

Report in Response to

**P.L. 116-94: Further Consolidated Appropriations Act,
2020:(133 STAT 3111), Division N, Title 1, Subtitle B,
§202(f)(4)**

Submission of Documentation on Contracts Upon Request

**Government of Puerto Rico
Office of the Governor**

April 30, 2021



**GOVERNMENT OF PUERTO RICO
OFFICE OF THE GOVERNOR**

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1. EXECUTIVE SUMMARY

1.1 Congressional Requirement

On December 16, 2019, the United States Congress (U.S. Congress) came to a bipartisan agreement on 12 appropriation packages. On December 17, 2019, the House passed H.R. 1865 with a vote of 297-120 and this bill became Public Law (P.L.) 116-94 on December 20, 2019.

On behalf of the Puerto Rico Government and the agencies that oversee the delivery of Medicaid and Children's Health Insurance Program (CHIP) services, including the Puerto Rico Department of Health (PRDOH), Medicaid and the Puerto Rico Health Insurance Administration (PRHIA), thank you for this opportunity to report on Puerto Rico's progress towards compliance with the conditions and requirements set forth in ***P.L. 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3111), Division N, Title 1, Subtitle B, §202(f)(4)***. The requirement within the law reads as follows:

"SUBMISSION OF DOCUMENTATION ON CONTRACTS UPON REQUEST.—Puerto Rico shall, upon request, submit to the Administrator of the Center for Medicare & Medicaid Services all documentation requested with respect to contracts awarded under the State plan of Puerto Rico (or waiver of such plan)."

This report provides the Government of Puerto Rico's response to comply with the specific requirement listed above.

For the purposes of this report submission and related reports, this requirement is hereinafter referred to in our documents as **Requirement 11: Submission of Documentation on Contracts Upon Request**.¹

¹P.L. 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3111), Division N, Title 1, Subtitle B, §202(f)(4) - Submission of Documentation on Contracts Upon Request.

1.2 Puerto Rico's Current Efforts for Submission of Documentation on Contracts Upon Request

We are partners with the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) in managing the Puerto Rico Medicaid Program serving 1.5 million U.S. citizens residing in Puerto Rico. We are committed to increase our effort to further support and refine transparency and integrity in contracting and to improve the partnership with CMS to oversee the Puerto Rico Medicaid program and serve as good stewards of Federal and territory funding.

Puerto Rico has already conducted a portion of these activities as part of **Requirement 3: Contracting Reform Plan**² and **Requirement 7: Contracting Oversight and Approval**³ reports submitted to the U.S. Congress and CMS on December 18, 2020. We continue to build upon the work accomplished to enhance and formalize our reporting structure and processes, to respond readily to future requests anticipated of CMS to comply with the Congressional requirement, and to increase our transparency and accountability to CMS and other federal oversight agencies.

Puerto Rico understands that CMS and other federal oversight agencies may occasionally require information on an ad-hoc basis in addition to our routine reporting. We participated fully in the recent assessments conducted by the Government Accountability Office (GAO) and the U.S. HHS Office of Inspector General (OIG) and were responsive to their questioning of our contracting processes. Building on our responsiveness to OIG's assessment⁴ and the GAO's report⁵, we improved our established processes to respond to documentation requests. These efforts include documenting our processes to increase clarity and accountability, and implementing tools allowing our Medicaid Enterprise to be better prepared for future requests.

1.3 Puerto Rico's Response to Congressional Requirement

Puerto Rico is prepared to respond to CMS with documentation requested for contracts awarded under the Medicaid State Plan in alignment with the **Submission of Documentation on Contracts Upon Request** requirement. To meet the Congressional mandate and develop this report, Puerto Rico's Medicaid Enterprise staff and leadership reviewed and inventoried contract documentation, gathered insights on current techniques and reporting practices, and shared lessons learned from responding to recent data requests from CMS and other federal oversight agencies.

We have organized our response in the following sections:

- **Differences in Medicaid Program Funding between Puerto Rico and the Other States and Territories (refer to Section 2):** There are significant differences in Medicaid program funding between states and territories. The two most significant are: an annual cap on the federal Medicaid spending in territories and a set federal Medicaid matching rate for territories in statute. This limited funding limits our ability to dedicate resources to improving program integrity and contract reform processes. While Puerto Rico remains committed to meeting all the Congressional

² P.L. 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3105), Division N, Title 1 §202(a)(7)(A)(iii)

³ P.L. 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3109), Division N, Title 1, Subtitle B, §202(f)(2)

⁴ Office of Inspector General, Department of Health & Human Services. (December 11, 2020). A-02-20-01011 Risk Assessment Puerto Rico Medicaid Program. Retrieved from <https://oig.hhs.gov/oas/reports/region2/22001011.asp>.

⁵ U.S. Government Accountability Office. (February 2021). GAO-21-229 Report to Congressional Committees, Medicaid: CMS Needs to Implement Risk-Based Oversight of Puerto Rico's Procurement Process. Retrieved from: <https://www.gao.gov/assets/720/712259.pdf>.

requirements that have been added as part of P.L. 116-94, we are concerned that without parity in the Medicaid program or, at a minimum, additional administrative funding, we may not be able to enact long-term plans and changes that are essential to maintaining Puerto Rico's Medicaid program. **Section 2** of this report highlights additional details related to these funding disparities, and we sincerely request the U.S. Congress to consider providing the requisite federal Medicaid funding needed to fully implement the opportunities identified in these reports.

- **An Introduction to the Puerto Rico Medicaid Enterprise (refer to Section 3):** It is worth considering the unique nature of our Medicaid program given the number of departments and agencies involved. The PRDOH is the Single State Agency (SSA) for administering our State Medicaid Program. The Medicaid Program is administered by PRDOH and the Puerto Rico Health Insurance Administration (PRHIA), which collectively is referred to as the Medicaid Enterprise. We have detailed all the agencies that collaborate with our Medicaid Enterprise in **Section 3** of this report.
- **Contracts Awarded Under the Medicaid State Plan (refer to Section 4):** This section provides a description of the types of contracts awarded under the Puerto Rico Medicaid State Plan indicating which procurements and contracts are already reviewed by CMS. We provide further details on requirements in **Section 4** of this report.
- **Process for Responding to CMS for Contract Documentation (refer to Section 5):** This section highlights Puerto Rico Medicaid Enterprise's processes to respond to future CMS requests for documentation on contracts awarded under Puerto Rico's Medicaid State Plan. We describe our processes, stakeholders, and enhancements and tools in detail in **Section 5** of this report.
- **Assumptions (refer to Section 6):** This section details assumptions made in this report, including, but not limited to, those related to financial estimates, technology implementation and aligning our processes with CMS. We acknowledge assumptions in **Section 6** of this report.

2. DIFFERENCES IN MEDICAID PROGRAM FUNDING BETWEEN STATES AND PUERTO RICO/OTHER TERRITORIES

The Medicaid program is arguably the most consequential federal program in Puerto Rico because it provides health care services to 1.5 million people, or 46 percent of the Island's population. However, our program differs in fundamental ways when compared to state Medicaid programs. Federal Medicaid funds for United States Territories are limited in two ways:

1. Total federal Medicaid spending in the territories is subject to an annual Medicaid Cap pursuant to section 1108 of the Social Security Act. As a result, the Federal government will match every Medicaid dollar spent by the territories up to each jurisdiction's cap, and any spending above the cap is provided solely by the territory.
2. The federal Medicaid matching rate for territories is set in statute at 55 percent, unlike states which receive unrestricted matching federal funds between 50 percent and 83 percent of their Medicaid costs according to the state's Federal Matching Assistance Percentage (FMAP).

The following table shows the disparity between Puerto Rico and comparable state Medicaid programs on administrative spending per member per year (PMPY) and per member per month (PMPM). Comparing Medicaid programs of similar size (1-2 million enrollees) and with a high proportion of enrollment in managed care (over 80 percent in comprehensive managed care), it demonstrates that Puerto Rico is getting approximately one-third (1/3) of the administration expenditures of similar programs.

State ⁶	2018 Medicaid Enrollment ⁷	2018 Percent Comprehensive Managed Care ⁸	2019 Administration Expenditures ⁹	PMPY	PMPM
(A)	(B)	(C)	(D)	(E)=(D)/(B)	(F)=(D)/(B)/12
Virginia	1,063,122	82%	\$437,968,202	\$411.96	\$34.33
Kentucky	1,385,239	91%	\$266,167,884	\$192.15	\$16.01
Maryland	1,401,781	83%	\$505,358,312	\$360.51	\$30.04
Tennessee	1,510,045	92%	\$564,787,478	\$374.02	\$31.17
Louisiana	1,640,075	84%	\$337,092,213	\$205.53	\$17.13
New Jersey	1,668,451	94%	\$898,752,077	\$538.67	\$44.89
Arizona	1,849,465	84%	\$277,807,148	\$150.21	\$12.52
Average¹⁰	1,502,597	88%	\$469,704,759	\$312.60	\$26.05
Puerto Rico	1,505,610	100%	\$156,284,437	\$103.80	\$8.65

Table 1. Medicaid Enrollment and Administration Expenditures for Comparable State Medicaid Programs

Puerto Rico is committed to meeting all the Congressional requirements that have been added as part of P.L. 116-94. However, we are concerned that without parity in the Medicaid program or, at a minimum, additional administrative funding, the full and permanent implementation of these changes will be challenging.

Puerto Rico has requested the U.S. Congress to consider application of the FMAP as used with states. In addition, the U.S. Congress is requested to consider removing the Medicaid cap on federal Medicaid funds through 1108(g). If only the FMAP formula is applied, then Puerto Rico will, as a result, reach the Medicaid cap sooner. Funding parity would help Puerto Rico plan for long term structural changes and allow for real transformational changes to our Medicaid Enterprise.

⁶ Includes states where 2018 Medicaid enrollment is between 1,000,000 to 2,000,000 **and** over 80% enrollment in comprehensive managed care. Excluded the State of Washington which had administrative costs in excess of \$1.3 billion.

⁷ Medicaid.Gov. *The FY 2018 Medicaid Managed Care Enrollment Report*, Latest available report retrieved from: <https://data.medicare.gov/Enrollment/2018-Managed-Care-Enrollment-Summary/gn4b-7d7g/data>

Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees.

⁸ Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care.

⁹ Medicaid.Gov. *FY 2019 Financial Management Report, Total Computable Net Administrative Expenditures*, Latest available report retrieved from: <https://www.medicare.gov/medicaid/financial-management/state-expenditure-reporting-for-medicare-chip/expenditure-reports-mbescbes/index.html>

Excludes administrative costs for the following service categories: Family Planning, Skilled Professional Medical Personnel - Single State Agency, Skilled Professional Medical Personnel - Other Agency, Peer Review Organizations, TPL - Recovery, TPL - Assignment Of Rights, Nurse Aide Training Costs, Preadmission Screening, Resident Review, Drug Use Review, School Based Administration, Interagency Costs (State Level), Planning for Health Home for Enrollees with Chronic Conditions, and Non-Emergency Medical Transportation

¹⁰ The average administration expenditure is weighted based on Medicaid enrollment.

3. INTRODUCTION TO THE PUERTO RICO MEDICAID ENTERPRISE

PRDOH is the Single State Agency (SSA) for administering our State Medicaid Program. For purposes of the Medicaid program administration, PRDOH is the State Medicaid Agency (SMA). The Medicaid program is administered by PRDOH and PRHIA, which collectively is referred to as the Medicaid Enterprise. This is a long-standing sister agency relationship, defined by an interagency memorandum of understanding (MOU). PRHIA (commonly referred to as Administración de Seguros de Salud [ASES]), was created in 1993 to oversee, monitor and evaluate services offered by the managed care organizations (MCOs) under contract with PRHIA. PRHIA is a public corporation overseen and monitored by a Board of Directors (BOD). Puerto Rico’s Medicaid Program (PRMP), a department under the PRDOH, oversees the Medicaid State Plan, determines Medicaid eligibility of residents, and is responsible for the operation of the Medicaid Management Information System (MMIS) for the program.

In addition, PRHIA, PRMP and the Government of Puerto Rico at large follow guidance issued each year by the federally appointed Financial Oversight and Management Board for Puerto Rico (FOMB). In addition to meeting federal requirements, PRHIA and PRMP must also abide by regulations established by the Government of Puerto Rico.

3.1 Puerto Rico Department of Health

The PRDOH’s administration of its Medicaid program under Title XIX of the Social Security Act is structured as a categorical program called the “Medicaid Program.” The PRDOH Medicaid program is chartered with ensuring appropriate delivery of health care services under Medicaid, CHIP, and the Medicaid Preferred Drug Program (PDP); the latter two structured as extended Medicaid programs.

Since the inception of the Medicaid program in Puerto Rico, and up until the early 1990s, PRMP’s role was mostly limited to providing the categorically needy access to Medicaid services by operating local offices throughout all the municipalities on the Island. In these offices, residents could apply for Medicaid coverage by providing demographic and socio-economic information for their family unit. Based upon federal Medicaid program eligibility rules, the family’s eligibility for Medicaid would be determined. If eligible, the individual and family were certified and enrolled into the Medicaid program. Health care services to Medicaid-eligible individuals and families were delivered through the Puerto Rico government’s public health service facilities.

3.2 Puerto Rico Health Insurance Administration

In 1993, the Government of Puerto Rico enacted transformation of the entire public health system. The Puerto Rico Health Reform Program (referred to initially as Reforma and now known as “Plan Vital”) marked the creation of a government health insurance program under a managed care delivery system. These reforms expanded Medicaid coverage for individuals and families with incomes between 50 to 100 percent of the federal poverty guideline—significantly increasing the number of residents with government-subsidized health coverage.

In 1993, an interagency MOU (since then updated multiple times), was established to delegate the implementation of the Medicaid State Plan's managed care delivery model to PRHIA, a public corporation established by Law No. 72 on September 7, 1993, as amended. Under this agreement, the PRMP retained responsibility for eligibility determination, policy, Medicaid State Plan maintenance, and financial administration. This agreement requires PRHIA to implement and deliver services through a managed care delivery system. The process of selecting the insurance carriers, negotiating and managing those contracts was assigned to PRHIA pursuant to Law No. 72. The Medicaid program retained the role of eligibility determination for Medicaid and Reforma.

In 2006, PRHIA implemented the Medicare Platino program to provide additional coverage benefits to beneficiaries of Medicaid and Reforma who are also eligible for Medicare (i.e., "dually eligible") and enrolled in a Medicare Advantage Organization (MAO). Medicare Platino wraps around Medicare Advantage benefits, giving the dually eligible enrollees any additional benefits provided by the Medicaid program. PRHIA holds contracts with the MAOs.

3.3 The Puerto Rico Health Insurance Administration Board of Directors

PRHIA is governed by a Board of Directors (BOD) made up of eleven (11) members, six (6) that are Ex-Officio Members and five (5) that are appointed by the Governor of Puerto Rico with the advice and consent of Puerto Rico's Senate. The Ex-Officio Members include the Secretary of Health, the Treasury Department Secretary, the Administrator of the Administration of Mental Health and Addiction Services (ASSMCA), the Director of the Office of Management and Budget (OMB), the Executive Director of The Puerto Rico Fiscal Agency and Financial Advisory Authority (AAFAF) and the Insurance Commissioner, or their delegates. The Governor of Puerto Rico appoints the President of the Board of Directors from among its members. The primary purpose and functions of the BOD include:

- Implementation of medical services based on health insurance.
- Negotiation and contracting for medical insurance coverage.
- Negotiation and contracting with health service plans for health services.
- Organization of alliances and groups of beneficiaries with the purpose of representing them in the negotiation and contracting of their health plans.
- Maintenance of an administrative and financial structure to manage funds and revenues, administer cash and make disbursements.
- Establishment of guidelines for the appointment, contracting and remuneration of its personnel.
- Negotiation and awarding of contracts, documents and other public instruments with juridical persons and entities.
- Direction to insurers to keep a record of services rendered in categorical programs subsidized by the Federal government, and documentation of the relationship of their beneficiaries, payment claims and the pertinent financial and statistical reports.
- Approval, amendment and repeal of regulations that govern the business and activities of PRHIA.
- Appointment of an Executive Director for PRHIA.
- Facilitation of Contracting Committee to evaluate each contracting proposal and the recommendations. The Contracting Committee evaluates each proposal, the necessity of it, the amount for each service and the maximum amount for the contract year.
- Facilitation of an Internal Audit Committee to monitor PRHIA's audit work, corrective action plans, and executions of internal and external processes.

3.4 Financial Oversight and Management Board for Puerto Rico

The Financial Oversight and Management Board for Puerto Rico (FOMB) was created under the Puerto Rico Oversight, Management and Economic Stability Act (PROMESA) of 2016. FOMB consists of seven members appointed by the President of the U.S. and one Ex-Officio Member designated by the Governor of Puerto Rico. FOMB is tasked with working with the people and Government of Puerto Rico to create the necessary foundation for economic growth and to restore opportunity to the people of Puerto Rico.

FOMB works to fulfill the mandate of the PROMESA to ensure fiscal sustainability and restore access to capital markets. In the first instance, due to a series of unpredictable disasters, the effort has focused on utilizing certified fiscal plans and budgets to ensure Puerto Rico is able to respond to these crises while also moving toward medium and long-term fiscal and economic sustainability. FOMB established a contract review policy pursuant to Section 204(b)(2) of the PROMESA to require the FOMB's approval of certain contracts to assure that they "promote market competition" and "are not inconsistent with the approved fiscal plan."

In its oversight of the Medicaid Enterprise, the FOMB must approve all government contracts and amendments with an aggregate value of \$10,000,000 or more. FOMB may review any contract below such threshold at its sole discretion. All proposed contracts or amendments stemming from the rate negotiations between PRHIA and the Plan Vital program's MCOs must be submitted to the FOMB for review and approval prior to execution. Also, pursuant to PROMESA section 204(b)(4), certain proposed rules, regulations, administrative orders, and executive orders must be submitted for FOMB review prior to enactment.

4. CONTRACTS AWARDED UNDER THE MEDICAID STATE PLAN

4.1 Types of contracts awarded under the Medicaid State Plan

To administer the Medicaid program as defined by Puerto Rico Medicaid State Plan, the Puerto Rico Medicaid Enterprise currently procures and manages in four types of Medicaid-funded contract categories: Health Care Delivery Services, Professional Services, Non-Professional Services and Goods, and Office Leasing.¹¹

- **Health Care Delivery Services:** The managed care delivery system administered by the Puerto Rico Health Insurance Administration (PRHIA) provides physical and mental health services to approximately 1.2 million U.S. citizens that reside in Puerto Rico through the Plan Vital program and additional coverage benefits to approximately 260,000 dually eligible (Medicare/Medicaid) U.S. citizens residing in Puerto Rico through the Medicare Platino program.
- **Professional Services:** Professional Services¹² constitute those services in which the main outcomes are the product of intellectual labor or highly technical or specialized knowledge, for example, actuarial services.
- **Non-Professional Services and Goods:** These contracts relate to the procurement of non-professional services such as cleaning services for Medicaid offices, office equipment, and unarmed security guards. These services are often procured via the Puerto Rico General Services Administration (PR GSA) after which the Medicaid Enterprise selects from a list of vendors pre-approved by the PR GSA. According to local law, non-professional services must be awarded competitively, or if they are not acquired by the PR GSA, the Medicaid Enterprise must demonstrate that multiple quotes were requested and analyzed as part of the procurement and contracting process.
- **Rent / Lease of Office Space:** Leasing contracts relate to the renting and leasing of spaces and/or buildings that are utilized by the Puerto Rico Medicaid Enterprise for official use, primarily for the local eligibility offices across the Island and the offices used by administrative staff in San Juan.

For more information on all types of contracts procured by the Puerto Rico Medicaid Enterprise, please refer to the **Requirement 7: Contracting Oversight and Approval**¹³ report.

4.2 Reporting on Contracts Subject to Oversight by CMS

The Puerto Rico Medicaid Enterprise and CMS already engage on the review of select procurements and contracts, such as managed care health care delivery services and certain professional services. The following table describes the contracts awarded under the Puerto Rico Medicaid State Plan and denotes those already routinely reviewed and approved by CMS. The corresponding approval letters from CMS are available upon request. Procurements and contracts for Non-Professional Services and Goods awarded by the Puerto Rico Medicaid Enterprise are not typically reviewed by CMS and are

¹¹ *Medicaid-funded contracts in FY 2020-2021*, as organized into contract categories, provided by Puerto Rico Medicaid Program and Puerto Rico Health Insurance Administration, November 2020.

¹² Puerto Rico law does not require that government entities use competitive processes for contracting professional services. However, Puerto Rico's Medicaid Enterprise is increasing competition in Medicaid funded contracts as part of contracting reform in order to increase confidence in the program's stewardship of federal funding and address specific concerns raised in the GAO's report (GAO-21-229 Report to Congressional Committees, Medicaid: CMS Needs to Implement Risk-Based Oversight of Puerto Rico's Procurement Process).

¹³ P.L. 116-94: Division N, Title 1, Subtitle B, (133 STAT 3109) - §202(f)(2) – Report on Contracting Oversight and Approval

excluded from this report because of the limited number of contracts and the relatively low contract values.¹⁴

Type of Contract	Contracting Agency	Description of Contract	Requirement for CMS to Review and Approve the Procurement/Contract	Routinely Reviewed by CMS
Health Care Delivery Services	PRHIA	Managed Care Organizations (MCOs) to administer the Plan Vital program	Subject to CMS review by 42 CFR §438.3(a)	✓
	PRHIA	Medicare Advantage Organizations (MAOs) to administer the Medicare Platino program	The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 amended section 1859(f)(3)(D) of the Social Security Act to require Dual Eligible Special Needs Plans (D-SNPs) to maintain a contract with each state in which they operate. Minimum requirements for these contracts are described at 42 CFR §422.107.	✓
	PRHIA	Pharmacy Benefit Manager (PBM) and the Pharmacy Rebate Aggregator	Unspecified	✓
	PRHIA	Enrollment Counselor	Subject to CMS review and approval by 42 CFR §438.810	✓
Professional Services	PRDOH	PR Medicaid Management Information System (MMIS) and related services (e.g. Independent verification and Validation)	Automatic Data Processing (ADP) equipment and services subject to CMS review by 45 CFR §95.611	✓
	PRDOH	Eligibility and Enrollment (E&E) system and related services [e.g. Independent verification and validation (IV&V)]	Automatic Data Processing (ADP) equipment and services subject to CMS review by 45 CFR §95.611	✓
	PRDOH	Health Information Exchange (HIE) and related services	Automatic Data Processing (ADP) equipment and services subject to CMS review by 45 CFR §95.611	✓
	PRDOH	External Quality Review (EQR) services	Subject to CMS approval by 42 CFR §438.356(e)	✓
	PRDOH	Professional Services related to Eligibility and Enrollment (e.g., Call Center, Printing/Postal)	Unspecified	

¹⁴ In FY 2020-2021, the Puerto Rico Medicaid Enterprise administered 10 contracts for Non-Professional Services that utilized Medicaid Federal and non-federal funds, amounting to \$1.6 million total funds. Contracts for FY 2020-2021 are not yet final, and contract amounts are subject to change. *Medicaid-funded contracts in FY 2020-2021*, as organized into contract categories, provided by Puerto Rico Medicaid Program and Puerto Rico Health Insurance Administration, November 2020.

Type of Contract	Contracting Agency	Description of Contract	Requirement for CMS to Review and Approve the Procurement/Contract	Routinely Reviewed by CMS
	PRHIA	Professional Services, including Actuarial Services; Advisory/ Technical Services; and Public Relations Services	Unspecified	
Rent / Lease of Office Space	PRDOH	Office and Space Leasing for local Medicaid Eligibility Offices	Unspecified	

Table 2. Contracts Awarded under the Puerto Rico Medicaid State Plan in Scope for this Effort.

CMS conducts numerous oversight activities to monitor how the Puerto Rico Medicaid Enterprise’s contracts adhere to their approved Medicaid State Plan and comply with Federal Medicaid requirements. CMS conducts routine monitoring of contract documentation by reviewing and approving the territory’s Advance Planning Documents (APDs)¹⁵ for MMIS, Eligibility and Enrollment (E&E), Health Information Exchange (HIE) and related services, and the territory’s abovementioned procurements and/or awarded contracts.¹⁶ These actions are worked on collaboratively by the Medicaid Enterprise and CMS. Beyond its routine oversight of requests for funding and awarded contracts, CMS oversees adherence to the territory’s approved State Plan by conducting program reviews¹⁷ and audits¹⁸.

¹⁵ APDs are required for Puerto Rico’s MMIS, E&E, HIE and related services.

Per 45 CFR § 95.611, Requests for Proposals (RFPs) or contracts that the state/territory procures with funding from an approved APD, must be approved by CMS prior to release of the RFP or prior to. CMS must approve, disapprove, or issue a formal request for additional information within 60 calendar days. execution of the contract. CMS reviews states’/territories’ APD submissions to make sure they comply with the Social Security Act and other related regulations.

Medicaid.Gov. *Advance Planning Document Processing Times*, Latest available report retrieved from: Retrieved from <https://www.medicaid.gov/state-overviews/scorecard/advance-planning-document-processing-times>

¹⁶ CMS must review and approve all MCO contracts no later than 90 days prior to the effective date of the contract, to confirm that contracts contain language and capitation rates that satisfy requirements in federal laws and regulations. Given Puerto Rico’s competitive procurement process for MCOs, the contract approval process begins with the territory submitting its proposed request for proposal (RFP) to CMS for approval. Procurements for contracts that are funded with federal dollars are subject to the requirements of 45 CFR 74, including that they be conducted, to the maximum extent practical, in a manner that provides free and open competition. CMS begins its review once a document is submitted but cannot approve the action until all necessary documents are determined approvable. During the review, CMS sends questions to the territory or state when additional information is needed to determine whether the action is compliant with Federal regulations. In most instances, once all documents in the contract action are determined approvable, CMS issues an approval letter to the territory or state. However, in some cases, an approval letter cannot be issued until one or more related reviews have been approved (e.g., State Plan Amendments, Waivers, a base managed care contract, 42 CFR 438.6(c) state directed payment pre-prints, etc.).

Medicaid.Gov. *Managed Care Contract Review (Federal)*, Latest available report retrieved from: Retrieved from Retrieved from <https://www.medicaid.gov/state-overviews/scorecard/managed-care-contract-review/index.html>

¹⁷ 42 CFR § 430.32 Program reviews.

¹⁸ 42 CFR § 430.33 Audits by the Department’s Office of Inspector General (OIG) periodically of State / Territory operations

5. PROCESS FOR REPORTING ON CONTRACTS SUBJECT TO OVERSIGHT BY CMS

5.1 Overview of Responding to Documentation Requests for Contracts Subject to Oversight by CMS

As part of our commitment and responsibility to timely and appropriately respond to CMS documentation requests, we have formalized our processes to respond to such future requests by documenting the main phases of the process and the corresponding stakeholders. We incorporated specific considerations to increase transparency, improve document collection methods, and maintain compliance with reporting requirements.

The main phases are presented in the graphic below, starting when Puerto Rico receives a request for information from CMS and ending with the delivery confirmation of the document package with CMS. Once CMS receives the documentation, CMS acknowledges receipt of the documentation and may request additional information or revision to the contract documentation. If requested, the Puerto Rico Medicaid Enterprise may submit additional documentation or provide clarifications as needed to CMS. If revisions or corrective actions are requested, we take action and re-submit the applicable documentation for CMS’s review and approval.



Figure 1. High level Process Phases for Responding to CMS Requests for Contract Documentation

5.2 Stakeholders and Roles

As described in Section 3 of this report, our Medicaid Enterprise is comprised of two sister agencies. The PRMP is the department within PRDOH responsible for administrating Title XIX and XXI of the Medicaid and CHIP State Plan. PRHIA maintains contracts with MCOs, MAOs, the PBM and rebate aggregator, among others, in order to provide beneficiaries with broad health care services. Under the collaborative interagency MOU between PRDOH and PRHIA¹⁹, certain functions have been delegated to PRHIA including the procurement and administration of the contracts outlined in Section 4.2, including the submission of contract documentation and corresponding communications to CMS.

¹⁹ “In accordance with Section 1902(a)(5) of Title XIX and Title XII of the Social Security Act, and 42 CFR, Part 430 to end, PRDOH has been approved by CMS to administer the Medicaid and CHIP program, and to delegate to PRHIA the implementation, negotiation, administration and oversight of health insurance contracts to ensure the access of health care benefits through a managed care delivery system on the Government Health Insurance Plan.” Puerto Rico Department of Health, Puerto Rico Medicaid Program, Puerto Rico Health Insurance Administration. (June 2, 1976). Restated Memorandum of Understanding (MOU) as defined in Act No. 113 of June 2, 1976, as amended

In responding to CMS’s requests for contract documentation, several individuals or groups across the Puerto Rico Medicaid Enterprise are involved and are described in the table below.

Role	Agency	Role in the Process
Medicaid Director	PRDOH	Manages official CMS communications for contracts awarded by PRDOH and notifies whenever new requests are received.
PRMP Administrative Director	PRDOH	Manages the documentation request and coordinates with the corresponding information sources to collect the required documentation. Compiles the submission package and the corresponding checklists and additional documents within.
PRMP Medicaid Contracts Division	PRDOH	Manages the initial contracting related processes and documents including the compilation of the funding related documents and the contract summary sheets.
PRDOH/PRMP Office Directors and staff	PRDOH	Provides the required documents that are stored in local repositories or paper files to the assigned liaison.
Project Director	PRDOH	Manages document creation and collection for MMIS and E&E related contracts, including APD documents and operational reviews.
Executive Director	PRHIA	Manages official CMS communications for contracts awarded by PRHIA and notifies whenever new requests are received. In addition, appoints the liaison in charge of compiling the response.
Executive Office	PRHIA	Whenever designated as liaison by the Executive Director, manages the documentation request and coordinates with the corresponding information sources to collect the required documentation. Compiles the submission package and the corresponding checklists and additional documents within.
Legal Department	PRHIA	Whenever designated as liaison by the Executive Director, manages the documentation request and coordinates with the corresponding information sources to collect the required documentation. Compiles the submission package and the corresponding checklists and additional documents within.
PRHIA Office Directors and staff	PRHIA	Provides the required documents that are stored in local repositories or paper files to the assigned liaison.
Vendor Project Manager	Not Applicable	Provides the required documents that are stored in local repositories or paper files to the assigned liaison. Example documents produced by the vendor include specific certifications and ongoing operational reports.

Table 3. Stakeholders across the Medicaid Enterprise involved in responding to CMS’s requests for contract documentation.

5.3 Process for Responding to Contract Documentation Requests from CMS

We documented the primary steps of our processes to respond to future CMS documentation requests consistently across the Medicaid Enterprise. These phases and process flows describe the steps that we will follow whenever any future request is received, identifying owners and the handoff for each step.

Below we delineated the high-level phases and describes the actions and stakeholders involved in each phase.

Process Phase	Description of Action	Stakeholders Involved
Receive Request from CMS 	Whenever there is a need for a clarification or documentation related to any contract awarded under the Puerto Rico Medicaid State Plan, CMS submits a formal request of documentation to the Puerto Rico Medicaid Enterprise. This request may be accompanied by a Question and Answer (Q&A) document. Depending on the contract type for which the documentation is being requested, this request can be sent to the Puerto Rico Medicaid Director for contracts administered by PRDOH, or to the PRHIA Executive Director for contracts administered by PRHIA.	Medicaid Director / PRHIA Executive Director
Initial Coordination 	Once the request is received, the receiving agency's Medicaid Director or Executive Director meets with their relevant office directors and staff to discuss the request from CMS, then appoints a liaison within the agency to coordinate the response and send the corresponding notification and details. For requests sent to PRDOH, the PRMP Administrative Director and the Project Director are trusted to organize the response and collect the corresponding documents. For requests related to PRHIA, this role is delegated to the appropriate staff person in either the PRHIA Legal Office or the PRHIA Executive Office. If there are any clarifications required for the request, the liaison coordinates directly with CMS to receive the necessary information and informs their agency's Director as needed.	Medicaid Director / PRHIA Executive Director, Office Directors and staff, and their Designated Liaison
Collect Documentation 	After the corresponding liaison is defined, an initial document request checklist is generated based on the received request. This checklist is then contrasted to the Contract Document Inventory to identify where the required information is available or housed, along with the corresponding owners. Having identified the document's owners, the liaison coordinates and reaches out to the applicable office directors, project directors, vendor project manager and/or staff to collect the required information.	Designated Liaison and Specific Offices / Stakeholders
Consolidate Information 	A defined document repository such as Microsoft SharePoint® is planned to serve as a centralized source of information where the documents are stored and kept across the Medicaid enterprise. As the required offices and stakeholders provide the corresponding documentation, the liaison receives the files and if provided in paper, the documents are digitized and stored in the document repository for future reference.	Designated Liaison and Specific Offices / Stakeholders
Crosswalk Requirements 	Once information has been collected, the liaison reviews it against the initial checklist to ensure completeness. After the information is validated as complete, a requirements crosswalk is compiled to explicitly outline the traceability from each CMS requirement/request received to the documents and information to be included in the submission package. In addition to the crosswalk, redline versions of documents may be included as needed to streamline reviews and highlight specific changes. Finally, if any Q&A document was provided by CMS with the request, the liaison documents the agency's answers, and the response is added to the package.	Designated Liaison

Process Phase	Description of Action	Stakeholders Involved
<p>Prepare and Submit</p> 	<p>Once the package has been compiled and validated, the liaison prepares a transmittal letter and shares with their agency’s Medicaid Director / Executive Director along with the documents package, for their final review and submission. For contracts administered by PRDOH, the Puerto Rico Medicaid Director conducts the final review, whereas for contracts administered by PRHIA, the Executive Director conducts the final review. The Director may ask for clarifications or revisions to the transmittal letter or document package. Once the director’s review is completed and approved, the director or the liaison sends the complete submission package and all of its components to CMS via a previously specified email address. In addition, the liaison sends a separate email notification to the CMS liaison to request their acknowledgement of the received documents.</p>	<p>Designated Liaison and Medicaid Director / PRHIA Executive Director</p>
<p>Confirm Delivery</p> 	<p>CMS receives the package and provides acknowledgement of the receipt. CMS conducts their formal review internally, and additional clarification or documents may be requested based on the results of their review. Once the review is completed, CMS may notify Puerto Rico of their findings or any required corrective action, to close out their request for information. If revision or corrective action is required, the applicable contract documentation is amended and re-submitted to CMS for review and approval. If necessary, CMS grants formal notification by sending an approval letter to the Medicaid Director or the PRHIA Executive Director, as appropriate. Finally, the agency’s Director receives the approval letter and shares it with the corresponding parties and the assigned liaison, which stores it in the document repository to complete the process.</p>	<p>CMS, Medicaid Director / PRHIA Executive Director and Designated Liaison</p>

Table 4. High-Level Process Phases for Responding to Contract Documentation Requests from CMS

There is a distinct division of roles and responsibilities for the specific contract types that are handled by our PRDOH and PRHIA agencies. Due to this, we present the two different process flows to be followed by each agency in the Appendix. While these two processes are designed to be similar in the high-level activities, there are key considerations included for each that are specific to one agency or the other. The documented processes to respond to contract documentation requests provide a clear set of steps for PRDOH and PRHIA to assign owners and understand the required actions that we are prepared to follow whenever requests are received from CMS or other federal oversight entities.

Complementing the process presented above, the following section describes some of our process enhancements and tools enabling efficient communication and streamlined coordination within the Medicaid Enterprise and with CMS.

5.4 Process Enhancements and Tools

We aim to increase our level of organization and transparency to be better prepared to respond to any future requests and to collaborate more effectively with CMS. Our processes are enhanced by tools described below, which we developed after studying leading practices within our Medicaid Enterprise and from other states’ and territories’ Medicaid programs in contract management, document repositories, and general reporting practices to CMS.

As part of the efforts for documenting our processes and drafting this report, we developed the following tools:

- **Contract Document Inventory** to identify contract documentation available for each contract type
- **Requirements Crosswalk** to align our responses to CMS requests by mapping requirements to documents submitted

In addition, we currently have ongoing efforts to continue to improve our processes in relation to the enhancements outlined below:

- **Unified Document Repository** to enhance storing, tracking, and management of contract documents securely
- **Proactive Communications with CMS** to collaborate on our upcoming procurements/contracts, seek guidance and document decisions made

Contract Document Inventory

Our Contract Document Inventory summarizes documents developed, collected, and stored throughout the contracting processes, including procurement related documents, required reports, and deliverables, for the various contract types. Specifically, our inventory collects the metadata on the different documents associated with the contract types that are awarded by the Puerto Rico Medicaid Enterprise. Furthermore, as part of the document collection process step, our Contract Document Inventory can be compared against the list of documents/information requested by CMS, allowing our liaison(s) to easily and quickly understand where the information is available or housed, and who is the responsible party that needs to be contacted.

Metadata Collected in the Contract Document Inventory	Description
Contract Type	Indicates the applicable contract type for information captured by the type of document
Contract Owner	Identifies the organization that owns the given contract type (e.g., PRHIA, PRDOH)
Type of Document	Indicates the document type (<i>Please refer to Table 6 below for the types of documents within the Contract Document Inventory</i>)
Source / Author	Indicates who provides or produces the document, who is the source of information or the document's author (e.g., for a contractor/vendor certification document, the source would be the contractor/vendor)
Format / Template	Refers to the specific format or template guideline for the document (e.g., preprinted template, model certification or model contract in Microsoft Word that is reproduced across multiple contracts)
Data Collection Method	Refers to how are the documents collected from the source [e.g., Secure File Transfer Protocol (FTP) Site, Email, Certified Mail, in person]
Data Storage	Refers to how are the documents stored and maintained once received. (e.g., documents could be housed in a Citrix ShareFile®, Microsoft SharePoint® site, a specific department's/division's folder on a secured server, paper records/files kept by a specific department/division/role)
Cadence	Refers to the reporting cadence for the document type. (e.g., the document could be submitted once, annually, or as needed)
Required for Submission to CMS	Indicates if documents are required to be submitted to CMS, or if they are collected but not typically submitted to CMS for routine review and approval

Metadata Collected in the Contract Document Inventory	Description
Comments	Provides any additional relevant comments, context or clarifications, as needed

Table 5. Metadata Collected in the Contract Document Inventory.

The table below lists the different types of documents described in the Contract Document Inventory.

Types of Documents within the Contract Document Inventory	Applicable to Which Contract Types
Contract Justification: <ul style="list-style-type: none"> Justification for the business need and the method of procurement selected Contract Justification Letter 	All
Procurement related documents, such as: <ul style="list-style-type: none"> Request for Information (RFI) and the vendor’s response, and Model Contract) Request for Qualifications (RFQ) and the vendor’s response Request for Proposal (RFP), Cost Proposal, and the vendor’s response Procurement related documents (e.g., Statement of Work, Cost Proposal, Legal Documents and Certifications, Corporate Disclosures) Proposal of Services including contracting party, the services to be provided, cost, estimated timeline, etc. Statement of Work (SOW) and Invitation to Bid 	All
Contracts and actions signed and dated by all parties, including all pages, appendices, attachments, and amendments: <ul style="list-style-type: none"> Contracts and actions signed and dated by all parties, including PRHIA requirements and due dates and with CMS memorandums, operational instructions and calendar listing of key dates and timelines for operational activities that pertain to MAOs Additional documents incorporated into the contract by reference (e.g., Normative Letters, Updated EQR Protocols and Protocol Worksheets) 	All
Contractor Certifications, Legal documents and Certifications, Corporate Disclosures, such as: <ul style="list-style-type: none"> Certifications are grouped together and the corresponding documents outlining the specific certifications for the different contract types are included as a reference and linked in the Document Inventory Certification from Puerto Rico General Services Administration (PR GSA) for Vendor registration or RUL (Registro Único de Licitadores, for its acronym in Spanish) Sworn statements from vendors that include certifications of no outstanding debt with the government and of no corruption Certifications of financial good standing and financial solvency 	All
Summary Sheet with Vendor Information, Account Information, Object of expenditure, and Vendor Registration	All for PRDOH
Ongoing operational reporting (e.g. deliverables, reports, annual EQR technical report)	All
Invoice Related Documents (e.g., deliverable acceptance documented to pay vendor, documents that validate vendor compliance and contract obligations to release payments)	All

Types of Documents within the Contract Document Inventory	Applicable to Which Contract Types
Readiness Review Results	MCOs serving Plan Vital and MAOs serving Platino for PRHIA
Annual Rate Certification	MCOs serving Plan Vital and MAOs serving Platino for PRHIA
Annual Summary of Managed Care Plan Medical Loss Ratio (MLR) reports	MCOs serving Plan Vital for PRHIA
Funding Related Documents, such as: <ul style="list-style-type: none"> • Allocation of Funds • Funds Analysis • Availability of Funds 	All for PRDOH
Documents required for FOMB Approval (if contract exceeds \$10 million), including: <ul style="list-style-type: none"> • Justification Letter to FOMB • Governance Template • FOMB Related Certifications including Contract Submission Questionnaire, Agency Certification Requirement for Contract, Contract Certification Requirement 	All if the contract exceeds \$10 million
Advance Planning Documents (APDs) including Medicaid Detailed Budget Template (MDBT) tables	MMIS, E&E, HIE contract types for PRDOH
Project Initiation Milestone Review(s) documentation to satisfy the Medicaid Enterprise Certification Toolkit (MECT) and CMS approval	MMIS, E&E, HIE contract types for PRDOH
Operational Milestone Review(s) documentation to satisfy the MECT and CMS approval	MMIS, E&E, HIE contract types for PRDOH
MMIS Certification Final Review(s) documentation to satisfy the MECT and CMS approval	MMIS, E&E, HIE contract types for PRDOH
Independent verification and validation (IV&V) progress reports	MMIS, E&E, HIE contract types for PRDOH
Leasing related documents, including: <ul style="list-style-type: none"> • Options explored • Building appraisal by an independent appraiser • Approval from Review Board for Property Lease and Rental 	Rent / Lease of Office Space for PRDOH

Table 6. Types of Documents in the Contract Document Inventory.

Within the Contract Document Inventory, we also included a running list of relevant documents and manuals that can be leveraged and referenced throughout the contracting process. This includes

documents detailing internal processes for contracting, contractor certifications, contract approval, reporting guidelines, and deliverable reviews, among others.

Puerto Rico is currently transitioning to a more comprehensive contractor certification model that will be centralized and managed by PR GSA. Contractors and vendors will need to be certified with the PR GSA and obtain a unique vendor registration (RUL, for its acronym in Spanish as Registro Único de Licitador). Once this process is finalized and in effect for upcoming procurements and contracts, the certification process will be handled by our PR GSA agency, which will be in charge of collecting the corresponding certifications and ensuring the contractor/vendor's good standing. We sent internal communications to our government offices informing of this change and requesting current contractors or vendors to register with PR GSA. As our processes change, our Contract Document Inventory and reference documents will be updated as well, outlining how certifications and other contractor/vendor's documents will be collected moving forward.

Requirements Crosswalk

Another improvement we have adopted is the consistent use of the requirements crosswalk template for any upcoming requests. While this type of document has been completed and provided in the past when explicitly required, consistent use of a requirements crosswalk with the newly created template will enhance clarity and transparency on the information provided by the Medicaid Enterprise. When responding back to CMS, a requirements crosswalk maps each request / requirement to a document included in the submission package. With our crosswalk template, we can provide detailed and clear traceability to describe explicitly how we are providing the requested information and point the reviewer to the specific document or section with the information. A crosswalk allows our liaison(s) to make sure that all of CMS requirements/requested information are addressed by information in our document package. If CMS has requests for additional information or clarification, the crosswalk is updated with CMS's question(s) and our corresponding answer(s) or clarifications, again incorporating explicit references to the documentation where applicable.

Unified Document Repository

We predominantly use paper-based methods to collect and store the majority of our contracting related documents. Both PRDOH and PRHIA have taken steps to enable an electronic document repository by starting to digitize some of our existing paper contract files and transition into unified storage methods, such as Citrix ShareFile® and Microsoft SharePoint®. PRDOH is working to implement a document repository via two phases that are estimated to be completed by July 2021. The first phase will serve as an internal tool for our staff to archive and access contracting documents, while the second phase will aim to make contract documents publicly available via our Medicaid website. PRHIA is finalizing the design and security access of its contract document repository. Centralizing our agencies' contract documents in an electronic repository decreases our storage, printing and postal costs, and increases our visibility, accessibility and accuracy of our contracting documentation. This tool can support our contract oversight by having ready access to our complete contracting or procurement files inclusive of contract actions, certifications, and other required documents, and mitigate the risk of non-compliance with records management requirements. All versions of the same contract can be stored together in one electronic document file, ensuring that the newest version is always the one being accessed and revised. As seen in other territories, an electronic repository can give our staff and the public access to important contracting documents and records, improving accountability over our contractual obligations. Different levels of contract access can be granted to different individuals. For

example, our legal counsel will be able to edit the contracts while staff may only be able to read certain applicable content and the public could view only redacted content. In alignment with our **Requirement 3: Contracting Reform Plan**²⁰ report, our document repository will aid the Puerto Rico Medicaid Enterprise increase transparency and publish contracting documents to the public.

Proactive Communications with CMS

The Puerto Rico Medicaid Enterprise will provide CMS with a list of upcoming procurements/contracts and would like to facilitate discussions on CMS's review of key information regarding procurements/contracts, progress to-date, and set priorities. The upcoming External Quality Review (EQR) procurement will demonstrate our intent for closer collaboration with CMS during the procurement process. We also aim to have regular communications with CMS moving forward, especially when seeking guidance on document submission expectations and documenting decisions made. We seek to be an engaged and collaborative partner with CMS and are supportive of their oversight of procurements and contracts serving the Puerto Rico Medicaid program.

²⁰ P.L. 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3105), Division N, Title 1 §202(a)(7)(A)(iii)

6. ASSUMPTIONS

As stated in the GAO's report,²¹ "The Administrator of CMS should take steps to implement ongoing, risk-based oversight of Medicaid procurement processes in Puerto Rico; ...In its written comments, HHS concurred with the GAO's recommendation and indicated a commitment to work with Puerto Rico to improve its procurement processes." As CMS acts on this recommendation and improves its oversight, we aim to remain engaged and collaborate with CMS. We may adapt our interagency MOU, processes and/or tools to provide all documentation requested from CMS or other Federal Government entities with respect to contracts awarded under the Medicaid State Plan of Puerto Rico.

Puerto Rico Medicaid Enterprise proposes the implementation of the aforementioned unified document repositories and/or contract management tools, given that we receive timely agreement and funding from CMS and the U.S. Congress to support the resources needed to implement these tools.

²¹ U.S. Government Accountability Office. (February 2021). GAO-21-229 Report to Congressional Committees, Medicaid: CMS Needs to Implement Risk-Based Oversight of Puerto Rico's Procurement Process. Retrieved from: <https://www.gao.gov/assets/720/712259.pdf>.

7. APPENDIX

7.1 Process Flows for Responding to Contract Documentation Requests from CMS

PRDOH Process for Responding to Contract Documentation Requests from CMS

In alignment with the high-level phases described in Section 5.3, Figure 2 below shows the detailed steps for the PRDOH process for responding to contract documentation requests from CMS. As can be seen in the process, the PRMP Administrative Director serves in the designated liaison role to coordinate the majority of the activities and collect and compile the requested documents, while the agency’s Medicaid Director is in charge of receiving and submitting the formal documentation packages and approving the information contained within.

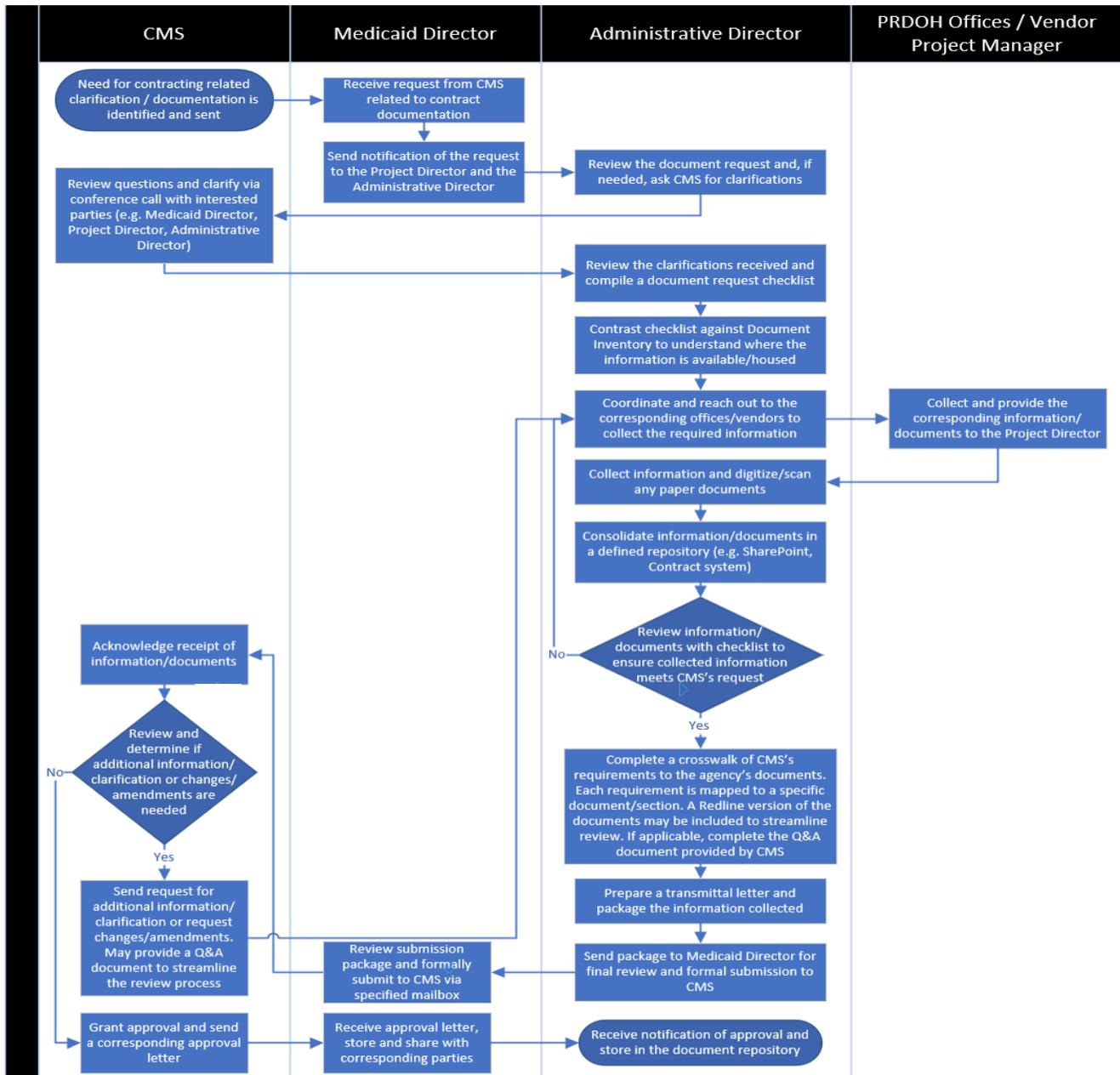


Figure 2. PRDOH Process for Responding to Contract Documentation Requests from CMS.

PRHIA Process for Responding to Contract Documentation Requests from CMS

In alignment with the high-level phases described in Section 5.3, Figure 3 shows the steps for PRHIA to respond to contract documentation requests from CMS. The process described below is applicable for the contract types administered by PRHIA found in Section 4.2. A key difference in the process is that either General Counsel from the PRHIA Legal Office or the Chief Administrative Office from the PRHIA Executive Office serves as the designated liaison and coordinates the majority of the activities to collect and compile the requested documents. This liaison is selected by the PRHIA Executive Director whenever a new request received.

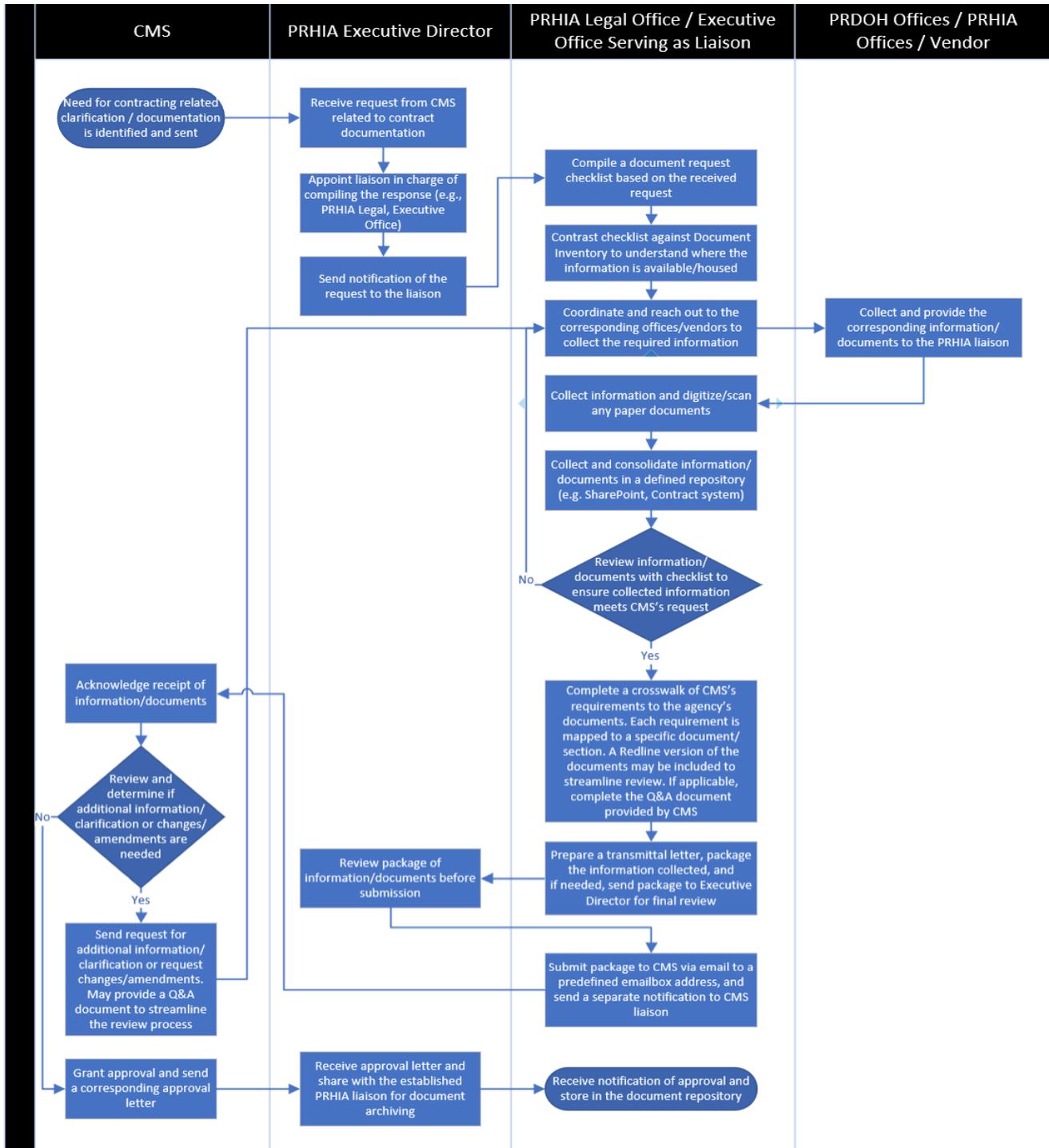


Figure 3. PRHIA Process for Responding to Contract Documentation Requests from CMS.

7.2 Acronyms

This section includes acronyms in order of appearance in the report addressing **Requirement 11: Submission of Documentation on Contracts Upon Request.**

Acronym	Definition
U.S.	United States
H.R.	Bill originating in the House of Representatives
P.L.	Public Law
CMS	Centers for Medicare & Medicaid Services
CHIP	Children’s Health Insurance Program
PRDOH	Puerto Rico Department of Health
PRHIA	Puerto Rico Health Insurance Administration
HHS	U.S. Department of Health and Human Services
GAO	U.S. Government Accountability Office
OIG	U.S. Office of Inspector General of the Department of Health and Human Services
SSA	Single State Agency
FMAP	Federal Medical Assistance Percentage
PMPY	per member per year
PMPM	per member per month
SMA	State Medicaid Agency
MOU	memorandum of understanding
ASES	Puerto Rico Health Insurance Administration, or Administración de Seguros de Salud in Spanish
MCO	Managed Care Organization
BOD	Board of Directors
PRMP	Puerto Rico’s Medicaid Program
MMIS	Medicaid Management Information System
PR MMIS	Puerto Rico’s Medicaid Management Information System
FOMB	Financial Oversight and Management Board for Puerto Rico
XIX	Title XIX (19) of the Social Security Act (<i>Grants to States for Medical Assistance Programs</i>)
PDP	Preferred Drug Program
MAO	Medicare Advantage Organization
ASSMCA	Puerto Rico Administration of Mental Health and Anti-Addiction Services, or Administración de Servicios de Salud Mental y Contra la Adicción in Spanish
OMB	Puerto Rico Office of Management and Budget
AAFAF	Puerto Rico Fiscal Agency and Financial Advisory Authority

Acronym	Definition
PROMESA	Puerto Rico Oversight, Management, and Economic Stability Act
PR GSA	Puerto Rico's General Services Administration, or Administración de Servicios Generales in Spanish
CFR	Code of Federal Regulations
MIPPA	Medicare Improvements for Patients and Providers Act of 2008
D-SNP	Dual Eligible Special Needs Plan
PBM	Pharmacy Benefit Manager
ADP	Automatic Data Processing
HIE	Health Information Exchange
EQR	External Quality Review
XXI	Title XXI (21) of the Social Security Act (<i>State Children's Health Insurance Program</i>)
APD	Advance Planning Document
FTP	File Transfer Protocol
RFI	Request for Information
RFQ	Request for Qualifications
RFP	Request for Proposal
SOW	Statement of Work
IV&V	Independent verification and validation
RUL	Vendor registration, or Registro Único de Licitadores in Spanish
MLR	Medical Loss Ratio
MDBT	Medicaid Detailed Budget Template
MECT	Medicaid Enterprise Certification Toolkit

Table 7. Acronyms in Report.