



Puerto Rico Medicaid Semi-Annual Report

As of May 1st, 2021



Puerto Rico's Semi-Annual Report contains a breadth of information regarding Puerto Rico Medicaid Program's improvements and enhancements in contract reform, program integrity, and reporting and monitoring over the past six months. With the passing of P.L. 116-94, **Congress provided funding necessary for Puerto Rico to continue providing life-saving services to the approximately 1.3 million individuals and families** that depend on Medicaid to meet their most basic physical and behavioral health needs. This funding, dependent on completion of certain tasks detailed below, helped temporarily avert an October 1, 2019 "fiscal cliff."



Looming Fiscal Cliff (October 1st, 2021)

While these increases have helped provide greater access to healthcare for our vulnerable populations, **Puerto Rico now faces a Medicaid fiscal cliff on October 1, 2021**. In effect, if Puerto Rico were to "hit the fiscal cliff," federal Medicaid funding would revert to the historical Section 1108 allotment – of approximately \$390 million – and the remaining Medicaid expenditures would have to be covered with local funds.

Inaction will also undo ongoing improvements in the program that temporary funding increases have made possible. In addition to likely reductions in staffing across the program, all the **accomplishments listed below are in jeopardy without Congressional action**. If additional Federal funding is not provided, these many accomplishments are unlikely to be sustained.



Puerto Rico Accomplishments

Program Improvements



Increased Access to Health Care

- Timeliness of prenatal and postpartum care, children's access to PCP, Adult's access to preventative services, and annual dental visits all increased from reporting years 2018 to 2020



Increased Payments to Health Care Providers

- Provided an increase to primary medical groups and behavioral health providers projected at \$31.4M in FY20 and \$81.8M in FY21
- Increased managed care payments for IP services by \$77.2M in FY20 and \$103M in FY21
- Elevated Medicare Part B reimbursement from 40% to 70% of Medicare fee schedule, accounting for an increase of \$103.7M in FY20 and 167.6M in FY21



Increased Covered Benefits

- Funded a Hepatitis-C initiative to start eradication of the disease on the Island by 2030, providing crucial services to 14,000 beneficiaries
- Begun covering various COVID treatments, including vaccine administration and therapies such as Remdesivir and Baricitinib



Improved Quality

- Increased portion of adults with high blood pressure that was adequately controlled by 29%
- Increased number of children receiving weight assessment and counseling by 21%
- Increased number of adults receiving a BMI screening by 21%
- Increased timely prenatal and postpartum care by 31%
- Increased number of women receiving breast cancer screenings by 7% and chlamydia screenings by 24%

Program Enhancements



Contract Reform

- Developed a Contracting Reform Plan with 9 prioritized initiatives to increase contracting integrity, competitiveness, and transparency
- Defined vision, guidelines, and principles of contracting reform to prepare organizational efforts
- Established a threshold for all Medicaid funded professional services contracts over \$150,000 to require competitive procurement methods
- Established a governance structure to guide implementation of Contracting Reform Plan
- Conducted extensive internal review of contracting processes and developed Contract Oversight and Approval Report
- Identified 15 specific opportunities to enhance contract oversight
- Formalized the process for responding to contracting document requests from CMS and built a contract document inventory



Program Integrity

- Established Program Integrity Unit (PIU) and appointed PIU Lead
- Established Medicaid Fraud Control Unit
- Integrated ASES data with MMIS to enable better data coordination
- Improved enrollment verification with employer verification and Public Assistance Reporting Info System (PARIS) checks



Reporting and Monitoring

- Reported FY2020 MAC Scorecard / Core Set measures to CMS
- Established data governance function to promote coordination of data assets
- Designed MCO "Report Card" rating system to enhance public transparency of MCO performance on HEDIS and CAHPS measures
- Conducted data quality analysis for potential reporting improvements
- Developed detailed network adequacy analysis tools to enhance oversight of access requirements