

# Managed Care in Puerto Rico

This profile reflects state managed care program information as of August 2021, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

## Overview of Current Managed Care Programs

Since 1994, Puerto Rico has mandated enrollment of most Medicaid beneficiaries, other income-eligible populations, and some government employees in managed care. Originally called **Reforma**, renamed **Mi Salud** in 2010, the **Government health Program (GHP)** in 2015 and currently renamed **Plan Vital** since November 1, 2018. Puerto Rico's Government Health Plan (GHP) provides acute, primary, specialty benefit and behavioral health services. Since April 1, 2015, the government health program has provided an integrated approach to physical and behavioral health to improve access to quality primary and specialty care services. With the implementation of Plan Vital, the GHP also transitioned from the geographically regionalized model in place since 1994, which limited beneficiaries to one Managed Care Organization (MCO) per region, to one of island-wide coverage and choice of four (4) MCOs, with the goal of improving access to care and choice of providers. Plan Vital also implemented a model of stratified capitated payments to MCOs, with focused resources for High Cost High Need conditions which is expected to result in improved healthcare outcomes for this population.

Since 2006, dual eligible Medicare/Medicaid beneficiaries have had the option to participate in Medicare Platino, a Medicare Advantage program that provides Medicare acute and primary care and Medicaid wraparound services, which together offer coverage equivalent to the Government Health Plan.

## Participating Plans, Plan Selection, and Rate Setting

Under Plan Vital, Puerto Rico currently has contracts with the following four managed care organizations (MCOs) to provide services island-wide to Medicaid, CHIP, and state-funded beneficiaries of the GHP: First Medical Health Plan, Tripple-S Salud, MMM Multi Health and Plan de Salud Menonita.

Medicare Platino is offered through four Platino plans offering wrap around coverage for duals. The plans are: Humana, Triple S, MCS and MMM.-Puerto Rico also contracts with a pharmacy benefit management (PBM) company to manage the pharmacy network and provide administrative services related to the provision of prescription drugs to GHP participants. The government of Puerto Rico also contracts with a separate PBM which manages its rebate program. Puerto Rico selects its plans through a competitive procurement process. MCOs are reimbursed through a capitated payment, which cover primary and specialty care respectively.

## Quality and Performance Incentives

Like most states, Puerto Rico requires plans to report select HEDIS measures and provider and enrollee satisfaction measures, some of which are collected through CAHPS surveys. Puerto Rico also directs its plans to implement Quality Assessment Performance Improvement programs and requires participation in four or more Performance Improvement Projects on topics related to select chronic diseases. Puerto Rico enforces its quality and performance standards through a quality incentive program or "retention fund" in which it withholds two percent of the contractor's administrative fee and allows the contractor to earn back that amount each quarter based on certain performance indicators.

**Table: Managed Care Program Features, as of SEPTEMBER, 2021**

Program Name	PLAN VITAL	Medicare Platino
Program Type	MCO	MCO
Program Start Date	February 1994	January 2006
Statutory Authorities	1915(a)	1915(a)
Geographic Reach of Program	Select regions	Select regions
<b>Populations Enrolled</b> <i>(Exceptions may apply for certain individuals in each group)</i>		
<i>Aged</i>	X	
<i>Disabled Children &amp; Adults</i>	X	
<i>Children</i>	X	
<i>Low-Income Adults</i>	X	
<i>Medicare-Medicaid Eligibles (“duals”)</i>	X	X
<i>Foster Care Children</i>	X	
<i>American Indians/Alaska Natives</i>	N/A	N/A
<b>Mandatory or Voluntary enrollment?</b>	Mandatory*	Voluntary
<b>Medicaid Services Covered in Capitation</b> <i>(Specialized services other than those listed may be covered. Services not marked with an X are excluded or “carved out” from the benefit package.)</i>		
<i>Inpatient hospital</i>	X	X
<i>Primary Care and Outpatient Services</i>	X	X
<i>Pharmacy</i>	X	X
<i>Institutional LTC</i>	N/A	N/A
<i>Personal Care/HCBS</i>	N/A	N/A
<i>Inpatient Behavioral Health Services</i>	X	X
<i>Outpatient Behavioral Health Services</i>	X	X
<i>Dental</i>	*X	**X
<i>Transportation</i>	N/A	**X

Program Name	Plan Vital	Medicare Platino
<b>Participating Plans or Organizations</b>	1. Triple S 2. First medical 3. MMM 4. Plan de Salud Menonita	1. Humana Health Plans of PR, Inc. 2. MCS Advantage, Inc. 3. MMM Healthcare, LLC. 4. Triple S Advantage, Inc.
<b>Uses HEDIS Measures or Similar</b>	X	X
<b>Uses CAHPS Measures or Similar</b>	X	N/A
<b>State requires MCOs to submit HEDIS or CAHPS data to NCQA</b>	N/A	N/A
<b>State Requires MCO Accreditation</b>	N/A	N/A
<b>External Quality Review Organization</b>	In process of Request for Proposal by Medicaid Program	
<b>State Publicly Releases Quality Reports</b>	N O	

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.

National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics.

Institutional Long-Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts. 1915(a) authority, it is a mandatory managed care program which requires no waiver authority because Puerto Rico is statutorily dom of Choice requirements.

\*Dental is included in the premium paid to the MCOs. The final reimbursement to a provider will depend on the agreement that each MCO has with the contracted providers that could be capitated or fee for services considering the fee in the dental fee schedule on contract among ASES and the MCO also, presented each year to CMS by preprint procedure for their authorization.

Skill Nursing facilities – are covered by medical services

\*\*Dental – benefit is covered under Wrap-Around and as supplementary

\*\*Transportation – benefit is covered as supplementary