Who is covered in Puerto Rico’s Medicaid Program?

**ELIGIBILITY GROUPS**

MCOs¹,²
- Children (0-19 years)*
- Foster Care Children and Former Foster Care Children**
- Parents and other Caretaker Relatives
- Pregnant Women
- Aged Blind and Disabled Adults***
- Dual Eligibles****
- Disabled Children
- Newly Eligible Adults
- Qualified Non-Citizens#

41% of Puerto Rico’s population is covered through Medicaid and CHIP.³

* Children up to 19 covered through Medicaid expansion, CHIP up to 266% Local Poverty Level (LPL).³
** Covered through the virtual managed care region, not geographically limited.¹
*** Covered through the medically needy option.¹
**** Have the option of participating in Medicare Platino, a Medicare Assistance program that provides Medicare acute and primary care with Medicaid wrap around services.³
# Subject to a 5-year waiting period.

Note: Undocumented immigrants are not covered for emergency services due to lack of funding.

**SECTION 1115 WAIVER⁷**

The **Puerto Rico Disaster Relief** waiver was created to provide off-island coverage to Medicaid enrollees who are eligible for the Federal Emergency Management Agency Transitional Shelter Assistance program and were temporarily evacuated from Puerto Rico to New York and Florida. Individuals receiving this off-island coverage will receive the benefits included in the Medicaid state plan. This waiver expired on January 18, 2018.

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**Puerto Rico Medicaid Income Eligibility as a Percentage of the Federal Poverty Level:**

- **Children:** 50%
- **Disabled:** 73%
- **Elderly:** 73%
- **Other adults:** 50%
- **Parents:** 50%
- **Pregnant women:** 50%

Note: 50% of the FPL is 133% of the Puerto Rican Local Poverty Level (LPL) for a family of three.

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**Important News**

Puerto Rico agrees to generate $840.2 million in annual savings from Medicaid by 2023 as part of its agreement with the U.S. federal government.⁵

**Do Medicaid health plans provide coverage?**

- Yes
  - InnovaCare (MMM)
  - First Medical Health Plan Inc.
  - Mennonite Health Plan
- No
  - Molina Healthcare of Puerto Rico
  - Triple-S Salud

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[3] Covered through the virtual managed care region, not geographically limited.¹

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[5] Covered through the medically needy option.¹

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Value-Based Healthcare Initiatives

Puerto Rico received a SIM Design grant in 2015 to create a State Health Innovation Plan. The first stage of the submitted plan included creating five payment bundles for prenatal care, pediatric asthma, diabetes management, chronic kidney disease, and super-utilizers. In the second phase of this plan, the state will implement and contract with three Accountable Care Organizations (ACOs) to provide services for Medicaid enrollees. Puerto Rico began implementing this plan in 2017 and the value-based payment reforms will be included in the 2018 MCO procurement cycle.

Puerto Rico released an RFP in 2018 to contract with additional MCOs on the island. As part of the RFP, MCOs were encouraged to propose ways to maintain a sufficient service and provider network for members anywhere on the island, which might include forming partnerships with other MCOs and/or health systems. MCOs were encouraged to include alternative payment and value-based care models to achieve this goal.

Family Planning

Covered services include:
- Counseling
- Pregnancy Testing
- Diagnosis and Treatment of Sexually Transmitted Diseases
- Infertility Assessments
- At least one of every class of FDA approved oral contraceptive medication as specified in ASES's PDL (prescribed by an OB/GYN)
- Other FDA-Approved contraceptive medication or methods when medically necessary and approved through a prior authorization

Oral Health

Dental services covered:
- Preventive services for children
- Preventive services for adults
- Restorative services
- A comprehensive oral exam
- A periodic oral evaluation every 6 months
- Limited oral evaluation- problem focused
- Intraoral X-rays complete series, including bitewings, every 3 years
- One intraoral/periapical first film
- Up to a maximum of 5 additional intraoral/periapical X-rays a year
- Bitewing single film a year
- One bitewings double film a year
- One set of panoramic film every 3 years
- Prophylaxis – adult, every 6 months
- Prophylaxis – children, every 6 months
- Topical fluoride application for children under age 19, every 6 months
- Topical application of sealant, per tooth, on posterior teeth for enrollees up to 14 years old. Includes deciduous molars up to 8 years of age when it is medically necessary because of a tendency to cavities. This service is limited to one lifetime treatment
- Resin composite restorations
- Amalgam restoration
- Pediatric therapeutic pulpotomy
- Stainless steel crowns for primary teeth followed by a pediatric therapeutic pulpotomy
- Root canals
- Palliative treatment
- Oral surgery

Child and Adolescent Health

Puerto Rico provides limited Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits for members under 21.

Long Term Services and Supports (LTSS)

Puerto Rico does not cover home health services for individuals in need of nursing facility services, or nursing facility services for individuals 21 and above.

Children with Special Health Care Needs

Special conditions of children are covered under the special coverage benefit in the government health plan except for asthma and diabetes (included in the disease management program), psychiatric disorders and intellectual disabilities.

Health plans offer disease management programs for asthma and diabetes.

Limited EPSDT benefits may impact access to treatment and services for children with special health care needs (CSHCN).

Children with special health care needs are eligible for care management. The care management program coordinates care and services for members in need of ongoing medical care, home health care, rehabilitation services, and preventive services.
How is Puerto Rico meeting the needs of Medicaid enrollees?

**Women’s Health**

**GHP covers:**
- Pregnancy testing
- Medical services, during pregnancy and post-partum
- Physician and nurse obstetrical services during vaginal and caesarean section deliveries and services to address any complication that arises during the delivery
- Treatment of conditions attributable to the pregnancy or delivery, when medically recommended
- Hospitalization for a period of at least forty-eight hours in cases of vaginal delivery, and at least ninety-six hours in cases of caesarean section
- Anesthesia, excluding epidural
- Delivery services provided in freestanding birth centers

GHP does not cover freestanding birth center services or nurse-midwifery services.

The Motherhood Matters Molina pregnancy health management program aims to reduce hospitalizations and improve birth outcomes. Members are connected with care managers and nurses. The program includes early screening for risk factors, education on healthy behaviors for each trimester for members and families, smoking cessation programs, and referrals of high-risk pregnant women to prenatal care management.

Triple-S has a Prenatal Program for its pregnant beneficiaries. This program offers telephone interventions and educational group activities for beneficiaries with high-risk pregnancies.

**MMM Multi Health** has a pre-natal and maternal program, aimed at preventing complications during and after pregnancy, and lowering the incidence of low birth weight and premature deliveries. The program includes the following:
- A pre-natal care card used to document services utilized
- Counseling regarding HIV testing
- Pregnancy testing
- A RhOgam injection for all pregnant women who have a negative RH factor according to the established protocol
- Alcohol screening of pregnant women with the 4P-Plus instrument or CAGE Test
- Smoking cessation counseling and treatment
- Post-partum depression screening using the Edinburgh post-natal depression scale
- Postpartum counseling and Referral to the WIC program
- Dental evaluation during the second trimester of gestation
- Educational workshops regarding pre-natal care topics (importance of pre-natal medical visits and post-partum care), breastfeeding, stages of childbirth, oral and Behavioral Health, family planning, and newborn care, among others

**Mental Health & Substance Use Disorder**

Behavioral health services provided through separate behavioral health managed care organization.

**Services covered:**
- Evaluation, screening and Treatment to individuals, couples, families and groups
- Ambulatory services rendered by psychiatrists, psychologists and social workers
- Hospital and ambulatory services for substance abuse and alcoholism
- Intensive ambulatory services
- Emergency and crisis intervention services available 24 hours a day, 7 days a week
- Detoxification services for beneficiaries that use illegal drugs, have had suicidal attempts or accidental poisoning
- Clinics for injectable extended-release medications
- Escort, professional assistance and ambulance services when the services are necessary
- Pharmacy coverage and access to medications within 24 hours
- Treatment for patients diagnosed with Attention Deficit Disorder (ADD) with or without hyperactivity (ADHD) that includes, but is not limited to, visits to neurologists and tests related to the treatment of this diagnosis
- Substance abuse treatment
- Administration of and treatment with Buprenorphine (requires Preauthorization)
- Laboratory tests that are medically necessary
- Consultations and coordination with other agencies

**Social Determinants of Health**

Non-emergency medical transportation (NEMT) is not covered but is a priority for the territory for when resources become available.
Puerto Rico adopts the Medicaid program.17

1965
President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1967
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1972
Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1981
Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1984
Children and pregnant women become mandatory Medicaid eligibility groups.

1989
Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1993
Puerto Rico’s Medicaid program, the Government Health Plan (GHP) begins.18

1997
Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1999
Olmstead decision allows expanded HCBS coverage for persons with disabilities.

2010
Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2012

2014
ACA implementation begins.

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2018
Puerto Rico releases a Request for Proposals (RFP) to contract with multiple MCOs who will provide coverage across the island; eliminating the regions. New enrollees are auto-assigned to an MCO but allowed to choose a different insurer. Molina, Triple S, First Medical, MMM and Mennonite Health Plan were awarded contracts that began November 1, 2018.6

Puerto Rico’s managed care reform effort named Vital began on November 1 with the five new MCOs.19

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For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org