



March 11, 2024

Normative Letter 24-0311

TO: Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (PRHIA) under the Vital Program

RE: Guidelines for Centers for Diagnostic and Treatment (CDTs) Reimbursement Increase Effective October 1, 2023

The current contracts between the Puerto Rico Health Insurance Administration (PRHIA) and the Managed Care Organizations (MCOs) under the Government Health Plan (Plan Vital) reflect various mechanisms aimed at advancing the sustainability and retention of medical providers who serve the Plan Vital population. One of these mechanisms is the establishment of payment floors.

The Centers of Diagnostic and Treatment (CDTs) play a crucial role in providing urgent care services to municipalities in Puerto Rico. As part of our ongoing commitment to enhancing healthcare services in Puerto Rico, PRHIA hereby notifies a reimbursement increase for all CDTs, effective **October 1, 2023**. It is worth noting that this payment floor is consistent with 42 CFR 438.6 (2) and in compliance with the provisions of Public Law No. 117-328, known as the “Consolidated Appropriations Act, 2023” (CAA), which temporarily provided for potential increased payments to Puerto Rico. *See Public Law No: 117-328, Sec. 5101.*

PRHIA will require all Managed Care Organizations (MCOs) to reimburse all procedure codes billed by CDTs at 100% of the 2023 Medicare Part B Fee Schedule (MFS).

Reimbursement to CDTs must comply with the following general guidelines:

- 1) CDTs must bill using the Current Procedural Terminology (CPT) codes for the services provided.
- 2) All procedure codes (CPT) billed must be reimbursed at 100% of the MFS.
- 3) This reimbursement increase applies to both facility and professional claims billed by the CDTs using CPT.
- 4) All MCOs must conduct reasonable efforts, when needed, to implement and comply with this directed payment, including but not limited to:



- a) System configuration in coordination with CDTs to ensure retroactive disbursement of the procedure codes billed as professional services (CPT) as of October 1, 2023.
- b) Contract amendments.
- c) Claim adjustments.
- d) Training and support
- e) Any other effort to guarantee the disbursement of the federal funds allocated in premium for this purpose.

Caveats:

- 1) This requirement does not apply to CDTs under a sub-capitated arrangement with an MCO under Vital.
- 2) CDTs must accurately bill and appropriately code claims to minimize the risk of unnecessary claim denials from an MCO. Compliance with claim filing limits for new claims and/or adjustments must be observed.
- 3) CDTs and MCOs are required to comply with encounter data as per 42 CFR 438.242 (c) for PRHIA to continue to evaluate capitated reimbursement relative to Medicare or alternate fee schedules. Sound encounter data is crucial to demonstrate that increased reimbursement reaches the providers effectively.
- 4) PRHIA will not endorse any other methodology used by an MCO to compensate for this payment floor that does not comply with the directed payment as stated and approved by the Center for Medicare and Medicaid Services for the Vital Program.
- 5) All funds disbursed under this methodology are subjected to compliance monitoring and by PRHIA under contract, 42 CFR 455.200, and Program Integrity review as per 42 CFR 455.500.

The MCOs will have **60 days** to execute adjustments in their systems to reimburse CDTs according to this requirement following PRHIA's retroactive disbursements of the year 2 premiums.

The adjustments to the CDT must be retroactive to the date of service of October 1, 2024 (FY2023-2024). This direct payment has been implemented according to 42 CFR 438.6 (c) (iii) (c).

We remind MCOs that, in accordance with Articles 19 and 20 of the Plan Vital Program contracts, PRHIA has the right to issue sanctions and penalties if MCOs fail to comply with any of the obligations under the agreements.



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ADMINISTRACIÓN DE SEGUROS DE SALUD

PRHIA is committed to the oversight of these requirements as part of the Government Public Policy to the service of the Government Health Plan enrollees.

Cordially,

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Autorizado por la Oficina del Contralor Electoral OCE-SA-2024-00267