

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

**AGREEMENT BETWEEN THE PUERTO RICO DEPARTMENT OF HEALTH
(PR TITLE V SERVICES PROGRAM AND MEDICAID OFFICE) AND THE
PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

A. STATEMENT OF PURPOSE

The Maternal and Child Health Services Block Grant (Title V Services Program) and Medicaid, authorized by Title V and Title XIX of the Social Security Act (SSA), serve complimentary purposes and goals. Coordination and partnerships between the two programs greatly enhance their respective abilities, increase their effectiveness, and guard against duplication of effort. Such coordination is the result of a long series of legislative decisions that mandate the Title V Services Program and Medicaid to work together. The purpose of this Interagency Agreement (IAA), required by both Title V and Title XIX legislation, is to ensure coordination and mutual support between the Puerto Rico Department of Health (Title V Services and Medicaid Programs) and the Puerto Rico Health Insurance Administration (PRHIA) for the purpose of providing coordination of services to promote prompt access to high quality prenatal, intrapartum, postpartum, postnatal, and child health services for women and children, including children with special health care needs and their families, who are eligible for benefits under Title V and XIX of the Social Security Act.

B. PARTIES TO THE AGREEMENT

1. **FOR THE FIRST PARTY:** The Puerto Rico Department of Health (Medicaid Program and Title V Services Program), herein represented by the Secretary of Health, **LORENZO GONZÁLEZ FELICIANO, MD, MBA, DHA**, of legal age, single, doctor by profession and resident of Carolina, Puerto Rico, or by the Undersecretary of Health, **IRIS REBECCA CARDONA GERENA, MD**, of legal age, married, doctor by profession and resident of San Juan, Puerto Rico, who appears in representation of the Secretary of Health and is duly authorized to sign this Agreement by the delegation made on June 8, 2020 by the Secretary of Health, in accordance with Law No. 81 of March 14, 1912.

2. **FOR THE SECOND PARTY:** The Health Insurance Administration (PRHIA), a public corporation created as per Act No. 72-1993, represented by its Executive Director, Jorge E. Galva Rodríguez, JD, MHA, of legal age, married and resident of Vega Alta, Puerto Rico, who is duly authorized to sign this Agreement.

C. PRELIMINARIES

1. Title V agencies are required by the Social Security Act (enacted 1935, and amended by the Omnibus Budget Reconciliation Act (OBRA 1989), 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 Early and Periodic Screening, Diagnostic and Treatment (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. Medicaid agencies under Title XIX of the Social Security Act (enacted 1965 and amended in 1967 and 1981) are 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)(iii)], 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)], and coordinate information and education on pediatric vaccinations and delivery of immunization services [§1902(a)(11)(B)(iii)].

3. Title 42, §431.615(b) of the CFR, states that Title V grantees may receive Federal payments for part or all of the cost of any service program or project authorized by Title V of the Act, including: Maternal and Child Health (MCH) services; Children with Special Health Care Needs (CSHCN) services; maternal and infant care projects, children and youth projects and projects for the dental health of children.

4. The PRHIA, a public corporation with full autonomy organized pursuant to Act No. 72, of September 7, 1993, as amended, has the responsibility to negotiate contracts with Managed Care Organizations (MCOs) or insurance companies to provide health insurance coverage to eligible population as certified by Medicaid Program (MAP) under the Government Health Insurance Plan (GHIP). Specifically, PRHIA is responsible for implementing, administering and negotiating health insurance coverage through contracts with health insurers, mental health organizations, pharmacy benefits 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 provision 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.

D. MAIN GOAL OF AGREEMENT

This Interagency Agreement seeks to enhance collaboration between the PRHIA, the Medicaid Program and the Title V Services Program to improve the overall health of Puerto Rico's mothers, children, and adolescents (MCA), which includes children and youth with special health care needs, through an affordable health care delivery system. Partnership and collaboration among the parties will allow for the effective leveraging of federal and state resources to help ensure that women and children are provided needed preventive services, health examinations, treatments and follow-up care.

E. PUERTO RICO TITLE V SERVICES PROGRAM GOALS AND RESPONSIBILITIES

1. The purpose of the Puerto Rico Title V Services Program is to address the health services needs of Puerto Rico's MCA population consistent with the applicable health status goals and national health objectives.
2. The PR Title V Services Program:
 - a. Focuses its efforts on reducing infant mortality and the incidence of preventable diseases and disabilities among children, reducing the need for inpatient and long-term care services. It educates and enables families to increase the number of children (especially preschool-age children) who are appropriately immunized against diseases and to increase the number of low-income children receiving health assessments and follow-up diagnostic and treatment services.

- b. Supports the health and well-being 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 supports 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 systems of services for children and their families.
- c. Promotes preventive healthcare 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. Serves as the foundation for identifying and addressing emerging health service needs of the MCA population (as impacted by cultural, linguistic and demographic characteristics) and gaps in service delivery. It helps drive priorities for achieving equity in access by disseminating this information and participating in the development of changes in the health care delivery systems and resources within the MCA community.
- e. Develops and updates the Puerto Rico Pediatric Preventive Healthcare Guidelines (PR PPHG), which are adopted as public policy by the PR Department of Health. The Program promotes and disseminates these guidelines that fulfill the requirements of the EPSDT Guidelines required for the Medicaid-served pediatric population. The 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.
- f. Informs and educates the public and families about the unique needs of the MCA population. The Title V Home Visiting Program nurses assist families in using resources available to them by referring them for Medicaid evaluation and health care services. The Program refers participants to the integrated systems of public health, health care and related community services to ensure access and to assure maximum impact.
- g. Promotes access to a comprehensive, continuous, and coordinated family-centered system of care for CSHCN and their families, supporting the development of medical home communities by promoting service coordination, successful transitions to adult health care, early and continuous screening, and quality improvement of care.
- h. Provides support to the newborn screening programs by monitoring and following up infants born with congenital defects or other conditions to ensure they have the services they need.
- i. Provides services to address unmet needs in healthcare and public health systems for CSHCN, and implements strategies to empower families as partners in care and to strengthen community-based services through collaborations.

F. PUERTO RICO TITLE XIX GOALS AND RESPONSIBILITIES

1. Relating to EPSDT and CSHCN, the PRHIA through the contracted MCOs seeks the following goals:
 - a. Improve timely access to preventive care screening and visits for all governmental health plans (GHP), Medicaid, Commonwealth, and CHIP enrollees.
 - b. Improve quality of care and behavioral health screening provided to all GHP, Medicaid, Commonwealth, and CHIP enrollees through an integrated model of service delivery.
 - c. Improve member's satisfaction with provided services and primary care experience.

G. PRHIA REQUIREMENT FOR PROVISION OF SERVICES

PRHIA, through its contracted MCOs (hereinafter referred to as the Health Plan), requires 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 (AAP) 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 PR Department of Health 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 PR Department of Health.
 - 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 the Enrollees under age twenty-one (21) required by the EPSDT, as defined in Section 1905(a) of the Social Security Act
2. Maternal Health Services: the Health Plan shall implement a prenatal 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 includes, at a minimum, the following components:
 - a. A prenatal care card used to document services utilized
 - b. Counseling regarding HIV testing
 - c. Pregnancy testing
 - d. 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+ instrument
 - f. Smoking cessation counseling and treatment
 - g. Post-partum depression screening using the Edinburgh Postnatal Depression Scale
 - h. Post-partum counselling 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 methods as specified in the PRHIA's Preferred Drug List (PDL).

- k. At least one of every class and category of FDA-approved contraceptive methods as specified by PRHIA.
 - l. Workshops regarding prenatal care topics (importance of prenatal medical visits and post-partum care), breastfeeding, stages of childbirth, oral and behavioral health, family planning, and newborn care, among others.
3. CSHCN Services: the GHIP Special Coverage Benefit is designed to provide services for CSHCN.
- a. The Health Plan shall provide PRHIA with the strategy implemented for the identification of populations with special health care needs in order to identify any ongoing special condition of Enrollees that require a treatment plan and regular care monitoring by appropriate Providers.
 - b. The Health Plan shall implement a system for screening Enrollees for Special Coverage and registering Enrollees who qualify.
 - c. The Health Plan shall design a form, with prior written approval from the PRHIA, to be used by Providers in submitting a registration for Special Coverage.
 - d. 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.
 - e. The Health Plan must have a mechanism in place to allow CSHCN to directly access a specialist appropriate for the enrollee's condition and identified needs, in regards to all services encompassed within the scope of the Special Coverage.

H. TITLE V AND TITLE XIX COLLABORATION

- 1. The PR Title V Services Program and the PRHIA jointly agree upon policies and standards of care for Medicaid beneficiaries.
- 2. The PR Title V Services Program uses Medicaid population data to provide key population and service statistics, performance and outcome measures and benchmarks. Data routinely requested by the Program includes the following categories of information:
 - a. Funding by source (State, Medicaid, municipal and SCHIP)
 - b. Average cost per enrollee
 - c. Eligible population by age group and sex
 - d. Insured population by age group and sex
 - e. Population receiving services by age group and sex
 - f. Availability of providers by populations
 - g. Claims for:
 - i. Conditions (chronic, acute, emerging, etc.) by age group and sex
 - ii. Procedures by age group and sex
 - iii. Service utilization by age group and sex
 - iv. Prescription drug use by age group and sex
 - h. Number of CSHCN 0 to 21 registered in Medicaid per year
 - i. Number of CSHCN 0 to 21 under special coverage per year
 - j. Number of CSHCN 0 to 21 under autism special coverage per year
- 3. PR Title V Services Program may request from PRHIA other data related to emergent public health issues, special projects and/or research, changing requirements, natural disasters or others.
- 4. The PRHIA and Title V Services Programs' data staff meet to discuss and clarify data requested.
- 5. The PRHIA uses materials developed by Title V grantees, either directly or with modifications for Medicaid audiences.
- 6. The PRHIA ensures EPSDT services for infants, children and adolescents, including CSHCN, following the PR PPHG developed by the

PR Title V Services Program and adopted as public policy by the Department of Health.

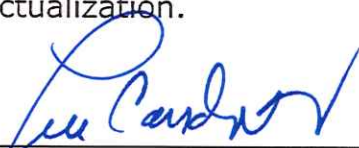
7. The PR Title V Services Program provides public education to Medicaid beneficiaries on nutrition and oral health issues, stressing the need for such services from an early age.
8. The PR Title V Services Program provide outreach and referral for evaluation or enrollment services to eligible beneficiaries, allowing Medicaid funds to pay for those services.
9. The PR Title V Services Program provides pediatric specialty care and enabling services to eligible CSHCN, requesting Medicaid reimbursement for those services under Medicaid coverage.
10. The PR Title V Services Program provides service coordination to Medicaid CSHCN beneficiaries, and their families.
11. The PRHIA requires MCOs to reach out to audiences traditionally supported by Title V programs and vice versa.
12. The PR Title V Services Program promotes programs that support Medicaid beneficiaries, not only to ensure enrollment but to track and/or provide follow up on treatment.
13. The PR Title V Services Program pays for gap-filling services to Medicaid beneficiaries.
14. The PR Medicaid and Title V Services programs share evaluations and may carry out joint evaluations or studies that may lead to better understand and improve policies and/or the system of care.
15. The PR Medicaid and Title V Services programs meet at least annually to review current agencies' status, discuss emerging opportunities, and strengthen collaborations.

I. REIMBURSEMENTS

Medicaid, through the PRHIA, requires that all contracted MCO reimburse Title V services rendered to Medicaid eligible population served by the Title V Program Providers through claims-based mechanism.

J. TERM

This IAA shall be effective as of the date of the last-executed signature below until September 30, 2025, and/or until further revision and actualization.


 DEPARTMENT OF HEALTH
 FIRST PARTY
 660-43-7470

Date: 1-7-2020


 PR HEALTH INSURANCE ADMINISTRATION
 SECOND PARTY
 660-50-0678

Date: 1-7-2020


 Luz E. Cruz Romero
 Medicaid / Title XIX Executive Director


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

This agreement was presented for registration at the Office of the Comptroller of the Commonwealth of Puerto Rico, today, 8 Julio 2020.

CERTIFICATION	
I, <u>Wendy Sotelo</u> , Attorney for the Legal Division of the Puerto Rico Department of Health, hereby certify that I have reviewed this agreement; it complies with the format and mandatory clauses.	
Signature: <u>[Signature]</u>	Date: <u>July 7, 2020</u>

CERTIFICO QUE ES COPIA FIEL Y EXACTA DE CONTRATO BAJO MI CUSTODIA

FIRMA [Signature]

FECHA 5/ago/2020