

**AMENDMENT TO THE CONTRACT BETWEEN
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)
and
FIRST MEDICAL HEALTH PLAN, INC.
to
ADMINISTER THE PROVISION OF PHYSICAL
AND BEHAVIORAL HEALTH SERVICES UNDER THE GOVERNMENT HEALTH
PLAN**

CONTRACT NUMBER: 2015-000083C

THIS AMENDMENT TO THE CONTRACT BETWEEN ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES) and FIRST MEDICAL HEALTH PLAN, INC. FOR THE PROVISION OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES UNDER THE GOVERNMENT HEALTH PLAN NORTH, SAN JUAN AND VIRTUAL REGIONS (the "Amendment") is made and entered into by and between 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 ("the Commonwealth" or "Puerto Rico"), with employer identification number 66-0500678, and First Medical Health Plan, Inc. ("the Contractor"), an insurance company duly organized and authorized to do business under the laws of the Commonwealth, with employer identification number 660-53-7624.

WHEREAS, the Contractor and ASES executed a Contract for the provision of the Physical Health and Behavioral Health Services under the Government Health Plan within the North, San Juan and Virtual Regions of the Commonwealth of Puerto Rico, on October 31, 2014 (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:

I. AMENDMENTS

1. Article 7.5.3.2.7 shall be amended as follows:

7.5.3.2.7 Reproductive health counseling and family planning. The Contractor shall cover the following family planning services:

7.5.3.2.7.1 Education and counseling;



- 7.5.3.2.7.2 Pregnancy testing;
- 7.5.3.2.7.3 Infertility assessments;
- 7.5.3.2.7.4 Sterilization services in accordance with 42 CFR 441.200 subpart F;
- 7.5.3.2.7.5 Laboratory services
- 7.5.3.2.7.6 At least one of every class and category of FDA-approved contraceptive method as specified by ASES' Normative Letter 15-1012 (Attachment 13);
- 7.5.3.2.7.7 At least one of every class of FDA approved contraceptive medication as specified in ASES's Normative Letter 15-1012 (Attachment 13);
- 7.5.3.2.7.8 Cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC) as specified in ASES's Normative Letter 15-1012 (Attachment 13); and
- 7.5.3.2.7.9 Other FDA approved contraceptive medications or methods not covered by sections 7.5.3.2.7.6 or 7.5.3.2.7.7 of the Contract, when it is Medically Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations:
 - 7.5.3.2.7.9.1 Contra-indication with drugs that are in the ASES' Normative Letter 15-1012 (Attachment 13) that the Enrollee is already taking, and no other methods available in the ASES' Normative Letter 15-1012 (Attachment 13) that can be use by the Enrollee.
 - 7.5.3.2.7.9.2 History of adverse reaction by the Enrollee to the contraceptive methods covered as specified by ASES Normative Letter 15-1012 (Attachment 13); or
 - 7.5.3.2.7.9.3 History of adverse reaction by the Enrollee to the contraceptive medications that are on the ASES' Normative Letter 15-1012 (Attachment 13).



2. Article 7.5.3.2.1 shall be amended as follows:

[Handwritten signature]

7.5.3.2.1 All immunizations shall be provided for children to age 21, and those necessary according to age, gender, and health condition of the Enrollee, including but not limited to influenza and pneumonia, vaccines for Enrollees over 65 years and vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes and heart disease, among others.

[Handwritten signature]

7.5.3.2.1.1 The Puerto Rico Department of Health shall provide and pay for vaccines to Enrollees ages 0-18 through the Children's Immunization Program. The Contractor shall cover the administration of the vaccines provided by the Puerto Rico Department of Health.

7.5.3.2.1.2 The Contractor shall provide and pay for the immunizations of Enrollees ages 19-20 and those necessary according to age, gender and health condition of the Enrollee, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others.

7.5.3.2.1.3 The Contractor shall cover the administration of all the vaccines according to the fee schedule established by the Puerto Rico Health Department. The Contractor shall contract with immunization providers, duly certified by the Puerto Rico Department of Health, to provide immunization services.

7.5.3.2.1.4 The Contractor shall administer the immunizations without any charge or

deductible.

3. Article 7.5.8.4 shall be amended as follows:

7.5.8.4 The Contractor shall provide reproductive health and family planning counseling. Such services shall be provided voluntarily and confidentially, including circumstances where the Enrollee is under age eighteen (18). Family planning services will include, at a minimum, the following:

- 7.5.8.4.1 Education and counseling;
- 7.5.8.4.2 Pregnancy testing;
- 7.5.8.4.3 Infertility assessment;
- 7.5.8.4.4 Sterilization services in accordance with 42 CFR 441.200 subpart F;
- 7.5.8.4.5 Laboratory services;
- 7.5.8.4.6 Cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC) as specified by ASES Normative Letter 15-1012 (Attachment 13);
- 7.5.8.4.7 At least one of every class and category of FDA-approved contraceptive medication as specified in ASES' Normative Letter 15-1012 (Attachment 13);
- 7.5.8.4.8 At least one of every class and category of FDA-approved contraceptive method as specified by ASES' Normative Letter 15-1012 (Attachment 13; and
- 7.5.8.4.9 Other FDA approved contraceptive medications or methods not covered by sections 7.5.8.4.7 or 7.5.8.4.8 of the Contract, when it is Medically Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations:
 - 7.5.8.4.7.1 Contra-indication with drugs that are in the ASES' Normative Letter 15-1012 (Attachment 13) that the Enrollee is already taking, and no other methods available in the ASES' Normative Letter 15-1012 (Attachment 13) that can be use by the Enrollee.
 - 7.5.8.4.7.2 History of adverse reaction by the Enrollee to the contraceptive methods covered as specified by ASES Normative Letter 15-1012 (Attachment 13).
 - 7.5.8.4.7.3 History of adverse reaction by the Enrollee to the contraceptive medications that are on the ASES' Normative Letter 15-1012 (Attachment 13).



4. Article 7.9.3.4.6 shall be amended as follows:

7.9.3.4.6 Immunizations according to the guidance issued by the Advisory Committee on Immunization Practices (ACIP). All immunizations shall be provided for children to age 21, and those necessary according to age, gender, and health condition of the Enrollee, including but not limited to influenza and pneumonia, vaccines for Enrollees over 65 years and vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes and heart disease, among others.

- 7.9.3.4.6.1 The Puerto Rico Department of Health shall provide and pay for vaccines to Enrollees ages 0-18 through the Children's Immunization Program. The Contractor shall cover the administration of the vaccines provided by the Puerto Rico Department of Health.
- 7.9.3.4.6.2 The Contractor shall provide and pay for the immunizations of Enrollees ages 19-20 and those necessary according to age, gender and health condition of the Enrollee, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others.
- 7.9.3.4.6.3 The Contractor shall cover the administration of all the vaccines according to the fee schedule established by the Puerto Rico Health Department. The Contractor shall contract with immunization providers, duly certified by the Puerto Rico Department of Health, to provide immunization services.
- 7.9.3.4.6.4 The Contractor shall administer the immunizations without any charge or deductible.

5. Article 7.14 shall be amended as follows:

7.14 HIGH-UTILIZERS PROGRAM- COLLABORATION WITH ASES

7.14.1 Pursuant to Attachment 25, the Contractor shall collaborate with ASES in its implementation and administration of the High-Utilizer Program (hereinafter "Program"), including but not limited to, providing data related to physical and mental health services such as:

7.14.1.1 Demographic data.

7.14.1.2 Utilization Data from the population.

7.14.1.3 Real-time data from the hospitals to know every time that one of the patients in the program or patients identified as prospects for the program enters the hospital.

7.14.1.4 Hospital data from the hospitals using the Client contracting relationship with them.

7.14.1.5 Authorization data from fast track process for authorizations within health plans.

7.14.2 The Contractor shall provide expedite authorization processes and contact personnel as needed to help coordinate the Program's information and services.

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

1. Attachment 17 – EHR Adoption Plan
2. Attachment 13- Normative Letters
3. Attachment 25 – High Utilizers Program



II. RATIFICATION

All other terms and provisions of the original Contract, as amended by Contracts Number 2015-000083A, 2015-000083B, and of any and all documents incorporated by reference therein, not specifically deleted or modified herein shall remain in full force and effect. The parties hereby affirm their respective undertakings and representations as set forth therein, as of the date thereof. Capitalized terms used in this Amendment, if any, shall have the same meaning assigned to such terms in the Agreement.


III. EFFECT;CMS APPROVAL


The Parties acknowledge that this Amendment is subject to approval by the United States Department of Health and Human Services Centers for Medicare and Medicaid Services ("CMS"), and ASES shall submit the Amendment for CMS approval. Pending CMS approval, this Amendment shall serve as a binding letter of agreement between the Parties.

IV. AMENDMENT EFFECTIVE DATE

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 April 1, 2015.

V. ENTIRE AGREEMENT

 This Amendment constitutes the entire understanding and agreement of the parties with regards to the subject matter hereof, and the parties by their execution and delivery of this Second Amendment to the Contract hereby ratify all of the terms and conditions of the Contract, as amended by Contracts Number 2015-000083A, 2015-000083B, and as supplemented by this Agreement.

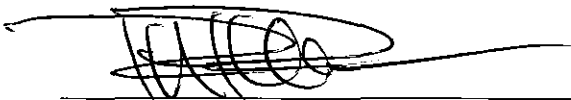
 The Parties agree that ASES will be responsible for the submission and registration of this Amendments in the Office of the Comptroller General of the Commonwealth, as required under law and applicable regulations.

(Signatures in the following page)



IN WITNESS WHEREOF, the parties hereto execute this Amendment to the Contract by their duly authorized representatives as of the dates set out below and set their signatures.

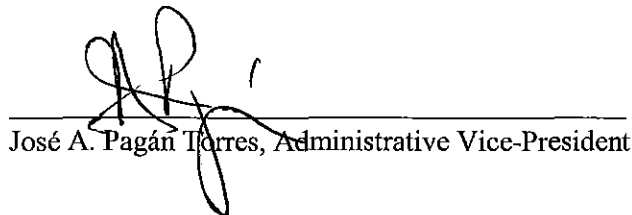
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)



Ricardo A. Rivera Cardona, Executive Director

11/13/16
Date

FIRST MEDICAL HEALTH PLAN, INC.



José A. Pagán Torres, Administrative Vice-President

11/13/16
Date

Account No. 252-000-5005-5030-5051



Attachment 17

STRATEGIC PLAN FOR THE ADOPTION OF ELECTRONIC HEALTH RECORDS

BY THE GOVERNMENT HEALTH PLAN PROVIDER NETWORK

According to public policy established by the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (Pub.L. 111-5), which promotes the adoption and Meaningful Use (MU) of health information technology, and the Puerto Rico Legislative Assembly's Act 72 of 1993 and Act 40 of 2012, the *Administración de Seguros de Salud de Puerto Rico [ASES]* is the Commonwealth of Puerto Rico government agency responsible for implementing the Government Health Plan (GHP) and establishing a plan for the adoption of certified electronic health record technology¹ (CEHRT) by the GHP's health care provider network.

ASES recognizes that physicians are the gateway to achieving organized and integrated healthcare delivery systems. The implementation of the Strategic Plan defined herein will promote the integration of all GHP health care provider networks into an organized health care delivery system, allowing ASES to plan for, provide/purchase, and coordinate all core services along the continuum of health care services for the population served by the GHP. The progressive adoption of CHERT and the associated secure and effective exchange of the patient health information constitute the backbone of an organized integrated health system.

AP
The proper implementation of the Strategic Plan in a structured and progressive way will allow achievement of the following objectives:

- Meet GHP population health needs;
- Implement efficient information systems that enhance communication and information flow across the continuum of care;
- Coordinate and integrate health care across the continuum of care;
- Obtain and manage information on health care quality outcomes and costs;
- Capture patient health care data generated throughout the continuum of care in multiple access points of access, ensuring the patient receives the "right care at the right place at the right time";



¹ Certified EHR Technology refers to commercial products that have been certified by designated third parties to meet the requirements established by the Office of the National Coordinator for Health Information Technology (ONC) to ensure that Electronic Health Record (EHR) technologies meet the adopted standards and certification criteria to help providers and hospitals achieve Meaningful Use (MU) objectives and measures established by the Centers for Medicare and Medicaid Services (CMS).

- Facilitate population-based needs assessments, focusing on specific patient populations as needed;
- Maximize patient accessibility and minimize duplication of services
- Encourage and facilitate prudent use of resources and eliminate wasteful practices;
- Align health care expenditures to ensure equitable funding distribution for different services or levels of services;
- Establish provider-developed, evidence-based care guidelines and protocols to enforce a single standard of care regardless of where patients are treated;
- Encourage cooperation and collaboration among health care providers and organizations - medicine management partnerships; and
- Facilitate prevention and health promotion.

ASES, according to the authority conferred by law, has required the Managed Care Organizations (MCOs) contracted for the *GHP* to promote, encourage, and request the adoption, implementation, and Meaningful Use of CEHRT by their health care provider networks as well as active participation in the Puerto Rico Health Information Network (PRHIN), the Commonwealth of Puerto Rico's state-level Health Information Exchange (HIE), to enable health information exchange among health care providers.

The adoption, implementation, and Meaningful Use of CEHRT by the *GHP* health care provider networks will allow ASES to establish mechanisms that guarantee, directly and indirectly, the accessibility, quality improvement, and cost and utilization controls of health care services provided and funded by federal and state governments, as well as the protection of patient rights.

Strategies to Achieve ASES Goals and Objectives

ASES understands that achieving the previously discussed goals and objectives will require working together with *GHP* contractors to ensure that all health care providers move forward in a concerted and consistent manner in support and compliance with this Strategic Plan. The following are critical to achieving ASES' goals and objectives:

1. **Promote and require GHP health care provider networks to adopt, implement, and achieve Meaningful Use of CEHRT as well as participate in active exchange of patient health information through the state-level HIE, the PRHIN.**

ASES will request that MCOs perform a region-specific survey within their *GHP* health care provider networks to obtain the following information:

- Number of health care service providers/organizations that are in the process of adopting, implementing, or upgrading to any Electronic Health Record (EHR) technology (not necessarily CEHRT);



- Number of health care service providers/organizations that are in the process of adopting, implementing, or upgrading to CEHRT;
- Number of health care service providers/organizations that have already adopted, implemented, or upgraded to any EHR technology (not necessarily CEHRT);
- Number of health care service providers/organizations that have already adopted, implemented, or upgraded to CEHRT;
- Number of health care service providers/ organizations that have attested for MU (any stage) with ASES for a Medicaid EHR Incentive;
- Number of health care service providers/ organizations that have been approved or paid a Medicaid EHR Incentive for MU (any stage);
- Number of health care service providers/ organizations that are active participants of a Health Information Exchange and which HIEs they are participating in;
- Number of health care service providers/ organizations that are enrolled in the Puerto Rico Health Information Network (PRHIN), the state HIE;
- Number of health care service providers/ organizations that performing HIE activities through the PRHIN and which HIE activities are they performing;
- Number of health care service providers/ organizations that have not adopted or implemented CEHRT and the reasons for not having done so (ex. technical issues, financial issues, lack of knowledge, etc.).

The MCOs will submit detailed reports with the survey data for each individual provider, including the provider's demographic and practice location information.

Using the results of the survey, ASES and the MCOs will develop a series of educational initiatives to advance and support the adoption and MU of CHERT by the *GHP* provider networks.

Other related educational initiatives/programs will be developed and offered by the MCOs to promote the adequate use of the electronic health records, including the following;

- Health information exchange among providers and between providers and the MCOs for the benefit of the patient care;
- Privacy and security (Privacy Framework) to support adequate management of electronic patient health information in compliance with the federal and state regulations; and
- Proper information and disclosure to *GHP* patients about the benefits of electronic health records and the health information exchange between their health care providers



2. Ensure the Health Care Provider Networks Comply with Meaningful Use Care Goals

In order to comply with the Federal government's guidelines of what constitutes "Meaningful Use" of CEHRT, ASES envisions that MCO provider networks will achieve MU within the requirements established by CMS for the Medicaid EHR Incentive Program. ASES and the *GHP* contractors will work together to monitor provider engagement in a Health Information Organization (HIO) and participation in the HIE.

3. Monitoring EHR Adoption and PRHIN (STATE HIE) Engagement

The MCOs will develop an implementation plan and auditing program to be shared with their provider networks to measure CEHRT adoption and MU. By measuring progress, the MCO will be able to identify areas where CEHRT adoption and/or PRHIN (state HIE) engagement are successful and where more effort is needed to support providers so that ongoing progress towards meeting CMS deadlines is sustained. As a result, the MCOs must report to ASES implementation plan milestone achievement and the findings resulting from their provider network audits.

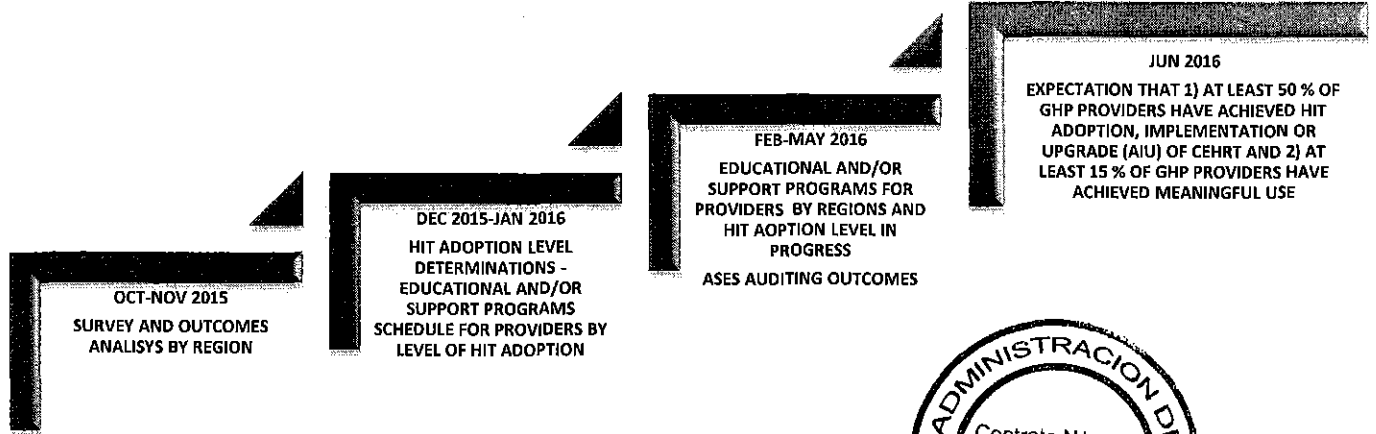
ASES, as the agency responsible for the implementing the *GHP*, will launch a monitoring program using CMS requirements for the Medicaid EHR Incentive Program as a starting point. As established in the *GHP* contract, ASES will implement on a systematic measurement program that will generate reporting to demonstrate and/or validate GHP provider network performance. The monitoring program will include:

- Monthly periodic reporting of EHR adoption and PRHIN (state HIE) engagement; and
- Reporting requirements aligned with CMS EHR Meaningful Use criteria, CMS quality reporting and/or other data fields required by ASES.

The MCOs must undertake and document all efforts and initiatives to encourage CHERT adoption. If after undertaking said efforts, a GHP provider refuses to adopt CHERT, the MCO may not terminate the provider's contract based on its unwillingness to adopt CHERT. ASES will not impose any sanctions on the MCOs if its GHP providers refuse to adopt CHERT if in such instances, the MCO has conducted and documented all efforts necessary to encourage providers to adopt CHERT. Notwithstanding the foregoing, the MCOs must ensure that all its GHP providers register with the PRHIN (statewide HIE). This registration is mandatory. Failure of a GHP provide to register with the PRHIN may result in the imposition of sanctions to the contracting MCO.



HIT ADOPTION AND PRHIN (STATE HIE) ENGAGEMENT EXPECTED TIMELINE




HIT ADOPTION AND PRHIN (STATE HIE) ENGAGEMENT OPERATIONAL PLAN

GOAL I.

Promote and require the GHP health care provider networks to achieve MU of CEHRT and actively exchange patient health information through the state HIE (PRHIN)

OBJECTIVES	STRATEGIES	DATE
I.A. To obtain current data on the GHP health care provider networks and the status of their adoption and implementation of an EHR, compliance with Meaningful Use objectives, and their active participation in the PRHIN (state HIE).	I.A.1 Develop and submit to ASES for approval a survey tool related to the adoption and implementation of CEHRT by the GHP healthcare providers and their participation in the PRHIN (state HIE). Preferably, the survey tool should be on-line.	November 9-20, 2015
	I.A.2 Submit the EHR Adoption Survey to the providers. EHR Adoption Surveys MUST be completed by <u>December 11, 2015</u> .	November 2-December 11, 2015
	I.A.3 Collection and analysis of the EHR Adoption Survey results by the contractors. Determine provider CEHRT adoption levels by ASES region. Preferably, the survey tool results should be available on-line.	December 4-23, 2015
	I.A.4 Develop the EHR Adoption Communication/Education Plan for GHP health care provider networks in compliance with federal and state requirements. The EHR Adoption Communication/Education Plan will specify those GHP	December 28, 2015-January 22, 2016

	<p>network providers that require additional targeted educational initiatives in order to accelerate adoption and MU of CEHRT within the GHP provider networks. Submit the EHR Adoption Communication/Education Plan for the GHP Health care provider networks to ASES for approval.</p> <p>I.A.5 The MCO will be responsible for discussing GHP Insured Population/Patient Education Plan with providers; encourage health care providers for the incorporation of privacy and security policies and procedures; and provide monitoring results to ASES.</p>	<p>January 15-February 19, 2016</p>
<p>I.B Develop and schedule the educational initiatives to be offered to GHP health care providers</p> 	<p>I.B.1 Educational initiatives begin targeting providers by EHR adoption levels (i.e., evaluation, adoption, implementation, upgrade, MU Stage). Educational programs must include:</p> <ul style="list-style-type: none"> • EHR adoption policy – federal and state overview • EHR Medicaid Incentive Program • Federal and state legal framework • Level of MU attainment • Privacy and security frameworks • Health Information Exchange active participation requirements • Patients’ rights • Quality improvement programs/measures requirements <p>I.B.2 MCO will schedule and deliver the continuing education program for the GHP network providers along with the communication and engagement process for the health care providers.</p> <p>I.B.3 MCO will conduct follow up surveys to audit the health care provider networks progress in increasing their EHR adoption level and must provide findings to ASES.</p>	<p>February 22-March 11, 2016</p> <p>March 14-June 26, 2016</p> <p>May 27-July 15, 2016</p>

GOAL 2.		
Ensure that health care provider networks to comply with Meaningful Use Goals		
OBJECTIVES	STRATEGIES	DATE
<p>2.A Monitor the Medicaid Meaningful Use certification process and compare with the data obtained under the educational program - follow up surveys</p>	<p>2.A.1 MCO will compare the results obtained from the follow up surveys from health care provider networks related to their progress in EHR adoption level and the Medicaid EHR Incentive Program</p>	<p>July 18-August 12, 2016</p>

--	--

GOAL 3.		
Monitoring EHR Adoption and PRHIN (state HIE) Engagement		
OBJECTIVES	STRATEGIES	DATE
3.A Continuously report and analyze progress on EHR educational program	3.A.1 MCOs will implement policies (under ASES approval) that require MU of CEHRT and engagement with PRHIN (state HIE) as standard business practice for GHP provider network participants.	March 7-25, 2016
3.B Integrate a quality improvement culture into GHP provider networks	3.B.1 MCOs will align the standards for quality measurement and improvement in the GHP with standards used in the Medicaid and Medicare EHR Incentive programs.	April 4-June 24, 2016
	3.B.2 MCOs will accelerate alignment and implementation of electronic clinical quality measures (eCQMs) and electronic reporting.	July 4-September 30, 2016
	3.B.3 ASES will develop standards and policies to enable electronic management of patient consent forms and PRHIN (state HIE) data among GHP provider network participants with sensitive health data such as mental and behavioral health conditions.	April 25- May 27, 2016
	3.B.4 ASES and the contractors will conduct follow up surveys to audit the health care provider networks' progress in their CEHRT MU, PRHIN (state HIE) participation, and quality measurement programs progress	August 1-September 30, 2016

Handwritten signature and scribbles

