AMENDMENT TO THE CONTRACT BETWEEN
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)
and
TRIPLE-S SALUD, INC.
to
ADMINISTER THE PROVISION OF PHYSICAL
HEALTH SERVICES UNDER THE MI SALUD PROGRAM

CONTRACT NUMBER: 2014-000047A

THIS AMENDMENT TO THE CONTRACT BETWEEN ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES) and TRIPLE-S SALUD, INC. to ADMINISTER THE PROVISION OF PHYSICAL HEALTH SERVICES UNDER THE MI SALUD PROGRAM (the "Amendment") is by and between TRIPLE-S SALUD, INC. ("the Contractor"), an insurance company duly organized and authorized to do business under the laws of the Commonwealth of Puerto Rico, with employer identification number 66-0555677 and the Puerto Rico Health Insurance Administration (Administración de Seguros de Salud de Puerto Rico, hereinafter referred to as "ASES" or "the Administration"), a public corporation in the Commonwealth of Puerto Rico, with employer identification number 66-050-0678.

WHEREAS, TSS and ASES executed a Contract for the Administration of the Physical Health component of the MI Salud Program within the Commonwealth of Puerto Rico, on July 1st, 2013 (hereinafter referred to as the "Contract"),

WHEREAS, the Contract provides, pursuant to Article 55, that the Parties may amend such Contract by mutual written consent; and

WHEREAS, all provisions of the Contract will remain in full force and effect as described therein, except as otherwise provided in this Amendment.

NOW, THEREFORE, and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Contract as follows:

1. **Article 4.3.3 of the Contract shall be amended as follows:**

   4.3.3 The Medicaid Program determination that a person is eligible for MI Salud is contained on Form MA-10, titled "Notification of Action Taken on Request and/or Re-Evaluation," and shall be referred to hereinafter as "Certification." A person who has received a Certification shall be referred to hereinafter as a "Potential Enrollee." The Potential Enrollee may use the MA-10 until he or she receives his or her Id Card.

2. **Article 4.3.4.3 of the Contract shall be amended as follows:**

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4.3.4.3 Certification Date is the first day of the month in which an individual, who is later determined to be a Potential Enrollee, applies for Medicaid or CHIP eligibility. As of that date the Potential Enrollee may access the Covered Services.

The Certification Date for an individual determined eligible as a Commonwealth eligible individual is the date the person is determined eligible and the potential enrollee may access services as of that date.

The Contractor will guarantee compliance with these terms from the date of execution of this Amendment to the Contract.

3. Article 4.3.4.4 of the Contract shall be amended as follows:

4.3.4.4 Effective Date is the date which is ninety (90) Calendar Days before the Certification Date during which services can be retroactively covered for Medicaid and CHIP populations if the Potential Enrollee provides documentation of such services.

4. Article 4.4.1.1 of the Contract shall be amended as follows:

4.4.1.1 General Provision. Except as provided below, Enrollment will be effective (hereinafter referred to as the "Effective Date of Enrollment") as of the first day of the month in which the individual, who is later determined to be a Potential Enrollee, applied for coverage.

The Contractor will guarantee compliance with these terms from the date of execution of this Amendment to the Contract.

5. Article 4.11.1 of the Contract shall be amended to fix a typography error as follows:

4.11.1 ASES reserves the right to modify, expand, or delete the requirements contained in Articles 17 and 18 of this Contract with respect to the Data that the Contractor is required to submit to ASES, or to issue new requirements, in consultation with Contractor, as required by federal or Puerto Rico regulations or based in any public health policy change or ASES strategy. If the change in requirements imposes material additional costs or expenses on the Contractor, or otherwise reduces such costs and expenses materially, the Parties shall negotiate and implement an adjustment in the Administrative Fee prior to any change in the Data requirements set forth in Articles 17 and 18 of this Contract. Unless otherwise mutually agreed upon by the Parties, the Contractor shall have not less than thirty (30) Calendar Days and no more than ninety (90) Calendar Days from the day on which ASES issues notice of a required modification, addition, or deletion, to comply with the modification, addition, or deletion. Any payment made by ASES that is based on Data submitted by the Contractor is contingent upon the Contractor's compliance with the certification requirements contained in 42 CFR 438.606.

6. Article 5.2.11 of the Contract shall be amended to fix a typography error as follows:

5.2.11 At any time, during the term of this Contract, ASES may redefine the Enrollment process in order to make it simpler and more efficient. Contractor commits to applying the required changes in their systems and operational processes to support these modifications provided,

however that ASES will timely notify Contractor of any such changes in the process in order to ensure adequate implementation.

7. **Article 6.4.2.1 of the Contract shall be amended as follows:**

6.4.2.1 As required by 42 CFR 438.10(e), (f), and (g), upon approval by ASES, the Contractor shall mail to all Enrollees a Handbook supplement that includes information on the following:

8. **Articles 6.4.4.27.3.1.2, 6.7.2.9, 7.5.9.8.2, and 7.11.4.2 of the Contract shall be amended as follows:**

6.4.4.27.3.1.2 No Co-Payments shall be charged for Medicaid and CHIP children eighteen years (18) of age and under;

6.7.2.9 The applicable Co-Payment levels for various services outside the Enrollee's PPN, the assurance that no Co-Payment will be charged for the treatment of an Emergency Medical Condition for a Medicaid Eligible Person, and for Medicaid and CHIP-children eighteen (18) years of age or under no Co-Payments will be charged under any circumstances.

7.5.9.8.2 No Co-Payments shall be charged for Medicaid and CHIP children eighteen (18) years of age and under, under any circumstances; and

7.11.4.2 No Co-Payments shall be charged under any circumstance for Medicaid and CHIP children eighteen (18) years of age and under.

9. **Article 7.1.1.1 of the Contract shall be amended as follows:**

7.1.1.1 In accordance with Section 2702 of the PPACA, the Contractor must have mechanisms in place to prevent payment for the following Provider preventable conditions:

7.1.1.1.1 All hospital acquired conditions as identified by Medicare other than deep vein thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients for inpatient hospital services.

7.1.1.1.2 Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient for inpatient and non-institutional services.

10. **Article 7.5.8.3.11 shall be amended as follows:**

7.5.8.3.11 Educational interventions regarding pre-natal care topics (importance of pre-natal medical visits and post-partum care), breast-feeding, stages of childbirth, oral and mental health, family planning, newborn care, among others.

11. **Article 7.5.9.3.2 of the Contract shall be amended as follows:**

7.5.9.3.2 For Medicaid and CHIP Eligible Persons, in covering Emergency Services provided by Puerto Rico Providers outside the Contractor's Network, or by Providers in the United States, the Contractor shall pay Claims for such Emergency Services to such out-of-Network or United States based Providers equal to at least the average rate paid to Network Providers in Puerto Rico.

12. Article 7.7.11.9.6 of the Contract shall be amended to fix a typography error as follows:

7.7.11.9.6 Stress test; (no prior authorizations required)

13. Articles 7.8.2.2.1, 7.8.2.5.3 shall be amended by deleting "SE" as follows:

7.8.2.2.1 Early identification of Enrollees who have or may have special needs, including through use of the screening tools M-CHAT and ASQ;

7.8.2.5.3 Number of Enrollees screened for depression using the PHQ-9 (Patient Health Questionnaire-9) in adults and the ASQ (Ages and Stages Questionnaire Socio-Emotional) in children; and

14. Article 7.9.2.5 of the Contract shall be amended as follows:

7.9.2.5.1 The Contractor shall provide to each PCP, at least four times per year (April, July, November and January), a list of the PCP's EPSDT Eligible Children who are not in compliance with the EPSDT periodicity schedule.

15. Article 7.12.1.3 of the Contract shall be amended as follows:

7.12.1.3 Dual Eligible Beneficiaries enrolled in a Medicare Part C and/or Platino Plan are not eligible for services under this Contract.

16. Article 9.1.5 of the Contract shall be amended as follows:

9.1.5 The Contractor's Network shall not include a Provider if the Provider, or any person or entity that has an ownership or controlling interest in the Provider, or is an agent or managing employee of the Provider, is included on the List of Excluded Individuals/Entities (LEIE) (which is maintained by HHS-OIG), or who are on the EPLS or on Puerto Rico's list of excluded Providers. The Contractor shall check LEIE and EPLS upon enrollment, reenrollment, and on a monthly basis. Upon enrollment and reenrollment the Contractor must also check the SSA Death Master File to make sure the Provider is not deceased and the NPPES to make sure the provider has a NPI as required in 9.1.6.

17. Article 9.4.6 of the Contract shall be amended as follows:

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9.4.6 The re-Credentialing process shall include, at a minimum, verification and/or updating of Sections 9.4.3.1 – 9.4.3.15 of this Contract, as appropriate, in order to ensure continued adequacy of the Network.

18. Article 9.4.7 of the Contract shall be amended as follows:

9.4.7 The Contractor shall maintain a Provider file for all Network Providers. The Provider file shall be updated annually and shall consist of, at a minimum, the following documents: annual state review, DEA license, malpractice insurance and ASSMCA license. Corroboration data will also be required as indicated in Section 9.1.5 of the Contract.

19. Articles 9.5.1.2.2 and 9.6.2.2 of the Contract shall be amended as follows:

9.5.1.2.2 In the event that this ratio cannot be achieved by the Contractor due to lack of providers of a determined specialty in the Service Region or due to specialists' refusal to contract as part of the PPN for the Service Region, the Contractor must carry out all efforts to contract with those specialists within contiguous regions; provided that before contracting with providers in contiguous regions Contractor must validate and submit all supporting documents evincing the lack of providers or refusal to contract. Such supporting documentations shall include, at a minimum, (i) a description of recruitment activities, (ii) dates and outcomes of negotiation meetings with providers, (iii) reasons why the provider refused to contract, (iv) any counter offers or remedies to address provider's concerns in order to come to terms of a contract. The Contractor shall submit periodic progress reports describing the status of negotiations no later than five (5) Business Days from a request from ASES for such report. ASES shall approve that specialist's contract before its execution, after Contractor has accredited such need with supporting documents. Nothing in this Article will relieve the Contractor of its responsibility to furnish the service in question if it is medically necessary, using qualified providers.

9.6.2.2 In the event that a determined type of health care provider cannot be contracted by the Contractor due to lack of such providers in the Service Region or due to such provider's refusal to contract for this MI Salud Program, the Contractor shall carry out all efforts to contract with those providers within contiguous regions; provided that before contracting with providers in contiguous regions Contractor shall validate and submit all supporting documents evincing the lack of providers or refusal to contract.

20. Section 9.4.3 shall be amended as follows:

9.4.3 At a minimum, the file documenting the Contractor's Credentialing process shall include, as applicable, the following:

9.4.3.1 Written application;

9.4.3.2 A current valid license to practice: Verification must show that the license was in effect at the time of the credentialing decision with a copy of a Good

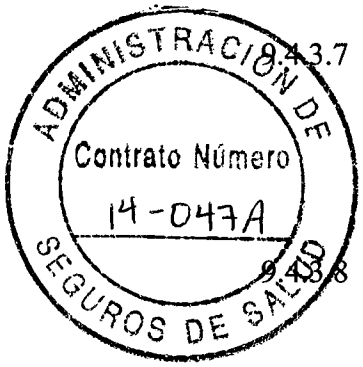
Standing or with the Junta de Licenciamiento Médico / Junta de Profesionales de la Salud CD;

9.4.3.3 Education and training records, including, but not limited to, Internship, Residency, Fellowships, Specialty Boards etc.: As per CMS chapter VI, section 60, education verification is required only for the highest level of education or training attained;

9.4.3.4 Board certification, when applicable, in each clinical specialty area for which the health care professional is being credentialed;

9.4.3.5 Clinical privileges in good standing at the hospital designated by the health care professional, when applicable, as the primary admitting facility: This information may be obtained by contacting the facility, obtaining a copy of the participating facility directory or attestation by the health care professional;

9.4.3.6 Current, adequate malpractice insurance: This information may be obtained via the malpractice carrier, a copy of the insurance face sheet or attestation by the health care professional;



9.4.3.7 A valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate in effect at the time of the credentialing: This information can be obtained through confirmation with CDS, entry into the National Technical Information Service (NTIS) database, or by obtaining a copy of the certificate.;

9.4.3.8 A history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the health care professional: This information can be obtained from the malpractice carrier or from the National Practitioner Data Bank;

9.4.3.9 For physicians, any other information from the National Practitioner Data Bank;

9.4.3.10 Information about sanctions or limitations on licensure from the applicable state licensing agency or board, or from a group such as the Federation of State Medical Boards

9.4.3.11 Eligibility for participation in Medicare, when applicable;

9.4.3.12 Site Visits: The organization's site visit policy will be reviewed pursuant to CMS' monitoring protocol. At a minimum, the organization should consider requiring initial credentialing site visits of the offices of primary

care practitioners, obstetrician- gynecologists, or other high-volume providers, as defined by the organization;

9.4.3.13 Disclosure of the information concerning the Provider and fiscal agents about participation and control including: name, address, participation percentage, familial relationships and others (as required by 42 CFR Part 455.104);

9.4.3.14 Provider's disclosure of the information related to business transactions, in compliance with the 42 CFR Part 455.105;

9.4.3.15 Disclosure of the information about criminal convictions of the Provider or a person or entity with an ownership or control interest in the Provider, or who is an agent or managing employee of the Provider, in compliance with 42 CFR Part 455.106.

9.4.3.16 Copy of the Puerto Rico license to prescribe medications (ASSMCA).

9.4.3.17 The National Provider Identification (NPI) Certification.

21. Section 9.4.6 shall be amended as follows:

9.4.6 The re-Credentialing process shall include, at a minimum, verification and/or updating of Sections 9.4.3.1 – 9.4.3.17 of this Contract, as appropriate, in order to ensure continued adequacy of the Network.

22. Section 9.4.9 shall be amended as follows:

9.4.9 If the Contractor determines, through the Credentialing or re-Credentialing process, or otherwise, that a Provider could be excluded pursuant to 42 CFR 1001.1001, or if the Contractor determines that the Provider has failed to make full and accurate disclosures as required in Sections 9.4.3.13–9.4.3.15 above, the Contractor shall deny the Provider's request to participate in the Network, or, for a current Network Provider, as provided in Section 10.4.1.2.2 of this Contract, terminate the Provider Contract. The Contractor shall notify ASES of such a decision, and shall provide documentation of the bar on the Provider's Network participation, within twenty (20) Business Days of communicating the decision to the Provider. The Contractor shall screen its employees, Network Providers, and other subcontractors under this Contract as required by law to determine whether any of them has been excluded from participation in Medicare, Medicaid, CHIP, or any other Federal health care program (as defined in Section 1128B(f) of the Social Security Act). ASES or the Puerto Rico Medicaid Program shall, upon receiving notification from the Contractor that the Contractor has denied Credentialing, notify the HHS Office of the

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Inspector General of the denial with twenty (20) Business Days of the date it receives the information, in conformance with 42 CFR 1002.3.

23. Section 9.12.2 shall be amended as follows:

9.12.2 The Contractor shall prohibit its Providers from establishing specific days for the delivery of Referrals and requests for Prior Authorization for MI Salud Enrollees, and the Contractor shall monitor compliance with this rule and place Providers under corrective action plans for failure to comply.

24. Section 9.21.2 shall be amended as follows:

9.21.2 The Contractor shall establish policies and procedures that, at a minimum, include:

9.21.2.1 Criteria for participating in the PPN versus the General Network;

9.21.2.2 Standards for monitoring Provider performance;

9.21.2.3 Methodologies for measuring Access to care;

9.21.2.4 Methodologies for identifying issues;

9.21.2.5 Measures to address identified issues; and

9.21.2.6 Policies to place Providers under corrective action plans for failure to comply with the foregoing requirements.

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25. Section 11.1.1.3 shall be amended as follows:

11.1.1.3 Describe mechanisms in place that ensure consistent application of review criteria for Prior Authorization decisions, including consulting with the requesting Provider when appropriate.

26. Article 12.4.2 of the Contract shall be amended as follows:

12.4.2 The ER Quality Initiative Program shall be designed to identify high utilizers of Emergency Services, whether the visit to the emergency room was motivated or not by an emergency situation, to allow for early interventions in order to ensure appropriate utilization of services and resources.

27. Article 12.5 of the Contract shall be amended as follows:

12.5.4.1.1 The Contractor shall demonstrate an annual increase in performance measures (measured by ASES reporting protocol and HEDIS coding for each measure) using base line measures to be provided by Contractor within forty (40) Calendar Days after the closing of the first quarter of Contract Term. All baseline measures provided by the Contractor with the purpose of being used for further reports on that measure shall be previously approved by ASES. The baseline measures to be

provided by the Contractor shall be based on actual and verifiable information for the following HEDIS measures of effectiveness for medical care and Access:

...

12.5.4.1.2 The Contractor shall demonstrate an annual increase in EPSDT (measured by ASES reporting protocol and HEDIS coding for each measure) using baseline measures to be provided by the Contractor within thirty (30) Calendar Days after the closing of the first quarter of the Contract Term. All baseline measures provided by the Contractor with the purpose of being used for further reports on that measure shall be previously approved by ASES. The baseline measures to be provided by the Contractor shall be based on actual and verifiable information following HEDIS measures of effectiveness for medical care and access.

...

12.5.6 As described in Section 12.4 above, the Contractor shall develop an ER Quality Initiative Program to reduce the inappropriate use of ER services for non-emergency situations. The Contractor shall provide to ASES a Geoaccess baseline report on high ER utilizers to be submitted thirty (30) Calendar Days after conclusion of the First Quarter of the Contract.

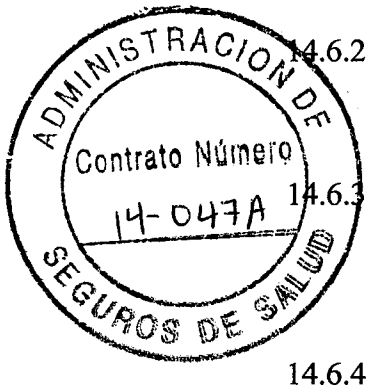
28. Article 13.5.1 of the Contract shall be amended as follows:

13.5.1 On a monthly basis, the Contractor shall submit to ASES a report with the results of the investigations, using the format and data elements prescribed by ASES.

29. Section 14.6. shall be amended as follows:

14.6 **Administrative Law Hearing**

14.6.1 The Contractor is responsible for explaining the Enrollee's right to and the procedures for an Administrative Law Hearing.



14.6.2 The parties to the Administrative Law Hearing include ASES, the Contractor, as well as the Enrollee or his or her representative, or the representative of a deceased Enrollee's estate.

14.6.3 If the Contractor takes an Action and the Enrollee requests an Administrative Law Hearing, ASES shall grant the Enrollee such hearing. The right to such fair hearing, how to obtain it, and the rules concerning who may represent the Enrollee at such hearing shall be explained to the Enrollee by the Contractor.

14.6.4 ASES shall permit the Enrollee to request an Administrative Law Hearing before it within a reasonable time period, as follows:

14.6.4.1 In the event that the Enrollee first files an appeal with the Contractor, per Section 14.5 of this Contract, not less than twenty (20) Calendar

Days or more than ninety (90) Calendar Days from receipt of Contractor's Notice of Action; or

14.6.4.2 In the event that the Enrollee seeks an Administrative Law Hearing without recourse to the Contractor's appeal process, as expeditiously as the Enrollee's health condition requires; but no later than three (3) Business Days after ASES receives, directly from the Enrollee, a hearing request on a decision to deny a service, when ASES determines that taking the time for a standard resolution could seriously jeopardize the Enrollee's life or health or ability to attain, maintain, or regain maximum function.

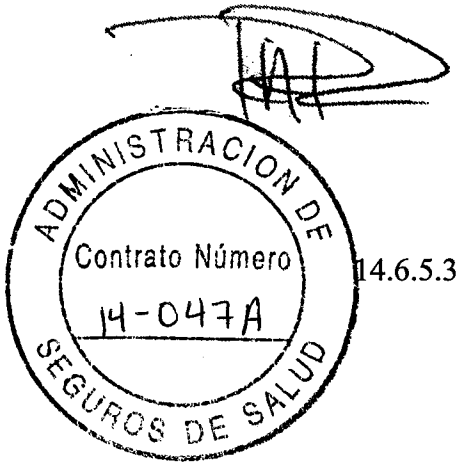
14.6.5 Administrative Law Hearing decisions must be reached within the specified timeframes:

14.6.5.1 For standard resolutions, within ninety (90) Calendar Days of the date the Enrollee filed the appeal with the Contractor if the Enrollee filed initially with the Contractor (excluding the days the Enrollee took to subsequently file for an Administrative Law Hearing) or the date the Enrollee filed for direct access to an Administrative Law Hearing.

14.6.5.2 For expedited resolutions (if the appeal was heard first through the Contractor appeal process), within 3 Business Days from ASES' receipt of a hearing request for a denial of a service that:

14.6.5.2.1 Meets the criteria for an expedited appeal process but was not resolved using the Contractor's expedited appeal timeframes, or

14.6.5.2.2 Was resolved wholly or partially adversely to the Enrollee using the Contractor's expedited appeal timeframes.



14.6.5.3 For expedited resolution (if the appeal was made directly to the Administrative Law Hearing process without accessing the Contractor's appeal process), within 3 Business Days from agency receipt of a hearing request for a denial of a service that meets the criteria for an expedited appeal process.

14.6.6 The Contractor shall make available any records and any witnesses at its own expense in conjunction with a request pursuant to an Administrative Law Hearing.

14.6.7 The decision issued as a result of the Administrative Law Hearing is subject to review before the Court of Appeals of the Commonwealth of Puerto Rico.

30. Article 17.11.3 of the Contract shall be amended to fix a typography error as follows:

17.11.3 The Contractor shall verify that the HIO complies with all IT standards and requirements for interoperability and security capabilities dictated by ONCHIT, as well as other federal and Puerto Rico regulations.

31. Article 18.2 of the Contract shall be amended as follows:

Fraud, Waste and Abuse (Article 13)	Monthly Within one Business Day of obtaining knowledge	Employee and Contractor Suspension/Disbarment Report Provider Suspensions and Terminations Report Fraud, Waste and Abuse Report Disclosure of persons debarred, suspended, or excluded from participation in the Medicaid, Medicare or CHIP Programs

32. Article 20.4.4 of the Contract shall be amended as follows:

20.4.4. If the Contractor fails to comply with any material provision under a Corrective Action Plan submitted to ASES pursuant to Section 20.4.2 above, ASES may, in accordance with Section 20.5, impose:

33. Article 36.4 of the Contract shall be amended as follows:

36.4 If either Party exercises its right of termination under Article 35, the Contractor agrees that it will not engage in any behavior or inaction that prevents or hinders the work of another contractor or ASES, as the case may be. The Contractor shall continue to comply with the terms of this Contract until the Termination Date, subject to compliance by ASES with its obligations under this Contract including those set forth in Article 22. Upon receiving ASES's notice that it intends to terminate the Contract or upon Contractor exercising its limited termination rights, the Parties shall formulate and agree on a written transition plan (the "Transition Plan") within thirty (30) Calendar Days of receiving or giving the notice, as the case may be. The Transition Plan shall include all the elements listed in Section 35.4 of this Contract. The Parties agree that the Contractor will not have successfully met its obligation under this Section until ASES accepts the Contractor's Transition Plan, which acceptance shall not be unreasonably withheld, conditioned or delayed.

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34. Article 38.2.2 of this Contract shall be amended as follows:

38.2.2 Subject to Sections 35.1.1.5, 38.2.6 and 55.2 of this Contract, all Puerto Rico and federal laws, rules, and regulations, consent decrees, court orders, policy letters and normative letters, and policies and procedures, including but not limited to those described in

Attachment 1, are hereby incorporated by reference into this Contract to the extent applicable.

35. Article 38.2.6 of the Contract shall be amended as follows:

38.2.6 Notwithstanding any other provision of this Contract to the contrary, if, as a result of (i) any change in or adoption of any Puerto Rico and/or federal laws, rules, regulations, policies, or procedures, or the interpretation of such laws, rules, regulations, policies, or procedures, including without limitation, those from CMS or any change to the Medicaid State plan, (ii) any amendment of this Contact pursuant to Section 55.1, (iii) any change required pursuant to Section 55.2 due to changes, clarifications, or supplementations as a result of CMS requirements, or (iv) any change in an adoption of any MI Salud Policies and Procedures, either Party is adversely affected by such change, it may so notify the other Party. The Parties shall use good faith efforts to promptly renegotiate, in a term not to exceed thirty (30) Business Days, the Administrative Fee and amend the Contract to reflect the additional cost and expenses to the Contractor as a result of such change or amendment.

36. Article 50.1 of the Contract shall be amended as follows:

50.1 The Parties agree that, at all times, they will attempt in good faith to resolve all disputes that may arise under this Contract. The Parties further agree that, upon receipt of written notice of a dispute from a Party, the Parties shall refer the dispute to the designated person of each Party. The designated persons shall negotiate in good faith to resolve the dispute, conferring as often as they deem reasonably necessary, and shall gather and in good faith furnish to each other the information pertinent to the dispute. Statements made by representatives of the Parties during the dispute resolution mechanisms set forth in this Article 50 and documents specifically created for such dispute resolution mechanisms shall be considered part of settlement negotiations and shall not be admissible in evidence in any proceeding without the mutual written consent of the Parties.

37. The following amended attachments, copy of which are included, are incorporated to or substituted in the Contract:

- Attachment #3 – ASES Universal Beneficiary Guidelines
- Attachment #8 – Enrollee Copayment Chart
- Attachment #7 – New Uniform Guide for Special Coverage
- Attachment #13 – New Normative Letter to Replace 11-06-29
- Attachment #14 – Program Integrity Guidelines
- Attachment #16A – Distribution of Covered Risks
- Attachment #16B- Distribution of Covered Risk
- Attachment #19 - Auto Enrollment: Protocol for the Dispatch of Medicines
- Attachment #22 – Strategic Plan for Health Information Organization

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

All of the provisions of the original Contract not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective retroactively July 1, 2013.

The parties agree that ASES will be responsible for the submission and registration of this Amendments in the Office of the Comptroller General of the Commonwealth, as required under law and applicable regulations.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

BY: _____

DATE: 6/30/2014

TRIPLE-S SALUD, INC.

BY: _____

DATE: 6/30/2014

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