Attachment 15: Form A-102 - Evidence of Lack of Providers and Providers Refusal to Contract

Pursuant to section 9.1.10 of the Contract, the Contractor must use this Form to evidence the lack of providers in its Network or refusal to contract as part of the General Network or the PPN. The Contractor must carry out all efforts to contract with those providers including specialists ensuring network adequacy requirements are met. The Contractor must validate and submit all supporting documents evidencing the lack of Providers or refusal to contract required in this Form.

Provider Name   _____

NPI   _____

Specialty   _____

Municipality   _____

List of MCO's Recruitment Activities and dates of such activities:

_____
_____
_____
_____
_____
_____

Provide the Dates and Outcomes of Meetings with provider:

_____
_____
_____
_____
_____

Explain the issues causing concerns or barriers to Contracting:

_____
_____
_____
_____

Provide description of contract offers to the provider including fees and any other incentives:

_____

_____

_____

_____

_____

_____

_____

Provide reasons why the provider refused the contract:

_____

_____

_____

_____

_____

_____

Describe provider counter offers:

_____

_____

_____

_____

_____

Describe remedies offered by MCO to address provider's concerns in order to come to terms with the contract

_____

_____

_____

_____

_____

Please attach to this form any relevant document in support of your responses.

ATTACHMENT 16 – LIST OF REPORTS

REPORT NUMBER	REPORT TITLE	PROGRAM AREA	ASES REVIEW DEPT.	CONTRACT SECTION	FREQUENCY
1	Call Center Report	Administrative	Customer Service	18.2.2.1	Monthly
2	Enrollee Enrollment Materials Report	Administrative	Customer Service	18.2.2.2	Quarterly
3	Fraud Waste Abuse Report	Administrative	Compliance	18.2.2.3	Quarterly
4	Privacy and Confidentiality Report	Administrative	Compliance	18.2.2.4	Monthly
5	Systems Incident Report	Administrative	Information Systems	18.2.2.5	Annually or 10 Business Days following incident
6	Federal Qualified Health Center (FQHC) Report	Administrative	Compliance	18.2.2.6	Quarterly
7	Special Coverage Registry Report	Administrative	Clinical Affairs	18.2.2.7	Monthly
8	High Cost High Needs Registry Report	Administrative	Planning & Quality	18.2.2.8	Monthly
9	Disclosure of Information on Annual Business Transactions	Administrative	Compliance	18.2.2.9	Annually
10	Statistical Reports	Administrative	Planning	18.2.2.10	45 days of end of year
11	Claims Activity Report	Claims	Clinical Affairs	18.2.3.1	Monthly
12	Encounter Data	Claims	Information Systems	18.2.3.2	Monthly
13	CMS 416 Report	Covered Services	Planning & Quality	18.2.4.1	Annually
14	Executive Director and Utilization Data	Covered Services	Planning &	18.2.4.2	Quarterly

List of Required Reports

REPORT NUMBER	REPORT TITLE	PROGRAM AREA	ASES REVIEW DEPT.	CONTRACT SECTION	FREQUENCY
	Report		Quality		
15	Network Provider List	Provider Reports	Planning & Quality	18.2.5.1	Monthly
16	Geographic Access Report	Provider Reports	Planning & Quality	18.2.5.2	Quarterly
17	Appointment Availability Report	Provider Reports	Planning & Quality	18.2.5.3	Quarterly
18	Provider Satisfaction Survey Report	Provider Reports	Planning & Quality	18.2.5.4	Annually
19	Provider Training and Outreach Evaluation Report	Provider Reports	Planning & Quality	18.2.5.5	Quarterly
20	Physician Incentive Program Report	Provider Reports	Planning & Quality	18.2.5.6	Annually
21	Grievances and Appeals Report	Quality	Customer Service	18.2.6.1	Quarterly
22	Health Care Improvement Program Plan (HCIPP) Report	Quality	Planning & Quality	18.2.6.2	Quarterly
23	Enrollee Satisfaction Survey Report	Quality	Planning & Quality	18.2.6.3	Annually
24	Audited HEDIS Results Report	Quality	Planning & Quality	18.2.6.4	Annually
25	Integration Model Report	Utilization Management	Clinical Affairs	18.2.7.1	Quarterly
26	Systems Availability and Performance Report	Systems	Information Systems	18.2.8.1	Monthly
27	Business Continuity and Disaster Recovery (BC-DR) Test Report	Systems	Information Systems	18.2.8.2	Annually
28	Unaudited Financial Statement	Financial Management	Finance	18.2.9.1	Quarterly
29	Report on Controls Placed in Operation and Tests of Operating Effectiveness	Financial Management	Finance	18.2.9.2	Annually
30	Audited Financial Statements	Financial Management	Finance	18.2.9.3	Annually
31	Cost Avoidance Report	Financial Management	Finance	18.2.9.4	Quarterly

List of Required Reports

REPORT NUMBER	REPORT TITLE	PROGRAM AREA	ASES REVIEW DEPT.	CONTRACT SECTION	FREQUENCY
32	Report to Puerto Rico Insurance Commissioner's Office	Financial Management	Compliance	18.2.9.5	Annually
33	Annual Corporate Report	Financial Management	Compliance	18.2.9.6	Annually
34	Pharmacy Certification	Financial Management	Finance	18.2.9.7	Every two weeks
35	Incurred But Not Paid (IBNR) Report	Financial Management	Finance	18.2.9.8	Quarterly
36	Medical Loss Ratio Report	Financial Management	Finance	18.2.9.9	Annually

HIE Plan

Attachment 17

Version 10.1.18

STRATEGIC PLAN FOR THE ADOPTION OF HEALTH INFORMATION EXCHANGE (HIE) BY THE GOVERNMENT HEALTH PLAN (GHP) PROVIDER NETWORK

The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, established a set of national initiatives to promote the adoption and meaningful use of health information technology (commonly referred to as HIT), including the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Since the inception of the Puerto Rico Medicaid EHR Incentive Program in 2012, the Puerto Rico Health Insurance Administration (ASES by its Spanish acronym) has been the state-level entity chartered with the administration of the program and leading the implementation of the State Medicaid Health Information Technology Plan (SMHP). The Puerto Rico Medicaid EHR Incentive Program, also known as the HIT Provider Incentive Program (HITPIP) has issued over $170M in payments to Puerto Rico providers to over 3,900 providers as of March 31, 2018..

On April 24, 2018 CMS issued a Proposed Rule (CMS-1694-P) that establishes new requirements or revises existing requirements for eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) participating in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (now referred to as the Promoting Interoperability Programs). In addition, the Proposed Rule includes changes to the requirements that apply to States operating Medicaid Promoting Interoperability Programs, including Puerto Rico. The Proposed Rule is part of a series of recent CMS initiatives, such as MyHealthEData, to ensure the healthcare system puts patients first. One of the key elements in the Proposed Rule is that providers must use the 2015 Edition of Certified Electronic Health Record Technology (CEHRT)[1] beginning in 2019 to drive interoperability using Application Programming Interfaces (APIs).

Since the inception of the EHR Incentive Programs, ASES has recognized that providers are the gateway to an organized and integrated healthcare delivery systems. The implementation of this Strategic Plan will further the integration of all the health care provider networks as an organized health care system, allowing ASES to plan for, provide/purchase, and coordinate all core services along the continuum of health care services for the population served by the GHP. The adoption and meaningful use (MU) of EHRs and the secure and effective exchange of the patient health information constitute the backbone of an organized integrated health system with the necessary elements for interoperability.

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[1] Certified EHR Technology refers to commercial products that have been certified by designated third parties to meet the requirements established by the Office of the National Coordinator for Health Information Technology (ONC) to ensure that Electronic Health Record (EHR) technologies meet the adopted standards and certification criteria to help providers and hospitals achieve Meaningful Use (MU) objectives and measures established by the Centers for Medicare and Medicaid Services (CMS).

ASES has been implementing a strategic plan focused on adoption and meaningful use of CEHRT by the GHP provider network since 2014. One of the key elements of the strategic plan was seeking support from MCOs contracted for the GHP to promote adoption and meaningful use of CEHRT by their health care provider network as well as active participation in the Puerto Rico Health Information Network (PRHIN), Puerto Rico's state-level Health Information Exchange (HIE), to enable health information exchange among health care providers.

As a means of aligning State-level HIT initiatives with CMS policy in the Proposed Rule (CMS-1694-P) and capitalizing on the new GHP contracting cycle, ASES is creating a strategic plan that focuses on health information exchange and interoperability. The strategic plan is intended to promote health information exchange among GHP providers through interoperable CEHRT and implementing enabling HIT/HIE infrastructure. The goals of the ASES HIE Strategic Plan are as follows:

- *Increase the size, scope, and services of public HIT/HIE infrastructure* - The HIT/HIE infrastructure in Puerto Rico is comprised of a number of initiatives that have grown organically, primarily to support provider demonstration of meaningful use (MU). In order for HIE to become a more significant activity in Puerto Rico, it is important to establish connectivity to broader State and Federal HIT/HIE infrastructure. In addition, the development of a State-level provider directory will facilitate more efficient electronic exchange among GHP contractors;

- *Support statewide HIE adoption and use* – HIE activity in Puerto Rico has mostly revolved around meaningful use (MU) and has been driven by hospitals given their role in the health system. For HIE to deliver on its promise in Puerto Rico's health system, HIE must become a principal activity in clinical settings. Therefore, the strategic plan strives to promote sustainable HIE models, identifying use cases that will generate a critical mass of HIE activity, and supporting providers in HIE onboarding activities.

- *Empower patients through HIE* – HIE is a key underpinning element to new payment models and patient care. Therefore, the public health system must actively promote HIE and educate health care providers, patients, and others about HIE and its benefits. Puerto Rico needs to take initial steps towards putting patients at the center of the GHP by promoting consumer-mediated HIE using CHERT capabilities.

- *Support state-wide contingency planning*- Unfavorable events occur within all complex systems. The Puerto Rico health care sector and its HIE infrastructure are no exception. HIE could potentially be part of the response to unfavorable events in Puerto Rico, such as natural disasters or significant failure of key infrastructure. Likewise, negative events could potentially befall the Puerto Rico HIT/HIE infrastructure, requiring contingency plans to deal with unfavorable events and their consequences.

Contrato Número
19 - 0 4 9

Initiatives to Achieve ASES HIE Strategic Plan Goals

The achievement of ASES's goals for its HIE Strategic Plan depend on effective collaboration with GHP contractors to ensure that all health care provider networks move forward in a concerted and consistent manner in support and compliance with this Plan. The following initiatives are critical to achieving ASES' goals:

I. **Periodically assess GHP contactor readiness and maturity to support HIE**

    ASES will seek to get detailed information from GHP contractors on the level to which their current IT infrastructure and HIT services comply with ONC Certification Criteria and the GHP contractor's plans (including timelines) for their IT infrastructure and HIT services to meet ONC Certification Criteria.

II. **Promote and require GHP health care provider networks to adopt CEHRT**

    The Medicaid EHR Incentive program is intended to stimulate health care service provider adoption of CEHRT through financial incentives. As interoperability becomes a more important factor in meeting the goals for the public health system both at the State and Federal levels, GHP health care service providers/ organizations will be required to adopt CEHRT to continue contributing to the overall goals and objectives of the Medicaid program.

    ASES will request that the MCOs perform a series of periodic surveys within their GHP health care provider networks to gather data related to the following:

    - Number of health care providers/organizations using CEHRT;

    - Number of health care providers using DIRECT Secure Messaging to receive/send clinical data (directed health information exchange), how frequently it is used in clinical settings, and the use cases supported by DIRECT Secure Messaging;

    - Number of health care service providers/ organizations that are active participants of a Health Information Exchange, how frequently it is used in clinical settings, the use cases supported through the Health Information Exchange, and which of those are most often used by service providers/ organizations; and

    - Benefits that health care service providers/ organizations have been able to reap from health information exchange activities and issues they have faced in participating in HIE.

    ASES will utilize the results of the surveys conducted by the MCOs to measure and monitor the number of providers who have not adopted CEHRT, identify the types of health care providers/ organizations who have not adopted CEHRT, and their barriers to CEHRT adoption.

III. **Promote health information exchange through CEHRT by GHP health care provider networks**

The results of the GHP health care provider network surveys will also be used to identify gaps in HIE infrastructure adoption and the obstacles health care service providers/ organizations face in using HIE in clinical settings. The information gleaned from the surveys will support continuous reviews of the feasibility and potential effectiveness of ASES HIT/HIE infrastructure initiatives.

In addition, the survey results will be used to develop a roadmap to stimulate HIE activity by GHP health care provider networks. The roadmap will focus on identifying and stimulating HIE activity that adds value to health care service providers/ organizations in clinical settings, especially those capable of being facilitated through CEHRT, in order to drive critical mass of HIE activity that can enhance the network effect. The impact of the HIE roadmap's activities will be measured through the periodic MCO surveys. As part of the HIE roadmap implementation effort, ASES will identify key stakeholders that can support GHP health care service providers/ organizations HIE adoption and maturity efforts such as:

- Educational awareness programs related to HIE, including its benefits, how to engage in HIE activity, and the privacy and security concerns associated with HIE;

- Performing provider HIE readiness assessments and support health care service provider/ organization capability development; and

- Support provider onboarding to HIEs and other HIT infrastructure.

A significant component of the HIE roadmap will be to design and deliver awareness and educational programs that stimulate CEHRT and HIE adoption.

IV. **Require GHP contractor support for ASES initiatives to implement HIT/HIE infrastructure**

ASES has recently undertaken a group of related HIT/HIE initiatives, including development and implementation of a State-level provider directory to facilitate health information exchange among GHP contractors and health care service providers/ organizations. ASES initially plans to use the health care provider network information submitted periodically by MCOs (Network Provider Lists or NPLs) to stand up an initial version of the provider directory. In subsequent versions, ASES plans to implement a federated model in which MCO and health care provider/ organization EHR systems are leveraged to create a dynamic provider directory. Therefore, effective collaboration between ASES and GHP contractors will be instrumental in a successful implementation of the provider directory.

The MCO survey results will be leveraged to glean the feasibility of the provider directory's overall approach. In addition, ASES expects support from MCOs with the following activities:

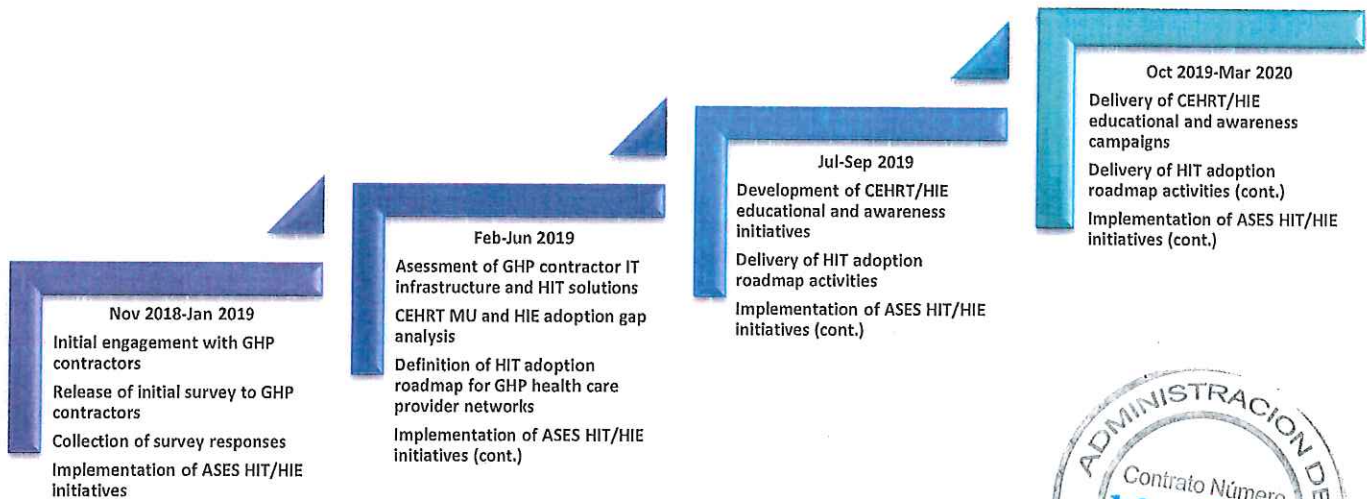- Reviewing and implementing NPL data exchange formats;

- Validating health care provider/ organization demographic, contact, and practice information submitted to ASES in the NPLs;

- Obtaining health care provider/ organization DIRECT Secure Messaging electronic service information (ESI); and

- Testing and validating Fast Health Interoperability Resources (FHIR) APIs to implement a federated provider directory model.

ASES expects full cooperation from GHP contractors at it continues to develop public HIT/HIE infrastructure initiatives that will benefit the health care sector in Puerto Rico.

HIE STRATEGIC PLAN DEVELOPMENT EXPECTED TIMELINE

Nov 2018-Jan 2019
Initial engagement with GHP contractors
Release of initial survey to GHP contractors
Collection of survey responses
Implementation of ASES HIT/HIE initiatives

Feb-Jun 2019
Asessment of GHP contractor IT infrastructure and HIT solutions
CEHRT MU and HIE adoption gap analysis
Definition of HIT adoption roadmap for GHP health care provider networks
Implementation of ASES HIT/HIE initiatives (cont.)

Jul-Sep 2019
Development of CEHRT/HIE educational and awareness initiatives
Delivery of HIT adoption roadmap activities
Implementation of ASES HIT/HIE initiatives (cont.)

Oct 2019-Mar 2020
Delivery of CEHRT/HIE educational and awareness campaigns
Delivery of HIT adoption roadmap activities (cont.)
Implementation of ASES HIT/HIE initiatives (cont.)

HIE STRATEGIC PLAN SUPPORTING INITIATIVE IMPLEMENTATION PLANNING

GOAL I.		
Periodically assess GHP contactor readiness and maturity to support HIE		
OBJECTIVES	ACTIVITIES	DATES
I.A Evaluate GHP contractor IT infrastructure and HIT services to determine their alignment with ONC Certification criteria	**I.A.1** Coordinate and execute interviews, meetings, and workshops with GHP contractors to gather data related to their IT infrastructure and HIT services.	December 3-28, 2018
	I.A.2 Assess the extent to which GHP contractor IT infrastructure and HIT services comply with ONC Certification criteria.	January 3, 2019 – February 1, 2019
	I.A.3 Discuss potential opportunities for GHP contractors to incorporate ONC Certification criteria into their IT infrastructure and HIT services development roadmaps.	February 4 – March 1, 2019

GOAL II.		
Promote and require GHP health care provider networks to adopt CEHRT		
OBJECTIVES	ACTIVITIES	DATES
II.A. Obtain reliable current data regarding the GHP health care provider networks' adoption and implementation of CEHRT, Meaningful Use demonstration, and their active participation in HIE.	**II.A.1** Initial engagement with GHP contractors to present the ASES HIE Strategic Plan, identify contacts, and review expected roles and responsibilities.	November 1 - 16 2018
	II.A.2 Submit the HIT/HIE Implementation Survey to GHP contractors for discussion and definition of data gathering processes, methods, and techniques.	November 26 -30 2018
	II.A.3 Release the HIT/HIE Implementation Survey to GHP health care provider networks.	December 3 -7, 2018
	II.A.4 Collect HIT/HIE Implementation Survey responses from GHP health care provider networks. GHP contractors will gather data for their health care provider networks and report survey results to ASES.	December 10 – January 18, 2019
II.B Identify gaps in HIE adoption and obstacles GHP health care provider networks face in demonstrating MU and using HIE in clinical settings	**II.B.1** Analyze survey results and identify CEHRT MU and HIE adoption gaps.	January 21, 2019 – February 28, 2019
	II.B.2 Share analysis findings with GHP contractors and stakeholders through a formal report. The report will define strategies and propose implementation plans to facilitate MU demonstration by GHP health care provider networks and participation in HIE as part of their clinical processes.	February 29 – March 29, 2019

GOAL III.		
Promote health information exchange through CEHRT by GHP health care provider networks		
OBJECTIVES	**ACTIVITIES**	**DATE**
III.A Identify gaps in HIE adoption and obstacles GHP health care provider networks face in demonstrating MU and using HIE in clinical settings	**III.A.1** Analyze survey results and identification of CEHRT MU and HIE adoption gaps.	January 21, 2019 – February 28, 2019
	III.A.2 Share analysis findings with GHP contractors and stakeholders through a formal report. The report will define strategies and propose implementation plans to facilitate MU demonstration by GHP health care provider networks and participation in HIE as part of their clinical processes.	February 29 – March 29, 2019
III.B Define and establish roadmap to stimulate HIE activity in GHP health care provider networks	**III.B.1** Define preliminary HIE adoption roadmap based on HIE adoption gaps identified through the analysis of survey results.	April 1 – April 26, 2019
	III.B.2 Discuss preliminary HIE adoption roadmap with GHP contractors to refine goals, objectives, and implementation approaches.	April 29 –May 10, 2019
	III.B.3 Finalize HIE adoption roadmap and communicate plan to GHP contractors.	May 13 – June 10, 2019
III.C Deliver HIE adoption roadmap activities and periodically report results	**III.C.1** Perform roadmap activities such as GHP health care provider network readiness assessments and support provider onboarding to HIEs and other infrastructure as established in the HIE adoption roadmap.	June 11, 2019 – March 27, 2020
	III.C.2 Report activities and results periodically to ASES to evaluate the overall progress of the HIE adoption roadmap.	June 11, 2019 – March 27, 2020
III.D Develop and schedule educational initiatives and programs to be offered to GHP health care provider networks	**III.D.1** Identify preliminary awareness and educational programs based on survey results, focusing on the identified gaps in CEHRT adoption, MU demonstration, and use of HIE in clinical settings.	June 11 – July 19, 2019
	III.D.2 Communicate initial plan to GHP contractors.	July 22 - 26, 2019
	III.D.3 Discuss preliminary awareness and education programs with GHP contractors to optimize program design and leverage their existing programs, infrastructure, and delivery methods.	July 29 – August 30, 2019
	III.D.4 Finalize awareness and educational program design, including target audience, program contents, delivery methods, and effectiveness metrics.	September 2 - 20, 2019
	III.D.5 Communicate final plan to GHP contractors.	September 23 - 27, 2019

OBJECTIVES	ACTIVITIES	DATE
III.E Deliver educational initiatives and programs for GHP health care provider networks.	**III.E.1** Schedule and deliver the awareness and educational programs for the GHP health care provider networks.	September 30, 2019 – January 31, 2020
	III.E.2 Conduct follow up efforts to determine the awareness and educational programs' effectiveness based on defined metrics.	February 3 – March 27, 2020

GOAL IV.		
Require GHP contractor support for ASES initiatives to implement HIT/HIE infrastructure		
OBJECTIVES	ACTIVITIES	DATES
IV.A Share ASES HIT/HIE initiative planning with GHP contractors and establish workgroups	**IV.A.1** Initial engagement with GHP contractors to present ASES HIT/HIE initiatives in support of the HIE Strategic Plan, identify contacts, and review expected GHP contractor roles and responsibilities.	November 1 - 16 2018
	IV.A.2 Assign tasks and establish program management processes.	November 1 – December 3, 2018
IV.B Implementation of ASES HIT/HIE initiatives	**IV.B.1** ASES will execute its HIT/HIE initiatives with support from GHP contractors as previously established.	December 4, 2018 – September 27, 2019
	IV.B.2 GHP contractors will report to ASES regarding any plans, internal initiatives, or findings from its activities in support ASES's HIE Strategic Plan that may impact or imply risks to the planning associated with ASES's HIT/HIE initiatives.	December 4, 2018 – September 27, 2019
IV.C Monitor results and adjust ASES HIT/HIE initiative planning based on the overall HIE Strategic Plan	**IV.C.1** ASES will monitor results of the implementation of its HIT/HIE initiatives. Based on results obtained in terms of GHP health care provider network adoption of CEHRT and HIT/HIE, ASES will make necessary adjustments to its strategy and implementation plans.	December 4, 2018 – September 27, 2019
	IV.C.1 ASES will communicate progress and any changes in the planning of its HIT/HIE initiatives to GHP contractors, as per program management processes.	December 4, 2018 – September 27, 2019