



August 22, 2024

Circular Letter 24-0513-A (Amended)

TO: Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (PRHIA) under the Plan Vital Program, Primary Medical Groups, Primary Care Physicians, Specialists and Sub-Specialist, and Participating Providers

RE: Communication of Current and New Initiatives for the Government Health Plan Program - Fiscal Year 2023-2024

On May 13, 2024, the Puerto Rico Health Insurance Administration (PRHIA) issued Normative Letter 24-0513, which outlined both current and upcoming initiatives for the Government Health Plan-Plan Vital for the Fiscal Year 2023-2024. Since then, PRHIA has work to improve healthcare quality and ensure the well-being of our beneficiaries by introducing additional services and provider retention initiatives for the Fiscal Years 2023-2024 and onwards.

The following service expansion will be implemented by PRHIA retroactive to July 1, 2024, subjected to medical necessity (pre-authorization):

• **GLP-1 Drugs for Weight Loss**

- Service provided for beneficiaries 12 years of age or older who are obese, or overweight in the presence of at least one weight related comorbid condition.
- It will also include beneficiaries 18 years of age or older with cardiovascular disease and a diagnosis of obese or overweight.
- Policies, clinical protocols and additional guidance on this will be provided via Normative Letter.
- The MCOs must implement the necessary contract amendments and financial adjustments associated with this benefit to PMGs **within 60 days** from the receipt of the adjusted premium from PRHIA, consistent with the effective date of service.
- All service requests from the effective date of this initiative denied based on coverage, must be reevaluated by the MCO for approval in compliance with accepted clinical guidelines and protocols. The MCO must exhaust all means possible, including but not limited to case management as state in article 11 of the contract, and make the service available to needed beneficiaries on the basis of medical necessity.



- **Cell and Gene Therapy Drugs**

- Therapies will include, but are not limited to: *Skysona, Casgevy, Zyntegro, Roctavian, Hemgenix, Lygehia, Luxturna, and Elevidys*.
- Policies, clinical protocols and additional guidance on this will be provided via Normative Letter.
- **This service will be paid fully by PRHIA** to the MCOs, through Plan Vital, therefore this service is a non-risk arrangement to the MCOs and Primary Medical Groups that serve the program. At any given time, the MCO must not transfer the cost or risk to the PMGs at any given time.

- **HIV PrEP**

- Service will be available for beneficiaries who are at high risk of HIV infection to prevent the virus from establishing a permanent infection.
- Policies, clinical protocols and additional guidance on this will be provided via Normative Letter.
- **This service will be paid fully by PRHIA** to the MCOs, through Plan Vital, therefore this service is a non-risk arrangement to the MCOs and PMGs that serve the program. At any given time, the MCO must not transfer the cost or risk of this service to the PMGs at any given time:
- All service requests from the effective date of this initiative denied based on coverage, must be reevaluated by the MCO for approval in compliance with accepted clinical guidelines and protocols. The MCO must exhaust all means possible, including but not limited to case management as state in article 11 of the contract, and make the service available to needed beneficiaries based on medical necessity.

- **Home Health services and Durable Medical Equipment (DME)**

- Home Health benefits to provide a wide range of healthcare services in a cost-effective home setting rather than in a more costly institutional or office setting when appropriate as established in 42 CFR 440.70.
- Durable Medical Equipment (DME) for long-term use such as: canes, crutches, walkers, wheelchairs, among others, for Plan Vital beneficiaries.
- Policies, clinical protocols and additional guidance on this will be provided via Normative Letter.
- The MCOs must implement the necessary contract amendments and financial adjustments associated with this benefit to PMGs **within 60 days** from the receipt of the adjusted premium from PRHIA, consistent with the effective date of service.
- All service requests from the effective date of this initiative denied based on coverage, must be reevaluated by the MCO for approval in compliance with



accepted clinical guidelines and protocols. The MCO must exhaust all means possible, including but not limited to case management as state in article 11 of the contract, and make the service available to needed beneficiaries based on medical necessity.

- **Non-Emergency Medical Transportation (NEMT)**
 - Service available in a case-by-case basis as per the medical necessity and transportation limitations when medically determined.
 - Policies, clinical protocols and additional guidance on this will be provided via Normative Letter.
 - The MCOs must implement the necessary contract amendments and financial adjustments associated with this benefit to PMGs **within 60 days** from the receipt of the adjusted premium from PRHIA, consistent with the effective date of service.

- **Hospice**
 - Service available to Plan Vital beneficiaries that are medically certified with a terminal condition caused by injury, illness, or disease, which, to a reasonable degree of certainty, will lead to the patient's death in a period of, at most, six (6) months as certified by a physician.
 - Policies, clinical protocols and additional guidance on this will be provided via Normative Letter.
 - The MCOs must implement the necessary contract amendments and financial adjustments associated with this benefit to PMGs **within 60 days** from the receipt of the adjusted premium from PRHIA, consistent with the effective date of service.
 - All service requests from the effective date of this initiative denied based on coverage, must be reevaluated by the MCO for approval in compliance with accepted clinical guidelines and protocols. The MCO must exhaust all means possible, including but not limited to case management as state in article 11 of the contract, and make the service available to needed beneficiaries on the basis of medical necessity.

The following public policy initiatives for provider retention and compensation will be implemented by PRHIA retroactive to October 1, 2023:

- **5% Increase in Hospital Operational Expense-Premium Component**
 - PRHIA established an additional 5% increase adjustment effective October 1, 2023, to all hospitals, inpatient and outpatient expenses, **including Mental Health hospitals** consistent with prior adjustments, to reflect cost pressure associated with the local healthcare labor market.
 - The compensation to hospitals will follow the guidance set for on Normative Letter 22-0617, Circular Letter 22-0406, and article 10.5.1.5.1 of the Plan Vital contract.



- The MCOs must implement this conduct contract amendments, if needed, to hospitals and paid this increase **within 90 days** from the receipt of the adjusted premium from PRHIA.
- **Minimum Fee Schedule for most Provider Specialties to a 100% of the 2023 Medicare Part B Fee Schedule (MFS).**
 - PRHIA has implemented a directed payment to now guarantee a minimum reimbursement floor for all provider specialties.
 - Under this update, provider claims service will now be reimbursed at 100% of the 2023 Medicare Part B Fee Schedule (MFS).
 - The MCOs must implement contract amendment to all provider specialties and paid this increase retroactive to October 1, 2023, **within 90 days** from the receipt of the adjusted premium from PRHIA.
 - The compensation to providers will follow the guidance set for article 10.5.1.5.1 and Attachment 33 of the Plan Vital contract.
 - In the event that the MCO has contracted to pay specialty service at a greater rate, the MCO cannot reduce the provider contracted rate.
 - The MCOs must implement contract amendments to provider specialties, and pay this increase retroactive to October 1, 2023, **within 90 days** from the receipt of the adjusted premium from PRHIA.
- **Minimum Fee Schedule for Laboratory Codes to a 100% of the 2023 Medicare Part B Fee Schedule (MFS).**
 - PRHIA has implemented a directed payment to now guarantee a minimum reimbursement floor for laboratory services.
 - Under this update, laboratory claims will now be reimbursed at 100% of the 2023 Medicare Part B Fee Schedule (MFS).
 - The MCOs must implement contract amendment to laboratories, and paid this increase retroactive to October 1, 2023, **within 90 days** from the receipt of the adjusted premium from PRHIA.
 - The compensation to laboratories will follow the guidance set for article 10.5.1.5.1 of the Plan Vital contract.
 - In the event that the MCO has contracted to pay a a service at a greater rate, the MCO cannot reduce the provider contracted rate.

It is imperative that all Managed Care Organizations (MCOs) ensure compliance with these updates by evaluating and, where necessary, reevaluating pre-authorization requests in alignment with the forthcoming policies issued by ASES. This will help guarantee that the enhanced services and benefits outlined are effectively delivered to all beneficiaries of the Plan Vital Program.



We are confident that these initiatives will strengthen our healthcare system and contribute to the overall well-being of our beneficiaries.

Cordially,

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