

# Managed Care in Puerto Rico

This profile reflects state managed care program information as of August 2014, 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; as a result, over 80 percent are enrolled in these programs. Originally called Reforma and renamed **Mi Salud** in 2010, this program provides acute, primary, and specialty benefits; behavioral health is carved out and provided through a separate behavioral health managed care organization (MCO) available island-wide. Puerto Rico's Medicaid program does not cover home health services, hospice care, medical equipment and supplies, or nursing facility services, and as such, these services are not available through managed care. Since 2006, dual eligibles 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 Mi Salud.

## Participating Plans, Plan Selection, and Rate Setting

Puerto Rico contracts with eight managed care organizations, two of which participate in both programs. Mi Salud is offered through one **local, for profit plan** (Triple S) and is island-wide. Behavioral health is offered through a **national, for-profit plan** (APS) that is available island-wide. Medicare Platino is offered through seven **for-profit plans**, including four **local plans** (First Medical/First Plus, MCS, MMM Healthcare, PMC Medicare Choice) and three **national plans** (Humana and two Blue Cross/Blus Shield affiliates - American Health Medicare and Triple S). The Commonwealth also contracts with two pharmacy benefit management companies to provide prescription drugs to Mi Salud participants. Puerto Rico selects its plans through a competitive procurement process. MCOs are reimbursed through a combination of capitated and FFS payments, which cover primary and specialty care respectively. Single capitation rates for each contractor are developed using actuarial methods that account for regional variation.

## 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 five 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 August 2014**

<b>Program Name</b>	<b>Mi Salud</b>	<b>Medicare Platino</b>
<b>Program Type</b>	MCO	MCO
<b>Program Start Date</b>	February 1994	January 2006
<b>Statutory Authorities</b>	1915(a)	1915(a)
<b>Geographic Reach of Program</b>	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>		
<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>		
<i>Personal Care/HCBS</i>		
<i>Inpatient Behavioral Health Services</i>		X
<i>Outpatient Behavioral Health Services</i>		X
<i>Dental</i>	X	X
<i>Transportation</i>	X	X

<b>Program Name</b>	<b>Mi Salud</b>	<b>Medicare Platino</b>
<b>Participating Plans or Organizations</b>	1. Triple S	1. American Health Medicare/BCBS 2. First Medical/First Plus 3. Humana 4. MCS 5. MMM Healthcare Inc. 6. PMC Medicare Choice 7. Triple S
<b>Uses HEDIS Measures or Similar</b>	X	X
<b>Uses CAHPS Measures or Similar</b>	X	Unknown
<b>State requires MCOs to submit HEDIS or CAHPS data to NCQA</b>		
<b>State Requires MCO Accreditation</b>		
<b>External Quality Review Organization</b>	IPRO	
<b>State Publicly Releases Quality Reports</b>	No	

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.

\* Though Mi Salud operates under 1915(a) authority, it is a mandatory managed care program which requires no waiver authority because Puerto Rico is statutorily exempt from Freedom of Choice requirements.