3,335,000
FFY 2024 (to date)	$973,000

Table 13. Telemedicine Expenditures

7. Looking Ahead to State-Like Medicaid Funding

Meaningful changes continue to be made to the Puerto Rico Medicaid Program with the enhanced funding that has been appropriated, and Puerto Rico remains committed to program integrity, managed care oversight, and contract reform. Puerto Rico can continue to build on these successes with support from Congress for items such as those outlined below.

7.1 Proposed Funding Policy Changes

Federal Capped Allotment

Because of the annual Section 1108 capped allotment, Puerto Rico can only access federal dollars up to the allotment ceiling, which historically has not been sufficient to fund the Medicaid program each year. If Puerto Rico exhausts its capped allotment, it must fund its Medicaid operations with territory-only funds. Removing the Section 1108 allotment ceiling, consistent with other state Medicaid programs, will provide adequate, sustained funding to Puerto Rico.

FMAP

The FMAP in Puerto Rico is statutorily set at 55 percent, and even though there is currently an increase to the FMAP (76 percent through September 2027), the level of federal funding for Medicaid expenditures continues to be much lower than if the state FMAP formula were applied to Puerto Rico. If the FMAP for Puerto Rico were established the same as State Medicaid Agencies, it would likely result in an FMAP of 83 percent. Puerto Rico is simultaneously seeking action for both the FMAP formula and the §1108 capped allotment because increasing the FMAP without an increase in the capped allotment will only result in Puerto Rico exhausting its allotment ceiling faster.

Medicaid Disproportionate Share (DSH)

Based on federal statute (§1923(f)(9)), Puerto Rico does not receive a separate Medicaid DSH allotment as do other states and, therefore, is unable to make DSH payments to hospitals in Puerto Rico. As noted in Section 6.1.2, Puerto Rico has an SDP for STAC hospital stays to compensate for operating losses as a result of providing services to Medicaid beneficiaries. Having a separate DSH allotment would allow Puerto Rico to authorize Medicaid DSH payments, which would allow hospitals to receive funding to offset any shortfalls related to Medicaid payments and costs related to uncompensated care for serving uninsured residents. DSH funding is one component of the critical funding needed to enable continued hospital care and to promote health equity in all areas of the island.

Low-Income Subsidy (LIS) for Medicare Part D

According to federal statute (§1860D-14(a)(3)(F)), Puerto Rico residents are not eligible for the Medicare Part D LIS. Instead, Puerto Rico has received EAP Medicaid funds to assist dual-eligible-only people with the cost of prescription drugs and must match the EAP funds at the Medicaid FMAP. In contrast, in the 50 states, the LIS for Medicare Part D premium assistance is paid directly by the federal government with no requirement

for the state to provide a match. Allowing dual-eligible Medicare beneficiaries in Puerto Rico to access the LIS program would help dual-eligible Puerto Ricans obtain Medicare Part D assistance. Consistent with the LIS for Medicare Part D stateside, dual-eligible Medicare beneficiaries residing in Puerto Rico with incomes up to 150 percent of FPL could receive assistance for Part D premiums, copayments, and deductibles.

7.2 Program Improvements

Puerto Rico continues to use a 2023 Gap Analysis report to prioritize and resolve gaps between the Puerto Rico Medicaid State Plan, the eligibility policy and procedure manual, managed care contracts, and operations. Some of the gap findings specifically relate to the items that follow, and resolving the findings will only be possible with state-like Medicaid funding.

Mandatory Eligibility Groups

As noted in Section 4.4, effective July 1, 2023, Puerto Rico increased the poverty level used for eligibility determinations to 100 percent of the FPL. While this eligibility expansion is a significant and positive change, due to funding constraints, Puerto Rico is still unable to cover all mandatory eligibility groups. With state-like funding, Puerto Rico would evaluate coverage for Transitional Medicaid and Emergency Medicaid.

Covered Benefits and Mandatory Services

Establishing Medicaid-funded LTSS by covering nursing facilities and home and community-based services (HCBS) would enhance services to individuals with low incomes and disabilities needing extra supports for daily living. In 2022, Puerto Rico applied for and was awarded a MFP Demonstration Grant. The efforts supported by the MFP Demonstration Grant to date include a Rapid Needs Assessment (April 2024 – July 2024), a Comprehensive LTSS Needs Assessment (July 2024 – May 2025), and a NEMT Gap Analysis for LTSS recipients (contract awarded). These MFP efforts will help Puerto Rico plan future MFP activities, such as developing comprehensive HCBS, enhancing NEMT services, and making policy and system changes, including advocating for adequate funding to support services. Puerto Rico sought the MFP Demonstration Grant to prepare for the implementation of Medicaid-funded LTSS, including NEMT for LTSS recipients, anticipating state-like funding to do so.

In addition, due to the requirements of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provisions, all optional Medicaid services must be provided to beneficiaries under age 21. Puerto Rico currently does not cover a broad array of LTSS under EPSDT due to funding constraints.

Medicare Part B Buy-In

Federal statute (§ 1905[p][4][A] of the SSA) exempts Puerto Rico from providing Part B premium and cost sharing assistance to low-income Medicare beneficiaries. With state-like funding, Puerto Rico would opt into the Medicare Savings Program to extend financial support for Medicare premiums and cost sharing to the Qualified Medicare Beneficiary (QMB) Program and Specified Low-Income Medicare Beneficiary (SLMB) Program populations.

8. Conclusion

The Government of Puerto Rico appreciates the opportunity to provide Congress with a report about how the annual allotment Puerto Rico received from P.L. 117-328 supports our Medicaid Enterprise and has allowed Puerto Rico the opportunity to increase access to healthcare for Medicaid beneficiaries. Federal financial support provides Puerto Rico the ability to enhance services and make program improvements that support the health and well-being of U.S. citizens living in Puerto Rico.

Over the past decade, Congress has funded temporary increases in FMAP and the annual capped allotment. The most recent increase, the federal funding appropriated to Puerto Rico in P.L. 117-328, has allowed our program to continue supporting Medicaid providers to deliver care while making foundational investments in program advancements. These increases have helped Puerto Rico provide the most basic healthcare services to its citizens. To allow Puerto Rico to build on the accomplishments that the recent funding has allowed for, Puerto Rico continues to seek Congressional support for permanent state-like Medicaid funding. Puerto Rico has and will continue to invest additional federal funding for increasing eligibility levels, enhancing provider reimbursement rates, and adding additional Medicaid benefits.

Puerto Rico continues to implement and explore options for program improvements, such as adding coverage of home health, DME, hospice and NEMT services, increased provider payments, and eligibility changes that improve processes and help ensure low-income residents can access Medicaid benefits. We remain diligent in our commitment to maturing the program through strengthening governance, developing technological capacity and infrastructure, improving program oversight, and increasing program transparency practices.

Puerto Rico strives to maintain the strong relationship with our federal partners and Congress to further our program's positive momentum. As shown in this report, we have plans to continue that progress and look forward to purposefully and strategically partnering with federal agencies to continue policy change and program improvements.

9. Acronyms/Terms

Acronym/Term	Definition
AAFAF	Fiscal Agency and Financial Advisory Authority
AAP	Adults' Access to Preventative/Ambulatory
ACA	Affordable Care Act
ACIP	Advisory Committee on Immunization Practices
ARP	American Rescue Plan
ASES	Administración de Seguros de Salud
ASSMCA	Administrator of the Administration of Mental Health and Addiction Services
BBA	Bipartisan Budget Act of 2018
BOD	Board of Directors
BRFSS	Behavioral Risk Factor Surveillance System
CAA	Consolidated Appropriations Act
CDC	Center of Disease Control
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CoC	Change of Circumstance
CR	Continuing Resolution
D-III	Division of Integrity, Investigations, and Intelligence
DME	Durable Medical Equipment
DMH	Diagnosed Mental Health Disorders
DRG	Diagnosis Related Group
DSH	Disproportionate Share
DSU	Diagnosed Substance Abuse Disorders
EAP	Enhanced Allotment Plan
EDW	Electronic Data Warehouse
ENT	Ear, Nose, and Throat
ePMO	Enterprise Project Management Office

Acronym/Term	Definition
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ER	Emergency Room
FEMA	Federal Emergency Management Agency
FFCRA	Families First Coronavirus Response Act
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage
FOMB	Financial Oversight and Management Board
FPL	Federal Poverty Level
FWA	Fraud, Waste, and Abuse
GAO	Government Accountability Office
HCBS	Home and Community-Based Services
HCIP	Health Care Improvement Program
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health & Human Services
HIE	Health Information Exchange
IBNR	Incurred But Not Reported
IEG	Intelligent Evidence Gathering
LIS	Low-Income Subsidy
LPL	Local Poverty Level
LPN	Licensed Practical Nurse
LTSS	Long-Term Services and Supports
MAFU	Medicaid Anti-Fraud Unit
MAO	Medicare Advantage Organization
MCO	Managed Care Organization
MDRP	Medicaid Drug Rebate Program
MEDITI3G	Medicaid Integrated Technology Initiative, 3rd Generation
MEQC	Medicaid Eligibility Quality Control
MES	Medicaid Enterprise Systems
MFCU	Medicaid Fraud Control Unit
MFP	Money Follows the Person

Acronym/Term	Definition
MITA SS-A	Medicaid Information Technology Architecture State Self-Assessment
MMIS	Medicaid Management Information System
MOU	Memorandum of Understanding
NEMT	Non-Emergency Medical Transportation
OCM	Organizational Change Management
OIG	Office of Inspector General
OMB	Office of Management and Budget
OMP	Outcomes Management Plan
P.L. 116-94	Public Law 116–94; Further Consolidated Appropriations Act, 2020
P.L. 117-328	Public Law 117-328; Consolidated Appropriations Act, 2023
PARIS	Public Assistance Reporting Information System
PCP	Primary Care Provider
PEP	Provider Enrollment Portal
PERM	Payment Error Rate Measurement
PgMO	Program Management Office
PHE	Public Health Emergency
PMG	Primary Medical Group
PMPM	Per Member Per Month
PRDOH	Puerto Rico Department of Health
PRHIA	Puerto Rico Health Insurance Administration
PRMP	Puerto Rico Medicaid Program
PRMPIU	Puerto Rico Medicaid Program Integrity Unit
PROMESA	Puerto Rico Oversight, Management and Economic Stability Act
QMB	Qualified Medicare Beneficiary
RAC	Recovery Audit Contractors
RAID	Risk, Action Item, Issue, Decision
RFP	Request for Proposal
RFQ	Request for Quotation
RN	Registered Nurse
RY	Reporting Year

Acronym/Term	Definition
SAVE	Systematic Alien Verification for Entitlements
SDP	State Direct Payment
SIU	Special Investigation Unit
SLMB	Specified Low-Income Medicare Beneficiaries
SMA	State Medicaid Agency
SOP	Standard Operating Procedure
SPA	State Plan Amendment
SSA	Social Security Act
STAC	Short-Term Acute Care
TPL	Third-Party Liability
URI	Upper Respiratory Infection
VLP	Verify Lawful Presence

10. Appendices

Appendix A

Puerto Rico Medicaid Managed Care Organization (MCO)
Healthcare Effectiveness Data and Information Set (HEDIS) Measures
Reporting Year 2023*

Note for all tables: "NR" represents "not reported," as some MCOs did not report values for certain measures.

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
Behavioral Healthcare	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (18+)	4.57%	76.62%	71.99%	75.98%
	Antidepressant Medication Management - Acute Phase (18-64)	2.38%	50.94%	58.13%	48.41%
	Antidepressant Medication Management - Acute Phase (65+)	10.00%	63.26%	60.87%	57.42%
	Antidepressant Medication Management – Continuation Phase (18-64)	0.00%	34.22%	42.02%	31.95%
	Antidepressant Medication Management – Continuation Phase (65+)	0.00%	45.83%	46.20%	41.48%
	Asthma Medication Ratio (5-18)	96.40%	96.09%	94.75%	95.90%
	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (3 Months-17 Years)	0.09%	41.00%	40.35%	40.54%
	Developmental Screening in the First Three Years of Life - 36 Months (36 Months)	9.55%	30.19%	20.05%	23.00%
	Diabetes Care for People With	78.79%	28.55%	72.18%	50.31%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Serious Mental Illness - Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (18-64)				
	Diabetes Care for People With Serious Mental Illness - Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (65-75)	NR	22.33%	65.12%	48.23%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications - Bipolar (18-64)	NR	72.10%	70.19%	73.74%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications - Schizophrenia (18-64)	NR	66.94%	70.19%	74.88%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications - Total (18-64)	54.74%	70.27%	70.19%	74.42%
	Follow-Up After Emergency Department Visit for Mental Illness - 30-day follow-up for Emergency Department (ED) visit (18-64)	36.90%	51.29%	48.95%	45.07%
	Follow-Up After Emergency Department Visit for Mental Illness - 30-day follow-up for Emergency Department (ED) visit (65+)	23.08%	52.94%	66.67%	45.45%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Follow-Up After Emergency Department Visit for Mental Illness - 7-day follow-up for ED (18-64)	15.51%	25.32%	34.97%	20.30%
	Follow-Up After Emergency Department Visit for Mental Illness - 7-day follow-up for ED (65+)	15.38%	17.65%	40.00%	9.09%
	Follow-Up After Emergency Department Visit for Substance Use - 30 days (18-64)	10.62%	25.33%	15.65%	25.79%
	Follow-Up After Emergency Department Visit for Substance Use - 30 days (65+)	14.29%	17.39%	33.33%	27.27%
	Follow-Up After Emergency Department Visit for Substance Use - 7 day (13-17)	12.50%	NR	20.00%	10.00%
	Follow-Up After Emergency Department Visit for Substance Use - 7 days (18-64)	4.42%	10.44%	12.24%	15.61%
	Follow-Up After Emergency Department Visit for Substance Use - 7 days (65+)	7.14%	8.70%	22.22%	18.18%
	Follow-Up After Hospitalization for Mental Illness - 30-day follow-up for ED visit: Ages 18 and older (18-64)	52.99%	69.06%	67.61%	57.57%
	Follow-Up After Hospitalization for Mental Illness - 30-day follow-up for ED visit: Ages 18 and older (65+)	41.18%	46.51%	50.00%	50.00%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Follow-Up After Hospitalization for Mental Illness - 7-day follow-up for ED visit: Ages 18 and older (18-64)	24.86%	46.53%	35.60%	25.57%
	Follow-Up After Hospitalization for Mental Illness - 7-day follow-up for ED visit: Ages 18 and older (65+)	23.53%	27.91%	31.25%	16.67%
	Follow-Up Care for Children Prescribed ADHD Medication - Initiation (6 to 12)	59.38%	62.92%	51.88%	46.48%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement - Alcohol (18-64)	6.30%	6.89%	0.00%	5.65%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement - Alcohol (65+)	3.57%	0.52%	8.01%	2.04%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement - Opioid Abuse or Dependence (18-64)	19.24%	15.47%	33.33%	18.06%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Engagement - Opioid Abuse or Dependence (65+)	14.29%	4.35%	15.26%	6.90%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment -	7.87%	7.11%	0.00%	8.17%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Engagement - Other Drugs (18-64)				
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement - TOTAL (18-64)	11.58%	8.16%	2.11%	8.99%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement - TOTAL (65+)	4.08%	0.75%	9.60%	2.56%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement Total - Other Drugs (65+)	0.00%	0.54%	9.01%	2.36%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - Alcohol (18-64)	71.48%	31.75%	16.67%	29.29%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - Alcohol (65+)	67.86%	15.46%	32.60%	12.76%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - Opioid Abuse or Dependence (18-64)	94.59%	46.94%	33.33%	51.65%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - Opioid Abuse or	100.00%	13.04%	47.79%	27.59%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Dependence (65+)				
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - Other Drugs (18-64)	84.27%	31.46%	4.88%	33.33%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - TOTAL (18-64)	85.31%	33.63%	12.63%	35.02%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - TOTAL (65+)	79.59%	11.72%	33.99%	12.78%
	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation - Total - Other Drugs (65+)	92.86%	7.61%	31.12%	12.78%
	Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers and Tobacco Users to Quit (18-64)	NR	NR	74.29%	NR
	Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers and Tobacco Users to Quit (65+)	NR	NR	25.00%	NR
	Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Medications (18-64)	NR	NR	35.14%	NR
	Medical Assistance With	NR	NR	25.00%	NR

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Smoking and Tobacco Use Cessation – Discussing Cessation Medications (65+)				
	Medical Assistance With Smoking and Tobacco Use Cessation – Discussing Cessation Strategies (18-64)	NR	NR	44.12%	NR
	Medical Assistance With Smoking and Tobacco Use Cessation – Discussing Cessation Strategies (65+)	NR	NR	25.00%	NR
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose (1 to 11)	52.32%	72.05%	60.61%	59.84%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose (12 to 17)	57.50%	68.93%	68.20%	64.42%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose (Total) (1 to 17)	55.13%	70.09%	64.79%	62.50%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol (1 to 11)	37.55%	56.73%	46.32%	46.45%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol (12 to 17)	47.86%	61.16%	55.12%	54.32%
	Metabolic Monitoring for	43.13%	59.51%	51.17%	51.02%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol (Total) (1 to 17)				
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol (1 to 11)	39.66%	57.56%	47.19%	47.87%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol (12 to 17)	48.57%	62.52%	56.89%	55.93%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol (Total) (1 to 17)	44.49%	60.66%	52.53%	52.55%
	Screening for Depression and Follow-Up Plan (12 to 17)	6.30%	11.19%	7.26%	27.41%
	Screening for Depression and Follow-Up Plan (18-64)	2.26%	6.98%	2.97%	13.58%
	Screening for Depression and Follow-Up Plan (65+)	1.70%	7.95%	3.02%	14.97%
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1 to 11)	58.71%	43.24%	87.50%	58.48%
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12 to 17)	65.95%	49.67%	71.26%	55.88%
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (total) (1 to 17)	62.71%	46.96%	78.62%	56.98%
	Use of Pharmacotherapy for	39.90%	36.44%	37.70%	31.31%

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Opioid Use Disorder - Buprenorphine (18-64)				
	Use of Pharmacotherapy for Opioid Use Disorder - Buprenorphine (65+)	100.00%	NR	16.67%	NR
	Use of Pharmacotherapy for Opioid Use Disorder - Long-Acting, Injectable Naltrexone (18-64)	0.00%	NR	0.00%	0.00%
	Use of Pharmacotherapy for Opioid Use Disorder - Long-Acting, Injectable Naltrexone (65+)	0.00%	NR	0.00%	NR
	Use of Pharmacotherapy for Opioid Use Disorder - Methadone (18-64)	0.00%	NR	0.00%	0.00%
	Use of Pharmacotherapy for Opioid Use Disorder -Methadone (65+)	0.00%	NR	0.00%	NR
	Use of Pharmacotherapy for Opioid Use Disorder – Oral Naltrexone (18-64)	0.00%	0.92%	0.63%	0.23%
	Use of Pharmacotherapy for Opioid Use Disorder – Oral Naltrexone (65+)	0.00%	NR	0.00%	NR
	Use of Pharmacotherapy for Opioid Use Disorder - Total (18-64)	39.90%	37.29%	38.33%	31.54%
	Use of Pharmacotherapy for Opioid Use Disorder – Total (65+)	100.00%	NR	16.67%	NR

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
Care of Acute and Chronic Conditions	Ambulatory Care: Emergency Department (ED) Visits (0-19)	19.26%	16.61%	12.33%	17.52%
	Asthma in Younger Adults Admission Rate (18-39)	8.58%	0.04%	0.00%	0.01%
	Asthma Medication Ratio (19-50)	92.02%	78.16%	80.74%	77.82%
	Asthma Medication Ratio (51-64)	96.19%	75.32%	78.53%	76.41%
	Asthma Medication Ratio (total) (19-64)	93.99%	76.74%	79.75%	77.19%
	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64)	0.00%	48.85%	55.75%	51.24%
	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (65+)	0.00%	53.72%	58.00%	40.54%
	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (40-64)	12.70%	0.16%	0.02%	0.03%
	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (65+)	11.68%	0.26%	0.02%	0.08%
	Concurrent Use of Opioids and Benzodiazepines (18-64)	2.49%	0.28%	17.26%	12.25%
	Concurrent Use of Opioids and Benzodiazepines (65+)	0.00%	NR	9.62%	10.19%
	Controlling High Blood Pressure (18-64)	34.75%	61.09%	57.78%	51.17%
	Controlling High Blood Pressure	31.50%	57.57%	52.49%	48.08%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	(65-85)				
	Diabetes Short-Term Complications Admission Rate (18-64)	61.66%	0.05%	0.01%	0.01%
	Diabetes Short-Term Complications Admission Rate (65+)	50.00%	0.01%	0.00%	0.01%
	Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Management (6 to 12)	NR	77.78%	60.47%	63.59%
	Heart Failure Admission Rate (18-64)	43.14%	0.10%	0.01%	0.01%
	Heart Failure Admission Rate (65+)	17.78%	0.43%	0.05%	0.12%
	Hemoglobin A1c Control for Patients With Diabetes (<8.0%) (18-64)	22.76%	43.23%	24.68%	31.66%
	Hemoglobin A1c Control for Patients With Diabetes (<8.0%) (65-75)	25.34%	47.60%	30.33%	36.81%
	Hemoglobin A1c Control for Patients With Diabetes (>9.0%) (18-64)	76.98%	48.70%	71.49%	62.61%
	Hemoglobin A1c Control for Patients With Diabetes (>9.0%) (65-75)	77.06%	44.73%	65.89%	58.38%
	HIV Viral Load Suppression (18-64)	0.00%	NR	0.00%	6.89%
	HIV Viral Load Suppression (65+)	0.00%	NR	0.00%	5.47%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Plan All-Cause Readmissions (18-64)	7.09%	6.72%	7.10%	7.43%
	Use of Opioids at High Dosage in Persons Without Cancer (18- 64)	0.00%	NR	0.00%	0.00%
	Use of Opioids at High Dosage in Persons Without Cancer (65+)	NR	1.56%	0.00%	0.00%
Dental and Oral Health Services	Follow-Up After Hospitalization for Mental Illness - 30-day (6 to 17)	64.98%	82.21%	75.30%	72.45%
	Follow-Up After Hospitalization for Mental Illness - 7-day (6 to 17)	26.27%	50.92%	37.80%	32.02%
	Sealant Receipt on Permanent First Molars - Four Sealant (1 to 10)	0.10%	15.48%	15.60%	18.69%
Experience of Care	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H Child Version Including Medicaid and Children With Chronic Conditions Supplemental Items (All)	NR	NR	NR	NR
	Consumer Assessment of Healthcare Providers and Systems (CAHPS): CAHPS Health Plan Survey (Full report per Report #23) (All)	NR	NR	NR	NR
Maternal and Perinatal Health	Contraceptive Care – All Women - Most or Moderately Effective Contraceptive Method (15-20)	0.19%	3.35%	4.14%	3.27%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Contraceptive Care - Postpartum Women - Most or Moderately Effective Contraception - 3 days (21-44)	27.32%	28.42%	21.73%	29.42%
	Contraceptive Care -Postpartum Women - Most or Moderately Effective Contraceptive Method 3 days (15-20)	4.50%	5.16%	1.63%	5.11%
	Contraceptive Care - Postpartum Women – Most or Moderately Effective Contraceptive Method 60 days (15-20)	6.50%	18.31%	25.20%	21.41%
	Contraceptive Care - Postpartum Women – Long-Acting Reversible Contraception (LARC) - 3 days (21-44)	0.00%	NR	0.00%	0.00%
	Contraceptive Care -Postpartum Women – Long-Acting Reversible Contraception (LARC) - 60 days (21-44)	0.32%	1.00%	1.42%	1.02%
	Contraceptive Care - Postpartum Women - Long-Acting Reversible Contraception (LARC) Method 3 days (15-20)	0.00%	NR	0.00%	0.32%
	Contraceptive Care - Postpartum Women - Long- Acting Reversible Contraception Method 60 days (15-20)	1.00%	1.41%	3.25%	2.24%
	Contraceptive Care -Postpartum Women - Most or Moderately	28.67%	41.40%	38.82%	40.80%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Effective Contraception - 60 days (21-44)				
	Contraceptive Care All Women - LARC (21-44)	0.06%	0.21%	0.29%	0.21%
	Contraceptive Care All Women - Most or Moderately Effective Contraception (21-44)	0.93%	5.16%	5.94%	4.95%
	Follow-Up After Emergency Department Visit for Substance Use - 30 day (13-17)	12.50%	14.29%	40.00%	30.00%
	Prenatal and Postpartum Care: Postpartum Care (21+)	21.63%	44.36%	29.33%	45.24%
	Prenatal and Postpartum Care: Prenatal Care (21+)	16.98%	59.83%	40.40%	77.51%
Primary Care Access and Preventive Care	Breast Cancer Screening (50-64)	49.92%	65.91%	69.90%	65.65%
	Breast Cancer Screening (65-74)	40.54%	53.86%	59.88%	55.82%
	Cervical Cancer Screening (24-64)	43.32%	48.99%	57.21%	47.59%
	Child and Adolescent Well-Care Visits (12 to 17)	14.82%	59.22%	43.88%	41.77%
	Child and Adolescent Well-Care Visits (18-21)	7.74%	48.88%	30.16%	28.31%
	Child and Adolescent Well-Care Visits (3 to 11)	19.61%	49.00%	52.33%	49.07%
	Child and Adolescent Well-Care Visits - Total (3 to 21)	15.33%	31.06%	44.25%	41.83%
	Childhood Immunization Status - Combo 10 (0-2)	0.03%	89.16%	0.60%	0.37%
	Childhood Immunization Status - Combo 3 (0-2)	0.34%	9.89%	3.80%	4.75%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Childhood Immunization Status - Combo 7 (0-2)	0.18%	43.53%	2.11%	2.54%
	Childhood Immunization Status - DTaP (0-2)	4.31%	37.30%	17.37%	20.11%
	Childhood Immunization Status - Hep A (0-2)	48.59%	54.19%	75.57%	65.81%
	Childhood Immunization Status - Hep B (0-2)	2.31%	83.67%	6.32%	8.55%
	Childhood Immunization Status - HiB (0-2)	19.50%	57.92%	41.89%	45.71%
	Childhood Immunization Status - Influenza (0-2)	3.87%	73.86%	10.95%	9.83%
	Childhood Immunization Status - IPV (0-2)	11.69%	82.86%	21.68%	28.42%
	Childhood Immunization Status - MMR (0-2)	38.07%	15.24%	68.29%	68.60%
	Childhood Immunization Status - Pneumococcal Conjugate (0- 2)	4.34%	65.34%	16.59%	20.16%
	Childhood Immunization Status - Rotavirus (0-2)	6.95%	51.27%	14.39%	18.85%
	Childhood Immunization Status - VZV (0-2)	37.08%	52.32%	67.74%	67.93%
	Chlamydia Screening in Women (16-20)	56.91%	67.61%	63.60%	62.84%
	Chlamydia Screening in Women (21-24)	56.39%	64.26%	70.02%	47.59%
	Colorectal Cancer Screening (46-50)	25.89%	34.31%	29.78%	34.29%
	Colorectal Cancer Screening (51-	37.65%	52.50%	48.65%	49.63%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	65)				
	Colorectal Cancer Screening (66-75)	36.94%	49.85%	46.86%	47.75%
	Contraceptive Care – All Women Ages - Long-Acting Reversible Contraception Method (15-20)	0.05%	0.14%	0.24%	0.14%
	Developmental Screening in the First Three Years of Life - 12 Months (12 Months)	6.14%	24.87%	18.38%	14.95%
	Developmental Screening in the First Three Years of Life - 24 Months (24 Months)	11.67%	32.90%	20.78%	22.83%
	Developmental Screening in the First Three Years of Life - Total (1 to 3)	6.14%	29.61%	19.80%	20.54%
	Follow-Up After Emergency Department Visit for Mental Illness - 30-day (6 to 17)	62.07%	74.32%	63.64%	66.67%
	Follow-Up After Emergency Department Visit for Mental Illness - 7-day (6 to 17)	51.72%	35.14%	45.45%	57.41%
	Immunizations for Adolescents - Combo 1 (1 to 13)	46.16%	80.44%	53.21%	59.95%
	Immunizations for Adolescents - Combo 2 (1 to 13)	18.15%	53.37%	30.96%	36.67%
	Immunizations for Adolescents - HPV (1 to 13)	18.86%	53.77%	32.37%	37.94%
	Immunizations for Adolescents - Meningococcal (1 to 13)	47.51%	80.76%	54.55%	61.48%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Immunizations for Adolescents - Tdap (1 to 13)	47.51%	81.63%	55.53%	61.57%
	Lead Screening in Children (0-2)	19.29%	32.41%	35.46%	31.99%
	Live Births Weighing Less Than 2,500 Grams (All)	NR	NR	NR	NR
	Low-Risk Cesarean Delivery (All)	NR	NR	NR	NR
	Oral Evaluation, Dental Services (<1)	4.29%	15.83%	1.64%	20.50%
	Oral Evaluation, Dental Services (1 to 2)	24.91%	33.08%	29.43%	37.08%
	Oral Evaluation, Dental Services (10 to 11)	40.73%	70.98%	47.50%	59.66%
	Oral Evaluation, Dental Services (12 to 14)	38.81%	68.74%	45.34%	55.69%
	Oral Evaluation, Dental Services (15-18)	33.56%	63.44%	38.46%	50.40%
	Oral Evaluation, Dental Services (19-20)	25.73%	49.51%	28.64%	37.49%
	Oral Evaluation, Dental Services (3 to 5)	40.38%	66.65%	47.65%	58.70%
	Oral Evaluation, Dental Services (6 to 7)	40.40%	70.80%	47.39%	58.61%
	Oral Evaluation, Dental Services (8 to 9)	41.08%	71.00%	50.18%	58.38%
	Oral Evaluation, Dental Services (total) (<1-20)	35.48%	62.37%	41.12%	51.66%
	Prenatal and Postpartum Care: Postpartum Care (<21)	22.44%	43.38%	34.48%	44.31%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Prenatal and Postpartum Care: Timeliness of Prenatal Care (<21)	15.61%	54.66%	38.51%	71.80%
	Sealant Receipt on Permanent First Molars - One Sealant (1 to 10)	29.95%	26.35%	22.63%	26.17%
	Topical Fluoride for Children - Dental or Oral Health Services (1 to 20)	0.01%	12.07%	9.90%	14.20%
	Topical Fluoride for Children - Dental Services (1 to 20)	NR	11.57%	9.90%	13.97%
	Topical Fluoride for Children - Oral Health Services (1 to 20)	NR	0.26%	0.00%	0.00%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (12 to 17)	0.31%	50.29%	57.38%	38.50%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (3 to 11)	0.19%	54.25%	58.24%	37.49%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (total) (3 to 17)	0.23%	52.62%	57.89%	37.90%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12 to 17)	2.75%	50.61%	50.59%	27.73%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3 to 11)	2.17%	52.66%	52.09%	27.33%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (total) (3 to 17)	2.39%	51.81%	51.49%	27.49%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents -Counseling for Physical Activity (12 to 17)	0.55%	37.49%	34.94%	22.19%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3 to 11)	0.42%	37.22%	35.72%	20.14%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents -Counseling for Physical Activity (total) (3 to 17)	0.47%	37.33%	35.40%	20.98%
	Well-Child Visits in the First 30 Months of Life (1 month-15 months)	0.54%	18.20%	14.80%	9.49%
	Well-Child Visits in the First 30 Months of Life (15 months-30	11.37%	54.68%	44.42%	42.00%

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

		Managed Care Organizations			
Care Domain	**MCO Measure Name**	**First Medical**	**MMM**	**PSM**	**Triple S**
	months)				

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

Appendix B

Puerto Rico Medicaid
Telemedicine Claims by Managed Care Organization (MCO) and by Provider Type
Federal Fiscal Years (FFY) 2020 Through 2023

MCO-Triple S Salud				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Allied Group	-	1	-	-
Allied Professional Services	574	586	477	361
Allied PSC/LLC/CORP	3	5	2	1
Ambulatory Facility	66	67	23	14
Dentist Group	1	-	-	-
Family Practice	3	-	-	-
General Practice	85	-	-	-
Geriatric Psychiatry	5	-	-	-
Institutional	27	9	12	8
Internal Medicine	2	-	-	-
Medical Group	10	-	-	-
Medicine School Non-Par	86	70	26	13
Non-Par Provider	949	215	288	93
Non-Emergency Transportation	3	-	-	-
Non-Par Institutional	24	4	1	-
Non-Par Professional	1423	1201	585	268
Pediatrics	4	-	-	-
Pharmacy	-	-	-	5
Physical Med Rehab	11	-	-	-
Physician	14057	13692	10304	7599
Physician Group	175	84	46	68

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

MCO-Triple S Salud				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Physician PSC/LLC/Corp	40	16	8	1
Psychiatry	69	-	-	-
Psychology	214	-	-	-
Unknown	1073	629	438	203
Veterans Hospital Group Non Par	85	76	26	25

Plan de Salud Menonita				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Allergist	-	2	-	-
Allergy Immunology	9	6	5	5
Anesthesiology	3	1	1	2
Audiology	2	2	1	2
Cardiac Electrophysiology	7	1	3	5
Cardiology	90	37	22	17
Cardiovascular Surgeon	1	-	-	-
Cardiovascular Surgery Center	2	-	-	-
Chiropractor	-	-	-	6
Dermatopathology	-	-	-	1
Dermatology	6	2	3	3
Dietists	2	6	5	6
Emergency Room	1	-	1	-
Endocrinology	25	10	9	6
Family Practice	140	191	162	118

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

Plan de Salud Menonita				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Gastroenterology	49	39	24	11
General Practice	775	839	745	555
General Surgeon	19	6	2	5
Geneticist	2	-	-	-
Geriatric Medicine	-	-	2	1
Gynecologist	1	2	1	-
Gynecology-oncology	4	-	-	-
Hand Surgery	1	-	-	-
Health Center	9	-	1	-
Hematologist	24	14	13	6
Hospital	2	4	4	-
Infectiology	9	12	9	5
Intensive Care	1	-	-	1
Internal Medicine	107	99	79	61
Invasive Cardiology	1	1	-	-
Laboratory	-	-	1	-
Multispecialty Clinic or Group Practice	17	30	16	16
Neonatology	2	2	3	1
Nephrologist	37	15	14	11
Neurology	26	12	8	10
Neurophysiology	1	3	4	1
Neurosurgery	7	2	2	1
NULL	1	3	2	4
Nutritionist	24	37	25	15

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

Plan de Salud Menonita				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Obstetrics Gynecology	117	90	70	52
Occupational Medicine	34	4	1	-
Occupational Therapy	6	-	-	-
Oncology	23	6	3	4
Oncology Surgeon	2	2	3	4
Ophthalmologist	4	2	-	4
Optometry	15	3	2	18
Orthopedic Spine Surgery	5	2	1	-
Orthopedist	1	2	2	3
Other (for Denial Purpose)	2	-	-	-
Otolaryngology	7	2	2	1
Pain Management	-	-	-	1
Pediatric Cardiologist	-	1	-	-
Pediatric Endocrinologist	12	2	-	1
Pediatric Gastroenterologist	13	3	3	1
Pediatric Hematologist	6	1	2	3
Pediatric Nephrologist	5	1	-	-
Pediatric Neurologist	5	1	7	4
Pediatric Oncologist	18	5	5	7
Pediatric Orthopedist	-	-	-	1
Pediatric Otolaryngology	-	-	-	3
Pediatric Pneumologist	12	6	1	1
Pediatric Rheumatologist	9	-	-	1
Pediatric Surgeon	2	1	-	1

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

Plan de Salud Menonita				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Pediatrician	471	357	348	282
Perinatologist	3	1	4	2
Physiatrist	32	6	4	3
Physical Therapy	12	1	-	-
Plastic Surgery	-	-	1	-
Pneumology	50	21	14	14
Podiatrist	4	1	-	1
Psychiatrist	13	4	8	5
Psychologist	18	4	4	-
Radiation Oncology	3	2	1	-
Radiology	2	-	1	5
Radiotherapist	1	-	1	-
Registered Nurse	-	-	-	1
Rheumatologist	23	3	-	4
Social Worker	-	3	-	2
Speech-Language Pathologist	60	9	3	4
Therapeutic Radiology	1	2	-	-
Thoracic Cardiovascular Surgery	-	-	-	1
Urologist	16	3	5	3
Vascular & Interventional Radiology	1	-	-	-

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

First Medical				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Adolescent Medicine	9	11	7	4
Allergy	10	7	2	2
Allergy & Immunology	15	10	7	7
Ambulance	2	-	2	3
Anesthesiology	5	1	1	-
Audiology	7	5	3	1
Behavior Analyst	3	-	-	-
Cardiology	61	30	14	7
Cardiovascular Diseases	123	56	31	18
Child Neurology	20	15	11	6
Chiropractic	1	2	3	-
Clinic/Center	54	43	19	26
Clinic/Center Federally Qualified Health Center (FQHC)	2	-	-	-
Clinical Cardiac Electrophysiology	25	7	10	5
Clinical Psychologist	3	1	-	-
Colon & Rectal Surgery	3	2	1	1
Counselor	20	8	5	6
Counselor Professional	1	-	-	-
Dental	1	2	-	-
Dermatology	36	5	5	2
Diagnostic And Treatment Center	28	23	17	7
Diagnostic Radiology	-	1	-	5

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

First Medical				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Ear Nose and Throat	4	-	-	1
Emergency Medicine	11	7	8	4
Endocrinology	90	50	31	31
Family Practice	374	351	323	273
Gastroenterology	170	102	51	22
General Acute Care Hospital	4	7	7	6
General Practice	2257	2016	1872	1806
General Surgery	53	20	20	15
Genetics	5	5	3	1
Geriatric Psychiatry	1	-	-	-
Geriatrics	1	1	6	2
Gynecological Oncology	2	-	-	-
Hand Surgery	1	-	-	-
Health Educator	2	-	-	3
Health Maintenance Organization	-	-	1	-
Hematology	-	1	-	-
Hematology/Oncology	125	76	39	35
Hospital	2	3	2	1
Infectious Diseases	31	25	25	17
Internal Medicine	260	224	165	160
Interventional Cardiology	21	4	2	2
Laboratory	1	2	1	-
Multi Specialty Group	27	21	18	6
Neonatal-Perinatal Medicine	10	6	2	1

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

First Medical				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Nephrology	70	44	31	20
Neurological Surgery	5	11	4	3
Neurology	80	59	26	22
Neuromuscular Medicine	4	3	5	5
Neurophysiology	3	4	4	3
Neuropsychology	3	1	-	-
Neurosurgery	2	1	1	-
Nuclear Medicine	1	-	2	-
Nutrition	84	81	64	57
Obstetrics & Gynecology	264	192	140	113
Occupational Medicine	10	6	4	-
Occupational Therapy	2	-	4	-
Oncology	5	4	-	-
Ophthalmology	23	1	1	1
Optometry	3	-	-	-
Orthopedic Surgery	19	5	6	5
Orthopedics	1	-	-	-
Otolaryngology	19	7	5	6
Pain Medicine	3	2	3	1
Pediatric Cardiology	6	10	4	-
Pediatric Dentistry	1	4	-	-
Pediatric Endocrinology	20	19	14	11
Pediatric Gastroenterology	29	18	7	8
Pediatric Hematology - Oncology	23	15	14	22

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

First Medical				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Pediatric Nephrology	21	19	6	2
Pediatric Neurodevelopment	1	1	-	-
Pediatric Orthopedic Surgery	1	-	-	-
Pediatric Otolaryngology	4	3	1	1
Pediatric Pulmonology	22	10	4	1
Pediatric Surgery	6	2	1	1
Pediatrics	893	840	805	605
Personal Emergency Response Attendant	-	2	-	-
Podiatry	13	2	-	1
Physiatry	9	-	1	-
Physical Medicine & Rehab	58	31	14	6
Physical Therapy	5	6	-	-
Plastic and Reconstructive Sur	2	-	-	1
Psychiatry	13	3	3	-
Point of Service	-	-	-	1
Preferred Provider Organization	1	-	-	-
Psychiatry & Neurology	170	102	80	55
Psychologist	610	407	343	268
Psychology	28	9	7	2
Public Health	-	4	2	1
Pulmonary Diseases	80	43	38	23
Radiation Oncology	9	6	2	3
Radiology	5	2	-	-

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

First Medical				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2021**	**FFY 2022**	**FFY 2023**
Registered Nurse	-	-	-	2
Rheumatology	56	28	17	16
Single Specialty Group	3	1	2	1
Social Worker	65	27	21	5
Specialist	16	12	7	4
Speech Pathology	144	111	47	21
Sports Medicine	1	1	-	-
Student Healthcare	13	6	5	-
Student in an Organized Health Care Education/Training Program	-	-	2	9
Surgical Critical Care	3	3	1	1
Surgical Oncology	5	3	-	1
Thoracic Surgery	2	-	-	-
Urgent Care	-	-	-	1
Urology	34	17	7	6
Vascular and Interventional Radiology	1	-	-	-
Vascular Surgery	2	-	-	-

MMM				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2020**	**FFY 2020**	**FFY 2020**
#N/A	121	172	166	2803
Allergy & Immunology	59	55	79	-

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

MMM				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2020**	**FFY 2020**	**FFY 2020**
Anesthesiology	217	326	254	-
Audiology	258	554	330	-
Cardiac Electrophysiology	119	53	22	-
Cardiology	3280	654	343	-
Cardiology - Interventional	-	-	-	17
Counselor, Licensed Professional	609	2574	2369	-
Dermatopathology	-	1	1	-
Dermatology	239	21	23	-
Emergency Medicine	-	-	-	2
Endocrinology	1458	775	374	-
Family Practice	16801	13479	6885	61
Gastroenterology	2879	1944	1281	-
General Practice	206707	187035	148471	-
Geneticist	375	201	1	-
Geriatric Medicine	108	1	7	-
Gynecology	17	-	2	-
Gynecology & Obstetrics	-	-	-	145
Gynecology & Oncology	2	-	-	4
Health Center	11	3	2	-
Hematology	5	-	1	-
Hematology - Oncology	1593	691	189	-
Home Health	-	-	-	3104
Hospital	400	519	873	1236
Immunology Center	4	1	1	-

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

MMM				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2020**	**FFY 2020**	**FFY 2020**
Infectious Diseases	168	99	88	-
Internal Medicine	12851	8552	4419	-
Interventional Cardiology	84	10	7	-
Laboratory	-	-	-	103
Neonatal-Perinatal Medicine	8	31	13	-
Nephrology	667	282	224	-
Laboratory – Cardiovascular & Neurological	-	-	-	27355
Laboratory - Clinical & Medical	1	-	-	-
Legal Medicine	-	-	1	-
Medical Supply Company	-	-	-	36
Miscellaneous	-	-	-	114
Multi Specialty	-	-	-	28
Neonatology	-	-	-	2
Neurology	501	257	186	891
Nuclear Medicine	-	-	-	80
Nutritionist	1851	639	712	322
Obstetrics Gynecology	2583	1815	1412	-
Occupational Therapist	-	-	-	22897
Occupational Therapy	2973	5212	6606	-
Oncology	1	-	-	-
Oncology Surgeon	38	66	57	-
Ophthalmology	112	3	-	17976
Optometry	118	-	-	-
Otolaryngology	38	12	20	-

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MMM				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2020**	**FFY 2020**	**FFY 2020**
Otolaryngology (Ent)	-	-	-	2
Pain Management	93	68	50	-
Pathology	-	-	-	5
Pathology - Clinical	-	-	-	31
Pediatric	39733	50066	42835	5147
Pediatric - Cardiologist	3	8	5	-
Pediatric - Endocrinology	140	-	100	-
Pediatric - Gastroenterology	128	65	78	-
Pediatric - Hematology	52	2	134	117
Pediatric - Infectiology	1	-	-	-
Pediatric - Nephrology	29	18	8	-
Pediatric - Neurology	137	66	26	-
Pediatric Pneumologist	380	64	56	-
Pediatric Psychiatric	1130	514	-	-
Pediatric Rheumatologist	4	-	-	-
Pediatric Rheumatology	169	120	45	-
Perinatology	2	5	9	3
Pharmacist	17	-	-	-
Physiatrist	17	2	6	-
Physical Medicine Rehabilitation	2444	6702	8126	-
Pneumology	1390	932	603	-
Podiatry	53	16	24	9
Psychiatry	16109	15027	10227	7683
Psychology	30677	26937	18529	12828

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MMM				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2020**	**FFY 2020**	**FFY 2020**
Pulmonology	-	-	-	247
Radiation Therapy	-	-	-	966
Radiology	-	-	-	109016
Radiology, Radiation Oncology	67	22	3	-
Radiotherapist	1	-	-	-
Retinology	10	-	-	1
Rheumatology	351	41	19	76
Social Worker - Clinical	-	-	-	9026
Single or Multispecialty Clinic or Group Practice	76	46	24	-
Social Worker	15083	19438	12912	-
Speech-Language Assistant	5	-	-	-
Speech-Language Pathologist	-	22	-	57828
Speech Therapy	12494	15752	15072	-
State-Owned Hospital	5	-	-	-
Student Practitioner Health Care	-	-	25	-
Surgery - Colon & Rectal Surgery	1	-	-	1
Surgery - General	186	113	25	-
Surgery - Hand	2	-	-	-
Surgery - Neurological	39	18	20	205
Surgery - Orthopedic	92	9	1	2
Surgery - Pediatric	8	7	-	1
Surgery - Plastic	1	-	-	-

*Data Provided by Puerto Rico Health Insurance Administration (ASES)

MMM				
Number of Telemedicine Claims by Provider Type*				
Provider Type	**FFY 2020**	**FFY 2020**	**FFY 2020**	**FFY 2020**
Surgery – Surgical Oncology	-	-	-	52
Surgery - Thoracic	7	-	-	16
Surgery - Vascular	33	-	-	-
Surgery, Pediatric Orthopedic	39	5	16	15
Surgery, Pelvic & Reconstructive	9	-	-	-
Therapy - Physical	10250	24252	29962	41559
Transplant	-	-	-	1490
Unknown Physician Specialty	8	-	-	-
Urgent Care Facility	17	4	-	26
Urology	280	91	54	13
Vascular & Interventional Radiology	1	-	-	-

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