ADMINISTRACIÓN DE SEGUROS DE SALUD
ASES
GOBIERNO DE PUERTO RICO

Questions and Answers
Issued: August 10, 2026

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

RFP # 2026-002 (SFHP)

Question #	RFP Section Reference	Questions	Answers
1	1 1.1.1 1.3 1.6.3.A	Please confirm whether the historical claims and enrollment experience included in the Data Book fully reflect the population anticipated under the SFHP contract including data for eligible groups such as victims of domestic abuse, government employees (ELA Puro), Incarcerated population, etc.	**The State Funded Data Book reflects the SFHP eligible population used for rate development based on ASES eligibility and all eligible data for the stated time periods. Offerors should rely on the eligibility definitions and inclusions/exclusions provided in the RFP and data book files.**
2	1 1.1.1 1.3 1.6.3.A	Considering that the ERP Implementation includes ELA Vital members (ELA Puro/coverage code 400), how will enrollment and payment be managed under this contract?	**Because the ERP project is still in its implementation phase, the selected insurer will need to be configured as an ERP vendor and support full interoperability with the system. Enrollment and payment for ELA Vital members (coverage code 400) will be managed through the ERP using its standard conversion and integration files, so the MCO must complete all technical configuration and connectivity required to operate within the centralized ERP workflow.**
3	1 1.1.1 1.3 1.6.3.A	Will SFHP Contract be considered a commercial plan for legal and regulatory purposes and will ASES requirements supersede Office of the Comissioner of Insurance (OCS) requirements for administration of the SFHP?	**Although the SFHP contract could be interpreted as having a commercial nature, it is not being classified as a commercial plan at this time. For legal and regulatory purposes, the SFHP contract is not governed by federal Medicaid regulations, therefore ASES's requirements will supersede the federal requirements that are not expressly adopted. The Office of the Commissioner of Insurance's (OCS) requirements apply to insurers in general, although ASES is the authorized regulatory entity for the administration of the SFHP.**
4	1.1.1 & 1.3.2	The SFHP is described as a separate, state-funded health plan for individuals who do not qualify for the federal Medicaid Program, including PYMES. Can you clarify PYMES eligibility requirements and premium collection process?	**Although under Law No. 72-1993 PYMES is one of the populations that may join the health plan established by ASES, as of this date such implementation has not been necessary. In case this implementation is needed, ASES shall issue the necessary regulations for this implementation, including those related to elegibility requirements and premium collection.**
5	1.1.1	Please describe the current process for determining an individual's eligibility for this program (currently known as the "Commonwealth" program)	**The process and elegibility guides for the SFHP will remain the same as for the State Population currently under Plan Vital. ASES will notify Contractor of any changes implemented.**
6	1.2 (C)(3)	Because Appendix K (Model Contract) has not yet been published, please clarify whether ASES will provide an additional Q&A opportunity limited to the Model Contract once issued.	**ASES will provide a preliminary version of the Model Contract (Appendix K) to all offerors. After the final insurer is selected, ASES may clarify or address any questions related to the draft contract upon request from the selected offeror. It is important to note that ASES's intention is to contract an MCO to administer the State Funded Population without any major program or coverage changes.**

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7	1.3	Does ASES anticipate an increase or decrease in the current population?	**ASES is not providing a guaranteed directional forecast (increase/decrease) for total membership. Offerors should develop and support their own enrollment assumptions using the historical data provided in the Data Book and any assumptions described in their proposal.**
8	1.3	Please confirm whether maternity delivery payments will be included in the SFHP capitation rates or paid separately as maternity kick payments.	**Maternity delivery services are not included in the SFHP capitated benefit structure.**
9	1.3	Is ASES paying 100% of the applicable insurance premium for everyone in the group currently and for the new contract period and if not, what is the contribution?	**The premium payment structure will remain unchanged, meaning there will be no modifications to how premiums are currently paid. The only difference under this new contract is that the entire population will now be paid to a single insurer.**
10	1.3	Please clarify whether ASES will implement a risk-sharing mechanism to adjust capitation payments or revenue for unexpected changes in the morbidity or risk composition of the SFHP population. For example, risk adjustment, risk corridors, high risk pools, different premium rate cells or tiers.	**No additional risk-adjustment, risk-corridor, or similar post-rate settlement mechanism applies unless expressly stated in the RFP, addenda, or final contract terms. Offerors must reflect morbidity and utilization risk in proposed capitation rates.**
11	1.3.2	What would the eligibility process be for the potential beneficiaries identified under section 1.3.2 who want to participate in the SFHP?	**The elegibility process for potential SFHP will be carried out in the same manner as the current elegibility processes under Plan Vital.**
12	1.3.2	Are there any anticipated changes to these SFHP eligibility requirements?	**At this time, ASES does not anticipate changes to the current SFHP elegibility requirements.**
13	1.3.2	Of all the groups identified on section 1.3.2 that qualify for, or will have access to, the SFHP, which groups will be responsible for paying their premiums with their own funds and which groups will have their premiums funded by the Commonwealth?	**Law 72-1993 establishes payment of premiums for certain populations. However, ASES will issue the necessary guidance to the contracted MCO.**
14	1.3.2	We currently receive the state funded population information from PRMP in an X12 834 transaction and the government employees plus their family information in hardcopy forms, will there be any changes or additional sources?	**At this time, ASES is not considering any changes to the information provided through PRMP.**
15	1.3.2	Can ASES provide projected membership for each of the covered groups listed in eligibility Section 1.3.2?	**ASES is not issuing a projection by each covered eligibility subgroup beyond the materials provided.**
16	1.3.2	Please clarify the State Eligibility Standards for SFHP enrollment and whether eligibility determinations will be delegated to Offerors.	**Eligibility determinations will continue to be managed exclusively by the Puerto Rico Medicaid Program (PRMP) and the current standards will remain the same.**
17	1.3.2.2 & 1.3.2.3	Are there plans to expand eligibility or maintain an open enrollment period beyond the existing enrollee base and how is this group interacting with the Law 95 program?	**The SFHP will maintain its open enrollment period beyond the current enrollee base. Eligibility for this plan may vary depending on population changes. SFHP eligibility is determined after an individual has completed the Medicaid eligibility process and is found ineligible; at that point, the individual is evaluated for potential qualification under the SFHP.** **This group will not interact with the Law 95 program, except for the population currently managed under ELA Puro, which will continue to operate exactly as it does at present.**

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18	1.3.2.5 & 1.3.2.8	Would PYMES/INDIVIDUALS that voluntarily enroll in the SFHP effectively belong to the same market segments as those that currently purchase OCI-approved ACA products and would bedridden minors under twenty-one (21) years of age generally already be covered under the Children's Health Insurance Program (CHIP)?	**PYMES or individuals who voluntarily enroll in the SFHP would not belong to the same market segments as those who purchase OCI-approved ACA products. Regarding bedridden minors, those who are not eligible under CHIP could be eligible for the SFHP.**
19	1.4	Scope of work requires a capitated risk-bearing arrangement. This population is within the commercial segment, subject to the 1% premium tax. Will ASES accept a proposal to offer health coverage as an ASO commercial group model in this new program?	**Offerors should submit proposals consistent with the RFP's required capitated, risk-bearing arrangement. An ASO commercial group model should not be assumed to be acceptable unless ASES expressly authorizes such an alternative through an official procurement clarification or addendum.**
20	1.4	Please clarify whether ASES will establish or require mandatory compensation structures for the Primary Medical Group model, including capitation, APR-DRG, or minimum fee schedule requirements similar to Plan Vital.	**ASES is not mandating a specific PMG compensation model (for example, capitation or a minimum fee schedule) beyond requirements explicitly stated in the RFP, the Contract, and applicable regulation.**
21	1.4.2	Is the MCO expected to follow Vital or mandated fee schedules from ASES?	**Yes. For the SFHP, the same minimum mandatory fee schedule currently in effect for Plan Vital will be adopted.**
22	1.4.2	Will the model for the provider network with Primary Medical Groups (PMGs) with their related Preferred Provider Network (PPN) of specialists need to be an exact mirror image of those currently provided by VITAL carriers and are we required to contract with the existing Vital PMGs?	**The provider network model must comply with ASES's network adequacy requirements for this population, so it does not need to be an exact mirror of the networks currently operating under Plan Vital. While MCOs are not required to contract with the existing Vital PMGs, they must ensure that the network developed for the SFHP meets all required standards for availability, access, and coverage.**
23	1.6.5	Please confirm whether ASES has made a final determination that 42 C.F.R. § 438.610 will apply to the SFHP Contract.	**In the Model Contract, the non-compliance reporting under 42 CFR 438.610 (d) is adopted. The Prohibited Affiliations under 42 CFR 438.610 (a).**
24	1.6.9	Please clarify whether the ownership rights described in Section 1.6.9 apply only to deliverables, data, software, and work products funded by ASES and created specifically under this Contract, and do not extend to the Contractor's pre-existing proprietary systems, applications, interfaces, portals, source code, intellectual property, licenses or other technology assets used to perform Contract services.	**The ownership rights described in Section 1.6.9 apply only to deliverables, data, software, and work products funded by ASES and created specifically under this Contract and do not extend to the Contractor's pre-existing intellectual property.**
25	1.6.9	If we modify our existing intellectual property to adapt to this RFP, does it become ASES's property?	**ASES's intellectual property and information rights will be effective upon contract signature.**
26	1.6.10	Will monthly premium payments to the selected MCO be guaranteed by ASES and what contractual payment protection will the Contractor receive if Government or municipal funding transfers to ASES are delayed or insufficient? ASES may consider securing additional government-backed credit facilities or working capital financing to ensure the uninterrupted flow of funds necessary to fulfill the obligations under this Agreement.	**Monthly premium payments to the selected MCO will be paid by ASES. The MCO must have the financial solvency to provide services for short-term period (thirty to ninety (30–90) Calendar Days) in the event of delayed reimbursement.**

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27	1.6.11	Please define the division of responsibility between ASES and the selected MCO for communicating the SFHP transition to beneficiaries, providers, participating employers, and the public.	**The incumbent MCO contract outlines communication responsibilities during transition processes. ASES will consider and may adopt a termination and transition framework to define the division of communication responsibilities for the SFHP. The specific responsibilities will be formally communicated once the contract is awarded.**
28	1.6.11	Please clarify if this RFP requires working with Abarca mandatorily. It is our understanding that Abarca is not contracted for this new program currently. Is ASES planning to have a new contract with Abarca and, if so, what terms, conditions, and reporting would apply for administration, fees and rebates considering that the MCO would be assuming the risk for the coverage?	**At this time, the selected Offeror will be required to interface with Abarca Health under the existing operational structure, maintaining the applicable mandatory workflows currently utilized by Plan Vital's Managed Care Organizations (MCOs).**
29	1.6.11	Apart from Abarca, what other contractors would the contracted MCO be required to work with for the service to this group and are they also providing services that are within the at-risk, premium-based, coverage? Please list the criteria to approve or deny partnership with a delegated entity.	**For transition purposes, the selected MCO shall work with the current contractors to ensure a safe and efficient transition of applicable Enrollees, within the timeframe established by ASES. Specific instructions to govern the transition phase will be provided by ASES.**
30	1.7.1	Please clarify ASES's expectations for "Meeting Program Requirements" in a single-MCO, capitated, risk-bearing contract, including the extent to which the MCO may establish utilization management criteria, payment methodologies, network design, and proprietary fee schedules.	**ASES expects the selected MCO to meet all minimum program requirements established by the Agency. Within those parameters, the MCO will have the flexibility to develop and implement the utilization management criteria, payment methodologies, network design, and proprietary fee structures it deems necessary, provided that these remain fully compliant with the minimum standards, protections, and policy directives set by ASES. This approach ensures both regulatory consistency and operational flexibility for the MCO.**
31	1.7.2	Please clarify if for domestic violence victims a different access model will be required.	**No, at this time ASES does not require a different access model for domestic violence victims.**
32	1.7.2	Please clarify the eligibility criteria and statutory basis for including domestic violence victims as an SFHP population.	**Elegibility criteria for domestic violence victims under the SFHP will remain the same as applicable to this population under current Commonwealth population.**
33	1.7.2	Section 1.7.2 states "Note, all Offerors must submit a proposal for all state eligible populations including domestic violence victims." This population is currently served along the Foster Care population under MMM MH under the current GHP contract. Can ASES confirm whether the Domestic Violence population is to be included for this RFP?	**Yes. It must be included for this RFP.**

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34	1.7.3.5	Since App. K (Model Contract) has not been published, can you provide the proposed language under Section 10.1.6 of the Model Contract for this RFP?	**See Section 10.1.6 of the Model Contract, available to offerors in the "RFP Documents" folder in the ShareFile site provided.**
35	1.7.3.5	For readiness, will ASES recognize Providers already credentialed and contracted with the selected MCO under another Puerto Rico line of business (Commercial, Medicare Advantage)?	**Yes. ASES may recognize providers already credentialed and contracted by the selected MCO under other Puerto Rico lines of business, provided they meet the Agency's minimum requirements and are actively enrolled in the PEP.**
36	1.7.3.15	Please clarify the HCIP requirements applicable to the SFHP, including the portion of premium subject to quality assurance and the process ASES will use for notification, measurement, and evaluation of MCO interventions as well as, the utilization experience used to determine the benchmarks.	**ASES will adopt the same HCIP requirements currently applied under Plan Vital. This includes the portion of the premium tied to quality assurance and the corresponding expectations for MCO performance. All notifications, metrics, and evaluation processes, along with the utilization experience used to establish benchmarks, will follow the established HCIP framework used in Plan Vital, ensuring consistency and alignment across programs.**
37	1.7.3.6	Can we start with our current Call Centers operations schedule from 8AM to 8PM as done for all MA and Commercial members?	**The Call Centers must strictly comply with the requirements stated in Section 1.7.3.6 of the RFP.**
38	1.8	Will there be a single capitation payment rate applicable for all enrollees or will there be different rates that will be invoiced separately?	**Capitation is developed and bid by the SFHP rate cells shown in the Cost Proposal/Bid Template (SF Child 0-18 and SF Adult 19+), rather than one blended single rate for all enrollees.**
39	1.8	Please confirm the correct duration of the initial Contract term and the extension options, given the inconsistencies between October 1, 2026 through June 30, 2029, "three years," "up to two (2) additional years each," and "two (2) additional terms of one (1) year each."	**The initial contract base period will be from October 1, 2026, through June 30, 2029, with an option to extend for up to two (2) additional terms of one year each, from July 1, 2029, to June 30, 2030, and another from July 1, 2030, to June 30, 2031, at ASES's discretion. PMPM Payments made by ASES to the MCO will be evaluated for each contract term in accordance with applicable requirements for actuarially sound PMPM Payments. An amendment to the RFP will be issued shortly to correct this.**

Question #	RFP Section Reference	Questions	Answers
40	1.8	We understand that the effective date of the contract is October 1, 2026. However, the RFP also references the State Fiscal Year (SFY), which runs from July through June. Based on this, may we assume that the initial contract period for operational and financial purposes will be nine (9) months, from October 1, 2026, through June 30, 2027?	**The initial base contract period is from October 1, 2026 to June 30, 2029. However, the first period for operational and financial (PMPM) purposes is from October 1, 2026, through June 30, 2027.**
41	RFP Cover, Section 2.2 Procurement Schedule, Section 2.3.7.1	The cover page and Procurement Schedule in Section 2.2 identify August 14, 2026, at 11:59 p.m. AST as the Proposal submission deadline, while Section 2.3.7.1 states that Proposals are due September 2, 2026. Can ASES confirm the correct and controlling deadline for electronic submission of the Proposal?	**The correct and controlling deadline for electronic submission of the Proposal is August 14, 2026. An amendment to the RFP to correct this clerical error will be issued shortly.**
42	2.2	The deadline for submitting written questions is August 5, and that is the same day most offerors will have access to the Data Book for the first time. Would ASES do another round of questions to be submitted at least 10 days after access to the Data Book and Model contract?	**ASES will remain aligned with the official schedule established for the process.**
43	2.2	The schedule anticipates the possibility of implementation of less than 30 days, up to 9 days, before going live. This is not realistic for an MCO not currently in Vital under the RFP model requirements. Is there a possibility of considering a proposal for a later date to ensure reasonable implementation and would ASES consider October 1st , 2027?	**No. ASES will proceed according to the implementation schedule established in the RFP. Additionally, the contract term defined in the RFP is fixed at three years, and ASES does not anticipate modifying the implementation date beyond what has been formally published or consider proposals for an implementation date of October 1, 2027.**
44	2.3.1 2.4.13 7.2	Please confirm that no adjustments (e.g., risk scores, HCIP retention, morbidity across regions, or any other) will be applied to final capitation rates for this population.	**Final capitation rates are based on the RFP cost proposal process and actuarial review. No additional undisclosed adjustment factors should be assumed beyond those specified in the RFP, template instructions, and resulting negotiations/contract terms.**
45	2.3.1	Please confirm the runout period for the FFY 2024 and FFY 2025 incurred claims provided on the State Funded Data Book - Claims worksheet of <State Funded Data Book_07.31.2026.xlsx> workbook.	**The FFY 2024 and FFY 2025 incurred claims in the Data Book reflect runnout through December 31, 2025, and estimated completion factors for claims incurred by not yet paid thereafter.**
46	2.3.1	Please provide the most recent membership snapshot available for the SFHP Adult and SFHP Child populations, including total membership counts by population	**Table 1 provides the enrollment for Child and Adult populations by month for the six months after the Data Book timeframe.**
47	2.3.1	Cost Proposal Template - RFP #2026-002 (SFHP) shows Projection Period of July 1, 2026 to June 30, 2027, on each of the SF Child and Adult worksheets, which translates to 21 months of trend. Please confirm that the intended Projection Period should read October 1, 2026 to September 30, 2027, which is equivalent to 24 months of trend.	**For purposes of proposal development, use the projection period shown in the Cost Proposal Template (July 1, 2026 through June 30, 2027) unless an official addendum states otherwise. The Cost Proposal will be used for negotiation purposes, but final agreed upon rates will be adjusted for the effective contract period.**

Question #	RFP Section Reference	Questions	Answers
48	2.3.1 2.4.13 7.2	Will the carrier assuming risk for SFHP have access to or retain pharmacy manufacturer rebates generated by the enrolled population? If so, please describe how rebates are incorporated into data book or any other assumptions that should be utilized for Rx rebates.	**Offerors should include expected net pharmacy costs in their rate development consistent with the RFP and template assumptions. Any rebate treatment, reporting, and retention requirements will be governed by the final contract terms and applicable policy requirements.**
49	2.3.12	Will all existing Plan Vital State Population Enrollees be automatically assigned to the selected MCO on the Go-Live Date after readiness approval?	**Yes.**
50	2.3.6.2 and 2.3.6.3	Section 2.3.6.2 states that the deadline for references is August 14th; however, Section 2.3.6.3 states that references must be received by ASES by September 2nd. Would ASES please confirm the date that references are due to be received?	**References are due on August 14, 2026. An Amendment to the RFP to correct this clerical error will be issued shortly.**
51	2.4	Please specify the MLR threshold, calculation methodology, reporting period, and any remittance requirements if the threshold is not met.	**The MLR threshold is 90%.**
52	2.4.10	Please clarify whether any federal appropriations will fund the SFHP, given that the RFP describes the SFHP as a separate, state-only funded health plan.	**It is a state-only funded health plan.**
53	3.2.1	Will ASES acknowledge that certain requested materials will come from outside sources and will not meet font/formatting requirements (ex. reports/documents, insurance certificates in additional to financials)?	**Yes. Larger paper size (up to 11” x 17”) and smaller fonts are permissible for charts, diagrams, spreadsheets, etc. See Section 3.2.1.**
54	5.4.2.D	Section 5.4.2.D states "Include a narrative description to supplement the chart or diagram. The Offeror must provide the functional area full-time equivalents (FTEs) using the template provided in Appendix N." Can ASES confirm the first reference to Appendix N should be Appendix M corresponding to Page 112 of the RFP as it relates to FTE's?	**Yes. It is Appendix M not Appendix N. An Amendment to the RFP will be issued shortly to correct this clerical error.**
55	5.10.1	What are the specific RiskBased Capital requirements for this contract?	**The selected Offeror must meet applicable solvency and capital requirements consistent with Puerto Rico insurance regulation, including any risk-based capital standards and the final contract.**
56	5.13.3.B and 5.13.3.C	Section 5.13.3.B and 5.13.3.C pertains to subcontractor business and experience; however, the requirements refer to "the Offeror". Would ASES please confirm references are for the subcontractor only in this section?	**The mention of "Offeror" in Sections 5.12.3 B&C are a clerical error; it should should have stated "subcontractor". An amendment to correct this clerical error will be issued shortly. References under Section 5.13.3 J are for the subcontractor.**
57	6.2	Will the proposed benefit coverage under the SFHP, including copayment amounts, remain unchanged throughout the contract term?	**At this time, no changes to the SFHP benefit package are anticipated. However, ASES may implement modifications if necessary, and any such changes would be communicated in advance to ensure that the appropriate adjustments can be made.**
58	6.2	Could ASES provide an updated table of covered benefits and applicable co-payments?	**See Benefit Package folder at the Procurement Library.**

Question #	RFP Section Reference	Questions	Answers
59	6.2	Does ASES anticipate adding or removing covered benefits during the contract term?	**At this time, no changes to the SFHP benefit package are anticipated. However, ASES may implement modifications if necessary, and any such changes would be communicated in advance to ensure that the appropriate adjustments can be made.**
60	6.2.1	Will ASES allow the MCO to use their own Health Risk Assessment to tend to the needs of this population?	**No. The MCO must follow the health risk assessment criteria and requirements established by ASES.**
61	6.2	When can we expect ASES to provide the SFHP detailed description of the required covered services for this contract?	**See Benefit Package folder at the Procurement Library. Also, the final contract's benefit description will be consistent with the information presented in the Benefit Package.**
62	6.2	If Offeror proposes additional benefits, including in lieu of services, beyond the required covered services, will associated costs be included in the capitation rate?	**Costs for discretionary additional benefits (including in-lieu-of services) should not be assumed to be automatically included in ASES-paid capitation unless explicitly approved by ASES.**
63	6.2	What is the description of the benefits to be covered and the cost-sharing levels, i.e. same as Vital?	**Yes, the same benefits and cost-sharing as Plan Vital will apply. These are described in the Benefit Package.**
64	6.2.5	Please clarify whether the MCO will have participation in rebate review and formulary or Preferred Drug List (PDL) placement decisions.	**ASES will continue to retain full authority over pharmacy rebate management. While the selected MCO may participate in clinical discussions related to formulary and Preferred Drug List (PDL) placement, rebate review and rebate-related decision-making will remain exclusively under ASES.**
66	6.3	What will be the specific network adequacy standards (ie drive time, distance, provider-to-member ratios) applicable to the SFHP Contract?	**The same network adequacy standards established for Plan Vital will apply.**
67	6.3	Please clarify whether any state-directed payments or minimum fee schedules implemented under Plan Vital will apply to the SFHP population.	**Only state-directed payment policies and fee schedule requirements expressly identified for SFHP in the procurement documents apply. Plan Vital payment requirements do not automatically apply unless specifically stated.**
68	6.3	Please confirm the payment methodologies will apply for Institutional Acute Admission Services.	**Institutional Acute Admission Services must be administered and paid consistent with the SFHP benefit package, provider contracting terms, and payment requirements defined in the RFP and final contract.**
69	6.3	Does ASES requires Offeror to consider any minimum fee schedules, provider contracting standards, and subcapitation requirements for the SFHP contract? If so, please provide detailed requirements.	**Offerors must comply with all provider contracting, network adequacy, access, and covered service requirements in the RFP and contract. No additional minimum fee schedule or subcapitation requirement should be assumed unless officially issued by ASES.**
70	6.3.1	Section 6.3.1 required completion of Appendix O; however, Appendix O in the RFP is Contract Provisions for Non-Federal Entity Contracts Under Federal Awards. The Offeror assumes that the requirement for 6.3.1 is actually Appendix N - Provider Network Template which is still under final administrative review. Would ASES please confirm?	**The reference to Appendix O was a clerical error. It should reference Appendix N instead of Appendix O. An amendment to the RFP will be issued shortly to rectify this clerical error.**
71	6.3.1	What will be the specific network adequacy standards(ie drive time, distance, provider-to-member ratios) applicable to the SFHP Contract).	**See answer to Question #66.**

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72	6.3.1	In documenting "the efforts already made to establish a network in Puerto Rico," will ASES give evaluation credit to executed letters of intent or memoranda of understanding, or only to fully executed Provider contracts?	**Offerors must provide information on the current provider network they have established in Puerto Rico, if any, that will be used or intend to be used for this Contract. They may include providers in either their Medicaid, Medicare and/or Commercial networks. ASES will allow, for evaluation purposes, providers with current contracts, Letters of Intent (LOI) or Letters of Agreement (LOA).**
73	6.3.1	When Appendix N will be issued.	**Appendix N will be issued shortly with the First Amendment to the RFP.**
74	6.3	Is ASES expecting specific risk-sharing arrangements to apply to PMGs?	**ASES is not prescribing a specific PMG risk-sharing model for this RFP response. Offerors remain responsible for proposing a compliant operational and provider contracting approach that supports delivery of covered services.**
75	6.3.3	Please clarify whether MCOs may apply performance-based withholds, retentions, penalties or incentive arrangements to PCPs under capitated arrangements in the SFHP.	**No. The selected MCO must follow ASES's performance and quality criteria for PCPs and may not implement additional withholds, retentions, penalties, or incentive arrangements outside the parameters established by ASES.**
76	6.6.3	What type of transition assistance will the incumbent contractor be required to provide (ie transition of care, preauth/continuity of care) to the awarded entity?	**Transition assistance will follow the requirements established in the incumbent MCO's Plan Vital contract. This includes providing all necessary support to ensure continuity of care, processing pending authorizations, and supplying all clinical and operational information needed by the awarded entity. ASES will consider and adopt the termination process defined in the incumbent MCO's contract to ensure a smooth and orderly transition for members and providers.**
77	6.7. & 6.8	Will the current Vital PR MMIS processes be applicable to this SFHP Contract (e.g., eligibility enrollment process 834, capitation payment process 820, claims processing 835 & 837, not-at-risk payment 835 supp and any other?	**Yes**
78	6.8	Date Formats and Security - What are the required data exchange formats, transaction sets, and cadence for eligibility/enrollment (e.g., 834), encounters (837), and financial reporting with ASES and is there a published companion guide? What security/compliance certifications are required or preferred (HIPAA, HITRUST, SOC 2, NIST 800-53), and will ASES conduct independent security assessments during Readiness Review?	**The data exchange formats will be the same as used under Plan Vital. ASES will notify the selected MCO on updates to these transactions.**
79	6.8.1	Please clarify the official data reporting requirements and systems that ASES expects the Contractor to use for the SFHP.	**The official data reporting requirements will be the same as used under Plan Vital. ASES will notify the selected MCO on updates to these transactions.**
80	7	Will the premium revenue for the SFHP be subject to the Risk Adjustment methodology?	**The intent of the RFP is to issue a sole MCO contract and therefore risk adjustment to estimate acuity differences among MCOs is not necessary.**
81	7 & 7.2	Will the current Vital Covered Services be applicable to SFHP?	**Yes**
82	7 & 7.2	Will the current Vital Program for Not-at-Risk Services be applicable for SFHP?	**Services identified as excluded or non-risk in the RFP and Data Book will be covered under a similar non-risk arrangement as Plan Vital unless changed through official clarification or contract amendment.**

Question #	RFP Section Reference	Questions	Answers
83	7 & 7.2	Please provide updated enrollment mix by eligibility category under SFHP for periods subsequent to those presented in the Data Book and describe the drivers of any anticipated changes.	**Table 1 provides the enrollment for Child and Adult populations by month for the six months after the Data Book timeframe.**
84	7.2	Do the figures included in the Cost Proposal Template include only those for the actual Vital Commonwealth Membership or do they include data also for other government segments, e.g., Police Bureau, Retired Government Employees?	**The Cost Proposal Template is intended for the State Funded Population rate cells identified in the template (SF Child 0-18 and SF Adult 19+), consistent with the Commonwealth membership.**
85	7.2	Please provide the membership by Rate Cell used in the Cost Proposal Template for SF Child (0-18) and SF Adult (19+) Rate Cells.	**The rate-cell structure used in the Cost Proposal Template is SF Child (0-18) and SF Adult (19+). Historical experience supporting these cells is provided in the Data Book and template tabs for each rate cell.**
86	7.2	Will ASES disclose the complete actuarial scoring basis used to calculate the weighted-average PMPM, including actuarially sound rate ranges and member-month weights, before Proposal Submission Date?	**ASES has provided the pricing framework through the RFP and Cost Proposal Template. Any additional scoring or evaluation detail will be communicated, if applicable, through official procurement clarifications/addenda.**
87	8	Is ASES willing to make changes to the current pharmacy benefit?	**At this time, ASES does not anticipate changes to the current pharmacy benefit. However, ASES will continue to rigorously evaluate potential programmatic improvements and may consider enhancements that strengthen procurement requirements and maximize value for the Government of Puerto Rico and its beneficiaries. Accordingly, ASES is open to receiving an alternative proposal that includes the pharmacy benefit as part of the overall submission.**
88	8	Is ASES willing to transfer the pharmacy program rebates to the selected MCO?	**Yes, ASES would be willing to transfer the pharmacy program rebates, provided that pharmacy benefit management (PBM) is fully administered by the selected MCO.**
89	8	Will the entity assuming the financial risk for the population covered under the SFHP have access to pharmacy rebates to help offset the premiums to be quoted?	**Yes, provided that the pharmacy benefit is fully administered by the selected MCO.**
90	8	Can an MCO present only the Offeror-managed PBM option for the evaluation of the services requested in this RFP?	**Yes. The offeror may submit an alternative proposal that includes the pharmacy benefit with its PBM, provided that the PBM is fully administered by the selected MCO.**
91	8	Please explain what will be the mechanism to recover pharmacy costs that have already been paid through the PBM, upon retroactive changes in membership processed by ASES.	**Retroactive eligibility changes will be handled through the same reconciliation processes that ASES currently uses. This mechanism ensures that clinical and financial responsibility remain distinct and aligned with the operational structure in place for this population.**
92	8.1	Please clarify whether the MCO will be responsible for Pharmacy and Therapeutics (P&T) administration or whether ASES will continue using the ASES P&T Committee.	**ASES will continue to use its P&T Committee for formulary administration, with participation from the MCO as part of the committee.**
93	8.1	Please clarify whether the MCO will be responsible for formulary administration or whether ASES will require use of the ASES Formulary of Medications Covered.	**Since no changes to the benefit, including the pharmacy benefit, are anticipated at this time, the MCO will be required to use the current ASES formulary for this population as the baseline and adhere to all standards and requirements established by ASES.**
94	8.1	Please clarify whether rebate management will remain with ASES or will be included within the MCO's responsibilities through its contracted PBM.	**Pharmacy rebate management will remain under ASES.**
95	N/A	Has the budget allocated for the State Funded Health Plan been approved by the Financial Oversight & Management Board of Puerto Rico?	**Although ASES has an approved budget that includes the state population under Plan Vital, prior to the signature of the SFHP contract ASES must obtain FOMB approval.**

Question #	RFP Section Reference	Questions	Answers
96	N/A	May the selected MCO use its existing commercial provider network and commercial provider reimbursement rates to serve the SFHP population?	**Yes. The selected MCO may use its existing commercial provider network to serve the SFHP population, provided that the network meets ASES's network adequacy requirements and that the providers are paid no less than the minimum reimbursement rates established by ASES.**
97	Appendix A	May the Offeror designate an aditional contact person, in addition to the authorized representative, for communications related to this procurement?	**No.**
98	Appendix K and Cost Proposal Template	As the revised Model Contract, Appendix K has not been released, please confirm that Offerors should develop their Cost Proposals based solely on the requirements, benefits, reimbursement policies, operational requirements, and other information contained in the RFP, Procurement Library, Data Book, and written responses to Offeror questions.	**The Cost Proposal should be developed based in the guidelines provided in the Cost Proposal Template and other RFP documents. However, the Model Contract is already available in the ShareFile site for review.**
99	Appendix K and Cost Proposal Template	Please identify any anticipated changes to program requirements, benefits, provider reimbursement policies, operational requirements, or contractual obligations that Offerors should assume when developing the Cost Proposal.	**At this time ASES is not anticipating any changes in program benefits, policies or contractual obligations.**
100	9. APPENDICES	Section 9. Appendices of the RFP identifies Appendix K – Model Contract, Appendix L – Mandatory Requirements Certifications, and Appendix N – Provider Network Template as separate documents that will be issued following administrative review, with Appendices K and N specifically identified as forthcoming through an RFP addendum. As of the date of this question, these documents have not been provided to registered Offerors. When will ASES publish and distribute Appendices K, L, and N?	**These Appendices will be available as of the date of the publication of this document.**
101	Cost Proposal Template	Please identify any provider contracting requirements or restrictions that Offerors should assume when developing the Cost Proposal, including any limitations on provider reimbursement negotiations, alternative payment arrangements, risk-sharing arrangements, or other provider cost-management strategies.	**Offerors should assume compliance with all RFP and contract requirements for network adequacy, access, and covered services. No additional provider contracting restrictions are being issued beyond applicable law/regulation and procurement documents.**
102	Cost Proposal Template	The Cost Proposal Excel Template reflects a projection period of July 1, 2026 through June 30, 2027. However, the RFP indicates the initial Contract Year begins October 1, 2026. Please clarify the intended projection/rating period to be used in developing the Cost Proposal. If the intended rating period is October 1, 2026 through June 30, 2027, please provide an updated Cost Proposal Excel Template with the corresponding projection period, trend calculations, and formulas.	**The rate-cell structure used in the Cost Proposal Template is SF Child (0-18) and SF Adult (19+). Historical experience supporting these cells is provided in the Data Book and template tabs for each rate cell.**
103	Cost Proposal Template	Does this program have any cap on administrative cost and profit like Vital?	**Yes. MLR of 90%.**
104	Appendixes	Is ASES's expectation for Appendix C-1 to be submitted in concurrence with the proposal?	**Yes**
Q&A of Mandatory Conference			

Question #	RFP Section Reference	Questions	Answers
105	[redacted]	Can Milliman/ASES provide an enrollment snapshot from a more recent month such as June 2026?	**Table 1 provides the enrollment for Child and Adult populations by month for the six months after the Data Book timeframe. June 2026 enrollment snapshots are not available to provide at this time.**
106		Can Milliman/ASES share the IBNR factors applied to each rate cells base period?	**The base period data in the Cost Proposal Template includes IBNR. Separate rate-cell-specific IBNR development factors are not being issued as part of this procurement package.**
107		What assumptions should Offerors make regarding future expansion of eligibility categories beyond those currently contemplated by the RFP?	**Offerors must base proposals on the eligibility categories defined in the current RFP. No additional future eligibility expansion should be assumed unless formally communicated by ASES.**
108		Generally, current Non-Risk coverage is excluded from the data book experience, as explained. Going forward as the SFHP, will these services be excluded from coverage or will they be covered under a similar non-risk arrangement?	**Services identified as excluded or non-risk in the RFP and Data Book will be covered under a similar non-risk arrangement as Plan Vital unless changed through official clarification or contract amendment.**
109		What mechanisms will ASES use to monitor and mitigate adverse selection if future eligibility expansions disproportionately attract individuals with higher healthcare needs than those reflected in current assumptions?	**ASES will monitor enrollment and utilization through contractual reporting and oversight requirements. If eligibility expansions materially change population risk or acuity, ASES will evaluate those impacts through the capitation rate development process and apply adjustments consistent with the RFP and contract terms.**
110		The current managed care delivery model not only uses PMGs to manage care, but requires PCP referrals for many services. Can you confirm if these referral requirements may remain in place or whether they have been removed?	**Care management and referral requirements may remain in effect consistent with the RFP, network model, and final contract terms. Any mandatory policy change will be communicated officially by ASES.**
111		When the revised RFP and the pending Appendixes (Model of Contract, Appendix L and N) can be expected?	**On or before August 10, 2026**
112		Can we assume that the magnitude of the experience PMPMs for capitated services are diluted given that not all MCOs have the same capitated service arrangements in place?	**PMPMs for capitated service categories reflect aggregate reported experience and may be influenced by differences in capitation and subcapitation structures across MCOs.**
113		Benefit package does not include PA for many services that usually have PA. Is the document a guideline so the MCO be able to design the benefit? or PAs in those services are not allowed?	**For proposal purposes, the benefit package is the required coverage framework. Prior authorization may be applied where permitted by the RFP, clinical policy, and applicable law, unless expressly prohibited.**