## Puerto Rico Managed Care Program Features, as of 2013

| Features   | Behavioral Health Program (operated by APS Healthcare) as part of Mi Salud | Medicare Platino  | Mi Salud                |
|--|--|---|-------------------------|
| Program type   | BHO (PIHP and/or PAHP)   | Comprehensive MCO   | Comprehensive MCO       |
| Statewide or region-specific?  | Statewide  | Statewide   | Statewide               |
| Federal operating authority  | 1915(b) waiver, 1915(a)  | 1915(b) waiver, 1915(a)   | 1915(b) waiver, 1915(a) |
| Program start date   | 2/1/1994   | 1/1/2006  | 2/1/1994                |
| Waiver expiration date (if applicable)   |  |   |                         |
| If the program ended in 2013, indicate the end date  |  |   |                         |
| Populations enrolled   |  |   |                         |
| Low-income Adults  | Mandatory  |   | Mandatory               |
| Aged, Blind or Disabled Children or Adults   | Mandatory  |   | Mandatory               |
| Non-Disabled Children (excluding children in foster care or receiving adoption assistance)           | Voluntary  |   | Voluntary               |
| Individuals receiving Limited Benefits   |  |   |                         |
| Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority |  |   |                         |
| Full Duals   | Mandatory  | Voluntary   | Mandatory               |
| Partial Duals  |  |   |                         |
| Children with Special Health Care Needs  | Mandatory  |   | Mandatory               |
| Native American/Alaskan Natives  | Voluntary  | Voluntary   | Voluntary               |
| Foster Care and Adoption Assistance<br>Children  | Voluntary  | Exempt  | Voluntary               |
| Enrollment choice period   | Pre-assigned   | No specific time  | Pre-assigned            |
| Enrollment broker name (if applicable)   |  |   |                         |
| Notes on enrollment choice period  |  | Open Enrollment Period from October 15 to December 7. If no change is made from the individual, he will be automatically re-enrolled in current plan. Newly enrollees to Medicare must have 65 years of age and the enrollment period is three months before, during current month or three months after reaching 65 years. |                         |

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|--|--|------------------|----------|--|--|--|
| Benefits covered   |  |                  |          |  |  |  |
| Inpatient hospital physical health   |  | X                | X        |  |  |  |
| Inpatient hospital behavioral health (MH and/or SUD)                             | Х  | Х                |          |  |  |  |
| Outpatient hospital physical health  |  | X                | Х        |  |  |  |
| Outpatient hospital behavioral health (MH and/or SUD)                            | Х  | Х                |          |  |  |  |
| Partial hospitalization  | X  | X                |          |  |  |  |
| Physician  | Х  | Х                | X        |  |  |  |
| Nurse practitioner   |  |                  |          |  |  |  |
| Rural health clinics and FQHCs   |  | Х                | X        |  |  |  |
| Clinic services  | Х  | Х                | X        |  |  |  |
| Lab and x-ray  | X  | Х                | X        |  |  |  |
| Prescription drugs and prosthetic devices  | X  | Х                | X        |  |  |  |
| EPSDT  |  |                  | X        |  |  |  |
| Case management  | X  | Х                | X        |  |  |  |
| Health home  |  |                  |          |  |  |  |
| Family planning  |  |                  |          |  |  |  |
| Dental services (medical/surgical)   |  | X                | X        |  |  |  |
| Dental (preventative or corrective)  |  | Х                | X        |  |  |  |
| Home health agency services  |  |                  |          |  |  |  |
| Personal care (state plan option)  |  |                  |          |  |  |  |
| HCBS waiver services   |  |                  |          |  |  |  |
| Private duty nursing   |  |                  |          |  |  |  |
| ICF-IDD  |  |                  |          |  |  |  |
| Nursing facility services  |  |                  |          |  |  |  |
| Hospice care   |  |                  |          |  |  |  |
| Non-Emergency Medical Transportation   |  |                  |          |  |  |  |
| Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) |  |                  |          |  |  |  |

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|---|--|--|--|
| Quality assurance and improvement                       |  |  |  |
| HEDIS data required?                                    | Yes  | Yes  | Yes  |
| CAHPS data required?                                    | No   | No   | Yes  |
| Accreditation required?                                 | No   | No   | No   |
| Accrediting organization                                |  |  |  |
| EQRO contractor name (if applicable)                    | Island Peer Review Organization (IPRO)                                     | Island Peer Review Organization (IPRO)   | Island Peer Review Organization (IPRO)             |
| Performance incentives?                                 | Yes  | No   | Yes  |
| Payment bonuses/differentials to reward MCOs            |  |  |  |
| Preferential auto-enrollment to reward MCOs             |  |  |  |
| Public reports comparing MCO performance on key metrics |  |  |  |
| Withholds tied to performance metrics                   | X  |  | X  |
| Participating plans and regions served                  |  |  |  |
| Plans in Program  | APS  | American Health Medicare; First Medical/First<br>Plus; Humana Health Plans of Puerto Rico;<br>MCS Advantage; MMM Healthcare Inc.; PMC<br>Medicare Choice; Triple S, Inc. | Triple S, Inc.; Humana Health Plans of Puerto Rico |
| Notes   |  |  |  |
| Program notes   |  | Medicare Platino includes the Physician Incentive Plan (PIP).  |  |