



NORMATIVE LETTER 24-0303

June 3, 2024

To: Managed Care Organizations (MCOs) contracted to offer services under the Government Health Plan Program Vital, First Medical Inc., MMM, Plan de Salud de Menonita, Triple S

Re: Geographic Access Reporting

As outlined in article 9.4 of the contractual agreement between the Puerto Rico Health Insurance Administration (PRHIA) and the Managed Care Organizations (MCOs), PRHIA is issuing revised guidelines for the Report 16: Geographic Access Report, as specified in the upcoming ASES Reporting Guide Version 02.0.

Commencing July 1, 2024, MCOs must comply with these new requirements as per section 9.4 of the contract and in alignment with the 42 CFR § 438.68 Network Adequacy Standards.

New Requirements for Report 16:

- Report distance measurements submitted within Report 16 to be measured by driving distance.

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Emergency Stabilization Programs	Include in the narrative the process to determine that the number of Emergency Stabilization Programs meet the needs of the Enrollees Island-wide.
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Psychiatric PHP	Include in the narrative the process to determine that the number of Psychiatric PHPs meet the needs of the Enrollees Island-wide.
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- MCOs must report on each Detoxification and Rehabilitation provider contracted.

16.G Detoxification and Rehabilitation Providers	
General	This section of the report monitors Detoxification and Rehabilitation provider information.
NPI	Enter the National Provider Identification (NPI) number for the provider. All providers are required to have an NPI number. Data Format: Refer to Data Field section associated to NPI fields Rule Validations: Required field. Must be a valid NPI number.
Last Name 1	Enter the last name of the provider. If the provider has two last names, this should be the first name. If the provider is a facility, enter the name of the facility.

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Last Name 2	If applicable, enter the last name of the provider. If the provider has two last names, this should be the second name. Rule Validations: Optional field. If not applicable, leave this field blank.
First Name	If applicable, enter the first name of the provider. Rule Validations: Optional field. If not applicable, leave this field blank.
Specialty Code	Enter the specialty code of the provider. Data Format: Refer to the Data Field section associated with the Provider Specialty Code as well as Appendix 3 of this Guide.
Municipality Code	Enter the municipality code for the provider's location. Refer to Appendix 5. Rule Validations: Required.
Physical Address 1	Enter the first line of the primary physical address of the provider.
Physical Address 2	Enter the second line of the primary physical address of the provider.
City	Enter the city of the provider.
Zip Code	Enter the zip code of the provider.

- MCOs must report on each Intensive Outpatient (IOP) or Partial Hospitalization (PHP) provider contracted.

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16.H Intensive Outpatient (IOP) or Partial Hospitalization (PHP) Providers	
General	This section of the report monitors Intensive Outpatient (IOP) or Partial Hospitalization (PHP) provider information.
NPI	Enter the National Provider Identification (NPI) number for the provider. All providers are required to have an NPI number. Data Format: Refer to Data Field section associated to NPI fields. Rule Validations: Required field. Must be a valid NPI number.
Last Name 1	Enter the last name of the provider. If the provider has two last names, this should be the first name. If the provider is a facility, enter the name of the facility.
Last Name 2	If applicable, enter the last name of the provider. If the provider has two last names, this should be the second name. Rule Validations: Optional field. If not applicable, leave this field blank.
First Name	If applicable, enter the first name of the provider. Rule Validations: Optional field. If not applicable, leave this field blank.



Specialty Code	Enter the specialty code of the provider. Data Format: Refer to the Data Field section associated with the Provider Specialty Code as well as Appendix 3 of this Guide.
Indicator	The values allowed in this parameter must be: <ul style="list-style-type: none"> • IOP for Intensive Outpatient • PHP for Partial Hospitalization
Municipality Code	Enter the municipality code for the provider location. Refer to Appendix 5. Rule Validations: Required.
Physical Address 1	Enter the first line of the primary physical address of the provider.
Physical Address 2	Enter the second line of the primary physical address of the provider.
City	Enter the city of the provider.
Zip Code	Enter the zip code of the provider.

- MCOs must report on each Addiction Medicine/Withdrawal Management provider contracted.

16.I Addiction Medicine/Withdrawal Management Providers	
General	This section of the report monitors Addiction/Withdrawal Management provider information.
NPI	Enter the National Provider Identification (NPI) number for the provider. All providers are required to have an NPI number. Data Format: Refer to Data Field section associated to NPI fields Rule Validations: Required field. Must be a valid NPI number.
Last Name 1	Enter the last name of the provider. If the provider has two last names, this should be the first name. If the provider is a facility, enter the name of the facility.
Last Name 2	If applicable, enter the last name of the provider. If the provider has two last names, this should be the second name. Rule Validations: Optional field. If not applicable, leave this field blank.
First Name	If applicable, enter the first name of the provider. Rule Validations: Optional field. If not applicable, leave this field blank.
Specialty Code	Enter the specialty code of the provider. Data Format: Refer to the Data Field section associated with the Provider Specialty Code as well as Appendix 3 of this Guide.

PPS



Indicator	The values allowed in this parameter must be: <ul style="list-style-type: none">• AD for Addiction Medicine• WM for Withdrawal Management• AD_WM for both
Municipality Code	Enter the municipality code for the provider location. Refer to Appendix 5. Rule Validations: Required.
Physical Address 1	Enter the first line of the primary physical address of the provider.
Physical Address 2	Enter the second line of the primary physical address of the provider.
City	Enter the city of the provider.
Zip Code	Enter the zip code of the provider.

Edits

- MCOs must list all contracted Emergency Stabilization Units based on updated contract language.

Emergency Stabilization Units	Contract Standard: List the emergency stabilization units contracted. The Contractor's provider network must include available emergency stabilization units and psychiatric partial hospitalization programs to meet the needs of Enrollees Island-wide per Section 9.4.3.4.4 of the contract.
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- MCOs are required to contract with specific Government Health Care Facilities listed within Section 9.6 and 9.7 in the contract. To ensure compliance MCOs must acknowledge they are contracted with each required facility.

Government Health Care Facilities	Contract Standard: The Contractor's provider network must include all of the Government Health Care Facilities identified in Section 9.6 of the contract. The nine required facilities are outlined below: <ol style="list-style-type: none">1. Hospital Universitario Ramón Ruiz Arnau (HURRA);2. Hospital Universitario de Adultos;3. Hospital Federico Trilla;4. Hospital Pediátrico Universitario;5. Centro Cardiovascular de PR y del Caribe;6. Administración de Servicios Médicos de PR ("ASEM");7. Comprehensive Cancer Center of Puerto Rico ("Centro Comprensivo de Cancer");8. Práctica Intramural del Recinto de Ciencias Médicas of the University of Puerto Rico operating at any hospital facility; and
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	<p>9. Hospital Municipio de San Juan.</p> <p>If the MCO is contracted with Government Health Care Facilities outside of the list at Section 9.6 of the contract, do not include those facilities in the reported ratio.</p>
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- MCOs are required to contract with specific Psychiatric Hospitals listed within the contract. To ensure compliance MCOs must acknowledge they are contracted with each required facility.

Psychiatric Hospitals	<p>Contract Standard: The Contractor's provider network must include all of the psychiatric hospitals identified in Section 9.7 of the contract. The twelve required psychiatric hospitals are outlined below:</p> <ol style="list-style-type: none">1. Hospital Dr. Ramón Fernández Marina, San Juan;2. Hospital San Juan Capestrano;3. Hospital Metropolitano Psiquiátrico, Cabo Rojo;4. Hospital Panamericano, Cidra;5. Metro Pavía, Hato Rey;6. San Jorge Children and Women's, San Juan;7. Hospital Menonita CIMA, Aibonito;8. Hospital Metropolitano de la Montaña, Utuado;9. Hospital Pavía Yauco, Tito Mattei;10. Hospital Panamericano San Juan (Auxilio Mutuo);11. Hospital Univ. Dr. Federico Trilla, Carolina; and12. Hospital San Lucas, Ponce <p>If the MCO is contracted with Psychiatric Hospitals outside of the list at Section 9.7 of the contract, do not include those facilities in the reported ratio.</p>
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- MCOs are required to list all Partial Hospitalization Programs (PHPs) they are contracted with.

Psychiatric Partial Hospitalization Program (PHP)	<p>Contract Standard: List the partial hospitalization programs contracted. The Contractor's provider network must include available emergency stabilization units and psychiatric partial hospitalization programs to meet the needs of Enrollees Island-wide per Section 9.4.3.4.4 of the contract.</p>
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- MCOs must report on three distinct categories of Adult and Pediatric Substance Use Disorder (SUD) Providers:
 - Detoxification and Rehabilitation providers,
 - Intensive Outpatient (IOP) or Partial Hospitalization (PHP) providers, and
 - Addiction Medicine /Withdrawal Management providersAdditionally, there is a defined standard for Detoxification and Rehabilitation providers in Urban Areas.



<p>Adult and Pediatric Substance Use Disorder (SUD) Providers</p>	<p>Contract Standard: Providers classified as Adult and Pediatric SUD Providers for purposes of Time and Distance standards are the following: Detoxification and Rehabilitation providers, Intensive Outpatient (IOP) or Partial Hospitalization (PHP) providers, and Addiction Medicine /Withdrawal Management providers.</p> <p>Enrollees living in Urban Areas must have one (1) detoxification and rehabilitation Provider within thirty (30) miles/sixty (60) minutes. Enrollees living in Non-Urban Areas must have one (1) detoxification and rehabilitation Provider within forty-five (45) miles/ninety (90) minutes. Enrollees living in Urban Areas must have one (1) Intensive Outpatient or Partial Hospitalization Provider within thirty (30) miles/sixty (60) minutes. Enrollees living in Non-Urban Areas must have one (1) Intensive Outpatient or Partial Hospitalization Provider within forty-five (45) miles/ninety (90) minutes. Enrollees living in Urban Areas must have at least one (1) addiction medicine/withdrawal management provider within thirty (30) miles/sixty (60) minutes. Enrollees living in Non-Urban Areas must have at least one (1) addiction medicine/withdrawal management provider within forty-five (45) miles/ninety (90) minutes.</p>
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Removals of Report 16:

- Certified Buprenorphine Providers are no longer required to be reported on in Section 16.C and Section 16.G
- Number of Available Facilities is no longer required to be reported on in Section 16.C

Sincerely,

Roxanna K. Rosario Serrano, BHE, MS
Executive Director