Appendix C (2)

Medicaid Wrap-Around

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 0 0 0 0 2

NÚMERO DE CONTRATO

Wrap-Around Coverage Table 2027

Coordination of Medicaid with Medicare
Puerto Rico Health Insurance Administration (PRHIA)
Medicare Platino Program

COVERAGE ORIGINAL MEDICARE	*PLATINO WRAP STATE PLAN* *(Limited to the State Plan Covered Services)*
INPATIENT HOSPITAL SERVICES *Co- Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part A **covers hospitalization care**, including semi-private rooms, meals, general nursing, drugs administered as part of inpatient treatment, and all other hospital services and supplies. This coverage applies once the beneficiary is formally admitted to the hospital; however, Medicare does not guarantee bed availability. Part A includes care received in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient services provided as part of a qualifying clinical research study, and mental health care. Although Part A covers inpatient hospitalization (not Part B), the **costs associated with the inpatient stay fall under Medicare Part B**.	Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year. Coverage includes: • Isolation room for medical reasons. • Specialized diagnostic/treatment such as electrocardiograms, electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment testing that are available in the hospital facilities and which are required to be performed while the patient is hospitalized. • Short Term Rehabilitation Services: To hospitalize patients, including physical, occupational, and speech therapy. Blood: Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of a certified hematologist; Antihemophilic Factor with intermediate purity concentration (Factor VIII) A; Antihemophilic Monoclonal Type Factor per authorization of a certified hematologist and Prothrombin Activated Complex (Auto flex and Feiba) per authorization of a certified hematologist.

ADMINISTRACIÓN DE SEGUROS DE SALUD

27 - 00002

NÚMERO DE CONTRATO

INPATIENT HOSPITAL FOR MENTAL HEALTH DISEASES *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part A covers hospital inpatient mental health services, including room, meals, and nursing care, with a 190-day lifetime limit when the care is provided in a psychiatric hospital. However, this limit does **not** apply when the inpatient mental health services are provided in a general hospital.	Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year.
INPATIENT SUBSTANCE USE DISORDER *Co- Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part A **covers inpatient substance abuse** treatment when the services are medically necessary and provided in a Medicare-certified hospital. Services delivered in facilities that are not Medicare certified are not covered. Coverage applies only when Medicare inpatient admission criteria are met.	Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year.
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
OUTPATIENT SUBSTANCE USE DISORDER *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part B **covers Partial Hospitalization**, which is delivered through structured partial hospitalization programs (PHPs) that provide intensive psychiatric care using a combination of clinically recognized items and services specified in §1861(ff) of the Social Security Act. These programs serve two groups of patients: individuals recently discharged from an inpatient hospital program when PHP is used in lieu of continued inpatient care, and individuals who, without PHP services, would be at reasonable risk of requiring inpatient hospitalization. Treatment goals must be measurable, functional, time-framed, medically necessary, and directly related to	Coverage begins on first day of Medicare and Platino Wrap around apply on any non-covered benefit under the MAO supplementary benefit coverage and included as covered services on Medicaid state plan. Access to a semi-private room (bed available twenty-four (24) hours a day, every Calendar Day of the year.

Approved by CMS, June 2026

Clinical Operations-Clinical affairs reviewed 3/10/2026

the reason for admission. Medicare must apply MHPAEA parity standards, and tele-mental-health services remain covered under CMS 2026 rules.	
OUTPATIENT MENTAL HEALTHCARE & PROFESSIONAL SERVICES	*Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***
Medicare Part B **Cover Mental Health Services and Visits**. Covers with these types of health professionals (deductibles and coinsurance may apply): Psychiatrist or other doctor, Clinical psychologist, Clinical social worker, Clinical nurse specialist, Nurse practitioner and Physician assistant. One depression screening per year. The screening must be done in a primary care doctor's office or primary care clinic that can provide follow-up treatment and referrals. Part B also covers outpatient mental health services for treatment of inappropriate alcohol and drug use. • Individual and group psychotherapy with doctors or certain other licensed professionals allowed by the state where you get the services. • Family counseling, if the main purpose is to help with your treatment. • Testing to find out if you're getting the services, you need and if your current treatment is helping you. • Psychiatric evaluation. • Medication management. • Certain prescription drugs that aren't usually "self-administered" (drugs you would normally take on your own), like some injections. • Diagnostic tests. • Partial hospitalization. • A one-time "Welcome to Medicare" preventive visit. This visit includes a review of your potential risk factors for depression.	All mental health related OPD services and twenty-four (24) hours a day, seven (7) days a week emergency and crisis intervention non-covered by Medicare or the MAO supplementary benefits but included in the State Plan.

• A yearly "Wellness" visit. This is a good time to talk to your doctor or other health care provider about changes in your mental health so they can evaluate your changes year to year.	
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
LABORATORY AND HIGH-TECH LABORATORIES *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part B **Covers *Clinical Diagnostic Laboratory Services.*** Covers that are ordered by your doctor or practitioner. Laboratory tests include certain blood tests, urinalysis, tests on tissue specimens, and some screening tests. They must be provided by a laboratory that meets Medicare requirements. **Medicare doesn't cover most Health Certificates**	Laboratory testing and necessary procedures related to generating a Health Certificate non-covered by Medicare or the MAO supplementary benefits but included in the State Plan. Health Certificates are covered under the GHP, provided that cost sharing and/or deductibles applicable for necessary procedures and laboratory testing related to generating a Health Certificate will be the Enrollee's responsibility. Such certificates shall include: • Venereal Disease Research Laboratory("VDRL") tests. • Tuberculosis ("TB") tests; and • **Hepatitis C virus: Anti HCV and or HCV- RNA as required.** • **Hepatitis B virus: HBsAg; HBcAb IgM and or IbG** **If needed.** • **Hepatitis A virus: HAV IgM; HAV RNA, as required.[1].** Any Certification for GHP Enrollees related to eligibility for the Medicaid Program (provided at no charge). **Coverage must follow Puerto Rico Department of Health and CDC guidelines.**

[1] As ordered by the Department of Health of Puerto Rico, administrative order 594 dated 7/30/2024

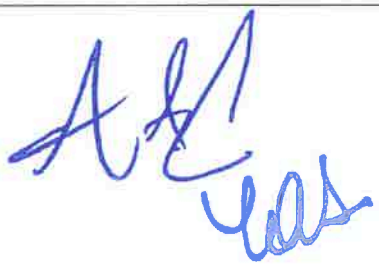
COVERAGE ORIGINAL MEDICARE	*PLATINO WRAP STATE PLAN*
FAMILY PLANNING *Co-Payment Code*	***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***
Medicare doesn't cover Family Planning	Family Planning services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Puerto Rico Medicaid benefits provide reproductive health and family planning counseling. Such services shall be provided voluntarily and confidentially, including circumstances where the beneficiary is under age eighteen (18). Family planning services will include, at a minimum, the following: education and counseling; pregnancy testing; infertility assessment; sterilization services in accordance with 42 CFR 441.200 subpart F; laboratory services; cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC); at least one of every class and category of FDA-approved contraceptive; at least one of every class and category of FDA-approved contraceptive method; and other FDA approved contraceptive medications or methods when it is Medically Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations: • Contra-indication with drugs that the Enrollee is already taking, and no other methods covered/available that can be used by the Enrollee. • History of adverse reaction by the Enrollee to the contraceptive methods covered. • History of adverse reaction by the Enrollee to the contraceptive medications that are covered. Federal Sterilization Requirements: • Beneficiary must be at least 21 years old. • Federal consent form must be signed 30–180 days prior to the procedure.

	• Emergency sterilizations are prohibited. • Interpreter services must be provided when needed. • Coercion is prohibited.
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
TOBACCO CESSATION *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part B (Medical Insurance) covers up to 8 face-to-face visits in a 12-month period. These visits must be provided by a qualified doctor or other Medicare-recognized practitioner.	Tobacco cessation services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Smoking cessation drugs are covered for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases, the plan covers prescription and non-prescription aids as indicated by a physician.
MATERNITY SERVICES *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Maternity Services Medicare Part A and B Covers Prenatal and Maternity Care. Covers medically necessary services and Inpatient services. Abortions are only covered when the life of the mother would be in danger if the fetus is carried to term.	Maternity services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Abortions when the pregnancy is a result of rape or incest as certified by a physician. Severe and long-lasting damage would be caused to the mother if the pregnancy is carried to term as certified by a physician.
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
MEDICAL AND SURGICAL *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130-$0.00***	

Approved by CMS, June 2026

Clinical Operations-Clinical affairs reviewed 3/10/2026

Medicare Part B **Covers Ambulatory Surgery**. Covers the facility and professional service fees related to approve surgical procedures provided in an ambulatory surgical center.	Medical and Surgical services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Voluntary sterilization of men and women of legal age and sound mind, provided that they have been previously informed about the medical procedure's implications, and that there is evidence of Enrollee's written consent by completing the Sterilization Consent Form included as Appendix (O) (18) of the Contract.
VISION* SERVICES** *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00	
Medicare Part B - Medicare does not normally cover routine vision services, such as eyeglasses and eye exams. **Covers Glaucoma Tests** every 12 months under certain circumstances. For people with diabetes: It covers eye exams to check for diabetes retinopathy.	Vision services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Eyeglasses or lenses for beneficiaries between the ages of 0 to <21 years when **medically necessary** will be cover, the benefit of eyeglasses and lens consist of a single or multifocal lens and a standard frame eyeglass every 24 months. All types of lenses have to be preauthorized except intraocular lenses. Repair or replacement of eyeglasses within 24 months when this is medically necessary and approved by the pre-authorization will be covered.
DENTAL SERVICES PREVENTIVE & RESTORATIVE *Co-Payment Code* **Preventive (Child)*100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00*** **Preventive (Adult)*100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00*** **Restorative** ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	



Approved by CMS, June 2026

Clinical Operations-Clinical affairs reviewed 3/10/2026

Medicare doesn't cover most dental care, Part A can pay for inpatient hospital care to have emergency or complicated dental procedures, even though the dental care isn't covered	Dental services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. The following are the benefits included in the GHP; • All preventative and corrective services for children under age twenty-one (21) • Pediatric Pulp Therapy (Pulpotomy) for children under age twenty-one (21); • Stainless steel crowns for use in primary teeth following a Pediatric Pulpotomy. • Preventive dental services for adults. • Restorative dental services for adults. • One (1) comprehensive oral exam per year. • One (1) periodical exam every six months. • One (1) defined problem-limited oral exam. • One (1) full series of intra oral radiographies, including bite, every three (3) years. • One (1) initial periapical intra-oral radiography. • Up to five (5) additional periapical/intra-oral radiographies per year. • One (1) single film-bite radiography per year. • One (1) two-film bite radiography per year. • One (1) panoramic radiography every three (3) years. • One (1) adult cleanses every six (6) months. • One (1) child cleanses every six (6) months. • One (1) topical fluoride application every six (6) months for Enrollees under nineteen (19) years old. • Fissure sealants for life for Enrollees up to fourteen (14) years old, including decidual molars up to eight (8) years old when Medically Necessary because of cavity tendencies. • Amalgam restoration; • Resin restorations; • Root Canal; • Palliative treatment; and • Oral Surgery

	• Sedation and anesthesia services for beneficiaries with physical or mental handicaps in compliance with local laws. • Periodontal Scaling and root planning up to 4 cuadrants per beneficiary. • Interim removable partial dentures (upper and lower). • Hospital visits. • All limitations may be exceeded based on medical necessity and approved thorough prior preauthorization or exemption process.
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
HEARING* EXAMS** *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00	
Medicare Part B Covers Diagnostic Hearing and balance exams if the physician or other health care provider orders these tests to see if you need medical treatment. Medicare covers audio logic diagnostic testing provided by an audiologist when a physician or non-physician practitioner (nurse practitioner, clinical nurse specialist, or physician's assistant) orders the evaluation for the purpose of informing the physician's diagnostic medical evaluation or determining appropriate medical or surgical treatment of a hearing deficit or related medical problem. Direct access to audiologists is permitted once per year for non-acute assessments.	Hearing related services non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan.

Approved by CMS, June 2026

Clinical Operations-Clinical affairs reviewed 3/10/2026

Medicare doesn't cover, hearing aids, or exams for fitting hearing aids.	
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
PREVENTIVE* SERVICES** *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00	
Immunizations Medicare Part B **Normally covers one Immunizations** shot per: Influenza (Flu); Hepatitis B; and Pneumococcal shots. Also cover tetanus and rabies shots when exposed or at-risk episode. Vaccines coverage according to the Medicare Benefit Package/ Recommended all vaccines by ACIP and DOH for adults' population.	Immunization services non-covered by; 1- Medicare Part B. 2- MAO Part D drug formulary. 3- MAO supplementary plan benefits. 4- Not covered by the Puerto Rico Department of Health Immunization Program but included in the Puerto Rico Medicaid State Plan. **All immunizations required for post bone marrow transplant patients**
PHYSICAL, OCCUPATIONAL, SPEECH THERAPY *Co-Payment Code* ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00***	
Medicare Part B (Medical Insurance) helps pay for medically necessary outpatient physical therapy, occupational therapy, and speech-language pathology services, with no annual limit on how much Medicare will cover for medically necessary care. Before providing services that are not medically necessary, your therapist or therapy provider must issue an "Advance Beneficiary Notice of Non-Coverage" (ABN), which allows you to decide whether to proceed with such services and accept financial responsibility. Functional documentation and periodic progress reports are required as part of ongoing therapy.	Covered without limits under Medicare Part B (Medical Insurance). Do not apply within Wrap-Around.
COVERAGE ORIGINAL MEDICARE	***PLATINO WRAP STATE PLAN***
PRESCRIPTION DRUGS	
Co-Payment Code ***100-$0.00 / 110-$1.00 /120- $2.00 /130- $3.00*** ***Preferred (Adult)*******	

Approved by CMS, June 2026

Clinical Operations-Clinical affairs reviewed 3/10/2026

Co-Payment Code ***100-$0.00 / 110-$3.00 /120- $4.00 /130- $6.00*** ***Non-Preferred (Adult)*******	
Co-Payment Code ***100-$0.00 / 110-$0.00 /120- $0.00 /130- $0.00*** ***Outpatient Substance Abuse***	
Drugs and biologicals are covered only if all of the following are met: they meet the definition of drugs or biologicals; they are not the type that are usually self-administered; they meet all of the general requirements for coverage of items as incident to a physician's services; they are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted standards of medical practice; they are not excluded as immunizations; and they have not been determined by the FDA to be less than effective.	Prescription drugs non-covered by Medicare and/or the MAO supplementary benefits but included in the State Plan. Any cost sharing not included on the MAO benefit design as approved by CMS, including deductible, co insurances or coverage gaps exceeding the State Plan. The drug needs to be in the GHP formulary and needs to be subject to the applicable edits as established in the GHP Formulary of Medications in Coverage (FMC). It also needs to comply with the following: • All MAOs pharmacy benefit will provide full year drug coverage with their CMS approved Part D Drugs Formulary, and subject to established Platino copayments as the only out of pocket contribution. • Drugs not included in the MAOs Part D Drugs Formulary should undergo CMS required exception process for possible approval of non-covered drugs. If exception process denial is sustained by the MAOs, including the appeal process, but if the drug is covered by the GHP Formulary, the drug will be covered under Wrap-Around. The prescriber physician needs to exhaust available MAO Formulary on the needed drug category. • Wrap around drugs to be considered need to be part of the GHP Formulary. All MAO's Part D Drugs Formularies should have the same therapeutic classes as GHP Formulary.

Observations:

[1]Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table.

Platino wrap services are subject to the maximum co-payments in the table with exemptions and zero co-payments for Medicaid/CHIP beneficiaries and certain services as follows:

Medicaid/CHIP Beneficiaries

- **American Indians and Alaskan Natives (AI/AN)**
- **Institutionalized Individuals; and**
- **Individuals receiving Hospice Care.**

Services

- **Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);**
- **Family Planning services and supplies;**
- **Pregnancy related services and counseling and drugs for cessation of tobacco use;**
- **Provider-preventable services as defined in 42 CFR 447.26(b); and**
- **Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.**

Notes: 1. Wrap around table is subject to change in 01/01/2027.

2. N/A= Medicare fulfill or exceeds PSG benefit

3. The $0.00 copayments changes under non-Rx copays and MH/SA copays is a result of the compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) under the Platino 2026 Wrap Around.

Additional comments:

2026 Medicare Part D Redesign

The 2026 redesign includes:

- **Elimination of the coverage gap.**
- **A $2,000 annual out of pocket cap.**
- **New Manufacturer Discount Program (MDRP).**
- **Optional smoothing program to distribute out of pocket costs across the year.**
- **All ACIP recommended vaccines covered at $0.**

A. Wrap Around Drug Coverage

Wrap Around coverage applies only when Medicare and the MAO do not cover the drug and the State Plan does.

Compliance:

- **The CMS exception process must be completed first.**
- **Documentation must demonstrate that formulary alternatives were attempted or contraindicated.**

B. Federal Citations

- **Medicare: 42 USC §1395; 42 CFR 400–429**
- **Medicaid: 42 USC §1396; 42 CFR 430–456**
- **MHPAEA: 42 CFR 438.910**
- **Sterilization: 42 CFR 441.200–208**
- **Emergency Services: 42 CFR 438.114**
- **Part D Redesign: CMS Final Rule 2025–2026**

Approved by CMS, June 2026

Clinical Operations-Clinical affairs reviewed 3/10/2026