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

CONTRACT NUMBER: 2015-000086C

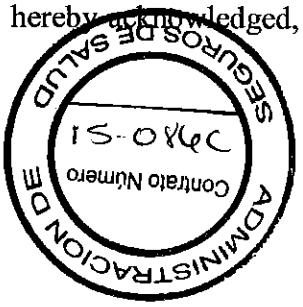
THIS AMENDMENT TO THE CONTRACT BETWEEN ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES) and MOLINA HEALTHCARE OF PUERTO RICO, INC. FOR THE PROVISION OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES UNDER THE GOVERNMENT HEALTH PLAN EAST AND SOUTHWEST SERVICE REGIONS (the "Amendment") is by and between MOLINA HEALTHCARE OF PUERTO RICO, 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 66-0817946 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 of the Commonwealth of Puerto Rico, with employer identification number 66-0500678.

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 East and Southwest Regions of the Commonwealth of Puerto Rico, on December 3rd, 2015 (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.

7.5.3.2.7.9.2History of adverse reaction by the Enrollee to the contraceptive methods covered as specified by ASES Normative Letter 15-1012 (Attachment 13); or

7.5.3.2.7.9.3History 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:

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.

7.5.3.2.1. 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.

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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

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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

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15-016

II. RATIFICATION

All other terms and provisions of the original Contract, as amended by Contracts Number 2015-000086A, 2015-000086B, 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 2015-000086A, 2015-000086B, 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.

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.

(Signatures in the following page)

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES)

Ricardo A. Rivera Cardona, Executive Director

1/13/16
Date

MOLINA HEALTHCARE OF PUERTO RICO, INC.

Federico B. Gordo, Esq. Plan President

1/13/16
Date

Account No. 252-000-5020-5015

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15-086C

ESTADO LIBRE ASOCIADO DE
PUERTO RICO
Administración de Seguros
de Salud de Puerto Rico (ASES)

21 de octubre de 2015

FE DE ERRATA
A LA CARTA NORMATIVA 15-1012 ENMENDADA

A: Entidades de Salud,
Administrador del Beneficio de Farmacia,
Grupos Médicos Primarios
y Proveedores Participantes del Plan de Salud del Gobierno (PSG)

Se hace de manera oficial la siguiente corrección, a la Carta Normativa 15-1012 enmendada emitida el día martes, 13 de octubre de 2015 sobre el Modelo de Prestación de Servicios de Anticonceptivos para toda la población en edad reproductiva del Plan de Salud del Gobierno de Puerto Rico.

BAJO LA CATEGORIA DE INYECCION HORMONAL INDICA:

Categoría	Nombre de marca	Despacho	Limitaciones
Inyección Hormonal	Depo- Provera	Tres paquetes para noventa días con tres repeticiones, se cubre un año sin necesidad de evaluación médica o nueva receta.	No más de dos (2) años consecutivos Fumadora activa de más de 35 años Diabetes de más de 20 años Enfermedad sintomática de la vesícula biliar Enfermedad del hígado Accidente cerebrovascular Historial tromboflebitis Presión arterial descontrolada Infarto al miocardio Historial de cáncer de mama

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#1571 Calle Alda Urb. Caribe San Juan Puerto Rico 00926-2706
PO Box 195661 San Juan, PR 00919-5661
Tel: 787-474-3300 Fax. 787-474-3345

ASES

DEBE LEER COMO SIGUE:

Categoría	Nombre de marca	Despacho	Limitaciones
Inyección Hormonal	Depo- Provera	**Una cada tres meses**	No más de dos (2) años consecutivos Fumadora activa de más de 35 años Diabetes de más de 20 años Enfermedad sintomática de la vesícula biliar Enfermedad del hígado Accidente cerebrovascular Historial tromboflebitis Presión arterial descontrolada Infarto al miocardio Historial de cáncer de mama

Cordialmente,

Sandra V. Peña Pérez, PT, MHSA
Sub directora Ejecutiva

c María del Carmen Rosario, Esq.
Directora Oficina de Asuntos Legales / Oficina de Cumplimiento y Asuntos Clínicos

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ESTADO LIBRE ASOCIADO DE
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CARTA NORMATIVA 15-1012 Enmendada
(Para enmendar Carta Normativa 15-03-25-A y Carta Normativa 15-03-25-B)

13 de octubre de 2015

A: **Entidades de Salud,**
Administrador del Beneficio de Farmacia,
Grupos Médicos Primarios, incluyendo Obstetras/
Ginecólogos Participantes del Plan de Salud del Gobierno de Puerto Rico (PSG)

Asuntos: **Modelo de Prestación de Servicios de Anticonceptivos para toda la población en edad reproductiva del PSG**

Atendiendo los cambios de la legislación establecidos en el "*Patient Protection and Affordable Care Act*", el Plan de Salud del Gobierno amplia el acceso a los métodos anticonceptivos para toda su población participante en edad reproductiva, libre de costo. A continuación se detallan las nuevas directrices para el acceso a estos métodos. Los mismos fueron efectivos el 1 de abril del 2015 bajo el modelo de contratación con aseguradoras para las distintas regiones de salud establecidas por ASES.

Los servicios para el acceso y despacho de anticonceptivos serán provistos por las clínicas de planificación familiar contratadas para estos propósitos y establecidas en los distintos municipios de las regiones del Plan de Salud del Gobierno.

Los siguientes métodos anticonceptivos serán provistos de acuerdo a las distintas categorías cubiertas:

Categoría	Nombre de Marca	Despacho	Limitaciones
Pastillas anticonceptivas	Lutera, Ortho Micronor, Cyclen,Tri-cyclen/ Tri-Sprintec, Ortho-Tri Cyclen Low	Tres paquetes para noventa días con tres repeticiones, se cubre un año sin necesidad de evaluación médica o nueva receta.	**Fumadora activa de más de 35 años** **Diabetes de más de 20 años** **Enfermedad sintomática de la vesícula biliar** **Enfermedad del hígado** **Accidente cerebrovascular** **Historial tromboflebitis** **Presión arterial descontrolada** **Infarto al miocardio** **Historial de cáncer de mama**
Inyección Hormonal	Depo- Provera	Tres paquetes para noventa días con tres repeticiones, se cubre un año sin necesidad de evaluación médica o nueva receta.	**No más de dos (2) años consecutivos** **Fumadora activa de más de 35 años** **Diabetes de más de 20 años** **Enfermedad sintomática de la vesícula biliar** **Enfermedad del hígado** **Accidente cerebrovascular** **Historial tromboflebitis**

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Tel: 787-474-3300 Fax. 787-474-3345

ASES

			Presión arterial descontrolada **Infarto al miocardio** **Historial de cáncer de mama**
Dispositivo Intrauterino (Copper T)	DIU-Paragard	Uno cada 10 años	**Pap anormal** **Positivon enfermedades venéreas** **Enfermedad de Wilson**

Los siguientes métodos anticonceptivos están disponibles a través de las clínicas de planificación contratados, sin embargo no estarán cubiertos por el Plan de Salud del Gobierno.

Categoría	Nombre de Marca	Despacho	Limitaciones
Metodos de barrera	Condón latex, con espermicida	Deben ser pagados por el asegurado.	**Alergia al látex o espermicida**
Métodos de emergencia	Plan B	Deben ser pagados por el asegurado.	**Peso corporal mayor de 164 libras** **Fumadora activa de más de 35 años** **Diabetes de mas de 20 años** **Enfermedad sintomática de la vesícula biliar** **Enfermedad del hígado** **Accidente cerebrovascular** **Historial tromboflebitis** **Presión arterial descontrolada** **Infarto al miocardio** **Historial de cáncer de mama**

***La ASES estará evaluando periódicamente la costo-efectividad de los métodos disponibles para mantener las opciones viables a la población servida. Cualquier cambio en producto será notificado mediante carta normativa a los proveedores participantes.**

En el **Anejo 1,** se detalla el protocolo de referido a las clínicas de planificación familiar incluyendo el formato de referido establecido como requisito para referir los asegurados que cualifican e interesan acceder los métodos anticonceptivos.

Solicitamos la cooperación de todos los proveedores para el cumplimiento de la normativa.

Cordialmente,

Sandra V. Peña Pérez, PT, MHSA
Sub Directora Ejecutiva

c Lcda. María del Carmen Rosario
Directora Oficina de Asuntos Legales / Oficina de Cumplimiento y Asuntos Clínicos

ADMINISTRACION DE SEGUROS DE SALUD
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ASES
Administración de Seguros de Salud de Puerto Rico

ASES
Administración de Seguros de Salud de Puerto Rico

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
15-0962

FAMILY PLANNING CLINIC

Information Patient PMG_____

Contract Num / MPI_____ Age _____ Gender _____F _____M

Referring Physician Information (PMG)

Physician Name _____ Signature _____

NPI _____ License number_____ Date_____
mm/dd/yyyy

Medical History

Blood Pressure: _____/_____ Height: _____ Weight: _____ BMI:_____
Last Menstrual Period: ____/____/____ Gravidity: ___ Parity:___ Abortion: ___ Cesarean: ___
Menstrual History: __ Normal ___ Abnormal (Explain): # _____ (days); Regular: Yes ( ), No ( ),
Painful: Yes ( ), No ( ) _____
Pregnancy Test Done: ____No ____Yes (Weeks of Pregnancy) _____
1.History contraceptive Method? ___No ___Yes Date ____/____/____
Current Contraceptive Method: _____
2.Record of STD Infections: ____ No ____Yes Date ____/____/____
Type of disease _____
3.Currently Breastfeeding: _____No ____Yes

Additional Information Required

1. Select significant Co-mobility Contraindication for Hormonal Methods:

___Uncontrolled or Malignant Blood Pressure
___Migraine Headache
___Active smoker >35 y/old
___Symptomatic gallbladder disease
___Liver Disease
___Recent surgery with prolonged immobilization
___Diabetes mellitus with vascular disease
___Record of Thrombosis or Thrombophilia disorder
___Record of Stroke
___Record of Myocardial Infarction
___Postpartum and Breastfeeding
___Record of breast cancer, Explain: _____
___Other active cancer, Explain: _____

Recommended Contraceptive Method:
___ **Pills:** _____
___ **Depo-Provera (injection)**
___ **IUD-Paragard**

(This Referral is exclusive for use with beneficiaries of the Government Health Plan (GHP).

2. Is the patient taking any of the following medicationscontraindicated for Hormonal Methods:

____ Any of the following, Rifampin, Rifabutin, Griseofulvin, Phenobarbital / Barbiturates, Primidone, Phenytoin, Carbamazepine, Felbamate, Topiramate, Vigabitrin
____ Antiretroviral medication
____ None of the above

3. Is at risk sexual activity:

___Non safe sex
___Violence or sexual violence
___Multiple Partners
___Record of Sexual Transmitted Disease
___Not at risk

PAP Test Result

Date: ___/___/___

Normal ____

Abnormal ____

Explain (If Abnormal)

_____

_____

*Please attach copies of PAP Smear results with this referral.

4. Identify Considerations for Contraceptive Prescription

___Mental health disorder
___Substance Abuse
___Other: _____

5. Diagnostic Test Required:

___Pregnancy Test (If at risk)
___PAP Test (If at risk)
___Chlamydia Test /GC Test (If at risk)
___HIV Test (If at risk)
___VDRL

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I certify no medical condition affect the client eligibility criteria for contraception methods.

Physician Signature : _____

Use for Family Planning Clinic

Comments:

_____

_____

_____

_____

_____

Nurse name: _____ ***Signature:*** _____

ASES
Administración de Seguros de Salud de Puerto Rico

ADMINISTRACION DE SEGUROS DE SALUD
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15-086C

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 technology[1] (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.

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/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.

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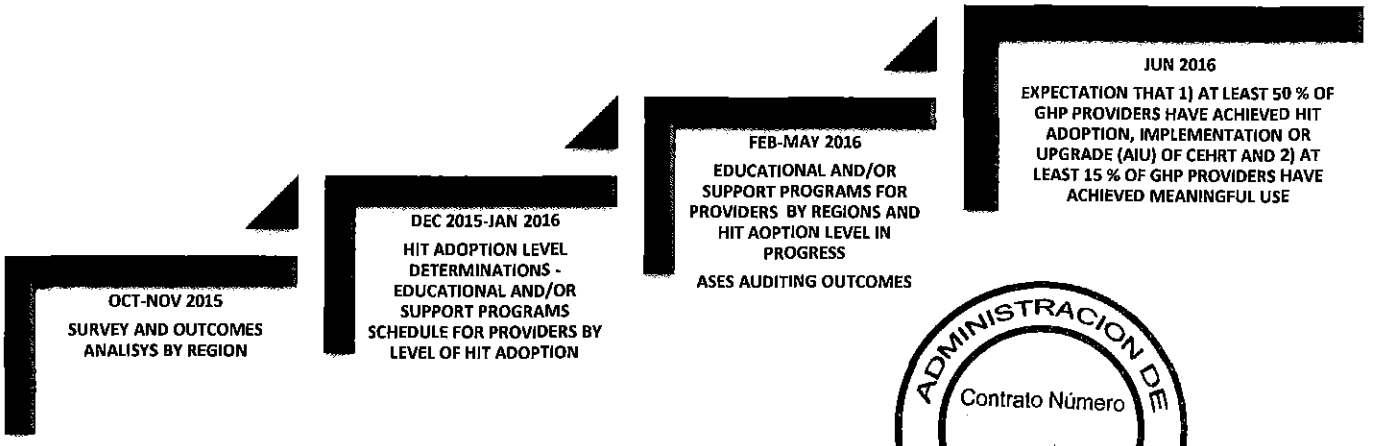
HIT ADOPTION AND PRHIN (STATE HIE) ENGAGEMENT EXPECTED TIMELINE



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 December 11, 2015.	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

	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.	
	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.	January 15-February 19, 2016
I.B Develop and schedule the educational initiatives to be offered to GHP health care providers	**I.B.1** Educational initiatives begin targeting providers by EHR adoption levels (i.e., evaluation, adoption, implementation, upgrade, MU Stage). Educational programs must include: • 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	February 22-March 11, 2016
	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.	March 14-June 26, 2016
	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.	May 27-July 15, 2016

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GOAL 2. **Ensure that health care provider networks to comply with Meaningful Use Goals**		
OBJECTIVES	**STRATEGIES**	**DATE**
2.A Monitor the Medicaid Meaningful Use certification process and compare with the data obtained under the educational program - **follow up surveys**	**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	July 18-August 12, 2016

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

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de Salud de Puerto Rico (ASES)

ATTACHMENT 25

NORMATIVE LETTER #14-0606A (amended on August 1, 2015)

TO: TRIPLE-S SALUD INC. (the "Contractor")

HIGH-UTILIZERS PROGRAM (The "Program")

The Program serves as a means for achieving enrollees' wellness and autonomy through care coordination, education, identification of service resources, and service facilitation in a cost-effective way. Through the Program, the Contractor ensures that an enrollee with intensive needs, including catastrophic or high-risk conditions, receives needed services in a supportive, effective, efficient and timely manner. Included in this category are enrollees classified as High-Utilizers. The term High-Utilizer describes enrollees whose complex physical, behavioral, and social needs are not met through the current case management services. As a result, these individuals often go from emergency department to emergency department (EDs) and/or from inpatient admission/discharge to readmission.

Through this Normative Letter, the Puerto Rico Health Insurance Administration (ASES, for its acronym in Spanish) establishes the criteria for identifying High-Utilizers and providing them with specialized effective care coordination services. The Program's goals are focused on the following areas:

1. Identify the High-Utilizer population, as defined by ASES' methodology (***see Attachment A).***
2. Build integrated initiatives, combining physical and behavioral health with social needs.
3. Create partnerships at state, regional, and local levels to leverage resources across governmental agencies such as the Department of Health, the Department of Family and Social Services, Housing, Transportation among others, extending to the private sector and non-profit organizations.
4. Develop meaningful data on the super-utilizer population that can drive interventions and measure their success.
5. Provide monthly utilization and quality reports which inform changes and improvements on utilization trends for the identified members.

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ASES
Administración de Seguros de Salud de Puerto Rico

I. Program Process:

1. ***Case Identification***- ASES will select the top 1,000 utilizers per region (8,000 island-wide). The selection criteria are established in ***Attachment A*** of this Normative Letter.

2. ***High-Utilizers Management***- All enrolled members will be administered a Health Risk Assessment (HRA) which will assist in the identification of the members' healthcare needs. The HRA shall be submitted to ASES by the Contractor for approval. The Contractor shall establish baseline measures for each member, such as BMI, Blood Pressure, Hemoglobin A1c, and other clinical measures. These baselines measures shall be monitored on a continuous basis, in order to track quality improvement and personalized care plan.

3. ***Medical Oversight***- The Contractor's Medical Directors and Case Management Teams will have oversight of each case, will communicate, coordinate, and educate the providers involved in the care of the member, including Primary Care Physicians' (PCPs) partners. The Case Management Team, and a Multidisciplinary Team composed of social workers, psychologists, outreach personnel, nutritionists, and nurses, together with physicians, will work to remove social and behavioral barriers to care by coordinating with available government services and community interventions.

4. ***Member Education***- The Contractor shall educate members in the Program, as well as their Primary Care Medical Group, to ensure that once these members finish their participation, they will continue having control of their care and their social and behavioral issues. Once the patients end their participation in the program, the Contractor shall continue monitoring them, to ensure that their conditions remain under control.

5. ***Coordination of Services/Transitions of Care***- For members admitted into hospitals, the Contractor will provide direct support with medical coordination and visits to each member. The Case Managers will follow the discharge plan to ensure the member will have the necessary medications and equipment at discharge to reduce the possibility of re-admission.

II. Reporting Requirements:

The Contractor will provide a monthly report to ASES on each the specified categories. The results shall be monitored both at an individual (per patient) and global level (group enrolled in the program as well as the patients exiting the program). The Contractor must keep a baseline record for each patient on each of the categories, which shall include the past 12 months' historical data of the patient before entering the Program. After the patient begins the Program, the Contractor shall keep track of him and submit reports on a monthly basis for the specified categories, which will provide the results for each month, as well as the cumulative ones(from when the patient started in the program up to that month). Comparisons must be established and tracked between the monthly, cumulative, and baseline data. The categories are, but not limited

to, the following (utilization management measurements, quality measurements, and member satisfaction measurements):

A. Utilization Management Measurements:

1. Total Cost – Total cost and total cost per member for the period. This cost includes all components: physical and behavioral health services provided, as well as prescription drugs.

2. Hospitalizations – Total number of hospitalizations, average length of stay (ALOS), total cost of hospitalizations, hospitalizations and cost per member for the period, an top reasons/conditions for hospitalizations at individual and aggregate levels.

3. ED Visits – Total number of visits to ED, total cost of ED visits, and visits and ED cost per member for the period, in addition to the top reasons/conditions for ED visits at individual and aggregate levels.

4. Pharmacy Utilization – Total number of prescriptions, cost of prescriptions, and number and cost of prescriptions per member for the period, in addition to the top conditions treated at the individual and aggregate level.

B. Quality Measurements- The frequency of the quality measurements will be determined by the multidisciplinary team on a case by case and taking in consideration the condition to maximize resources.

1. For All Members:
   - Quality of Life indicators similar to SF36
   - Follow-Up after hospitalization
   - Medication reconciliation
   - Depression screening (PHQ9)
2. For Members With Diabetes:
   - Blood sugar control (Hbg A1C <8)
   - Flu and Pneumococcal Vaccine
3. For Members With Heart Failure:
   - Compliance with medication therapy
   - Flu and Pneumococcal Vaccine

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4. For Members With Hypertension Conditions:
    - Blood pressure less than 140/90
    - LDL cholesterol less than 100
    - Flu and Pneumococcal Vaccine
5. For Members With Asthma Conditions:
    - Members using controllers (ICS medications)
    - Flu and Pneumococcal Vaccine

C. Member Satisfaction Measurements:

- Annual surveys will be conducted to measure member satisfaction, in a manner similar to the ones being conducted by the Camden Coalition of Healthcare Providers.

III. High-Utilizers Team:

The Contractor, with the approval of ASES, will be responsible of assembling a High-Utilizers Team that includes, but is not limited to a: Program Director, Medical Director, Resource Center Director, Nurse Supervisor, Registered Nurses, Health Service Representatives, Social Workers, Psychologists, Nutritionists, and Health Educators. The High-Utilizers Team will be responsible of selecting members (based on the established criteria and "impactability"), creating plans of care with both clinical and social/behavioral interventions, educating members and providers, executing plans of care, and coordinating services with the Stakeholders.

The Stakeholders shall be, but are not limited to: ASES, MCOs, Hospitals, Physicians/PCPs, Medical Groups, Specialists, Mental Behavioral Health Organizations (MBHOs), Laboratories, Pharmacies, Pharmaceutical Companies, Government Agencies (Health Department, Education Department, Family Services Department, Housing Department, Power and Water Authorities, among others), and Community Resources (private institutions, charitable organizations, social and educational organizations, foundations, associations, municipalities programs, among others).

Ricardo A. Rivera Cardona
Executive Director

ADMINISTRACION DE SEGUROS DE SALUD
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ATTACHMENT A- NORMATIVE LETTER #14-0606A:

IDENTIFICATION PROCESS

FOR HIGH-UTILIZERS

Selection Criteria

1. The identification of the target population for the Program is based on a score that will be computed based on the utilization:
   a. Number of ED visits
   b. Number of hospital admissions
   c. Total paid cost of physical health services (excluding dental health services)
   d. Number of prescriptions related to physical health conditions
   e. Total cost of behavioral health services

2. Each value of these metrics will be standardized using Z-score.[1] The analysis will be done on a regional basis.

3. Values with three or more standards deviations from the average (positive values) will be considered outliers.

4. The cases will be clustered in three levels:

   a. High – three or more standards deviations from the average – 3 points
   b. Moderate – from two to less than three standards deviations from the average– 2 points
   c. Low – less than two standards deviations from the average– 1 point
   d. Negative standard deviations - 0 point

5. The scores obtained in subsection four will be summed to obtain a total score. The top 1,000 scores of each region will be selected.

6. If two or more cases have the same score, the cases will be selected in the following order:
   a. Total cost of physical health services (excluding dental health services)
   b. Total cost of mental health services
   c. Number of ED visits
   d. Number of hospital admissions
   e. Number of prescriptions related to physical health conditions

[1] The *z-score* gives the position of the value relative to the remainder data. The most obvious outliers in a data set are those that fall more than three standard deviations from the mean. If the z-score is greater than +3 or less than –3, those values are outliers.