COMMONWEALTH OF PUERTO RICO
PR DEPARTMENT OF HEALTH
SAN JUAN, PUERTO RICO

AGREEMENT BETWEEN THE PR DEPARTMENT OF HEALTH (MEDICAID OFFICE, AND PR MCAH) AND THE PR HEALTH INSURANCE ADMINISTRATION

A. STATEMENT OF PURPOSE

The Puerto Rico Maternal Child and Adolescent Health (PR MCAH) Services Block Grant and Puerto Rico Medicaid, authorized by Title V and Title XIX of the Social Security Act (SSA), serve complimentary purposes and goals to improve the health of all mothers, infants, children and youth, including children and youth with special health care needs and their families. Coordination and partnerships attained between the two programs greatly enhance respective abilities, increasing effectiveness, and guarding against duplication of effort and enhancing access and quality of care.

B. PARTIES TO THE AGREEMENT

1. FOR THE FIRST PARTY: The Puerto Rico Department of Health, (PR Medicaid Program and the Puerto Rico Maternal Child Adolescent Health Division) herein represented by its Secretary of Health, Ana C. Ríus Armendáriz, MD, of legal age, single, a doctor of medicine, resident of Guaynabo, Puerto Rico, or represented by the Undersecretary of Health, Greduvel Durán Guzmán, MD, MPH, of legal age, married, a doctor of medicine, resident of San Juan, Puerto Rico, who appears in representation of the Secretary of Health and who is duly authorized to sign this Agreement by the delegation made on September 16, 2013 by the Secretary of Health, in accordance with Law No. 81 of March 14, 1912.
2. FOR THE SECOND PARTY: The Health Insurance Administration, a public corporation created as per Act No. 72-1993, represented by its Executive Director, Ricardo Rivera Cardona, of legal age, single and resident of San Juan, Puerto Rico, who is duly authorized to sign this Agreement.

C. PRELIMINARIES

1. In compliance with the Omnibus Budget Reconciliation Act of 1989 (OBRA-1989, the Puerto Rico Maternal Child Adolescent Health Division (PR MCAH) Title V Program is required to participate in developing and carrying out agreements on coordination of care and services (§1902(a)(11); §505(a)(5)(E)(ii)), coordinate activities with the EPSDT program (§505(a)(5)(E)(i)), assist in identifying and registering pregnant women and infants who are eligible for medical assistance (§505(a)(5)(F)(iv)), and provide a toll-free telephone number to help parents obtain information about services under Title V and Title XIX (§505 (a)(5)(E)).

2. The PR Medicaid Program under Title XIX of the Social Security Act (enacted 1965 and amended in 1967 and 1981) is required to act as the payer of first resort and to use Title V-funded agencies to provide services for Medicaid-eligible clients if such services are included in the State plan (§1902(a)(11)(B)(i)), reimburse agencies for the cost of services provided to any individual for which payment would otherwise be made to the State (§1902(a)(11)(B)(ii)), coordinate information and education on pediatric vaccinations and delivery of immunization services (§1902(a)(11)(B)(iii)).

3. Title 42, section §431.615(b) of the CFR, states that the MCAH - Title V Program may receive Federal payments for services including children with Special Health Care Needs (CSHCN).

PRHIA, a public corporation with full autonomy created by Law 72 of September 7, 1993, as amended, is responsible for implementing administering and negotiating a health insurance system, through contracts with health insurers, mental health
organizations, pharmacy benefit managers, third party administrators, medicare advantage organizations, among others authorized by the federal and State law that will provide risk management as required by the Social Security Act in Title XVIII and XIX, as well under provisions in 42 CFR Part 438 and State Law 72 of September 7, 1993, as amended, that will eventually give all Puerto Rico residents access to quality medical and hospital care, regardless of their financial condition and capacity to pay.

4. Through these organizations, the State will provide a health insurance system that will furnish access and quality of healthcare of services to all medically indigent eligible population of the island.

5. PR MCAH program developed the Puerto Rico Pediatric Preventive Healthcare Guidelines (PR PPHG) adopted as public policy by the Department of Health. The program promotes and disseminates these guidelines that fulfill the requirements of the EPSDT guidelines required for Medicaid served pediatric population. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. The PR PPHG fulfills and is compatible with the criteria of the EPSDT guides. The MCAH program also promotes preventive health care services among women of reproductive age (WRA) and Pregnant women. It allows for the creation and maintenance of a cost-effective infrastructure upon which to build successful public and private health services, and supports. In addition it supports population-based services such as injury and violence prevention, and sudden infant death syndrome (SIDS) awareness activities.

D. MAIN GOAL OF AGREEMENT:

This Agreement ensures maximum use and coordination of available resources towards the improvement of the health of all infant, children, youth, children and youth with special health
care needs and women to reduce maternal and infant morbidity, mortality and the incidence of handicapping conditions.

E. PR MCAH PROGRAM GOALS AND RESPONSIBILITIES

1. As defined in section 501(a)(1) of the Title V legislation, the purpose of the PR MCAH Services Block Grant Program is to enable the MCAH population (in particular those with low income or with limited availability of health services) access to quality MCH services. MCAH programs main goal is to have an impact on the families, communities and health care system with the purpose to achieve the well-being of the MCAH population and their families and enable them to be healthy and thriving.

2. The Program focuses its effort in reducing infant mortality and the incidence of preventable diseases and handicapping conditions among children, reducing the need for inpatient and long-term care services. It empowers and enables families to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services.

3. The program promotes the health of mothers and infants by promoting the use of community based resources to receive prenatal, delivery, and postpartum care for low income, at-risk pregnant women. It also promotes the health of children by promoting the use of preventive and primary care services for low income children. The program promotes family-centered, community-based, coordinated care (including care coordination services, as defined in subsection (b)(3)) for children with special health care needs (CSHCN) and facilitates the development of community-based systems of services for such children and their families.

4. The PR MCAH program serves as the foundation for identifying and addressing emerging health service needs of the MCAH population (as impacted by cultural, linguistic, demographic characteristics), gaps in service delivery, and helping drive priorities for
achieving equity in access by disseminating this information and participating in the
development of successful changes in the health care delivery systems and resources within
the MCAH community.

5. The EPSDT services provided by Medicaid to the pediatric population are guided by the
PR PPHG, based on evidenced-based guidelines, developed and actualized by the MCAH
Program. The MCAH program informs and educates the public and families about the
unique needs of the MCAH population and assists families in using resources available to
them by referring them for Medicaid evaluation and health care services by the home
visiting program staff. The MCAH program refers and follows up assisted participants to
the integrated systems of public health, health care and related community services to
ensure access and to assure maximum impact.

6. CSHCN

The MCAH program provide services to address unmet needs in healthcare and public
health systems for the children with special health care needs population (CSHCN). (i.e.
gap-filling services)

The CSHCN Regional Pediatric Centers (RPCs) operating at different levels of service,
provide a primary level of services that includes screening, medical evaluation, eligibility
determination for Title V services, services coordination, referrals and family support.
Core staff for these services includes: Pediatrician/Medical Director, Social Worker,
Graduate Nurse and Services Coordinator. CSHCN Program nurses provide care
coordination.

All service coordinators are located at the Regional Pediatric Centers. RPCs provide a
secondary level of services that includes: consultation, evaluation/services and primary
level staff support by allied health professionals of the following disciplines: Psychology,
Speech and Language Pathology, Physical Therapy, Occupational Therapy and Nutrition.
The scope of the services varies based on the materials and equipment available at each
RPC.
A Tertiary Level of Services, accessible through referrals to available community services and/or through the RPCs, includes the following services: Audiology, Ophthalmology, Orthopedics, Gastroenterology, Physical Medicine and Rehabilitation, Neurology and Genetics. The availability and accessibility to these services varies greatly by Health Region. Supra-tertiary Level of Services is made available through referrals to available community services and/or through the Metropolitan RPC, includes the following services: Neurosurgery, Plastic Surgery, ENT, Orthodontia, Urology and Nephrology. The following Special Interdisciplinary Clinics at the Metropolitan RPC will continue to operate: Neural Tube Defects, Cranio-Facial Disorders and Complex Orthopedic Conditions.

F. TITLE XIX GOALS AND RESPONSIBILITIES

Relating to EPSDT and CSHCN the Puerto Rico Health Insurance Administration through the contracted Managed Care Organizations seek the following goals:

1. Improve timely access to preventive care screening and visits for all GHP Medicaid, Commonwealth, and CHIP enrollees.

2. Improve quality of care and behavioral health screening provided to all GHP Medicaid, Commonwealth, and CHIP enrollees through an integrated model of service delivery.

3. Improve member’s satisfaction with provided services and primary care experience.

G. PRHIA through its contracted Managed Care Organizations (hereinafter referred to as the Health Plan) require the provision of the following services:

1. Preventive Services as Covered Services under the Healthy Child Care Program, which serves enrollees under age two (2):

   a. One (1) annual comprehensive evaluation by a certified Provider, which complements other services for children and young adults provided pursuant to the periodicity scheme of the American Academy of Pediatrics and Title XIX
(EPSDT); and other services, as needed, during the first two (2) years of the child’s life.

b. Vaccines (the vaccines themselves are provided and paid for by the Health Department for the Medicaid and CHIP Eligible. The vaccine is provided and paid for by the Health Plan for the Other Eligible Persons in the GHP). The Health Plan shall cover the administration of the vaccines according to the fee schedule established by the Health Department;

c. Eye exam;

d. Hearing exam, including hearing screening for newborns prior to their leaving the hospital nursery;

e. Evaluation and nutritional screening;

f. Medically Necessary laboratory exams and diagnostic tests, appropriate to the Enrollee’s age, sex, and health condition.

g. Diagnostic and testing services for Enrollees under age twenty-one (21) required by EPSDT, as defined in Section 1905(r) of the Social Security Act.

2. Maternal Health Services: The Health Plan shall implement a pre-natal and maternal program, aimed at preventing complications during and after pregnancy, and advancing the objective of lowering the incidence of low birth weight and premature deliveries. The PRHIA requires that the program include, at a minimum, the following components:

a. A pre-natal care card, used to document services utilized;

b. Counseling regarding HIV testing;

c. Pregnancy testing;

d. A RhoGAM injection for all pregnant women who have a negative Rhesus ("Rh") factor according to the established protocol;
e. Alcohol screening of pregnant women with the 4P-Plus instrument;

f. Smoking cessation counseling and treatment;

g. Post-partum depression screening using the Edinburgh post-natal depression scale;

h. Post-partum counseling and Referral to the WIC program;

i. Dental evaluation during the second trimester of gestation; and HIV testing

j. At least one of every class and category of FDA-approved contraceptive medication as specified in ASES’s PDL.

k. At least one of every class and category of FDA-approved contraceptive method as specified by ASES.

l. Workshops regarding pre-natal care topics (importance of pre-natal medical visits and post-partum care), breast-feeding, stages of childbirth, oral and Behavioral Health, family planning, and newborn care, among others.

3. The Special Coverage Benefit is designed to provide services for Children with special health care needs caused by serious illness. The Health Plan shall provide PRHIA (ASES) with the strategy implemented for the identification of populations with special health care needs in order to identify any ongoing special conditions of Enrollees that require a treatment plan and regular care monitoring by appropriate Providers. The Health Plan shall implement a system for screening Enrollees for Special Coverage and registering Enrollees who qualify. The Health Plan shall design a form, with prior written approval from ASES, to be used by Providers in submitting a registration for Special Coverage. The registration system for Special Coverage shall emphasize speedy processing of the registration that requires the Health Plan, once it receives the notification from the Provider, to register the Member in Special Coverage within seventy-two (72) hours. The Health Plan must have a mechanism in place to allow CSHN to directly access a specialist as appropriate for the enrollee’s condition and identified needs, in regards to all services encompassed within the scope of Special Coverage.
H. TITLE V AND MEDICAID COLLABORATION:

1. Title V and Medicaid jointly agreed upon policies and standards of care for Medicaid beneficiaries (especially relevant with EPSDT services).
2. Title V uses Medicaid population data collected through such systems as the billing Information System to provide key population and service statistics, performance and outcome measures, and benchmarks.
3. Medicaid uses materials developed by Title V grantees, either directly or with modifications for Medicaid audiences.
4. Medicaid ensure EPSDT services for infants, children, and adolescents, including CSHCN following the PR PPHG developed by the MCAH Program and adopted as public policy by the DOH.
5. Title V programs provide public education to Medicaid beneficiaries on nutrition and oral health issues, stressing the need for such services from an early age.
6. Title V programs provide outreach and referral for evaluation of enrollment services to eligible beneficiaries, allowing Medicaid funds to pay for those services.
7. Medicaid requires managed care organizations to outreach to audiences traditionally supported by Title V programs and vice-versa.
8. Title V promotes programs that support Medicaid beneficiaries, not only to ensure enrollment but to track and/or provide follow-up on treatment.
9. Title V pays for gap-filling services to Medicaid beneficiaries.

I. REIMBURSEMENTS

Medicaid through the PRHIA requires that all contracted Managed Care Organizations reimburse Title V for Medical services rendered to Medicaid eligible population served by the Title V program providers through a claims based mechanism.

J. TERM: This Agreement shall be effective as of the date of the last-executed signature below and until further revision and actualization.
ANÁC. RÍUS ARMÉNDARIZ, MD
PR DEPARTMENT OF HEALTH
660-43-7670

Date: July 10/2015

Reviewed:

Ricardo Colón Padilla
Medicaid / Title XIX Executive Director

July 10/2015

Manuel I. Vargas Bernal, MD, MPH
Title V / MCAH Director

RICARDO RIVERA CARDONA
PR HEALTH INSURANCE ADMINISTRATION
660-50-0678

Date: July 9, 2015

CERTIFICO QUE ES COPIA FIEL Y EXACTA DE CONTRATO BAJO MI CUSTODIA
FIRMA
FECHA 10/ago/15

DEPARTAMENTO DE SALUD

No. 107
Abogado de la División Legal del Departamento de Salud certifico que he revisado este contrato en todos sus pormenores y, habiendo encontrado el mismo satisfactorio desde el punto de vista legal, Recomiendo su firma:

FIRMA
FECHA 10 junio 2015