

PUERTO RICO  
**Health Insurance**  
CONFERENCE 2026



**Advocacy Progress and  
Policy Wins**

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# Puerto Rico: A Leading Voice in Medicare Advantage Policy

*MMAPA's coordinated advocacy from San Juan to Washington D.C.*



MA plans in Puerto Rico have taken an active leadership role in federal healthcare policy, working across every level to protect 650,000+ beneficiaries.

✓ **CMS  
Leadership**

✓ **Members of  
Congress**

✓ **Federal  
Regulators**

✓ **PR Government  
Officials**

# Protecting Beneficiary Choice in the Platino Program

*Puerto Rico's integrated D-SNP model: 20+ years of coordinated care for the most vulnerable*

300,000+ dual-eligible beneficiaries rely on Puerto Rico's unique Medicare-Medicaid integrated plans: a model that has operated successfully for more than two decades.

## PROPOSED CMS RULE

- Restrict MA organizations to only ONE D-SNP product
- Collapse 22 benefit packages (2026) → just 3 options (2027)
- Eliminate beneficiary choice
- Undermine competition & innovation in plan design

## MMAPA ADVOCACY

- 300,000+ dual-eligible beneficiaries' access to integrated care
- Two decades of the Medicare Platino model
- Beneficiary freedom to choose their plan
- Competition and innovation between plans

# Coordinated Action: Industry & Government Together



*MMAPA formally raised concerns with CMS through a coalition effort from San Juan to Washington D.C.*

## 01

### Formal Policy Letters

Submitted directly to CMS leadership, outlining the structural harm of the proposed D-SNP rule on Puerto Rico's integrated care model.

## 02

### Federal Engagement

Direct outreach to Members of Congress and federal policymakers to build awareness and legislative support for Puerto Rico's unique healthcare system.

## 03

### Government Coordination

Coordination with Puerto Rico government leadership, including the Governor, who personally raised concerns with CMS about the impact on 306,000 beneficiaries.

*The Governor of Puerto Rico personally raised concerns with CMS, warning that the rule could significantly reduce plan options for the island's 306,000 dual-eligible beneficiaries.*

# Advocacy Results

*Proof that constructive policy engagement produces real outcomes for Puerto Rico*



## **CMS Recognized Puerto Rico's Unique Model**

- ✓ New CMS rules restricting D-SNP offerings were carved out for Puerto Rico, preserving the Platino model.



## **MA Rate Improvements Progress in FFS Medicare**

- ✓ Adjustment to Base Benchmarks: Based solely on claims experience of beneficiaries enrolled in both Medicare Parts A and B.
- ✓ Zero-Claimant Adjustment: Addressed high prevalence of zero-claimants in Fee-for-Service data in Puerto Rico.



## **Medicaid Funding Continuity 5 year funding stability leading into 2027 (CAA 2023)**

- ✓ FMAP increase: 55% to 76% through FY 2027  
Annual capped funding:
  - FY 2020-2021: \$2.9B
  - FY 2025: \$3.475 billion
  - FY 2026: \$3.645 billion
  - FY 2027: \$3.825 billion



## **Partnerships & Colaborations**

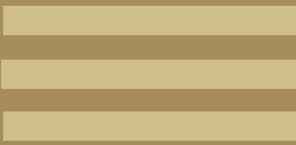
- ✓ Better Medicare Alliance
- ✓ Medicaid Health Plans of America
- ✓ Bipartisan Committee Leadership

*These outcomes demonstrates that engagement with federal regulators can produce meaningful policy results for Puerto Rico's healthcare system and that Puerto Rico's voice matters where decisions are made.*



# Thank you!

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OF COMMERCE



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# Advocacy Results

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## **CMS Recognized Puerto Rico's Unique Model**

- ✓ New CMS rules restricting D-SNP offerings were carved out for Puerto Rico, preserving the Platino model.



## **Medicare Advantage Rate Improvements - Progress in FFS Medicare**

- ✓ Adjustment to Base Benchmarks: Changed base benchmarks to be based solely on claims experience of beneficiaries enrolled in both Medicare Parts A and B.
- ✓ Zero-Claimant Adjustment: Addressed high prevalence of zero-claimants in Fee-for-Service data in Puerto Rico.

**The decision preserved:**

**Beneficiary choice · Competition between plans · Sustainability of the Platino integrated care model**

*This outcome demonstrates that engagement with federal regulators can produce meaningful policy results for Puerto Rico's healthcare system and that Puerto Rico's voice matters where decisions are made.*