



**LO QUE ANTES CONOCÍAS
COMO LA REFORMA,
AHORA SERÁ**

miSALUD

**Puerto Rico Health & Insurance
Conference 2011 – “A New
Economy in Health Care”**

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www.misaludpuertorico.com



Administración de Seguros de Salud (ASES) / Puerto Rico Health Insurance Administration

- ASES is a Public Corporation responsible of negotiating for the Department of Health the coverage authorized by CMS under the Medicaid Plan and the State coverage with the Insurance Companies



Department of Health

- The Department of Health is the Single State Agency for Medicaid.
- Department of Health's Medicaid Office provides eligibility to all the state and federal (Medicaid) qualified beneficiaries.
- The Department of Health receives the federal funds for the Medicaid population and they are transferred to ASES.



Who is eligible to MI Salud?

\$0

Medicaid

\$400

\$0

State

\$800

- Blind
- Disable
- Pregnant
- 65 years and over
- Children
- Others
- Population that do not meet the Federal Criteria
- Police
- Public Employees



Beneficiaries

- Beneficiaries of the Mi Salud Health Plan

• Federal	828,693	55%
• State	513,262	34%
• <u>Platino (Dual Elegibles)</u>	166,470	11%
Total	1,508,425	

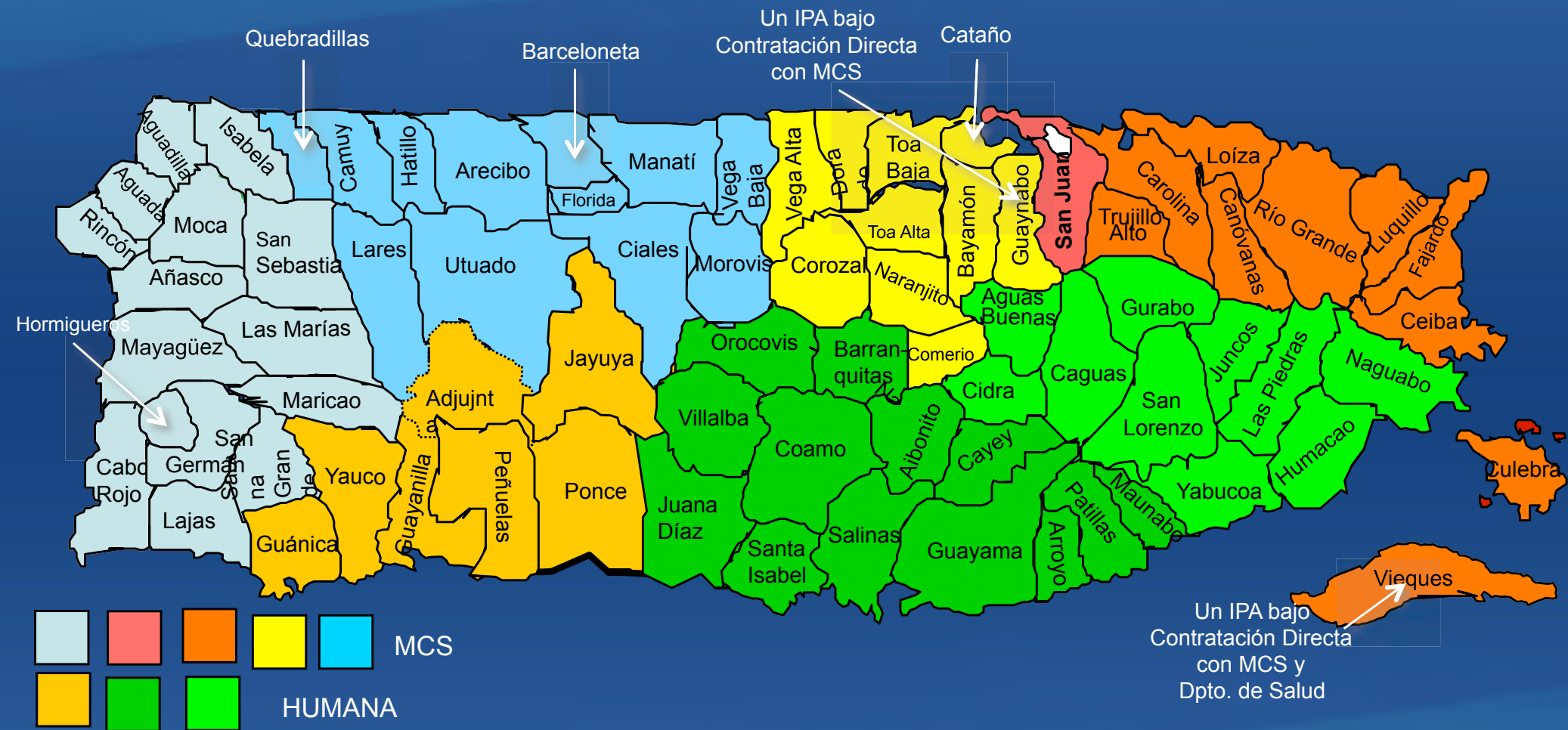
- Budget
 - \$1.9 billions



What have we achieved?



Managed Care Organizations Distribution by Region





Mental Health Organization





Pharmacy Benefits Manager



 MC-21

 ABARCA – Pharmaceutical Contracts and rebates

 Caremark CVS



New Mi Salud Program:

- Preferred Provider Network (PPN):
 - Humana and MCS will establish a Preferred Provider Network (PPN).
 - Within the PPN, Mi Salud beneficiaries are not be required to obtain referrals or drug script countersignatures from his/her primary care provider (PCP) or be liable for service co-payments.
 - The PPN will allow for greater freedom and access of services for the beneficiary.



Less Risk for the Primary Care Physician

- One hundred percent (100%) of the financial risk associated with prescription drugs for the Basic Coverage is the responsibility of the MCOs, not the primary care physician.
- One hundred percent (100%) from preventive care and vaccine administration is the responsibility of the MCOs



Less Risk for the Primary Care Physician

- Fifty percent (50%) of the financial risk associated with emergency room services is the responsibility of the MCOs
 - Previous to MI Salud the IPAs had 100% of the risk for this services in the basic coverage
- The Special Coverage remains under the MCOs



Integrated Behavioral Health Services

- MCOs and MBHOs are required to co-locate personnel to facilitate the process of early detection and prevention of behavioral health conditions and to deliver health care services in a holistic environment.
- MCOs and MBHOs will integrate behavioral health services such as assessments, care plan development and referrals.



Buprenorphine

- Buprenorphine medication was included in the coverage for the treatment of individuals with opioid addictions.



Quality Performance and Monitoring

- The MCOs and MBHOs are subject to a five percent (5%) withhold from the per member per month (PMPM) premium that is tied to quality performance and monitoring
- Programs will be tied to the withhold for specific initiatives, improved HEDIS Measures as; mammography, PSA, PAP, colonoscopy, diabetics preventions measures, vaccines, ER services, among others.



New Responsibilities

- The MCOs and MBHOs are now responsible for the payment of emergency services provided to Medicaid and CHIP enrollees outside of Puerto Rico.



Prompt Payment

- MCOs and MBHO are required to comply with a more stringent prompt payment requirements.
- 95% of all Clean Claim, must be paid in 30 days.



Other Mi Salud requirements

- Tele MiSalud: 24/7 telephone service
 - Customer services
 - Health Information Hotline; members are given a number that eliminates their deductible for ER visit
- Extended hours services for primary care services
 - Up to 9:00 pm



New Changes in the Puerto Rico Public Healthcare System



Healthcare Reform- Puerto Rico

- On November 1, 2010 Governor Luis Fortuño signed State Act Number 161 of November 1, 2010 that provides for the following:
 - **Prohibition on Annual or Lifetime Limits**, insurers are subject to *restrictions* on annual limits on the dollar value of essential health benefits.
 - **Prohibiting the Denial of Coverage Based on Preexisting Conditions**, insurers are prohibited from denying coverage to *children* based on preexisting conditions. This provision is extended to all population in 2014.



Healthcare Reform- Puerto Rico

- **Requirement to Cover Preventive Health Services**, insurers must provide coverage for certain preventive health services (such as certain vaccinations), and cannot impose cost-sharing for these services.
- **Requirement to Offer Coverage to Dependents Under Age 26**, insurers that offer dependent coverage of children must make this coverage available to adult children until age 26.
- **Patient Protections**, health insurance plans must allow patients to select their own OBGYN provider without the need of a referral or pre-authorization, as long as such provider is part of the contracted network. Parents can select for their minors a pediatrician as their PCP, as long as such provider is part of the contracted network.



Public Employees

- **Amendments to Law 72:**
 - **The responsibility for the contracting of health plans was restructured and moved from the Treasury Department (Seguros Publicos) to ASES.**
 - **Extended the benefit to public employees working in Corporations of the Government and municipalities**



Healthcare Reform- Puerto Rico

Pequeñas y Medianas Empresas (PYMES) / Small or Medium Sized Enterprises (SMEs)

- **Definition: Companies with 2 and up to 50 employees.**
- **Give the opportunity to SMEs to acquire a health care plan to their employeesaffordable....**
- **Essential health benefits package**
 - **Challenges:**
 - **design affordable coverage**
 - **How to sell this product?**
 - **Regulations, payments, subscription, reports, etc. July / August 2011**



Medicaid Funds

- Affordable Care Act significantly increased the cap on Medicaid funding for Puerto Rico over the next nine years. According to the Congressional Research Service, Puerto Rico's estimated cap will be as follows:
 - FY 2011: \$492,038,400 (including ARRA extension)
 - FY 2012: \$863,913,994
 - FY 2013: \$903,654,037
 - FY 2014: \$945,222,123
 - FY 2015: \$988,702,341
 - FY 2016: \$1,034,182,648
 - FY 2017: \$1,081,755,050
 - FY 2018: \$1,131,515,782
 - FY 2019: \$1,183,565,508



Working Plans and Decisions? Expansion of Medicaid

- Beginning on January 1, 2014, Puerto Rico *must* provide Medicaid coverage to newly eligibles with incomes up to 133 percent of the federal poverty level.
- Newly eligibles are defined as non-pregnant adults under age 65, not eligible for Medicare, and not within any other mandatory Medicaid eligibility category. Puerto Rico must also provide Medicaid to children between ages 6 to 19 up to 133 percent of the federal poverty level.



Working Plans and Decisions? The Exchange

- Affordable Care Act also included an additional \$925 million for Puerto Rico to use beginning in 2014 either to establish a health insurance exchange or for additional Medicaid funding.



What Next?

Let's make it happen!



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