

Medicaid and CHIP in Puerto Rico

Puerto Rico is the oldest and most populous United States territory. The island's present-day Medicaid program, the Government Health Plan, also called Vital, was established in 1993 by the Puerto Rico Health Insurance Administration Act (Law 72) which also shifted much of the publicly financed health care system to the private sector. Prior to that, Puerto Rico provided health care to the vast majority of the population through a decentralized, government-financed system of local and regional hospitals and clinics.

For the purposes of Medicaid and the State Children's Health Insurance Program (CHIP), Puerto Rico is considered a state unless otherwise indicated (§ 1101(a)(1) of the Social Security Act (the Act)). However, its Medicaid program differs in many aspects from those in the 50 states and District of Columbia. This fact sheet summarizes the key requirements and design features of Medicaid and CHIP in Puerto Rico, including eligibility and enrollment, benefits, financing and spending, data and reporting, and quality and program integrity measures.

Eligibility and Enrollment

Eligibility rules in Puerto Rico's Medicaid program differ in some ways from those in the states. Puerto Rico is permitted to use a local poverty level to establish income-based eligibility for Medicaid, and is statutorily exempt from requirements to extend [poverty-related eligibility](#) to children and pregnant women (§ 1902(l)(4)(B) of the Act) and [qualified Medicare beneficiaries](#) (§ 1905(p)(4)(A) of the Act). Puerto Rico currently provides coverage to individuals with modified adjusted gross incomes up to 133 percent of the Puerto Rico Poverty Level (PRPL): \$11,316 annually for a family of four or approximately 43 percent of the federal poverty level (FPL), which is \$26,500 for a family of four in 2021 (ASPE 2021, CMS 2020a).¹

Puerto Rico elected to expand Medicaid eligibility to the new adult group under the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) (CMS 2016a). Puerto Rico also provides Medicaid coverage to aged, blind, and disabled individuals through the [medically needy option](#). In Puerto Rico, the medically needy income level is \$400 per month for an individual plus \$95 for each additional family member.² Under the medically needy option, individuals with higher incomes can spend down to the medically needy income level by deducting incurred medical expenses from the amount of income that is counted for Medicaid eligibility purposes (CMS 2016c, 2015).

Puerto Rico provides [Medicaid-expansion CHIP coverage](#) to children under age 19 whose incomes are below 266 percent PRPL (\$22,631 for a family of four), which was approximately 85 percent FPL (ASPE 2021, CMS 2014a). Puerto Rico is the only territory authorized to use its CHIP allotment to cover children from families whose incomes are too high to qualify for Medicaid (CMS 2013b).³



As of January 2021, 1,372,282 individuals were enrolled in Medicaid and an additional 91,092 were enrolled in CHIP—approximately 50 percent of the population (DS 2021).

Benefits

Although the federal rules for Medicaid benefits generally apply to Puerto Rico, it does not provide all of Medicaid's [17 mandatory benefits](#), citing insufficient funding and lack of infrastructure (GAO 2016). For example, it does not cover nursing facility services, non-emergency medical transportation, or emergency medical services for non-citizens (GAO 2016). It does, however, provide certain [optional benefits](#), including dental services and prescription drugs (CMS 2016b).

Individuals in the new adult group between 100 and 133 percent PRPL are enrolled in an [alternative benefit plan \(ABP\)](#), which uses one of Puerto Rico's Medicare managed care plans as a base benchmark. This ABP has the same benefits as the Medicaid state plan, meets all requirements for essential health benefits, and has no cost sharing beyond the small copayments on most services imposed on all other Medicaid and CHIP beneficiaries above 50 percent PRPL (CMS 2014, 2012b).

Enrollees under age 21 are entitled to receive comprehensive medically necessary services under the [early and periodic screening, diagnostic, and treatment \(EPSDT\)](#) benefit. However, a report by the 2011 President's Task Force on Puerto Rico's Status found that the children in Puerto Rico's Medicaid program only received limited benefits through EPSDT (Muñoz et al. 2011).

Benefits for dually eligible beneficiaries

Puerto Rico provides Medicare cost-sharing assistance to dually eligible individuals who are eligible for full Medicaid benefits. It does not provide Medicare cost sharing assistance to individuals who may qualify as partial dually eligible individuals—that is, through Medicare Savings Programs—in the states because these programs are not available in Puerto Rico (CMS 2016c, HHS 2013).⁴

Nearly all Puerto Ricans dually eligible for Medicare and full Medicaid benefits choose to enroll in Medicare Platino, a Medicare Advantage special needs plan, which covers Part A and B services as well as prescription drugs. Premiums and cost sharing for Platino plans are covered directly by the Puerto Rico government, with the portion for prescription drug cost sharing offset by funds from the Enhanced Allotment Plan (CMS 2016c, HHS 2013). The Enhanced Allotment Plan provides an additional federal funding allotment to Puerto Rico and the other territories to help low-income beneficiaries purchase prescription drugs.⁵ This allotment is not countable toward the cap on federal financial participation and can only be used for this purpose (§ 1935(e) of the Act).

Delivery System

Puerto Rico is the only U.S. territory to use a managed care delivery system in its Medicaid program. Managed care organizations (MCOs) provide acute, primary, specialty, and behavioral health services



territory wide. They are paid using risk-based capitated payments. MCOs contract with primary medical groups, which in turn create preferred provider networks. Enrollees may choose their MCOs and make changes once per year during an open enrollment period (AAFAF 2018, CMS 2018, MACPAC 2019b).⁶

Financing and Spending

The federal government and the government of Puerto Rico jointly finance Puerto Rico's Medicaid program. Puerto Rico must contribute its non-federal share of Medicaid spending in order to access federal dollars, which are matched at the designated federal medical assistance percentage (FMAP), otherwise known as the matching rate. Unlike the states, for which federal Medicaid spending is open ended, Puerto Rico can access federal dollars only up to an annual ceiling, referred to as the Section 1108 cap or Section 1108 allotment.

Federal funding

Puerto Rico's annual Section 1108 allotment was set in statute in 1968 and grows with the medical component of the Consumer Price Index for All Urban Consumers (§ 1108(g) of the Act). Puerto Rico's CHIP allotment is determined by the Centers for Medicare & Medicaid Services (CMS) based on prior year spending, the same methodology used for states.

In general, once Puerto Rico exhausts its annual Medicaid and CHIP allotments, it must fund its program with territory funds.⁷ However, Congress has provided time-limited supplemental federal Medicaid funds to Puerto Rico and other territories on several occasions; most recently, through the FY 2020 appropriations package, signed into law on December 20, 2019 (P.L. 116-94) and the Families First Coronavirus Response Act, signed into law on March 18, 2020 (FFCRA, P.L. 116-127). These actions raised Puerto Rico's FY 2020 allotment from \$375.1 million to \$2.7 billion and its FY 2021 allotment from approximately \$383.7 million to \$2.8 billion (CMS 2019b).^{8,9} Puerto Rico will receive an additional \$200 million per year if the Secretary of the U.S. Department of Health and Human Services (the Secretary) certifies that Puerto Rico establishes a payment floor for physician services of at least 70 percent of the payment rates that would apply for such services if they were funded through Medicare Part B.¹⁰

Additionally, the ACA provided the territories with a total of \$7.3 billion in additional federal funds for their Medicaid programs (i.e., in addition to their annual Section 1108 allotments). ACA Section 2005 provided \$5.4 billion to Puerto Rico, available to be drawn down from July 2011 through September 2019. Section 1323 provided an additional \$925 million, available to be drawn down from January 2014 through December 2019.¹¹

Because Puerto Rico used these additional at a faster rate than anticipated, Congress subsequently made additional funding available, effectively adding to Puerto Rico's original ACA Section 2005 allotment.

- The Consolidated Appropriations Act of 2017 (P.L. 115-31) provided Puerto Rico with an additional \$295.9 million.



- The Bipartisan Budget Act of 2018 (BBA 2018, P.L. 115-123) provided Puerto Rico with an additional \$4.8 billion in response to the impact of Hurricane Maria on Puerto Rico's health system.

Congress has not made additional funding available after FY 2021 (i.e., September 30, 2021), which means that for FY 2022 and future years, Puerto Rico's Section 1108 allotment will revert back to pre-P.L. 116-94 levels (approximately \$392.5 million in FY 2022).

Federal medical assistance percentage

The FMAP for Puerto Rico and the territories is statutorily set at 55 percent, unlike that of the states, where the FMAP is set using a formula based on state per capita income (§ 1905(b) of the Act). For FYs 2020 and 2021, Puerto Rico has a temporary FMAP of 76 percent. During the national emergency declared in response to the COVID-19 outbreak, Puerto Rico will receive the 6.2 percentage point increase provided by FFCRA to all states and territories, effective January 1, 2020. This brings Puerto Rico's FMAP to 82.2 percent during the emergency period. Puerto Rico will also receive a 99 percent CHIP enhanced FMAP during the emergency period (CMS 2020b, c).¹² Like the states and other territories, Puerto Rico's matching rate for almost all program administration is set at 50 percent (§ 1903(a)(7) of the Act).

Puerto Rico is eligible for enhanced matching rates for certain expenditures. The territories cannot claim the newly eligible FMAP of 100 percent available to states expanding to the new adult group; however, Puerto Rico is eligible for the expansion-state enhanced FMAP for adults without dependent children that states were eligible to receive for expansions prior to the ACA, which is 93 percent in calendar year 2019 (§ 1905(z)(2) of the Act).

In general, Puerto Rico must contribute a non-federal share to access federal funds. Puerto Rico finances its portion of Medicaid program costs primarily through general funds and revenue from the municipalities (CMS 2016e). However, Congress provided a temporary 100 percent federal matching rate on several occasions, including for FYs 2018 and 2019 through the BBA, and for the period October 1, 2019–December 20, 2019 through the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59) and the Further Continuing Appropriations Act, 2020, and Further Health Extenders Act of 2019 (P.L. 116-69).

Total spending

In FY 2020, federal Medicaid spending in Puerto Rico was \$2.5 billion, while federal CHIP spending was \$111.5 million (Table 1). This accounts for approximately 90 percent of federal Medicaid spending and 64 percent of federal CHIP spending in the territories.

As noted above, additional funds provided to Puerto Rico by P.L. 116-94 and FFCRA were structured as part of Puerto Rico's FYs 2020 and 2021 Section 1108 allotments. As a result, federal spending in FY 2020 did not exceed the allotment and is unlikely do so in FY 2021. In FYs 2011–2019, federal spending for Medicaid and CHIP in Puerto Rico exceeded the Section 1108 allotment every year, because additional



funds were structured as separate allotments., For FYs 2011–2017, this spending primarily reflected the use of the additional funds available under Sections 2005 and 1323 of the ACA; for FYs 2018 and 2019, it primarily reflected use of additional funds provided by BBA 2018. Federal spending increased in FYs 2018 and 2019 relative to previous years due to the BBA's 100 percent FMAP, but decreased slightly in FY 2020 (Table 1).

TABLE 1. Medicaid and CHIP Spending in Puerto Rico, FYs 2011–2020 by Source of Funds (millions)

Year	Medicaid				CHIP			
	Section 1108 allotment	Federal spending	Puerto Rico spending	Total spending	Federal allotment	Federal spending	Puerto Rico spending	Total spending
FY 2020	\$2,716.2	\$2,516.9	\$327.9	\$2,844.7	\$192.8	\$111.4	\$0.8	\$112.3
FY 2019	366.7	2,645.6	-36.3 ¹	2,609.2	182.6	94.3	7.4	101.7
FY 2018	359.5	2,290.5	203.0	2,493.5	203.8	173.4	16.1	189.5
FY 2017	347.4	1,631.5	804.8	2,436.3	192.5	168.7	15.7	184.4
FY 2016	335.3	1,630.5	832.0	2,463.0	179.8	174.7	15.3	190.0
FY 2015	329.0	1,521.5	840.5	2,362.0	183.2	128.9	55.1	184.1
FY 2014	321.3	1,201.0	728.0	1,929.0	141	149.5	65.4	214.9
FY 2013	309.2	1,091.0	853.0	1,944.0	132.7	133.5	61.4	194.9
FY 2012	298.7	887.6	726.2	1,614.0	103.9	127.6	58.7	186.6
FY 2011	290.6	514.7	476.3	991.0	99.6	132.6	69.0	201.5

Notes: FY is fiscal year. CHIP is the State Children's Health Insurance Program. Section 1108 allotments reflect the annual federal allotments (also referred to as caps) that Puerto Rico receives under Section 1108(g) of the Social Security Act. In FYs 2011 – 2019, actual federal spending reflects utilization of the allotments provided by the Patient Protection and Affordable Care Act (P.L. 111-148, as amended) and the Bipartisan Budget Act of 2018 (P.L. 115-123), as well as spending not subject to the Section 1108 allotment. Federal CHIP allotments are provided under Section 2104 of the Social Security Act. If states and territories exhaust their own available CHIP allotments, they may receive additional funding from unused state CHIP allotments. Puerto Rico received these redistributed funds in several recent years, including FYs 2011–2014.

¹ Puerto Rico reports negative territory Medicaid spending due to federal Medicaid spending exceeding total Medicaid spending. Federal spending exceeds total spending due to negative prior period adjustments and the 100 percent FMAP that went into place in FY 2018. Because these prior period adjustments apply to periods before the 100 percent FMAP, these negative adjustments decrease total spending to a greater extent than federal spending.

Sources: CMS 2019b and CMS 2017b. MACPAC 2020. MACPAC 2021 analysis of CMS-64 financial management report net expenditure data as of February 3, 2021.



Data and Reporting

Puerto Rico reports data on Medicaid and CHIP enrollment, budgets, and expenditures using Form CMS-37, and on aggregate spending using Form CMS-64 (CMS 2016e).

Like the other territories, Puerto Rico is not required to submit quarterly statistical and program expenditure data for CHIP (42 CFR 457.740). In addition, Puerto Rico is not required to report use of EPSDT services via form CMS-416 or data on upper payment limit payments (CMS 2016d).

Puerto Rico has made significant improvements its data capabilities in recent years. In 2018, its Medicaid Management Information System for claims processing became operational and is compliant and certified to report information to the Transformed Medicaid Statistical Information System (T-MSIS) (CMS 2018).¹³

Within 30 days of the end of FYs 2020 and 2021, Puerto Rico must submit a report to the Chair and Ranking Member of the House Committee on Energy and Commerce and of the Senate Committee on Finance describing how it used funds provided by P.L. 116-94 (e.g., how it increased payments to providers, increased covered benefits, expanded provider networks, or improved the program in any other manner). P.L. 116-94 also included several other new reporting requirements:

- Puerto Rico must establish and maintain a system for tracking amounts paid by the federal government to the territory. Beginning in December 2020, it must report quarterly to CMS with information on Medicaid expenditures in the prior fiscal quarter including the total amount of expenditures and a description of how funds were spent. It must also include information on expected expenditures for the upcoming fiscal quarter.
- Puerto Rico must submit all documentation on contracts awarded by Puerto Rico Medicaid to CMS upon request.
- Beginning in December 2020, Puerto Rico must report on selected measures included in the Medicaid and CHIP scorecard.

The territory will receive \$5 million per year in federal Medicaid funds for FYs 2020 and 2021 for the purposes of fulfilling these requirements.

Quality and Program Integrity

Like the states, Puerto Rico uses a variety of quality and performance measures and incentives in its Medicaid and CHIP programs. Puerto Rico's Medicaid managed care plans are required to survey and report provider and enrollee satisfaction measures. They are also required to participate in performance and quality improvement projects. Even so, both the Government Accountability Office and the U.S. Department of Health and Human Services Office of the Inspector General have voiced concerns about effective oversight of managed care plans, pointing, for example, to the lack of detail in oversight and monitoring policies and procedures (HHS 2013).



Though Puerto Rico has historically delegated primary responsibility to plans for program integrity activities related to provider fraud, it has taken a number of steps to enhance its program integrity capabilities (AAFAF 2018). These include setting up a Medicaid fraud control unit (MFCU) and a program integrity unit that focuses on detecting eligibility fraud, as well as enhancing program integrity expectations for MCOs in its latest managed care restructuring (MACPAC 2019b, CMS 2018, GAO 2016).¹⁴ In addition, Puerto Rico has implemented several federally required program integrity measures, including provider screening and enrollment measures, and non-payment for health care-acquired conditions and provider-preventable conditions (CMS 2013a). It also established a system for income and eligibility verification (CMS 2012a).

P.L. 116-94 included several new program integrity requirements:

- Within six months of enactment, Puerto Rico must designate a program integrity lead within the agency responsible for Medicaid administration (other than the Medicaid director).
- Within 18 months of enactment, Puerto Rico must develop and publish plans to satisfy payment error rate measurement (PERM) and Medicaid eligibility quality control (MEQC) program requirements.¹⁵
- Within 12 months of enactment, Puerto Rico must develop a contracting reform plan to combat fraudulent, wasteful, or abusive contracts.¹⁶

In each fiscal quarter from January 1, 2020 through September 30, 2021, Puerto Rico is subject to an FMAP reduction for each of the above requirements that is unmet. The FMAP reduction is equal to 0.25 percentage points multiplied by the number of consecutive quarters Puerto Rico has not fully complied with the requirements, not to exceed 2.5 percentage points. The Secretary can make exceptions if Puerto Rico has made reasonable progress towards meeting the requirements or has extenuating circumstances that prevent it from meeting the requirements.

For more information on Puerto Rico's Medicaid program and the challenges it faces, see MACPAC's report on Medicaid in Puerto Rico, included in the [June 2019 Report to Congress on Medicaid and CHIP](#).

Endnotes

¹ The ACA set a single income eligibility disregard equal to 5 percentage points of the FPL. For this reason, eligibility is often referred to at its effective level of 138 percent FPL, even though the federal statute specifies 133 percent FPL.

² Puerto Rico disregards a certain amount of countable earned and unearned income for individuals eligible through the medically needy option; these disregards approximately double the effective medically needy income level for each family size (CMS 2015).

³ The other four territories use CHIP funds to cover children in Medicaid.



⁴ Unlike the states, Puerto Rico and the other territories are not required to establish Medicare Savings Programs for individuals who are eligible for Medicare and partial Medicaid benefits (§ 1905(p)(4)(A) of the Act).

⁵ Like the other territories, Puerto Rico is not eligible for the Medicare Part D low-income subsidy (§ 1935(e)(1)(A) of the Act).

⁶ Under the previous managed care structure that was in place until November 1, 2018, enrollees were assigned to the health plan serving their geographic region. There were five managed care organizations covering the territory's nine regions (eight geographic regions and one virtual region).

⁷ Federal funds for the Enhanced Allotment Plan, electronic health record incentive program payments, and the establishment and operation of eligibility systems and Medicaid Management Information Systems do not count against the Section 1108 allotment.

⁸ P.L. 116-94 raised the FY 2020 allotment to \$2.6 billion and the FY 2021 allotment to \$2.7 billion. Subsequently, FFCRA further raised the FY 2020 allotment to \$2.7 billion and the FY 2021 allotment to \$2.8 billion.

⁹ We estimate what the FY 2021 allotment would have been without these additional funds by trending the pre-P.L. 116-94 FY 2020 allotment by 2.3 percent (percent change in the medical component of the Consumer Price Index for All Urban Consumers for the 12-month period ending March 2019).

¹⁰ The Secretary will disregard payments for physician services under managed care contracts that were entered into prior to enactment.

¹¹ With the funds from Section 1323, territories could choose to establish a health insurance exchange or supplement their available federal Medicaid funds. Neither Puerto Rico nor the other territories chose to establish an exchange.

¹² Prior to P.L. 116-94 and FFCRA, Puerto Rico's FY 2020 CHIP enhanced FMAP was 80 percent (§ 2101(a) of the ACA; MACPAC 2019a). The 82.2 percent FMAP provided during the emergency period serves as the base for calculating the CHIP enhanced FMAP during the emergency period (CMS 2020b, c).

¹³ \$1.2 billion of the \$4.8 billion provided by the BBA was conditional on Puerto Rico making reasonable progress toward establishing methods of collecting and reporting reliable data to T-MSIS and establishing an MFCU. Puerto Rico has met its targets on schedule and will receive the full amount of BBA funds (CMS 2018).

¹⁴ Establishing an MFCU was one of the conditions for receiving \$1.2 billion of the \$4.8 billion provided by the BBA (see above).

¹⁵ Puerto Rico has historically been statutorily exempt from requirements to participate in the Payment Error Rate Measurement program, repayments under the Medicaid Eligibility Quality Control program, and asset verification systems with financial institutions (42 CFR 431.954, and §§ 1903(u)(4) and 1940(a)(4) of the Act).

¹⁶ P.L. 116-94 also required certain federal agencies to conduct additional oversight over Puerto Rico's Medicaid program. Specifically, by December 2020, the U.S. Comptroller General is required to submit a report on Puerto Rico's Medicaid-related contracting practices (i.e., the process used to evaluate bids and award contracts, information on contracts that are not



subject to competitive bidding, etc.) to the Chair and Ranking Member of the House Committee on Energy and Commerce and of the Senate Committee on Finance. The U.S. Office of the Inspector General (OIG) of HHS is required to submit a report identifying payments made to Medicaid managed care organizations that the OIG determines to be at high risk for fraud, waste, or abuse, and a plan for investigating such payments.

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