



## Normative Letter 21-0621

June 21, 2021

**TO: MANAGED CARE ORGANIZATIONS (MCOS) CONTRACTED TO OFFER SERVICES UNDER THE GOVERNMENT HEALTH PLAN PROGRAM (PLAN VITAL); PRIMARY MEDICAL GROUPS (PMG) AND PARTICIPANTS PROVIDERS**

**RE: CONTRACTING MENTAL HEALTH HOSPITALS**

During the entire course of the last year and the balance of the current one Plan Vital's mental health services have been under close evaluation by ASES. As prominently established in Law 72 of 1993, this agency has the legal authority and duty to establish, administer and oversee a public health system providing an optimum scope of high quality healthcare services to all Medicaid beneficiaries through Plan Vital, also known as the Government Health Plan (GHP).

The data presently available to ASES paints a worrying picture regarding the mental health status of our beneficiary population. Due to the harsh effects of the still-ongoing Covid-19 pandemic, the mental health of our beneficiaries has been negatively affected due to lack of access to services resulting from the different restrictive public health measures—including a complete lockdown lasting about three months—imposed last year. Under those circumstances a significant number of beneficiaries seeking mental health services did not have the opportunity to properly follow up on their treatments. It must also be added that the changes caused by the pandemic have affected Puerto Rico's population unevenly; it is proven fact that these negative circumstances have had an outsize effect on the mental health of the Vital population when compared to the baseline population of Puerto Rico.

According to the Department of Health's Monthly Report of Suicides, from January 2000 through January 2021, a total of 6,091 deaths from suicides were reported, for an annual average of 289 suicides and an average crude rate of 8.0 per hundred thousand population. During the month of January 2021, a total of 24 suicides were recorded, which represents an increase of one death by suicide compared to those recorded in the month of January 2019. Also, in this report the statistics of calls to Línea PAS of the ASMCA totaled 922,797 calls, of which 15,704 (1.7%) were related to suicide. By February 2021, the total number of suicide-related calls to Línea PAS exceeded 3,000 calls for that month alone. These statistics reveal a marked rise in the population seeking healthcare support for suicide-related issues. It is obviously necessary to treat this population in a more effective way because of the economic problems, loss of jobs, loss of family

members, routines and the increase in criminality that are direct or indirect results of the pandemic.

It is critical to consider the issue of availability of mental health coverage. Six of the mental health facilities participating in Vital are in metropolitan areas, five of them in San Juan, and the other in Carolina. The rest of the mental health facilities are dispersed in Yauco, Utuado, Aibonito, Cidra and Cabo Rojo. Basically, the East, Southeast, North, Northwest and part of the center of the island do not have any close facility for the access of the patient and, not less importantly, neither do the families or support network that help them to deal with their conditions. In many occasions the lack of transportation, or access to clinical appointments due to work commitments and distance, make difficult to provide family treatment sessions when these are recommended. This situation is exacerbated by the fact that a significant number of mental health facilities are not presently under contract with all MCOs. Even though the standards of adequacy and availability of services would seem to be met in pure terms of time and distance, the fact is that Plan Vital needs that all participating MCOs provide for the contracting of all mental health facilities available on the island. The acute need for mental health services by our Vital population demands that approach since the lack of contracting by all MCOs of all mental health facilities causes unnecessary and risky transfers, interruption of services, dislocation of family routines and undue stress.

Because of all the adverse conditions and limitations recounted above it is imperative that ASES, as the ultimate and final interpreter of the contractual terms and conditions of the agreements with its partner MCOs, step away from the mere consideration of time and distance in regards to the adequacy and availability of its mental health network, adopting a much more stringent view of the need to properly provide services to its mental health population. Accordingly, and using the precedent afforded by the contractual obligation of all MCOs to contract with the public health system hospitals, ASES instructs all MCOs and/or their contracted representatives to contract with all mental health hospitals operating in Puerto Rico.

Even though ASES will not directly control the exact terms and conditions of the agreements to be entered, it strongly advises its MCO business partners to engage in swift and good faith negotiations with these institutions with an eye to achieve mutually beneficial agreements that make sense for both parties from an operational, quality and financial standpoint. ASES expects this process to take place within the next 90 days from the issuance of these Normative Letter.

Cordially,



Jorge E. Galva, JD, MHA  
Executive Director

P.O. Box 195661, San Juan, P.R. 00919-5661

787-474-3300 787-474-3346 asespr.org