

Medicaid in Puerto Rico – as of September 2022*

Funding Comparison

2021 Expenditures: \$ 2,853,070,084
2021 Funding: \$ 2,958,582,739.00
Balance: \$ 105,512,655

2023 Expenditures: \$ 4,413,350,000
2023 Funding: \$ 3,028,300,000
2023 Insufficiency: (\$1,385,050,000)

Actual federal funding for 2022 will **not be enough to cover projected PR Medicaid Expenditures** as determined by current fund drawdown trend.

* Projections developed by PR Medicaid

2023 Analysis

Federal Share @ 76%: \$3,652,160,000

PR Share @ 76%: \$ 761,300,000

PR Budget allotment for Cost Share regardless of FMAP **is insufficient**

To solve funding shortfalls Congress must:

1. Increase FMAP per formula (83%)
2. Increase Federal Cap to cover medical expenses

Puerto Rico Coverage Gaps

Lack of Funding Limits Ability to Provide Critical Benefits



Long-Term Services and Supports (LTSS) – Extended care for the elderly and disabled



Diabetes Supplies (Durable Medical Equipment) – Glucose monitors, testing strips, etc.



Non-Emergency Medical Transportation (NEMT) – Transport to and from medical appointments



Hep C Treatment – Ongoing funding to continue coverage for these treatments



Adult Vaccinations – Flu shots, etc.



Provider Incentives – Sustained funding for competitive provider payments. (Temporary funding allowed for +\$50 million to PCPs, +\$110 million to hospitals)

Ongoing Challenges

Provider / Beneficiary Flight

~500

Doctors leaving for the mainland per year, before Hurricane Maria⁶

~1/2

Rate of ER physicians, neurosurgeons, ENT specialists compared to mainland average⁶

Of 78 municipalities

72 are medically underserved
32 have a primary care shortage
53 have an OB-GYN shortage⁶

5-6x higher

Per capita Medicaid cost in most common outmigration states⁷

More Unequal Treatment

No Disproportionate Share Hospital (DSH) Payments – PR has to cover the full cost of hospital care for the uninsured

No LIS Medicare Part D Premiums – Dual-eligible residents do not receive assistance paying for Part D

No Medicare Part B Buy-in – Dual-eligibles receive no assistance with Part B

Financial Inequity Due to Capped Allotment

Capped Allotment

10x more

Amount of Medicaid funding comparable states received relative to Puerto Rico's capped amount¹

~\$2.6 billion temporary total

~\$0.4 billion statutory cap

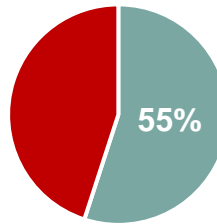
~\$4 billion total per similar state

PR US

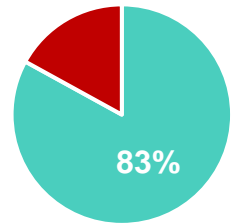
Lower FMAP

PR

US



Federal dollars are capped at 55% of PR's Medicaid program costs



Federal FMAP account for up to 83% of other state Medicaid programs

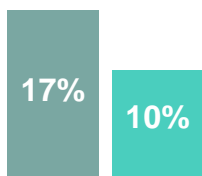
Higher Prevalence of Chronic Conditions in Adult Population

Underfunding of the Medicaid program contributes to higher prevalence of chronic conditions...

...preventing residents from getting the care they need and driving up healthcare costs long-term

Diabetes³

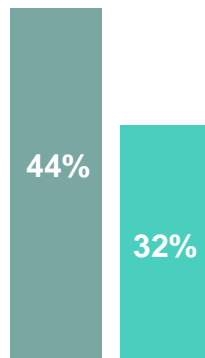
2019



PR US

Hypertension³

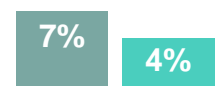
2019



PR US

Heart Disease³

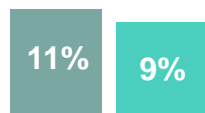
2019



PR US

Asthma⁴

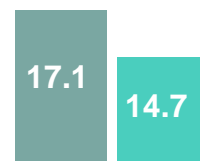
2014



PR US

HIV⁵

2015



PR US

Diagnosis rate per 100k

Sources:

1 – [Kaiser Family Foundation, 2020](#). Comparison includes MI, NM, AL, KY for FY19 funding year

2 – [US Census, 2019](#)

3 – [MACPAC, 2019](#)

4 – [Urban Institute, 2017](#)

5 – [Kaiser Family Foundation, 2017](#)

6 – [MACPAC, 2019](#)

7 – [CMS, 2020](#). Comparison includes NY, PA, NJ, TX, CT for FY18 funding year