

# Report in Response to

**PL 116-94: Further Consolidated Appropriations Act,  
2020:(133 STAT 3111), Division N, Title 1, Subtitle B,  
§202(f)(4)**

**Reporting on Implementation of Medicaid And CHIP  
Scorecard Measures**

**Government of Puerto Rico  
Office of the Governor**

**December 20, 2020**



**GOVERNMENT OF PUERTO RICO**

**Office of the Governor**

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# 1. EXECUTIVE SUMMARY

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## Congressional Requirement

On December 16, 2019, the United States (U.S.) Congress came to a bipartisan agreement on 12 appropriation packages. On December 17, 2019, the House passed H.R. 1865 with a vote of 297-120; this bill became Public Law 116-94 on December 20, 2019.

On behalf of the Puerto Rico Government and the agencies that oversee the delivery of Medicaid and Children’s Health Insurance Program (CHIP) services, including the Puerto Rico Department of Health (PRDOH), Medicaid and the Puerto Rico Health Insurance Administration (PRHIA), thank you for this opportunity to report on Puerto Rico’s progress towards compliance with the conditions and requirements set forth in ***P.L. 116-94: Division N, Title 1, Subtitle B, (133 STAT 3111) - §202(f)(4) – Reporting on Medicaid and CHIP Scorecard Measures.*** The requirement within the law reads as follows:

***Beginning 12 months after the date of enactment of this subsection, Puerto Rico shall begin to report to the Administrator of the Centers for Medicare & Medicaid Services on selected measures included in the Medicaid and CHIP Scorecard developed by the Centers for Medicare & Medicaid Services.***

The language in the law was added as an amendment to Section 1902 of the Social Security Act.

This report provides the Government of Puerto Rico’s response to comply with the specific requirement listed above.

For the purposes of this report submission and related reports, this requirement is hereinafter referred to in our documents as: **Requirement 12: Implementation of Medicaid and CHIP Scorecard Measure Reporting.**<sup>1</sup>

## Puerto Rico’s Current Efforts for Scorecard Measure Implementation

Puerto Rico is taking a range of steps to meet special requirements established by Congress per ***P.L. 116-94: Division N, Title 1, Subtitle B, (133 STAT 3111) - §202(f)(4) – Reporting on Medicaid and CHIP Scorecard Measures.*** This December, Puerto Rico submitted to the Centers for Medicare & Medicaid Services (CMS) on Medicaid and CHIP (MAC) Scorecard measures, using the CMS’ MACPro portal. We are currently working with CMS to certify the measures and proceed to an official review of our data for inclusion. We expect that our reported measures will be published by CMS next year as part of the 2021 MAC Scorecard. In addition to meeting this Congressional requirement, we are exploring ways to enhance our data management and reporting operations in preparation for the 2022 MAC Scorecard and subsequent federal requirements. This report, “Requirement 12: Implementation of Scorecard Measures,” provides an implementation plan for realizing enhancements that could be adopted in the period leading up to the mandate that Medicaid programs report to CMS on Child Core Set and Adult Behavioral Core Set measures in 2024.<sup>2</sup>

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<sup>1</sup> PL 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3111), Division N, Title 1, Subtitle B, §202(f)(4)

<sup>2</sup> Centers for Medicare and Medicaid Services. (19). *2020 Updates to the Child and Adult Core Health Care Quality Measurement Sets*. Retrieved from: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>.

## Puerto Rico's Response to Congressional Requirement

Our response is organized in the following sections:

- **Differences in Medicaid Program Funding between Puerto Rico and the Other States and Territories (refer to Section 2):** There are significant differences in Medicaid program funding between states and territories, either due to an annual cap on the federal Medicaid spending in territories and a set federal Medicaid matching rate for territories in statute. This limited funding limits our ability to dedicate resources to improving program integrity and contract reform processes. For example, Puerto Rico sometimes has only one employee evaluating an RFP because staff are busy maintaining operations. While Puerto Rico remains committed to meeting all the Congressional requirements that have been added as part of Public Law 116-94, we are concerned that without parity in the Medicaid program or, at a minimum, additional administrative funding, we may not be able to enact long-term plans and changes that are essential to maintaining Puerto Rico's Medicaid program. **Section 2** of this report highlights additional details related to these funding disparities, and we sincerely request Congress to consider providing the requisite federal Medicaid funding needed to fully implement the opportunities identified in these reports.
- **An Introduction to the Puerto Rico Medicaid Enterprise (refer to Section 3):** It is worth considering the unique nature of our Medicaid program given the number of departments and agencies involved. The PRDOH is the Single State Agency (SSA) for administering our State Medicaid Program. For purposes of the Medicaid program administration, PRDOH is the State Medicaid Agency (SMA). The Medicaid Program is administered by PRDOH and the Puerto Rico Health Insurance Administration (PRHIA), which collectively is referred to as the Medicaid Enterprise. We have detailed all the agencies involved and that collaborate with our Medicaid Enterprise in **Section 3** of this report.
- **Implementation Plan for 2022 Scorecard Measures and Beyond:** As noted in **Requirement 9: Implementation of Medicaid and CHIP Scorecard Measure Reporting**,<sup>3</sup> we identified six opportunities to enhance data management and reporting operations through greater alignment of our people, processes, and technologies, in preparation for the 2022 MAC Scorecard and beyond. The implementation plan highlighted in **Section 4** of this report goes one step further, providing a guide for how we can realize each opportunity through the implementation of eight initiatives, which seek to align our resources to scale their impact and bolster our ability to identify and execute program improvements and meet federal requirements as they evolve. Initiatives are divided into two groups: 1) priority initiatives potentially enacted between January 2021 and September 2021; and 2) optimization initiatives to be enacted after September 2021. Initiatives include:

### Priority Initiatives

1. Establish a Data Governance Committee (DGC) to guide the implementation of priority initiatives and subsequent enhancements to data management and reporting operations
2. Conduct a data quality analysis to identify and address potential issues related to data validity, completeness, consistency, accuracy, and verifiability
3. Report 2022 MAC Scorecard/Adult and Child Core Set measures to CMS
4. Create an "MCO Report Card" to enhance public transparency of MCO performance
5. Develop a central location to access high quality data for federal and internal reporting

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<sup>3</sup> PL 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3111), Division N, Title 1, Subtitle B, §202(f)(4)  
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### **Optimization Initiatives**

6. Develop a “Federal Reporting Playbook” for reporting on quality measures
7. Continue to enhance coordination with CMS to receive technical assistance on federal reporting of quality measures
8. Leverage an External Quality Review Organization (EQRO) to assist with federal reporting on quality measures

Puerto Rico plans to determine the specific initiatives to pursue as we prepare our Medicaid program to meet current and future reporting requirements, contingent on available resources and capacity to support implementation.

## 2. DIFFERENCES IN MEDICAID PROGRAM FUNDING BETWEEN STATES AND PUERTO RICO/OTHER TERRITORIES

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The Medicaid program is arguably the most consequential federal program in Puerto Rico because it provides health care services to 1.6 million people, or 46 percent of the Island's population. However, our program differs in fundamental ways when compared to state Medicaid programs. Federal Medicaid funds for United States Territories are limited in two ways:

1. Total federal Medicaid spending in the territories is subject to an annual Medicaid Cap pursuant to section 1108 of the Social Security Act. As a result, the Federal government will match every Medicaid dollar spent by the territories up to each jurisdiction's cap, and any spending above the cap is provided solely by the territory.
2. The federal Medicaid matching rate for territories is set in statute at 55 percent, unlike states which receive unrestricted matching federal funds between 50 percent and 83 percent of their Medicaid costs according to the state's Federal Matching Assistance Percentage (FMAP).

The following table shows the disparity between Puerto Rico and comparable state Medicaid programs on administrative spending per member per year (PMPY) and per member per month (PMPM). Comparing Medicaid programs of similar size (1-2 million enrollees) and with a high proportion of enrollment in managed care (over 80 percent in comprehensive managed care), it demonstrates that Puerto Rico is getting approximately one-third (1/3) of the administration expenditures of similar programs.

State <sup>4</sup>	2018 Medicaid Enrollment <sup>5</sup>	2018 Percent Comprehensive Managed Care <sup>6</sup>	2019 Administration Expenditures <sup>7</sup>	PMPY	PMPM
(A)	(B)	(C)	(D)	(E)=(D)/(B)	(F)=(D)/(B)/12
Virginia	1,063,122	82%	\$437,968,202	\$411.96	\$34.33
Kentucky	1,385,239	91%	\$266,167,884	\$192.15	\$16.01
Maryland	1,401,781	83%	\$505,358,312	\$360.51	\$30.04
Tennessee	1,510,045	92%	\$564,787,478	\$374.02	\$31.17
Louisiana	1,640,075	84%	\$337,092,213	\$205.53	\$17.13
New Jersey	1,668,451	94%	\$898,752,077	\$538.67	\$44.89
Arizona	1,849,465	84%	\$277,807,148	\$150.21	\$12.52
<b>Average<sup>8</sup></b>	<b>1,502,597</b>	<b>88%</b>	<b>\$469,704,759</b>	<b>\$312.60</b>	<b>\$26.05</b>
Puerto Rico	1,505,610	100%	\$156,284,437	\$103.80	\$8.65

Table 1. Medicaid Enrollment and Administration Expenditures for Comparable State Medicaid Programs

Puerto Rico is committed to meeting all the Congressional requirements that have been added as part of Public Law 116-94. However, we are concerned that without parity in the Medicaid program or, at a minimum, additional administrative funding, the full and permanent implementation of these changes will be challenging. For example, Puerto Rico can sometimes have only one employee evaluating a request for proposal (RFP) since the day to day operational needs and limited administration funding doesn't support additional resources aligned to the RFP evaluation process.

Puerto Rico is requesting that Congress consider application of the FMAP as used with states. In addition, Congress is requested to consider removing the Medicaid Cap on federal Medicaid funds through 1108(g). If only the FMAP formula is applied, then Puerto Rico will, as a result, reach the Medicaid Cap sooner. Funding parity would help Puerto Rico plan for long term structural changes and allow for real transformational changes to our Medicaid Enterprise.

<sup>4</sup> Includes states where 2018 Medicaid enrollment is between 1,000,000 to 2,000,000 **and** over 80% enrollment in comprehensive managed care. Excluded the State of Washington which had administrative costs in excess of \$1.3 billion.

<sup>5</sup> Medicaid.Gov. *The FY 2018 Medicaid Managed Care Enrollment Report*, Latest available report retrieved from: <https://data.medicare.gov/Enrollment/2018-Managed-Care-Enrollment-Summary/gn4b-7d7q/data>

Total Medicaid Enrollees represents an unduplicated count of all beneficiaries in FFS and any type of managed care, including Medicaid-only and Medicare-Medicaid ("dual") enrollees.

<sup>6</sup> Medicaid Enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care.

<sup>7</sup> Medicaid.Gov. *FY 2019 Financial Management Report, Total Computable Net Administrative Expenditures*, Latest available report retrieved from: <https://www.medicare.gov/medicaid/financial-management/state-expenditure-reporting-for-medicare-chip/expenditure-reports-mbescbes/index.html> Excludes administrative costs for the following service categories: Family Planning, Skilled Professional Medical Personnel - Single State Agency, Skilled Professional Medical Personnel - Other Agency, Peer Review Organizations, TPL - Recovery, TPL - Assignment Of Rights, Nurse Aide Training Costs, Preadmission Screening, Resident Review, Drug Use Review, School Based Administration, Interagency Costs (State Level), Planning for Health Home for Enrollees with Chronic Conditions, and Non-Emergency Medical Transportation

<sup>8</sup> The average administration expenditure is weighted based on Medicaid enrollment.

# 3. INTRODUCTION TO THE PUERTO RICO MEDICAID ENTERPRISE

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PRDOH is the SSA for administering our State Medicaid Program. For purposes of the Medicaid program administration, PRDOH is the SMA. The Medicaid program is administered by PRDOH and PRHIA, which collectively is referred to as the Medicaid Enterprise. This is a long-standing sister agency relationship, defined by an interagency memorandum of understanding (MOU). PRHIA (commonly referred to as Administración de Seguros de Salud [ASES]), was created in 1993 to oversee, monitor and evaluate services offered by the managed care organizations (MCOs) under contract with PRHIA. PRHIA is a public corporation overseen and monitored by a Board of Directors (BOD). Puerto Rico’s Medicaid Program (PRMP), a department under the PRDOH, oversees the Medicaid State Plan, determines Medicaid eligibility of residents, and is responsible for the operation of the Medicaid Management Information System (MMIS) for the program.

In addition, PRHIA, PRMP and the Government of Puerto Rico at large follow guidance issued each year by the federally appointed Financial Oversight and Management Board for Puerto Rico (FOMB). In addition to meeting federal requirements, PRHIA and PRMP must also abide by regulations established by the Government of Puerto Rico.

## **Puerto Rico Department of Health**

The PRDOH’s administration of its Medicaid program under Title XIX of the Social Security Act is structured as a categorical program called the “Medicaid Program.” The PRDOH Medicaid program is chartered with ensuring appropriate delivery of health care services under Medicaid, CHIP, and the Medicaid Preferred Drug Program (PDP); the latter two structured as extended Medicaid programs.

Since the inception of the Medicaid program in Puerto Rico, and up until the early 1990s, PRMP’s role was mostly limited to providing the categorically needy access to Medicaid services by operating local offices throughout all the municipalities on the Island. In these offices, residents could apply for Medicaid coverage by providing demographic and socio-economic information for their family unit. Based upon federal Medicaid program eligibility rules, the family’s eligibility for Medicaid would be determined. If eligible, the individual and family were certified and enrolled into the Medicaid program. Health care services to Medicaid-eligible individuals and families were delivered through the Puerto Rico government’s public health service facilities.

## **Puerto Rico Health Insurance Administration**

In 1993, the Government of Puerto Rico enacted transformation of the entire public health system. The Puerto Rico Health Reform Program (referred to initially as Reforma and now known as Plan Vital) marked the creation of a government health insurance program under a managed care delivery system. These reforms expanded Medicaid coverage for individuals and families with incomes between 50 -100 percent of the federal poverty guideline—significantly increasing the number of residents with government-subsidized health coverage.

In 1993, an interagency MOU (since then updated multiple times), was established to delegate the implementation of the Medicaid State Plan’s managed care delivery model to PRHIA, a public corporation established by Law No. 72 on September 7, 1993, as amended. Under this agreement, the



PRMP retained responsibility for eligibility determination, policy, Medicaid State Plan maintenance, and financial administration. This agreement requires PRHIA to implement and deliver services through a managed care delivery system. The process of selecting the insurance carriers, negotiating and managing those contracts was assigned to PRHIA pursuant to Law No. 72. The Medicaid program retained the role of eligibility determination for Medicaid and Reforma.

In 2006, PRHIA implemented the Medicare Platino program to provide additional coverage benefits to beneficiaries of Medicaid and Reforma who are also eligible for Medicare (i.e., “dually eligible”) and enrolled in a Medicare Advantage Organization (MAO). Medicare Platino wraps around Medicare Advantage benefits, giving the dually eligible enrollees any additional benefits provided by the Medicaid program. PRHIA holds contracts with the MAOs.

### **The Puerto Rico Health Insurance Administration Board of Directors**

PRHIA is governed by a Board of Directors (BOD) made up of eleven (11) members, six (6) that are Ex-Officio Members and five (5) that are appointed by the Governor of Puerto Rico with the advice and consent of Puerto Rico’s Senate. The Ex-Officio Members include the Secretary of Health, the Treasury Department Secretary, the Administrator of the Administration of Mental Health and Addiction Services (ASSMCA), the Director of the Office of Management and Budget (OMB), the Executive Director of The Puerto Rico Fiscal Agency and Financial Advisory Authority (AAFAP) and the Insurance Commissioner, or their delegates. The Governor of Puerto Rico appoints the President of the Board of Directors from among its members. The primary purpose and functions of the BOD include:

- Implementation of medical services based on health insurance.
- Negotiation and contracting for medical insurance coverage.
- Negotiation and contracting with health service plans for health services.
- Organization of alliances and groups of beneficiaries with the purpose of representing them in the negotiation and contracting of their health plans.
- Maintenance of an administrative and financial structure to manage funds and revenues, administer cash and make disbursements.
- Establishment of guidelines for the appointment, contracting and remuneration of its personnel.
- Negotiation and awarding of contracts, documents and other public instruments with juridical persons and entities.
- Direction to insurers to keep a record of services rendered in categorical programs subsidized by the Federal government, and documentation of the relationship of their beneficiaries, payment claims and the pertinent financial and statistical reports.
- Approval, amendment and repeal of regulations that govern the business and activities of PRHIA.
- Appointment of an Executive Director for PRHIA.
- Facilitation of Contracting Committee to evaluate each contracting proposal and the recommendations. The Contracting Committee evaluates each proposal, the necessity of it, the amount for each service and the maximum amount for the contract year.
- Facilitation of an Internal Audit Committee to monitor PRHIA's audit work, corrective action plans, and executions of internal and external processes

## Financial Oversight and Management Board for Puerto Rico

The Financial Oversight and Management Board for Puerto Rico (FOMB) was created under the Puerto Rico Oversight, Management and Economic Stability Act (PROMESA) of 2016. FOMB consists of seven members appointed by the President of the United States and one Ex-Officio Member designated by the Governor of Puerto Rico. FOMB is tasked with working with the people and Government of Puerto Rico to create the necessary foundation for economic growth and to restore opportunity to the people of Puerto Rico.

FOMB works to fulfill the mandate of the PROMESA to ensure fiscal sustainability and restore access to capital markets. In the first instance, due to a series of unpredictable disasters, the effort has focused on utilizing certified fiscal plans and budgets to ensure Puerto Rico is able to respond to these crises while also moving toward medium and long-term fiscal and economic sustainability. FOMB established a contract review policy pursuant to Section 204(b)(2) of the PROMESA to require the Oversight Board's approval of certain contracts to assure that they "promote market competition" and "are not inconsistent with the approved fiscal plan."

In its oversight of the Medicaid Enterprise, the FOMB must approve all government contracts and amendments with an aggregate value of \$10,000,000 or more. FOMB may review any contract below such threshold at its sole discretion. All proposed contracts or amendments stemming from the rate negotiations between PRHIA and the "Plan Vital" MCOs must be submitted to the FOMB for review and approval prior to execution. Also, pursuant to PROMESA section 204(b)(4), certain proposed rules, regulations, administrative orders, and executive orders must be submitted for FOMB review prior to enactment.

## 4. IMPLEMENTATION PLAN FOR 2022 MAC SCORECARD REPORTING AND BEYOND

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As of December 2020, Puerto Rico reported to the Centers for Medicare & Medicaid Services (CMS) on Medicaid and CHIP (MAC) Scorecard measures 16 of 17 of the measures through the CMS' MACPro portal. We are working with CMS to receive final approval of our staff roles necessary to officially certify our measures and commence federal review.

In addition to meeting this Congressional requirement, we are exploring ways to enhance our data management and reporting operations in preparation for the 2022 MAC Scorecard and subsequent federal requirements. To operationalize key opportunities outlined in **Requirement 9: Implementation of Medicaid and CHIP Scorecard Measure Reporting**,<sup>9</sup> we have planned five priority initiatives and three optimization initiatives. Below, we outline our approach to implementation of these initiatives.

Completion of the initiatives described below is contingent on enough financial resources and organizational capacity for Puerto Rico to successfully complete implementation. We recognize the importance of considering enhancements to our data capabilities and quality reporting while at the same time maintaining the services and level of care provided to Puerto Rican Medicaid beneficiaries. As such, the execution timelines are to be re-evaluated as implementation proceeds, resources are considered, and priorities are adjusted.

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<sup>9</sup> PL 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3111), Division N, Title 1, Subtitle B, §202(f)(4)  
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## Implementation Plan for Federal Reporting on Quality Measures

*Federal Fiscal Year 2021 (January 2021 – September 2021)*

### Resource Planning for Implementation

Timelines for implementation of priority initiatives are dependent on the availability of resources and planning across the Medicaid Enterprise. Staffing is expected to be a central focus as we assess our organizational capacity to undertake these initiatives

### Priority Initiatives

1. Establish a Data Governance Committee (DGC) to guide the implementation of priority initiatives and subsequent enhancements to data management and reporting operations
2. Conduct a data quality analysis to identify and address potential issues related to data validity, completeness, consistency, accuracy, and verifiability
3. Report 2022 MAC Scorecard / Adult and Child Core Set measures to CMS
4. Create an “MCO Report Card” to enhance public transparency
5. Develop a central location to access high quality data for federal and internal reporting

## Optimizing Data Management and Reporting Operations

*Federal Fiscal Year 2022 (October 2021 and beyond)*

### Optimization Initiatives

6. Develop a “Federal Reporting Playbook” for reporting on quality measures
7. Continue to enhance coordination with CMS to receive technical assistance on federal reporting of quality measures
8. Leverage an EQRO to Assist with federal reporting on quality measures

Figure 1: Phased Approach

## Implementation Schedule

The following graphic provides an implementation schedule for the priority and optimization initiatives listed above. These initiatives are scheduled to be implemented in the period leading up to the mandate that Medicaid programs report to CMS on Child Core Set and Adult Behavioral Core Set measures in 2024.<sup>10</sup> Most priority initiatives are set to commence at the beginning of calendar year 2021 (FFY21 Q2), while most optimization initiatives are scheduled to begin in late calendar year 2021 (starting FFY22).

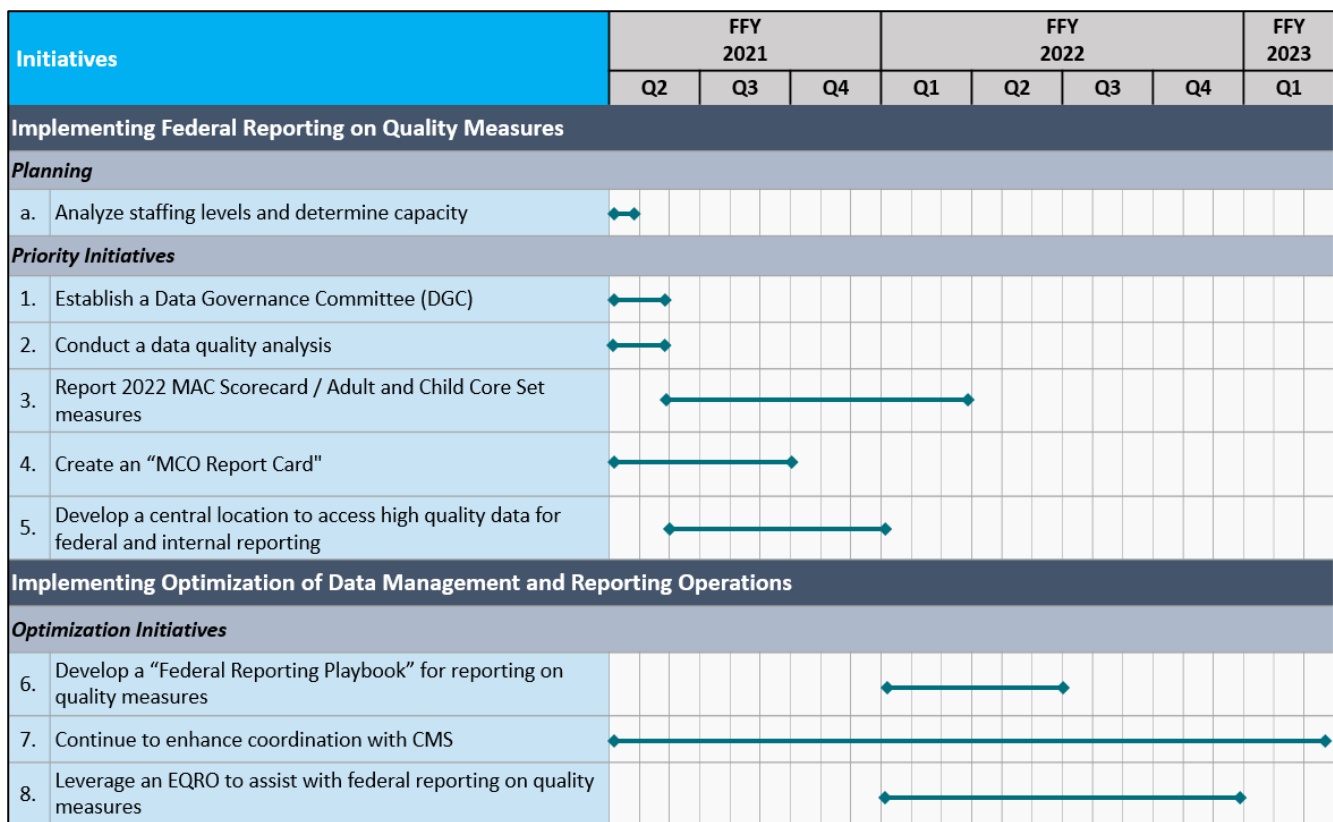


Figure 2. Overall Implementation Timeline

<sup>10</sup> Centers for Medicare and Medicaid Services. (19). *2020 Updates to the Child and Adult Core Health Care Quality Measurement Sets*. Retrieved from: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>.

## Initiative 1: Establish a Data Governance Committee (DGC)

Our overall Medicaid Enterprise would benefit from improving our internal governance for data management and reporting operations. Pursuing this opportunity would help us chart a path toward compliance with federal standards. It would also help provide greater transparency and accountability across our managed care system, enabling us to more efficiently diagnose and remedy issues before adverse impacts materialize.

One way to improve overall reporting and data governance is to establish a cross-agency Data Governance Committee (DGC). This committee would focus on advancing program improvements through data quality, process fidelity, and the formation and dissemination of reporting insights. Additionally, it would maintain documentation of master data sources for metrics, including metric definitions, as well as documentation of known data quality issues and resolution plans.

By meeting regularly to discuss existing and emerging challenges, the DGC could also improve communications and coordination across agencies administering Medicaid in Puerto Rico. Committee responsibilities may include the following:

- Document and oversee the measures development and submission process
- Track, resolve, and escalate issues related to data management and reporting
- Develop strategies for incorporating data insights into program improvement initiatives
- Make recommendations on how to streamline and improve reporting processes
- Maintain master documentation of master data sources for metrics
- Monitor and continuously improve data quality

The following graphic provides an implementation schedule for Initiative 1.

Scorecard Opportunities: Initial Imp. Timeline	FFY21			FFY22				FFY23
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>Initiative #1: Establish a Data Governance Committee (DGC)</b>	[Timeline bar spanning Q2 2021 to Q1 2023]							
1.1. Conduct a stakeholder analysis for data management and reporting operations	[Timeline bar spanning Q2 2021 to Q3 2021]							
1.2. Write a charter for the DGC that outlines the groups purpose and core goals	[Timeline bar spanning Q2 2021 to Q3 2021]							
1.3. Identify and recruit prospective DGC members	[Timeline bar spanning Q2 2021 to Q4 2021]							

Figure 3: Initiative 1 Execution Timeline

## Initiative 2: Conduct a Data Quality Analysis to Identify and Address Potential Data Issues

Puerto Rico currently uses several information systems to conduct federal reporting to CMS. There is an opportunity to conduct an assessment on the data quality of internal and external reporting. For example, a preliminary comparison of measures certified by our EQRO against the data reported to the MAC Scorecard/Core Set revealed the potential presence of data inconsistencies. We are planning to further explore the nature and extent of these potential issues. This assessment would serve as the foundation for Initiatives 3 through 5, outlined further below.

The following graphic provides an implementation schedule for Initiative 2.

Scorecard Opportunities: Initial Imp. Timeline	FFY21			FFY22				FFY23
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>Initiative #2: Conduct a data quality analysis to identify and address potential issues related to data</b>								
2.1 Determine the business goals for data quality and define impacted people, processes and technologies								
2.2 Set benchmarks for MCO performance (in MAC Scorecard measures + Core set measures [Initiative #3] and MCO Report Cards [Initiative #4])								
2.3 Develop a metrics catalog per business goals								
2.4 Explore and evaluate various datasets to determine available data elements; identify and document unavailable data elements								

Figure 4: Initiative 2 Execution Timeline

### Initiative 3: Report 2022 MAC Scorecard/Adult and Child Core Set measures to CMS

The data quality assessment (as defined in Initiative 2) would serve as an initial step in a longer roadmap toward Puerto Rico fully reporting the MAC Scorecard/Core Set data, especially the Adult behavioral health and Child Core Set measures that become mandatory in 2024.

Currently, almost a third of the 37 Adult behavioral health and full Child Core Set measures are also part of the MAC Scorecard. Over the next two years, we need to expand our reporting capacity to report on each of the 37 measures and any additional child or adult behavioral health measures that are added by CMS prior to 2024. This may require new data collection requests of our MCO partners; new validation processes to evaluate data quality; and procedures to address data shortfalls or quality issues prior to submission of the measures to CMS.

For the FFY 2022 Scorecard, we will expand our reporting to include additional measures where the requisite data is currently available (See Figure 5). In future years, we will continue to enhance our reporting by increasing the data that MCOs must provide to add reporting on measures where partial or no data is currently available. Our future work will also include compiling data to respond to new measures that CMS may implement in future Core Set and/or MAC Scorecard releases.

The following graphic provides an implementation schedule for Initiative 3.

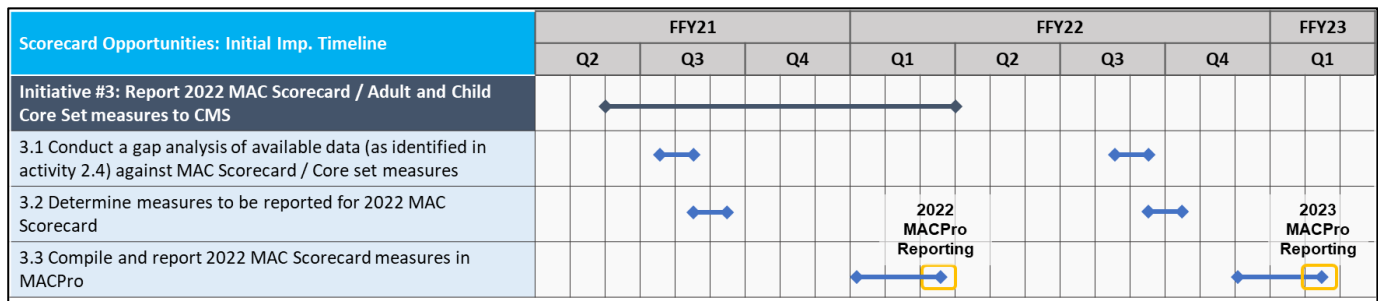


Figure 5: Initiative 3 Execution Timeline



## Initiative 4: Create an “MCO Report Card” to Enhance Public Transparency

There is an opportunity for Puerto Rico to establish an MCO Report Card to provide Puerto Ricans with more MCO-level information. This initiative could enhance transparency and accountability across our managed care system, as each health plan would be compared to others according to a known set of quality measures.

Currently, we use the *annual* Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and other reporting metrics to identify improvement opportunities. The MCO Report Card could help the public better understand their healthcare options, facilitating more informed healthcare decisions. This initiative would also provide us with more timely data, which could enable more proactive resolution of issues and help us pinpoint and track programmatic improvement opportunities.

The following graphic provides an implementation schedule for Initiative 4.

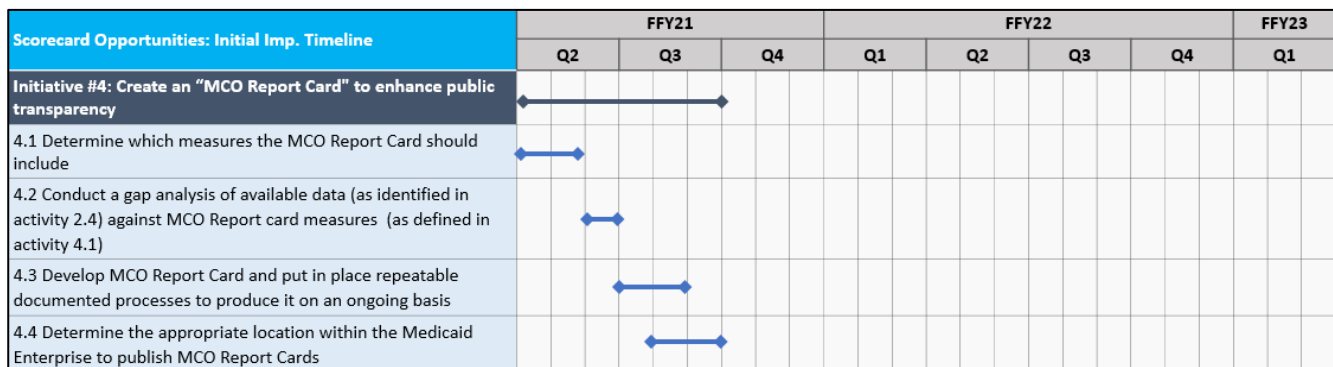


Figure 6: Initiative 4 Execution Timeline

## Initiative 5: Implement an integrated reporting Pilot to create a Central Location Across Medicaid Enterprise For MAC Scorecard/Core Set and MCO Report Card Reporting

Following initiatives to improve data governance, evaluate data quality, and develop new quality reporting capabilities, we have an opportunity to integrate data from across various sources into a central location. The central reporting location would allow Puerto Rico’s Medicaid Enterprise to more effectively produce high quality data for both federal and internal reporting.

The process for integrating datasets from across the Enterprise would begin with the DGC (established in Initiative 1) leveraging the results of the data quality assessments (completed in Initiative 2) to define how data can be shared more comprehensively. The DGC would then plan for a pilot program to test the capabilities of centralizing the data used to report on CMS quality measures and other federal and Puerto Rico reporting.

Once a plan is developed, ultimately, we want to implement the pilot plan to test integrated reporting for MAC Scorecard/Core Set reporting, as well as the MCO Report Card measures (as defined in Initiative 4). Results of the pilot could provide valuable insights for Puerto Rico to use in fully implementing a central data location for our Medicaid Enterprise to access high quality data for use in reporting quality metrics.

The following graphic provides an implementation schedule for Initiative 5.

Scorecard Opportunities: Initial Imp. Timeline	FFY21			FFY22				FFY23
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>Initiative #5: Develop a Central Location to Access High Quality Data for Federal and Internal Reporting</b>	◆—————◆							
5.1 Work with the Data Governance Committee (DGC) to identify how data will be shared across the Medicaid Enterprise	◆————◆							
5.2 Develop a pilot plan for the integration of the various datasets needed for measure reporting		◆————◆						
5.3 Implement the pilot plan for integrated reporting across the Medicaid Enterprise for the MAC Scorecard + Core Set / MCO Report card measures			◆————◆					

Figure 7: Initiative 5 Execution Timeline

## Initiative 6: Develop a “Federal Reporting Playbook” on Quality Measures

State Medicaid programs have evolved their reporting capabilities in concert with the development of federal requirements. Operating under a different regulatory framework, the Puerto Rico Medicaid Enterprise has developed processes and procedures more independently. There is an opportunity to better align our data management and reporting operations with federal standards through the creation of a “Federal Reporting Playbook.”

The Playbook could help us establish standard operating procedures for annual reporting on MAC Scorecard/Core Set measures and other federal requirements. It could provide a framework on which we could build as we scale our operations. The Playbook would require regular updates as new federal requirements are implemented and additional functionality is added to our information systems. An initial version could simply outline the redesigned process for MAC Scorecard/Core Set reporting.

The following graphic provides an implementation schedule for Initiative 6.

Scorecard Opportunities: Initial Imp. Timeline	FFY21			FFY22				FFY23
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>Initiative #6: Develop a “Federal Reporting Playbook” on quality measures</b>				◆──────────────────◆				
6.1 Develop goals and objectives for the Playbook				◆──◆				
6.2 Diagram Puerto Rico’s information systems and data flows to help staff pinpoint and diagnose issues as they arise				◆──◆				
6.3 Design new process flows to serve as a step-by-step guide across the annual reporting process				◆───◆				
6.4 Provide training opportunities to support staff through the change					◆───◆			

Figure 8: Initiative 6 Execution Timeline

## Initiative 7: Continue to Enhance Coordination With CMS

Puerto Rico engaged CMS and its partners to gain technical assistance for the submission of the 2021 MAC Scorecard, participating in at least three meetings in November/December 2020 to learn about potential approaches to MAC Scorecard/Core Set reporting and ways to more comprehensively provide context and explanations on our data sources and compilation process.

We expect to continue this coordination with CMS as the federal government begins to aggregate and assess MAC Scorecard reporting. Continuing to work closely with CMS, on a monthly or quarterly basis, would help us better anticipate and understand changes to federal reporting requirements.

Beyond the MAC Scorecard, an ongoing and consistent dialogue would enhance our efficacy collecting and reporting on quality measures, including the Core Set measures that become mandatory in 2024, as we have received technical assistance with greater frequency.

The following graphic provides an implementation schedule for Initiative 7.

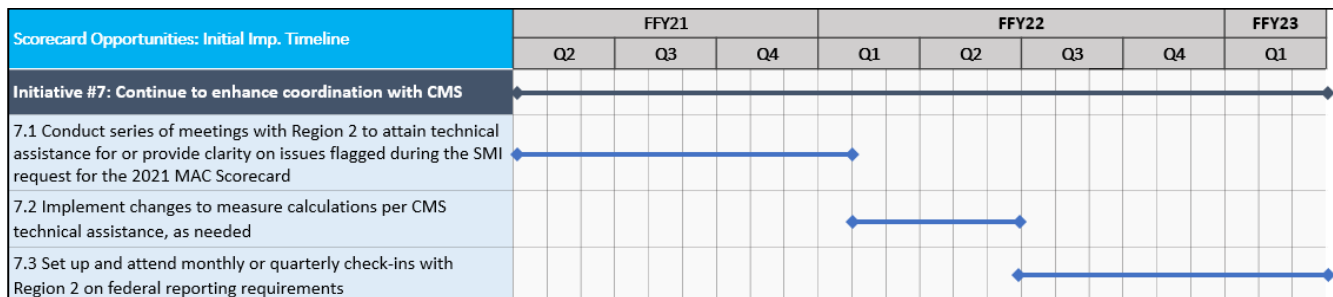


Figure 9: Initiative 7 Execution Timeline

### Initiative 8: Leverage an EQRO to Assist with Scorecard Reporting

Puerto Rico is exploring opportunities to capture greater value from its EQRO contract. There are two potential options we plan to evaluate: 1) Contracting with an EQRO vendor to help us collect and calculate quality metrics; and 2) contracting with an ERQO to validate the measures we collect and calculate before we report the data to CMS. The first option would have the benefit of freeing up our staff for other critical activities. Both options would also enable improved data quality via a HEDIS-certified contractor, as we currently calculate the measures in-house.

Pursuing either option would require changes in how we contract with an EQRO. We would need to align our procurement timeline for EQRO services with that of annual federal reporting cycles. Moreover, we would potentially require certain capabilities of EQRO applicants that we have not explicitly required in past procurements.

The following graphic provides an implementation schedule for Initiative 8.

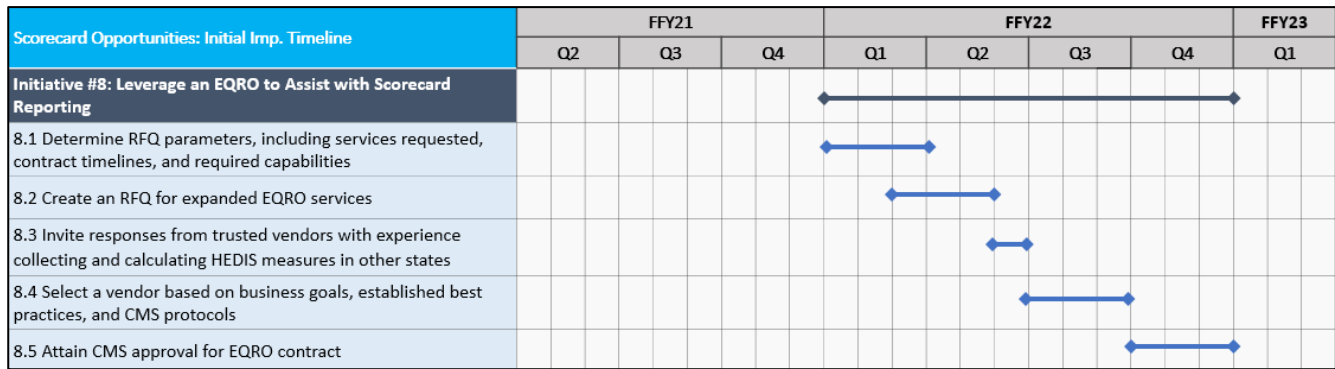


Figure 10: Initiative 8 Execution Timeline

## 5. ASSUMPTIONS

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Puerto Rico plans to determine the specific initiatives to pursue as we continue to prepare our Medicaid Enterprise to meet current and future reporting requirements.

All timelines detailed in this report are illustrative. They may change based on Puerto Rico's priorities and available resources. The timelines as written also assume sufficient resources are available for the required work.