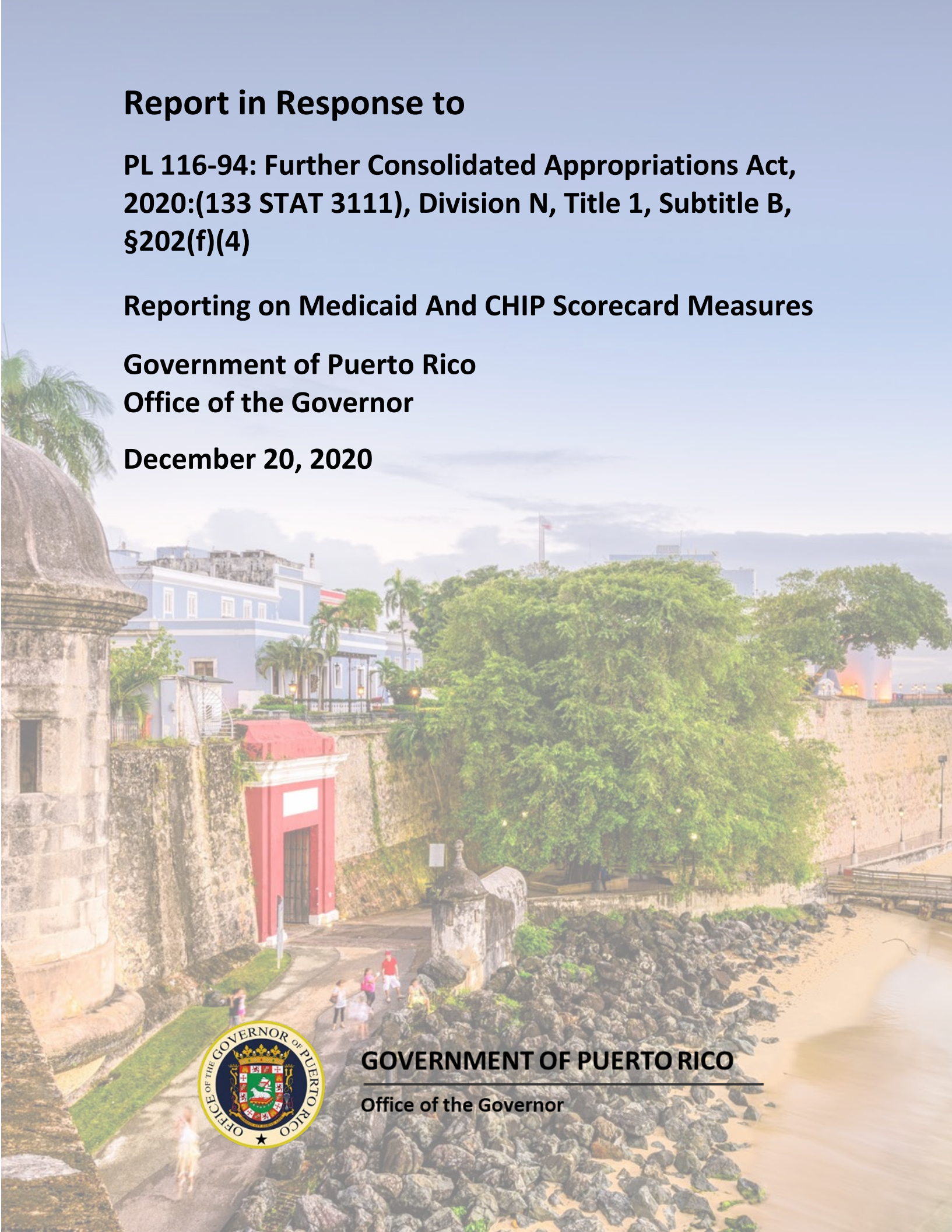
Report in Response to

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

Reporting on Medicaid And CHIP Scorecard Measures

Government of Puerto Rico
Office of the Governor

December 20, 2020



GOVERNMENT OF PUERTO RICO

Office of the Governor

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY 1
   - Congressional Requirement 1
   - Puerto Rico's Current Efforts for Submission of MAC Scorecard Measures 1
   - Puerto Rico's Response to Congressional Requirement 1
2. DIFFERENCES IN MEDICAID PROGRAM FUNDING BETWEEN STATES AND PUERTO RICO/OTHER TERRITORIES 4
3. INTRODUCTION TO THE PUERTO RICO MEDICAID ENTERPRISE 6
   - Puerto Rico Department of Health 6
   - Puerto Rico Health Insurance Administration 6
   - The Puerto Rico Health Insurance Administration Board of Directors 7
   - Financial Oversight and Management Board for Puerto Rico 8
4. OVERVIEW OF FEDERAL MAC SCORECARD REPORTING REQUIREMENTS 9
   - Adult and Child Core Set Quality Measures 9
   - CMS MAC Scorecard 9
   - 2020 MAC Scorecard Measures 12
5. CURRENT STATE OF PUERTO RICO'S MAC SCORECARD REPORTING 13
   - Puerto Rico's Current Efforts for Submission of MAC Scorecard Measures 13
   - Immediate Changes Implemented to Meet the December 20, 2020 Reporting Deadline 13
   - Puerto Rico's Current State MAC Scorecard Data Flows 13
   - Measures to be Reported by Puerto Rico in the 2021 MAC Scorecard 15
   - Challenges That Prevented Some of Puerto Rico's Measures from Inclusion in the 2021 MAC Scorecard Submission 18
6. OPPORTUNITIES TO ENHANCE REPORTING 20
   - Opportunities to Enhance Reporting Beyond December 20, 2020 20
7. APPENDIX 27

1. EXECUTIVE SUMMARY

Congressional Requirement

On December 16, 2019, the 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 subsequently will be referred to in our documents as: **Requirement 9: Reporting on Medicaid and CHIP Scorecard Measures**.[1]

Puerto Rico's Current Efforts for Submission of MAC Scorecard Measures

Puerto Rico has complied with **P.L. 116-94: Division N, Title 1, Subtitle B, (133 STAT 3111) - §202(f)(4) – Reporting on Medicaid and CHIP Scorecard Measures** by submitting the MAC Scorecard measures into the MACPro portal prior to December 20, 2020. We are currently working with CMS to certify the measures and proceed to an official review of our data for inclusion in the MAC Scorecard. We expect that our reported measures will be published by CMS next year as part of the 2021 MAC Scorecard.

Puerto Rico's Response to Congressional Requirement

As required by P.L.116-94, the Further Consolidated Appropriations Act of 2020, Puerto Rico is on track to achieve compliance with this requirement through submission of the MAC Scorecard measures.

This report describes the measures included in the MAC Scorecard, specifically the Adult and Child Core Set (which represents most measures included in the MAC Scorecard), and Puerto Rico's progress in complying with the Congressional requirement. The discussion highlights previous obstacles that prevented submission and Puerto Rico's process for submitting the measures within the required

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

timeframe moving forward. Finally, the report explores potential additional improvement opportunities that Puerto Rico may consider to further enhance its MAC Scorecard reporting practices.

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.
- **Overview of the Federal MAC Scorecard Reporting:** The MAC Scorecard compiles measures for the purpose of promoting transparency in quality measurement across state/territory Medicaid programs. In the 2020 Scorecard (which is the most recent edition and was published on October 30, 2020, reflecting the 2019 data submissions), the MAC Scorecard was comprised of 22 quality measures. Currently, reporting to the MAC Scorecard is voluntary. However, most of the measures (19) included in the 2020 edition are Child or Adult Core Set, and 13 of these will be mandatory for states to report in 2024.[2] Additional details on the Federal MAC Scorecard Reporting is included in **Section 4** of this report.
- **Current State of Puerto Rico's MAC Scorecard Reporting:** Puerto Rico has reported on Adult/Child Core Set measures in the past but typically our results have not been included in the MAC Scorecard. This year, we submitted most of the measures that states/territories report through MACPro for inclusion into the 2021 MAC Scorecard. We expect to be included in at least some other measures that CMS compiles to the MAC Scorecard for this reporting year as well. To enable full reporting of the MAC Scorecard measures in future years, we have identified and are prepared to address some reporting challenges that have been detailed in **Section 5** of this report.

[2] Medicaid and CHIP Payment and Access Commission (MACPAC). (2020. "State Readiness to Report Mandatory Core Set Measures." Retrieved from: https://www.macpac.gov/publication/state-readiness-to-report-mandatory-core-set-measures/#:~:text=Beginning%20in%20FY%202024%2C%20states,for%20adults%20enrolled%20in%20Medicaid.

- **Opportunities to Enhance Reporting:** While Puerto Rico is complying with the Congressional requirement, we have identified additional opportunities to enhance our reporting on MAC Scorecard and other quality measures in the coming years. Our Medicaid program currently is exploring these opportunities as a way to continue making the MAC Scorecard submission process more efficient. Each opportunity is based on a leading practice from state Medicaid programs and could be implemented after the December 20, 2020 date to enhance Puerto Rico's reporting operations. A list of these opportunities is shown below and detailed in **Section 6** of this report. The implementation plan for these opportunities is provided in our report **Requirement 12: Implementation of Medicaid and CHIP Scorecard Measure Reporting**.[3]

  - Opportunity #1: Integrate data sets from information systems to bolster data quality and better enable reporting
  - Opportunity #2: Develop "Managed Care Organization (MCO) Report Cards" to provide increased transparency and expand on MCO-specific measurements
  - Opportunity #3: Improve overall reporting and data governance
  - Opportunity #4: Develop a "Federal reporting playbook" on quality metrics
  - Opportunity #5: Continue to enhance coordination with CMS
  - Opportunity #6: Leverage an External Quality Research Organization to assist with MAC Scorecard reporting

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

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

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[4]	2018 Medicaid Enrollment[5]	2018 Percent Comprehensive Managed Care[6]	2019 Administration Expenditures[7]	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
Average[8]	**1,502,597**	**88%**	**$469,704,759**	**$312.60**	**$26.05**
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.

[4] 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.

[5] Medicaid.Gov. *The FY 2018 Medicaid Managed Care Enrollment Report,* Latest available report retrieved from: https://data.medicaid.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.

[6] 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.

[7] Medicaid.Gov. *FY 2019 Financial Management Report, Total Computable Net Administrative Expenditures,* Latest available report retrieved from: https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-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

[8] The average administration expenditure is weighted based on Medicaid enrollment.

3. INTRODUCTION TO THE PUERTO RICO MEDICAID ENTERPRISE

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 (AAFAF) 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. OVERVIEW OF FEDERAL MAC SCORECARD REPORTING REQUIREMENTS

Adult and Child Core Set Quality Measures

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) required CMS to develop a set of quality metrics to monitor the quality of care and performance of Medicaid and CHIP programs called the Child Core Set. The U.S. Health and Human Services Secretary released an initial set of 24 Child Core Set measures in 2009, with voluntary state reporting beginning in 2010.

The Affordable Care Act, enacted in March 2010, expanded the CHIPRA requirement and mandated the development of a similar set of quality measures for the adult population in Medicaid. CMS issued the initial set of 26 voluntary Adult Core Set measures in 2012, and Medicaid programs began reporting on these measures in 2014.

While both the Child and Adult Core Set (Core Set) reporting began as voluntary, the Bipartisan Budget Act of 2018 mandated that state Medicaid programs be report on all Child Core Set measures as well as Adult Behavioral Health Core Set measures beginning in Federal Fiscal Year (FFY) 2024.

To enhance alignment across federal Medicaid reporting requirements on quality of care, CMS designed the MAC Scorecard to largely consist of Core Set measures.

CMS MAC Scorecard

At the National Association of Medicaid Directors (NAMD) fall meeting in November 2017, CMS Administrator Seema Verma announced the creation of a MAC Scorecard to provide greater transparency and focus on achieving better health outcomes.[9]

Following Administrator Verma's announcement, CMS released its first MAC Scorecard in June 2018. In general, CMS and states use the MAC Scorecard to drive standardization of measurements, public accountability, and quality improvement within Medicaid and CHIP programs.

The MAC Scorecard is a voluntary reporting program that allows state and territory Medicaid programs to submit a set of standard measures to CMS on an annual basis. In addition to these state/territory-submitted measures, the MAC Scorecard also includes measures that CMS compiles, independent of reporting to the MAC Scorecard by the state/territory.

The MAC Scorecard includes measures which are reported by states, as well as federally reported measures, in three pillars:

1. State Health System Performance (SHSP)
2. State Administrative Accountability (SAA)
3. Federal Administrative Accountability (FAA)[10]

[9] Centers for Medicare and Medicaid Services (CMS). (2019). *Seema Verma remarks to the 2017 NAMD Conference.* Retrieved from: https://www.cms.gov/newsroom/fact-sheets/speech-remarks-administrator-seema-verma-national-association-medicaid-directors-namd-2017-fall.

[10] A full list of the 22 measures can be found in the Appendix of this report.

The SHSP pillar includes state reports on measuring the care provided to beneficiaries. The term "MAC Scorecard" is used in this report to refer to the SHSP measures because, in general, the other two pillars do not require formal submissions of data by states/territories. Rather, the SAA and FAA measures are mostly compiled by CMS and primarily assess the administrative performance of both the state agencies and CMS in their administration of the program. With few exceptions, the SAA and FAA measures involve CMS measuring some facet of the Medicaid program (e.g., the timeliness of a state's submission of a given report), rather than states submitting a quality measure.

State Health System Performance

As such, the SHSP measures are the primary focus of this report. These measures highlight state variations in enrollment, care delivery approaches, expenditures, and efforts to support program improvement and other domains. These measures, which are also discussed in Section 5, include:

- Live Births Weighing Less Than 2,500 Grams
- Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Adolescent Well-Care Visits: Ages 12 to 21
- Well-Child Visits in the First 15 Months of Life
- Ambulatory Care: Emergency Department Visits: Ages 0 to 19
- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17
- Immunizations for Adolescents: Age 13
- Breast Cancer Screening: Ages 50 to 74
- Follow-Up After Hospitalization for Mental Illness: Ages 18+
- Asthma Medication Ratio: Ages 5 to 18
- Prenatal & Postpartum Care: Postpartum Care
- Asthma Medication Ratio: Ages 19 to 64
- Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 and Older
- Follow-up After Emergency Department Visit for Mental Illness: Age 18 and Older
- Controlling High Blood Pressure: Ages 18 to 85
- PQI 01: Diabetes Short-Term Complications Admission Rate: Age 18 and Older
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%): Ages 18 to 75
- Use of Opioids at High Dosage in Persons Without Cancer: Age 18 and Older
- State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports*
- Percentage of Long-stay Nursing Home Residents who got an Antipsychotic Medication*
- Number of Hospitalizations per 1,000 Long-Stay Nursing Home Resident Days*

(*Indicates long-term care measure. These are not applicable for our program because Puerto Rico does not operate an LTSS program).

State Administrative Accountability

The State Administrative Accountability (SAA) pillar provides insights into how the administration of the Medicaid and CHIP programs is working between the state/territory Medicaid programs and CMS. Measures include:

- Medicaid MAGI and CHIP Application Processing Times

- T-MSIS Data Quality: Number of Open Priority Items
- Managed Care Capitation Rate Review: Timing of States' Submissions
- State Plan Amendment and 1915 Waiver Processing (State)
- Annual 372(S) Reporting: Timeliness of Report Submissions
- Managed Care Capitation Rate Review: Days Awaiting Information from States
- Managed Care Contract Review (State)
- Initiation of Collaborative Investigations Between States and CMS's Unified Program Integrity Contractors
- Healthcare Fraud Prevention Partnership Participation

These measures are key metrics to evaluate program performance and coordination between Medicaid programs and the federal government, but for most of them, there are no formal reporting procedures for these through the MAC Scorecard/Core Set submission process. Instead, CMS simply is measuring how effective the program is at activities such as submitting required reports on time and conducting managed care contract reviews.

However, two of the SAA measures are compiled by CMS using data that Medicaid programs provide through reports to CMS. These includes:

- Medicaid MAGI and CHIP Application Processing Times: At least 46 state Medicaid programs report on application processing times through the quarterly Medicaid and CHIP Application Processing Time Report.[11] While MAGI Medicaid applications are required to be processed and have eligibility determinations within 45 days under 42 CFR 435.912(c), the report shows the percentage of applications that were processed by states within various time periods.[12]
- T-MSIS Data Quality: Number of Open Priority Items: In addition, the T-MSIS SAA measure is taken from the monthly T-MSIS reports that Puerto Rico and other Medicaid programs provide to CMS. For the Scorecard, CMS takes the number of open priority issues for each state Medicaid program. Our program had 9 total priority items in the latest MAC Scorecard based on July 2020 data. Because CMS compiles this measure to the MAC Scorecard by virtue of our reporting through T-MSIS, we expect to be included in the MAC Scorecard accordingly.

Federal Administrative Accountability

The FAA pillar provides input into how well the federal government is responding to state requests and administering the program. These metrics include:

- State Plan Amendment and 1915 Waiver Processing (Federal)
- Section 1115 Demonstrations: Time from Submission to Approval
- Managed Care Capitation Rate Review: Total Days to Approve Rates
- Managed Care Capitation Rate Review: Days Under CMS Review
- Managed Care Contract Review (Federal)
- Advance Planning Document Processing Times

[11] Centers for Medicare and Medicaid Services (CMS). (2019). *2019 Medicaid and CHIP Application Processing Time Report*. Retrieved from: https://www.medicaid.gov/state-overviews/downloads/magi-and-chip-application-processing-time/magi-application-time-report-2019.pdf.

[12] Puerto Rico did not submit data for the 2019 Application Processing Time Report.

In future years, the MAC Scorecard will also measure the quality of interaction between CMS and state/territory Medicaid programs. While each of the metrics can provide information on how efficiently CMS is evaluating Medicaid program requests for State Plan Amendments, waivers and other reviews, there is no direct action for states/territories to take to respond to this section of the MAC Scorecard.

2020 MAC Scorecard Measures

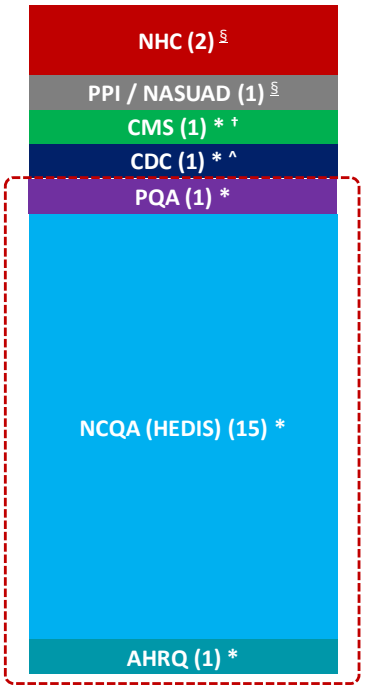
Each of the MAC Scorecard measures is stewarded by an organization that collects, analyzes, and presents the state-by-state data. No measure is designed specifically for use within the MAC Scorecard alone, as CMS accesses and collates the data from a variety of sources. All the measures are presented and used by another organization—both governmental and non-governmental—before they are incorporated into the MAC Scorecard.

Each year, CMS adds new measures to the MAC Scorecard on which Medicaid programs can report. The 2020 MAC Scorecard, which represents the third annual edition, was published on October 30, 2020. Because CMS publishes the MAC Scorecard in the year after states/territories submit the data to CMS via MACPro, the 2020 MAC Scorecard reflects 2019 reporting.

In summary, the 2020 MAC Scorecard includes:

- a total of 22 measures;
- 19 measures are Core Set measures; and
    - 13 of these Core Set measures will be mandatory to report to CMS starting in 2024. These 13 are a subset of the 37 Core Set measures that must be reported by 2024.
- 17 measures are reported by the Medicaid programs using the dedicated CMS portal (MACPro).
- The remaining 5 measures are compiled by CMS or reported via a different, pre-existing pathway.

Figure 1 shows the 22 measures by measure steward, highlighting the 17 measures that are reported by Medicaid programs using the MACPro portal. A full list of measures is available in the Appendix in Table 4.



§ *LTSS-related Measure collected by CMS*
† *EPSDT Measure submitted by Puerto Rico on CMS-416 report*
* *Adult / Child Core Set Measures*
^ *States can also choose to report this measure through MACPro; otherwise CMS will calculate it*

Figure 1. 2020 Scorecard Measures by Measure Steward

5. CURRENT STATE OF PUERTO RICO'S MAC SCORECARD REPORTING

Puerto Rico's Current Efforts for Submission of MAC Scorecard Measures

Puerto Rico is on track to complete the official submission process for the MAC Scorecard measures this year. As per the process for the submitting measures, defined by CMS, we entered our measures into the MACPro portal prior to December 20, 2020, and we are currently working with CMS to certify the measures and proceed to an official review of our data. We expect that these measures will be published by CMS next year in the 2021 MAC Scorecard.

This section provides a discussion of what we have done to meet the Congressional requirement; a description of how we conduct reporting; a summary of the measures we reported; and a discussion of the challenges we faced with reporting a limited number of measures.

Immediate Changes Implemented to Meet the December 20, 2020 Reporting Deadline

Assigned State Director Role to Complete MACPro Reporting

To report on MAC Scorecard measures, we had to correct the process used for prior submissions. Previously, Puerto Rico's MACPro submission process was not fully completed because one of the system-defined roles (State Director) was not assigned to a staff member, as required under CMS rules. This year, this role was properly assigned, along with the State Editor and State Point of Contact.

As of the submission of this report, the measures have been entered into the MACPro portal and are being reviewed and certified per CMS requirements. Once certified, Puerto Rico will be prepared to address "Seek More Information" (SMI) requests, once provided by CMS. If needed, we will respond to SMI requests and revise measures accordingly. Beyond the newly assigning the Director role, no other notable changes to the reporting process are expected to occur in advance of the Congressional deadline.

Submitted MAC Scorecard Measures from Previous Years

Puerto Rico is prepared to demonstrate compliance with requirements established by the federal government in 2020, as well as submitting Core sets through MACPro for prior years. In each of the last three years, we began the process of updating measures to the MACPro portal but did not officially submit them to CMS. We will work with CMS to see if these prior year measures entered into the MACPro portal can also be officially submitted to benefit CMS' data collection.

Puerto Rico's Current State MAC Scorecard Data Flows

Process for Measures Reported Through MACPro

Puerto Rico receives self-reported encounter data from our four MCOs. This data is used to calculate measures stewarded by the National Committee for Quality Assurance (NCQA), the Pharmacy Quality Alliance (PQA), and the Agency for Healthcare Research and Quality (AHRQ), including a majority of measures for the 2020 MAC Scorecard. The full process for reporting these measures, from initial data capture to submission in the MACPro Portal, is outlined below in Figure 2. The diagram shows the steps

in the process across the process stakeholders, including Medicaid MCOs, PRHIA, MedInsight (a proprietary application developed by a vendor contracted by PRHIA), and CMS.

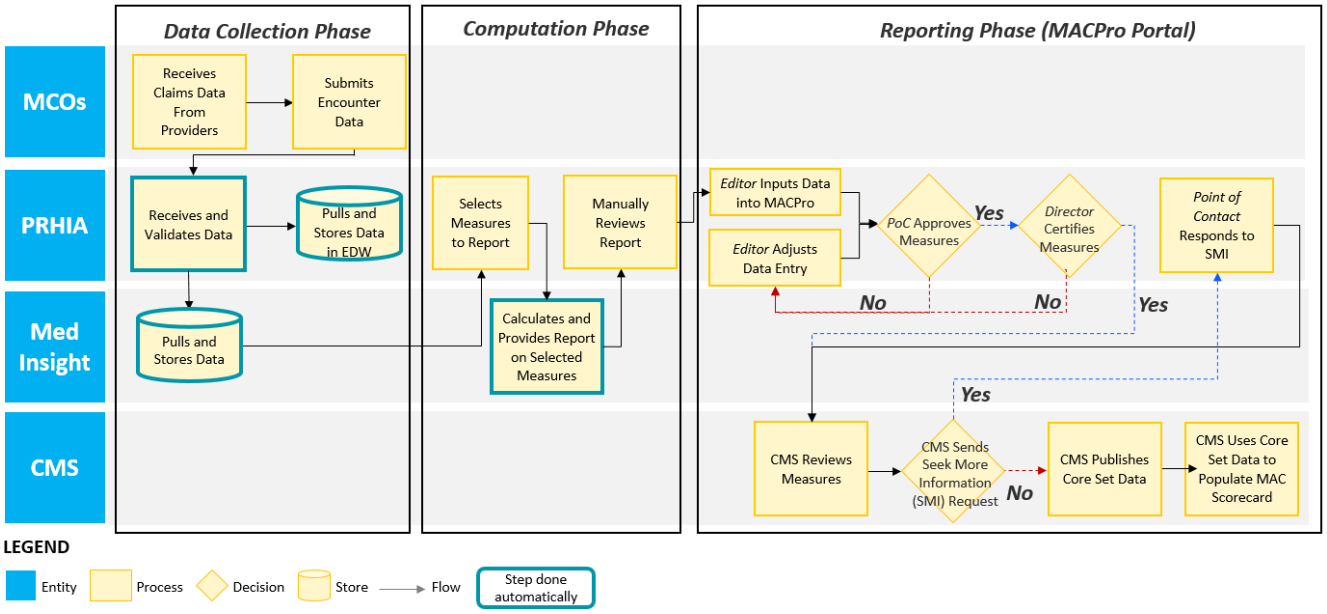


Figure 2. MAC Scorecard Data Flow - From Data Capture to MACPro Reporting

Data Collection Phase: This phase shows Puerto Rico's initial collection of the data elements required to calculate the measures. After collecting claims data from providers, each MCO reports encounter data directly to PRHIA. PRHIA receives and validates the data, which is loaded into two different applications: an Enterprise Data Warehouse, and a proprietary tool called MedInsight. MedInsight is a technical application developed by a technology vendor. It has functionality that allows PRHIA to calculate quality measures for reporting to CMS.

Computation Phase: This phase shows how Puerto Rico derives the measures from the encounter data stored in MedInsight. The Quality Unit within PRHIA accesses the MedInsight tool, requesting the measures needed for the CMS data requests. The tool calculates the measures from the respective data elements to create a rate or percentage generated in an electronic report for the Quality Unit. MedInsight is certified by NCQA to calculate official HEDIS measures.

Reporting Phase: This phase shows how Puerto Rico reports the measures using the MACPro portal, per the process defined by CMS. To submit measures for the MAC Scorecard, Medicaid programs use the MACPro portal, an online tool that allows state Medicaid programs to report the measures electronically to CMS. Each year, state/territory Medicaid personnel log into the portal and populate the measures to be reviewed and then published by CMS.

The process involves three system-defined roles – Editor, Point of Contact, and Director – each filled by a different staff member and performed within the MACPro portal. The Editor uploads the measures to the portal, the Point of Contact conducts an initial review of the measures, and the Director conducts a final review and certifies the measures, resulting in official submission of the measures to CMS. CMS then receives and reviews the measures before potentially asking for clarifications via SMI requests. In these instances, the Editor or Point of Contact responds to the SMI. Upon satisfactory response, CMS then finalizes the measures for publication to the MAC Scorecard.

Process for Measures Reported Through Other Means

The five measures in the 2020 MAC Scorecard that were not reported via MACPro reach CMS through different reporting pathways, as described below. The measures are organized by measure steward.

Nursing Home Compare (i.e. CMS):

- **"Percentage of Long-stay Nursing Home Residents who got an Antipsychotic Medication":** This measure is related to LTSS and is therefore not relevant to Medicaid in Puerto Rico because we do not have an LTSS program. However, the measure is sourced to the MAC Scorecard by CMS using the Minimum Data Set, which is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes.
- **"Number of Hospitalizations per 1,000 Long-stay Nursing Home Resident Days":** This measure is related to LTSS and is therefore not relevant for Puerto Rico Medicaid. For Medicaid programs with LTSS, it is sourced to the MAC Scorecard by CMS from Medicare claims.

Public Policy Institute (PPI)/National Association of States United for Aging and Disability (NASUAD):

- **"State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports":** This measure is also related to LTSS and is therefore not relevant for Puerto Rico. Medicaid programs with LTSS can optionally conduct three surveys: Consumer Assessment of Health Care Providers (CAHPS) Home and Community-Based Services Survey, National Core Indicators (NCI) In-Person Survey; and NCI for Aging and Disabilities. The survey data is sourced to the MAC Scorecard by CMS using CAHPS and NCI administrative records.

Early and Periodic Screening, Diagnostic and Treatment (i.e. CMS):

- **Percentage of Eligibles Who Received Preventative Dental Services: Ages 1 to 20:** This measure is an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) measure, reported to CMS through the Form CMS-416 report. States/territories source this data from MCO claims/encounter data. As discussed in Section 5, CMS informed us in a conversation on November 19, 2020, that it had concerns with the validity of our data for this measure.

Centers for Disease Control and Prevention (CDC):

- **Live Births Weighing Less Than 2,500 Grams:** States/territories collect and store this data through vital records. This data is submitted to the National Center for Health Statistic (NCHS) and compiled into the CDC's WONDER database.[13] CMS then pulls the data from the WONDER database and calculates the measure for inclusion into the MAC Scorecard. States/territories can also optionally report this measure directly through MACPro. CMS compiles the measure from the CDC data for those that opt not to do so. As discussed in Section 5, this data has historically been aggregated across the U.S. territories and so is not currently available at the level of Puerto Rico.

Measures to be Reported by Puerto Rico in the 2021 MAC Scorecard

Measures Reported Through MACPro

CMS has not yet publicly announced which of the measures submitted via MACPro will be published in the 2021 MAC Scorecard. Therefore, throughout this section, our progress for submitting measures this year is discussed in terms of what CMS included in the recently published 2020 MAC Scorecard.

[13] In our November 19 conversation with CMS, we learned that territories are not part of the WONDER database currently.

For discussion purposes, we divide the measures between those that are submitted through MACPro and those that are reported through other means.

For the 2020 Scorecard (i.e., 2019 submission), Medicaid programs were asked to report 17 measures to CMS via the MACPro portal. Accordingly, we collected encounter data that allowed our program to report on 16 of the 17 measures this year.

The data from these measures comes from encounter data that is self-reported from our four MCOs. The measures are collected and calculated by MedInsight, which is NCQA-certified to produce HEDIS measures.

One measure was not submitted this year because we have not historically collected it from the MCOs. In the coming years, once our program begins collecting the requisite encounter data from the MCOs for the remaining measures, we expect to report on all 17 measures submitted through MACPro.

Measures Reported Through Other Means

CMS compiled the five remaining measures from pre-existing reporting pathways and sources. For these five measures, Puerto Rico may have available data to be included in one of the MAC Scorecard measures this year, if CMS approves the quality of the data. Another one of these measures is not currently available because it is aggregated across the U.S. territories, rather than specific to Puerto Rico. The remaining three are LTSS measures and not applicable to Puerto Rico, which does not have an LTSS program.

Summary of Our MAC Scorecard Reporting

Table 2 below summarizes Puerto Rico's expected 2021 MAC Scorecard (which is comprised of the data submitted in MACPro and compiled by CMS this year).

Reporting Path	Total Measures in the 2020 MAC Scorecard	Measures Puerto Rico Expects to be Included in for the 2021 MAC Scorecard
Reported by States/Territories using MACPro	17	16
Reported through other means and compiled by CMS	5	0[14]
Total	**22**	**16**

Table 2. Puerto Rico's MAC Scorecard Reporting

Table 3 below provides the full list of the 22 measures in the 2020 MAC Scorecard. Assuming this same list of measures is also included in the 2021 Scorecard, we have noted which measures we expect to be included based upon our MACPro submission this year and the measures that CMS compiles.

2020 MAC Scorecard Measure	Measure Steward	Anticipated for Inclusion in 2021 MAC Scorecard	Status Detail
Adolescent Well-Care Visits: Ages 12 to 21	NCQA	Y	Submitted in MACPro
Well-Child Visits in the First 15 Months of Life	NCQA	Y	Submitted in MACPro
Ambulatory Care: Emergency Department Visits: Ages 0 to 19	NCQA	Y	Submitted in MACPro
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	NCQA	Y	Submitted in MACPro

[14] The inclusion of one measure (P-DENT) is contingent on whether CMS approves of the validity of our data.

2020 MAC Scorecard Measure	Measure Steward	Anticipated for Inclusion in 2021 MAC Scorecard	Status Detail
Breast Cancer Screening: Ages 50 to 74	NCQA	Y	Submitted in MACPro
Follow-Up After Hospitalization for Mental Illness: Ages 18+	NCQA	Y	Submitted in MACPro
Asthma Medication Ratio: Ages 5 to 18	NCQA	Y	Submitted in MACPro
Prenatal & Postpartum Care: Postpartum Care	NCQA	Y	Submitted in MACPro
Asthma Medication Ratio: Ages 19 to 64	NCQA	Y	Submitted in MACPro
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 and Older	NCQA	Y	Submitted in MACPro
Follow-up After Emergency Department Visit for Mental Illness: Age 18 and Older	NCQA	Y	Submitted in MACPro
Controlling High Blood Pressure: Ages 18 to 85	NCQA	Y	Submitted in MACPro
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%): Ages 18 to 75	NCQA	Y	Submitted in MACPro
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA	Y	Submitted in MACPro
Immunizations for Adolescents: Age 13	NCQA	Y	Submitted in MACPro
PQI 01: Diabetes Short-Term Complications Admission Rate: Age 18 and Older	AHRQ	Y	Submitted in MACPro
Use of Opioids at High Dosage in Persons Without Cancer: Age 18 and Older	PQA	N	To be collected in future years
Percentage of Long-stay Nursing Home Residents who got an Antipsychotic Medication	CMS (Nursing Home Compare)	N	Not relevant to Puerto Rico[15]
Number of Hospitalizations per 1,000 Long-Stay Nursing Home Resident Days	CMS (Nursing Home Compare)	N	Not relevant to Puerto Rico
Live Births Weighing Less Than 2,500 Grams	CDC	N	Not currently available, may be collected in future years
Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20	CMS (EPSDT)	Possibly	To be compiled by CMS after potential data validity issue is addressed
State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports	PPI/NASUAD	N	Not relevant to Puerto Rico

Table 3. MAC Scorecard Measures by Collection Status in Puerto Rico

[15] Puerto Rico does not have an LTSS program.

Table 4 in the Appendix provides the full list of measures from the 2020 Scorecard with additional detail as it relates to our reporting.

Challenges That Prevented Some of Puerto Rico's Measures from Inclusion in the 2021 MAC Scorecard Submission

In general, two issues prevented Puerto Rico from being included in an estimated three measures for the 2021 MAC Scorecard, as follows:

- Challenge #1: One measure was not collected by Puerto Rico and therefore was not available for reporting;
- Challenge #2: Two measures may not be included in the MAC Scorecard by CMS due to data validity concerns.

To further clarify how these challenges, relate to the specific measures, Figure 3 below provides a comprehensive summary of:

The data source for each measure;

- The 2020 MAC Scorecard measures as they relate to the measure stewards;
- The reporting path that each measure takes to reach the MAC Scorecard; and
- Puerto Rico's expected reporting for the 2021 MAC Scorecard (relative to the measures included in the 2020 MAC Scorecard); measures that experienced the above challenges are also noted.

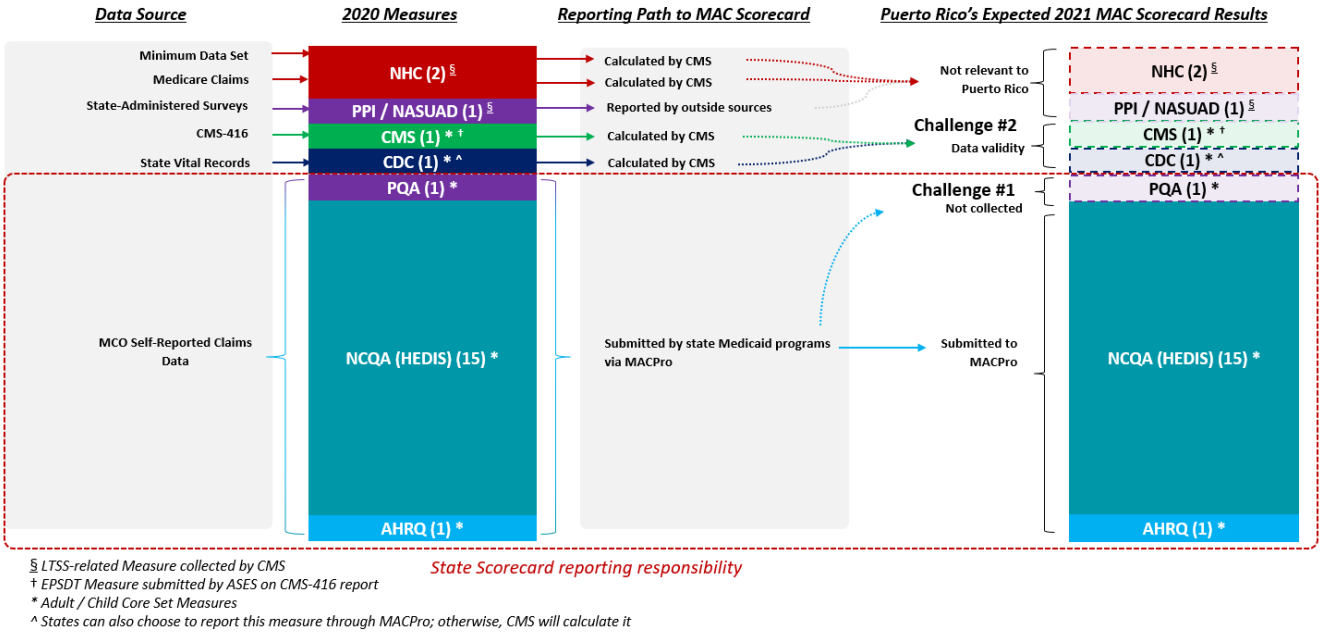


Figure 3. MAC Scorecard Measures, Reporting Paths, and Issues Experienced by Puerto Rico

Issue #1: Incomplete Collection of Measures

Summary: Incomplete data collection prevented Puerto Rico from submitting one measure to the 2021 MAC Scorecard

Puerto Rico currently collects all but one of the measures that are submitted via MACPro, as follows.

- **Usage of Opioids at High Dosage in Persons Without Cancer: Ages 18 and Older:** Although we collect similar data related to opioid usage in adults, our current data collection does not fully align to this measure's specification as defined by CMS. In future years, we will attempt to modify our data collection such that the measure meets the appropriate specifications for reporting to the MAC Scorecard.

Adding this measure would allow us to report all of the 17 measures that Medicaid programs are responsible for reporting through MACPro relative to the 2020 MAC Scorecard.

Issue #2: Potential Data Validity Considerations

Summary: Data validity issues may have deterred CMS from compiling at least an additional 2 measures for the 2021 MAC Scorecard

Only two of the measures that CMS compiles to MAC Scorecard are relevant to Puerto Rico. These two measures, which are part of the Child Core Set, are reported by Medicaid program throughs pre-existing reporting pathways.[16] Data validity concerns may have played a role in not including Puerto Rico for these latter two measures in the 2021 MAC Scorecard.

Puerto Rico met with CMS Region 2 personnel on November 19, 2020, to understand CMS' concerns. The conversation revealed the following data concerns CMS had with each measure:

- **Percentage of Eligibles Who Received Preventive Dental Services:** Ages 1 to 20: There was a notable increase in the rate reported between FFY 2018 and FFY 2019 for this measure. CMS noted concern that this increase reflected an error in measure reporting, rather than a genuine increase in the percentage of children receiving preventative dental services. CMS and Puerto Rico are continuing discussions to analyze the data and make any necessary changes to allow the measure to be included in future Scorecard reports.

- **Live Births Weighing Less Than 2,500 Grams:** The CDC currently does not have this data available in the CDC WONDER database for individual U.S. territories. Rather, the U.S. territories are aggregated together for this data. As such, this measure was not available for CMS to compile for Puerto Rico for the 2021 MAC Scorecard or in previous years.

[16] Another two such measures are related to LTSS and are therefore not relevant for Puerto Rico, which does not have an LTSS program. The remaining two measures, which are Core Set measures, are reported by states and territories through a pre-existing reporting pathway.

6. OPPORTUNITIES TO ENHANCE REPORTING

As stated earlier, Puerto Rico will meet Congress' requirement by reporting on the MAC Scorecard measures beginning December 2020. Importantly, Puerto Rico seeks to continually improve quality reporting beyond this requirement. This will allow us not only to comply with Congress's requirement, but also achieve more overarching goals for our Medicaid program. We have identified opportunities that could further improve the quality of our reporting and help us better manage MCO performance, steward our data, and inform the public. Detailed implementation plans for these opportunities are provided in our report **Requirement 12: Implementation of Medicaid and CHIP Scorecard Measure Reporting**.[17]

Opportunities to Enhance Reporting Beyond December 20, 2020

Opportunity 1: Integrate Data Sets from Information Systems to Bolster Data Quality and Better Enable Reporting

Challenge

Puerto Rico currently uses several systems to conduct federal reporting of various measures to CMS. More specifically, both PRHIA and DOH use a different enterprise technology tool. PRHIA uses MedInsight to calculate and report the data for the MAC Scorecard measures, while DOH operates Puerto Rico's MMIS, which also collects and reports data (such as the T-MSIS extract) to CMS. Both systems receive self-reported encounter data from the MCOs; the data is received separately by each system and formatted differently across them but expected to be the same.

Other technical applications are also used for internal data analysis. For example, PRHIA uses a newly developed tool called Comprehensive Oversight Management Program (COMP) to create oversight metrics and an Enterprise Data Warehouse to allow data to be shared across that agency. However, there is not a tool that allows consolidated data reporting and integration across all areas of the Medicaid Enterprise.

Upcoming federal reporting requirements point to the potential usefulness of achieving such an integration. For example, per federal requirements, a total of 37 Core Set measures (from the Child and Adult Behavioral Health set) are required to be reported to CMS beginning in 2024. We will begin reporting on nearly a third of these measures by virtue of completing submissions to the MACPro Scorecard this year, but at least some additional effort is expected to accomplish full reporting on the remaining mandatory measures. This reporting requirement also stands within the context of at least some current potential data validity considerations, as discussed above.

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

Leading Practice:

Some Medicaid programs have a single source of truth with respect to data that is reported to CMS. Although these programs may have multiple technical applications that are used by different staff and for a variety of purposes, they may also have a single, shared system for data that serves as a common repository for reporting purposes.

Opportunity:

Moving forward, we foresee the need to establish and work toward a vision for broader data integration across DOH and PRHIA. Ultimately, achieving this vision will require executing several steps.

Assessing the possibility for broader data integration is the first step toward achieving complete reporting in the future. If such an assessment suggests that greater data integration is both possible and useful, we would move forward with integration where appropriate, taking another step toward creating a central source of federal reporting for the Medicaid enterprise. This would have the added benefit of helping us understand the available data across the Medicaid Enterprise in time to prepare for the additional mandatory reporting of the Core Set in 2024. In addition, the exercise of data integration would also require a wide-ranging inspection of the various data sets available throughout the Medicaid enterprise, which could serve as a chance to evaluate and improve data quality.

Opportunity 2: Develop Internal "MCO Report Cards" to Provide Increased Transparency and Expand on MCO-specific Measurements

Challenge

Puerto Rico, like all Medicaid programs, wants to be able to consistently and accurately measure the performance of its MCOs, especially as it relates to quality and access to care. Part of the value of this information is that it can then be made public to promote program transparency and informed decision-making among Medicaid beneficiaries. Puerto Rico is currently making significant progress toward understanding MCO-specific performance. However, Medicaid beneficiaries still do not have readily available information on MCO-specific performance, limiting their ability to understand which health plan is right for them. For example, if a beneficiary hopes to enroll in a health plan that has the best record of offering timely primary care appointments, this information may not be readily available to them as of now.

Leading Practice:

Some Medicaid programs have developed MCO-specific "report cards" to enhance quality reporting and increase transparency to the public. These "report cards" are maintained by Medicaid programs and do not necessarily include metrics that overlap with the MAC Scorecard. They are generally updated annually and are made available to the public, sometimes provided within an enrollment packet. This allows Medicaid beneficiaries to evaluate performance across the MCOs and make informed decisions enrollment decisions. It also allows for Medicaid programs to measure performance across the MCOs to inform improvement activities. Some Medicaid programs also establish a process to determine which measures should be included in the "report cards". For example, program leadership may determine measures to align with the

quality improvement priorities or to better measure areas of the program that are struggling, among other factors.

Opportunity:

Puerto Rico could expand Medicaid program transparency by developing an "MCO Report Card". These report cards could include any number of the quality measures already captured by Puerto Rico (e.g., HEDIS, Core Set, etc.). They could then be made publicly available for the benefit of Puerto Rico's Medicaid beneficiaries. The MCO Report Card could incentivize performance improvements among the MCOs, whose performance records would be subject to additional public scrutiny.

- Several versions of the report cards may be helpful. The report cards are, in part, intended to promote informed decision-making among beneficiaries. To achieve this, a beneficiary-facing version of the report cards could include a limited number of impactful, easily understood measures that speak to patient experience. A more comprehensive version of the report cards, which would speak toward more detailed quality measures, could also be made public, but designed more for program oversight. In particular, these more detailed versions could be used by Puerto Rico to benchmark MCO performance and facilitate performance improvement.

Opportunity 3: Improve Overall Reporting and Data Governance

Challenge

Like Puerto Rico, some Medicaid programs have multiple agencies involved in data reporting. In such instances, separation of program functions has the potential to make operations disjointed. This adds to the difficulty in monitoring, understanding, and acting on quality data, including MCO performance issues when they occur.

Leading Practice:

In states that outsource a portion of program oversight to another agency or entity, cross-agency governance can help promote increased coordination, knowledge sharing, and strategy development. A more comprehensive governance structure can also help increase accountability and an understanding of roles within the Medicaid Enterprise more broadly. Many successful Medicaid programs have created such a structure to measure and monitor quality among MCOs and the overall Medicaid program, which ultimately helps beneficiaries receive the services to which they are entitled.

Opportunity:

Puerto Rico can establish a regular cross-agency forum to promote expanded reporting and data governance across DOH and PRHIA. The forum would allow the agencies to share updates and insights gained from analyzing quality measures, troubleshoot reporting and data problems, and strategize future

improvements to reporting on quality – related to the MAC Scorecard and other quality reporting. The forum would also help both agencies create a comprehensive inventory of the data available across both agencies and promote additional data sharing.

Opportunity 4: Develop a "Federal Reporting Playbook" on Quality Metrics

Challenge

The process for MAC Scorecard reporting is not yet comprehensively defined and standardized in Puerto Rico because it is still fairly new for us. This led, in part, to an incomplete upload of measures to the MACPro portal for the 2020 MAC Scorecard. Several measures were available for reporting but not loaded into the portal and, furthermore, those that were previously loaded were not officially submitted.

Leading Practice:

Leading Practice: Medicaid programs should have an internally documented annual process for CMS reporting. The documentation should specifically identify the roles and responsibilities for submitting the measures and provide a schedule of activities. This documentation should be "living", updated as the Medicaid program evolves.

Opportunity:

Puerto Rico is considering defining and documenting a set process for MAC Scorecard/Core Set reporting, including a repeatable project plan for annual reporting and defined roles and responsibilities. Such a playbook would help formalize and record organizational knowledge, enabling our ability to successfully report using MACPro in the face of potential staff turnover in the future.

Opportunity 5: Continue to Enhance Coordination with CMS

Challenge

Puerto Rico could benefit from more frequent communication and interaction with CMS. For example, in the past, we did not receive a notification that our MACPro submission process, which had been started in several previous years, was not officially completed. Likewise, Puerto Rico was not aware of the data validity concerns with respect to the "Percentage of Eligibles Receiving Preventative Dental Services", submitted via the CMS 416 report. As discussed in Section 5, CMS did not previously compile this measure to the MAC Scorecard because it believed that the measure was not collected according to the required Core set specifications. Receiving notification of this concern could have prompted earlier action to explain our data process and resolve the issue.

Leading Practice:

Some Medicaid programs have an established relationship with CMS through which they receive regular technical assistance interactions. These relationships provide an opportunity to troubleshoot reporting issues, understand upcoming federal requirements, and learn leading practices.

Opportunity:

Puerto Rico has already started coordinating more closely with CMS on technical assistance matters and will continue doing so moving forward, especially as it relates to collecting and reporting Core Set measures. Regular meetings may help prevent future issues that could be resolved by more frequent communication. In addition, communication with CMS could also promote a general understanding of the reporting process in Puerto Rico, which will remain important as CMS is likely to continually refine both the MAC Scorecard and the Core set on an annual basis in coming years. Notably, these modifications could change which Core Set measures are mandatory in 2024, adding to the importance of sustained communication.

Opportunity 6: Leverage an EQRO to Assist with MAC Scorecard Reporting

Challenge

Per CMS, states the deliver Medicaid and CHIP services through managed care plans must contract with an EQRO, which must conduct an independent assessment of the Medicaid program. Puerto Rico has satisfied this requirement, contracting IPRO – an NCQA-certified vendor – in recent years to complete the assessment. The most recent report produced by IPRO was published in 2019, analyzing data from the 2015 and 2016 calendar years. Although the reports generated by IPRO have produced HEDIS measures that CMS includes in the MAC Scorecard, Puerto Rico has not used the HEDIS measures from this report for submission to MACPro.

This is primarily because the annual report has not previously been completed within the required timeframe for this purpose. For example, as shown in Figure 4 below, to include measures in the 2020 MAC Scorecard, states/territories needed to submit data from the 2018 calendar year through MACPro in the latter half of 2019. In contrast, Puerto Rico would not have been able to use the EQRO to report HEDIS measures; we have not yet received an EQRO report for 2018 data.

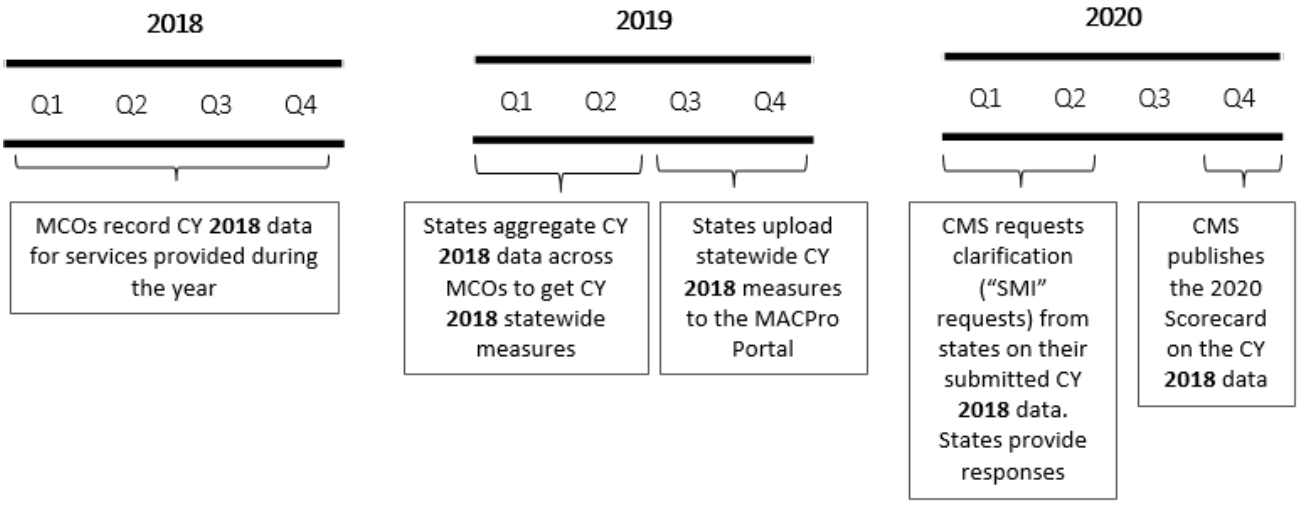


Figure 4. MAC Scorecard Reporting Timeline

Therefore, Puerto Rico has not historically used the EQRO vendor to source the data for the MACPro submissions. Beyond gaining process efficiencies, one reason it may be important for us to begin doing this is to potentially help us eliminate data discrepancies within the Medicaid Enterprise.

In particular, according to a preliminary internal assessment, our Core Set measures from a previous year (which were calculated but not officially submitted) did not fully match the same measures as calculated by the EQRO for the same year of data. This assessment included a comparison between data submitted by the PRHIA Quality Unit to MACPro and data reported by IPRO.

As shown in Figure 5 below, the PRHIA Quality Unit and IPRO both analyzed encounter data self-reported by the MCOs during the 2016 calendar year (the latest information that analysis is available from both the Quality Unit and IPRO), resulting in NCQA-certified HEDIS measures in two different report.

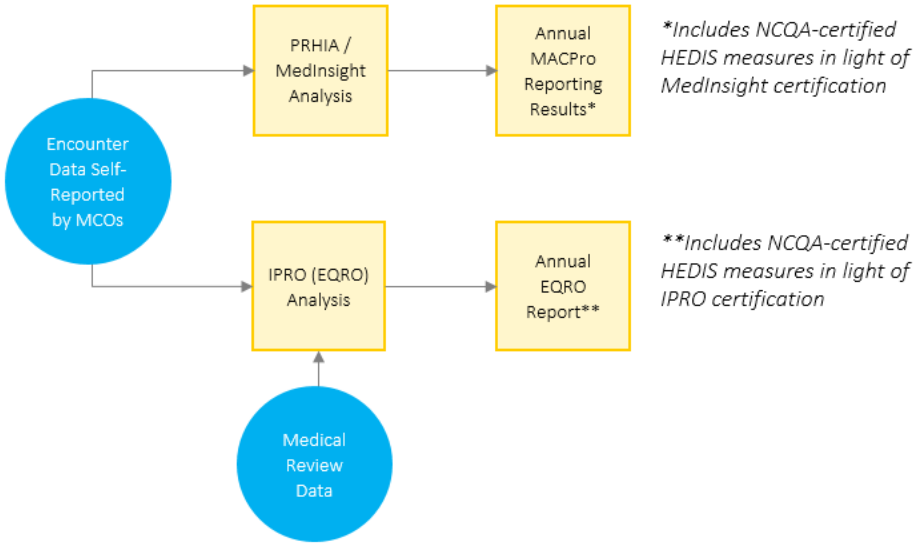


Figure 5. IPRO/MACPro Reporting Comparison for CY 2016 Data

However, because IPRO also includes medical review data, the calculations do not produce the same results. As shown in Table 3 below, at least some measures across these two reporting pathways end

up totaling to different amounts. Although the MACPro results are reported at the statewide level and the IPRO results are reported at an MCO-level (and in some instances at a sub-MCO-level), the MACPro number is lower than any of the IPRO numbers for both of the following two measures.

Measure	MACPro Results	IPRO Results						
		First Med. – North	First Med. – San Juan	First Med. – Virtual	MMM – NE	MMM – SE	Molina	Triple - S
Prenatal and Postpartum Care: Timeliness of Prenatal Care	18.3	81.1	74.1	52.9	60	34	65.6	NR
Adult Body Mass Index Assessment	0.95	11.1	12.3	2	16	23	59.8	NR

Table 4. Comparison of MACPro/IPRO 2016 Data Results

The use of the EQRO for both the HEDIS and MAC Scorecard/Core Set reporting can also help eliminate a possible source of discrepant data, allowing the organization to consistently act on the same information with respect to the analyzed quality measures. Some Medicaid programs also have their EQRO check the current year of data against prior years, serving as a quality check and flagging potential outliers.

Leading Practice:

Several Medicaid programs leverage the EQRO vendor for MAC Scorecard reporting. In summary, each MCO provides data to the EQRO, which then calculates the HEDIS measures and publishes them in the annual EQRO report. The state then takes these measures from the report and calculates the statewide scores for inclusion in the MACPro submission. In some of these states, the EQRO also further assists by independently validating the data collected from each MCOs.

State Medicaid programs that pursue the approach of leveraging EQRO capacity align the MCOs' HEDIS reporting schedule so the EQRO vendor can receive, analyze, and publish the HEDIS measures in a timeframe that also meets the MACPro submission deadline for the same year of data.

Opportunity:

Puerto Rico is considering leveraging an EQRO to assist with MAC Scorecard reporting, which could reduce some reporting burden on our staff and provide improved alignment between HEDIS measures reported by the plans and our systems. The EQRO could also help us flag outliers in our measures. We are expecting to fully evaluate this approach in the near future, as it would require contracting with the vendor on a timely basis such that annual reports are received in the year following the year that the data is collected (e.g., publishing a report in 2021 on 2020 data).

7. APPENDIX

Table 4 below shows the measures that were published in the 2020 MAC Scorecard (i.e., 2019 submission). The table is organized by reporting mechanism to CMS: the first five measures are compiled by CMS or reported to CMS via a pre-existing pathway not related to the MAC Scorecard. Medicaid programs are responsible for reporting to CMS using a dedicated portal, called MACPro for the remaining 17 measures. Table 4 also provides the following information as it relates to the 2020 MAC Scorecard:

Detailed Description: A more precise explanation of the measure as provided by CMS

Measure Steward: The organization that originally created the measure

- NCQA (HEDIS) (15)
- Nursing Home Compare (CMS) (2)
- CDC (1)
- EPSDT (CMS) (1)
- PQA (1)
- AHRQ (1)
- PPI/NASUAD

Data Source: The data that is used to create the measures. Sources include:

- MCO encounter data (18)
- State vital records (1)
- Minimum data set (1)
- Medicare claims (1)
- State-administered surveys (1)

Data Collection Mechanism: How the Core Set measures are collected. Methods include:

- Administrative (9)
- Multiple options (Administrative, Electronic health records, or both) (9)
- Not applicable (i.e. not Core Set) (3)
- State Vital Records (1)

Reporting Mechanism: How the measure reaches CMS for inclusion into the MAC Scorecard:

- Uploaded by states into the MACPro portal (17)
- Calculated by CMS (3)
- Reported by states to CMS using Form CMS-416 (1)
- Reported to CMS by other sources (1)

Core Set Measure (Y/N): Whether the measure is either a Child or Adult Core Set measure (of the 22 measures, 10 of the measures are Adult Core Set measures and nine are Child Core Set)

HEDIS Measure (Y/N): Fifteen of the measures are part of the Healthcare Effectiveness Data and Information Set (HEDIS)

States Reporting: How many states/territories reported on the measure

Anticipated 2021Scorecard Status: The expected status of the measures for this year's MACPro submission (which will be populated by CMS into the 2021 MAC Scorecard)

- On track for inclusion (16)
- Will not be included (5)
- Possibly included (1)

Mandatory in 2024 (Y/N): Thirteen measures (all Child Core Set measures and the Adult behavioral health metrics) will be mandatory in 2024

Table 1. SHSP Measures in the MAC Scorecard

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Percentage of Long-stay Nursing Home Residents who got an Antipsychotic Medication	Percentage of long-stay nursing home residents who received antipsychotic drugs in calendar year 2019	Nursing Home Compare (CMS)	Minimum Data Set	N/A	Calculated by CMS	N	N	53	Will not be included (LTSS measure is not relevant)	N
Number of Hospitalizations per 1,000 Long-Stay Nursing Home Resident Days	Number of unplanned hospitalizations, including observation stays, per 1,000 long-stay nursing home resident days in calendar year 2019	Nursing Home Compare (CMS)	Medicare Claims	N/A	Calculated by CMS	N	N	51	Will not be included (LTSS measure is not relevant)	N
Live Births Weighing Less Than 2,500 Grams										
	Percentage of live births weighing less than 2,500 grams (5.5 pounds)	CDC	State Vital Records	State Vital Records	Calculated by CMS	Y (Child)	N	51	Will not be included (data validity issue)	Y

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20	Percentage of children and adolescents who were enrolled in Medicaid or Children's Health Insurance Program (CHIP) Medicaid Expansion programs for at least 90 days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who had at least one preventive dental service during the reporting period	EPSDT (CMS)	MCO Encounter Data	Administrative	Reported by states using CMS Form-416	Y (Child)	N	51	Possibly included	Y

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports	This measure reports on states' use of three experience of care surveys administered to long-term services and support (LTSS) beneficiaries. Surveys included in the count are: -CAHPS Home and Community-Based Services Survey (HCBS CAHPS) -National Core Indicators (NCI) In-Person Survey -National Core Indicators for Aging and Disabilities (NCI-AD)	AARP Public Policy Institute (PPI) and National Association of States United for Aging and Disabilities (NASUAD)	State-administered Surveys	N/A	Reported to CMS from outside sources	N	N	51	Will not be included (LTSS measure is not relevant)	N
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Percentage of children ages 3 to 6 who had at least one well-child visit with a PCP in each state	NCQA	MCO Encounter Data	Administrative or hybrid	Uploaded by states into the MACPro Portal	Y (Child)	Y	49	On track for inclusion	Y
Adolescent Well-Care Visits: Ages 12 to 21	Percentage of adolescents who had an annual well-care visit in each state	NCQA	MCO Encounter Data	Administrative or hybrid	Uploaded by states into the MACPro Portal	Y (Child)	Y	49	On track for inclusion	Y

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Well-Child Visits in the First 15 Months of Life	Percentage of children who had 6 or more well-child visits in their first 15 months in each state	NCQA	MCO Encounter Data	Administrative or hybrid	Uploaded by states into the MACPro Portal	Y (Child)	Y	48	On track for inclusion	Y
Ambulatory Care: Emergency Department Visits: Ages 0 to 19	Rate of ED visits per 1,000 beneficiary months for children ages 0 to 19 in Medicaid and CHIP	NCQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Child)	Y	47	On track for inclusion	Y
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	Percentage of discharges for children and adolescents ages 6 to 17 in each state who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and had a follow-up visit with a mental health provider: -Within 7 days after discharge (7-Day Follow-Up rate) -Within 30 days after discharge (30-Day Follow-Up rate)	NCQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Child)	Y	44	On track for inclusion	Y

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Immunizations for Adolescents: Age 13	Percentage of adolescents who received the recommended immunizations by their 13th birthday: -Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) and the meningococcal vaccine (Combination 1 rate) -Human papillomavirus (HPV) vaccine (HPV rate)	NCQA	MCO Encounter Data	Administrative or hybrid	Uploaded by states into the MACPro Portal	Y (Child)	Y	44	On track for inclusion	Y
Breast Cancer Screening: Ages 50 to 74	Percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer	NCQA	MCO Encounter Data	Administrative or EHR	Uploaded by states into the MACPro Portal	Y (Adult)	Y	43	On track for inclusion	N

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Follow-Up After Hospitalization for Mental Illness: Ages 18+	Percentage of discharges for adults in each state who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and had a follow-up visit with a mental health provider: -Within 7 days after discharge -Within 30 days after discharge	NCQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Adult)	Y	42	On track for inclusion	Y
Asthma Medication Ratio: Ages 5 to 18	Percentage of children and adolescents with persistent asthma who were dispensed appropriate asthma controller medications	NCQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Child)	Y	40	On track for inclusion	Y
Prenatal & Postpartum Care: Postpartum Care	Percentage of deliveries with a timely postpartum care visit after delivery	NCQA	MCO Encounter Data	Administrative or hybrid	Uploaded by states into the MACPro Portal	Y (Adult)	Y	39	On track for inclusion	N

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Asthma Medication Ratio: Ages 19 to 64	Percentage of adults with persistent asthma who were dispensed appropriate asthma controller medications	NCQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Adult)	Y	39	On track for inclusion	N
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 and Older	Percentage of adults with a new episode of alcohol or drug abuse or dependence who initiated timely treatment and continued engagement with treatment services	NCQA	MCO Encounter Data	Administrative or EHR	Uploaded by states into the MACPro Portal	Y (Adult)	Y	38	On track for inclusion	Y
Follow-up After Emergency Department Visit for Mental Illness: Age 18 and Older	Percentage of ED visits for adults in each state with a principal diagnosis of mental illness or intentional self-harm with a follow-up for mental illness within: -7 days of the ED visit -Within 30 days of the ED visit	NCQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Adult)	Y	36	On track for inclusion	Y

Measure	Detailed Description	Measure Steward	Data Source	Data Collection Method	Reporting Mechanism	Core Set	HEDIS	# States Reporting	Anticipated 2021 Scorecard Status	Mandatory in 2024
Controlling High Blood Pressure: Ages 18 to 85	Percentage of adults diagnosed with hypertension whose blood pressure was adequately controlled	NCQA	MCO Encounter Data	Administrative, hybrid, or EHR	Uploaded by states into the MACPro Portal	Y (Adult)	Y	32	On track for inclusion	N
PQI 01: Diabetes Short-Term Complications Admission Rate: Age 18 and Older	Inpatient hospital admission rates per 100,000 beneficiary months for short-term complications of diabetes	AHRQ	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Adult)	N	30	On track for inclusion	N
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%): Ages 18 to 75	Percentage of adults ages 18 to 75 with Type 1 or Type 2 diabetes who had Hemoglobin A1c in poor control (>9.0%)	NCQA	MCO Encounter Data	Administrative, hybrid, or EHR	Uploaded by states into the MACPro Portal	Y (Adult)	Y	29	On track for inclusion	N
Use of Opioids at High Dosage in Persons Without Cancer: Age 18 and Older	Percentage of adults without cancer who received prescriptions for opioids at high dosage over a period of 90 days or more in each state	PQA	MCO Encounter Data	Administrative	Uploaded by states into the MACPro Portal	Y (Adult)	N	26	Will not be included (not currently collected)	Y