



ACTION NEEDED FOR HEALTHCARE IN PR

Initial Session

President's Task Force Healthcare Roundtable

PR Community Presentation by PR Medicare Coalition for Fairness

FEBRUARY 13TH, 2015

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2. Why is Puerto Rico Unique?
3. Unintended impacts increase disparity, Crisis
 - Evident and Increasing Disparity
 - Risk to beneficiaries
 - Risk to health delivery system
4. Saving Healthcare in PR, Saves Federal Money
5. Action is Needed - NOW

1. Overview - Who Are We?

**PR Medicare Coalition for Fairness – We Are a Concerned COMMUNITY*
and represent its beneficiaries and healthcare delivery system in PR**

1. Medicaid and Medicare Advantage Products Association of PR (MMAPA)
2. Colegio de Médicos de Puerto Rico
3. Community Pharmacies Association
4. PR Pharmaceutical Industry Association (PIA)
5. IPA Association of PR
6. Primary Health Association of PR
7. PR Hospital Association
8. PR Chamber of Commerce
9. Puerto Rico Medical Association
10. Puerto Rico Physical Medicine and Rehabilitation Association
11. PR Ophthalmology Society
12. Colegio de Administradores de Salud de PR
13. American College of Healthcare Executives
14. American Medical Association PR Delegate

***Government Support**

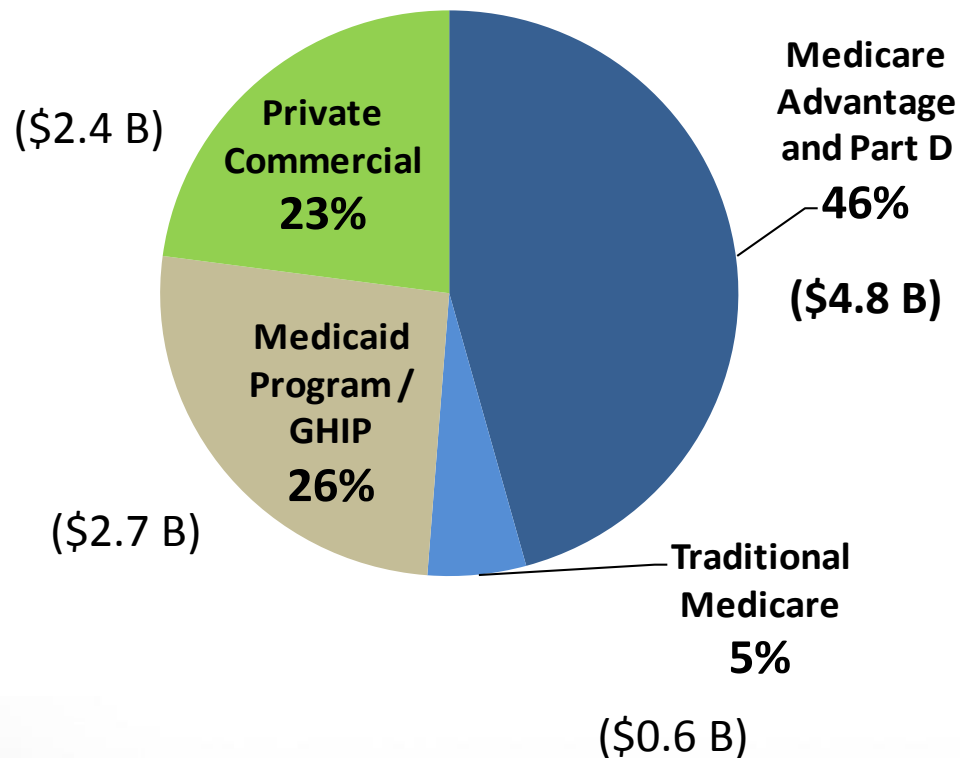
- Governor of Puerto Rico
- Puerto Rico Resident Commissioner
- PR Federal Affairs Administration
- PR Health Insurance Administration
- PR Office of the Insurance Commissioner
- PR Local Legislature

*All these associations represent over 10,000 citizens among our members.

1. PR Health Care Delivery System

Estimated Distribution of Healthcare Resources in 2015

*Total of \$10.5 billion not including government agencies, CFSE, ACA, and out of pocket expenses by patients



Over 1.4 M in Mi Salud

Over 550,000 in MA.

Over 250,000 in Medicare Platino (Integrated D-SNPs) program contracted by ASES for \$10 per month.

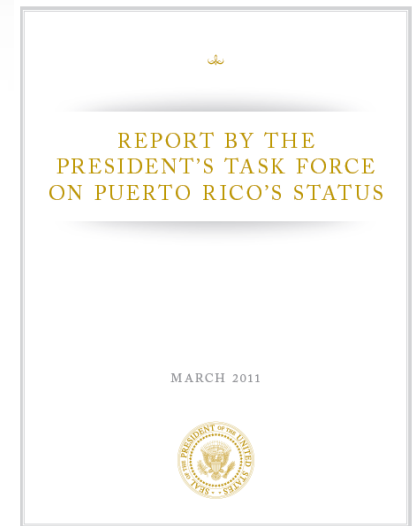
1. Why Are We Here?

Our Objectives

- (A) Transmit the basic reality of the healthcare delivery system in Puerto Rico
- (B) Illustrate how PR is unique, with historic disparities that cause unintended harm
- (C) Present specific policy proposals to the President's Task Force, HHS and CMS
- (D) Get specific action done to legitimately mitigate cuts to avoid harm to the beneficiaries in PR
- (E) Save our healthcare system from becoming another major crisis in our Island , and in turn another major crisis for the United States

1. Why Are We Here?

President's Task Force on Puerto Rico Call to Action – “Implement”



*For over a century, the people of Puerto Rico and the United States have woven a lasting political, economic, social, and cultural relationship. Today, this relationship is strengthened and renewed by more than four million U.S. citizens who call Puerto Rico home and nearly equal number of Puerto Ricans living on the mainland who travel back to Puerto Rico for business, vacation, or visits to see family and friends. **We honor their contributions to the Nation and welcome their vigorous participation in helping to develop, shape, and implement the recommendations presented in this Report.***

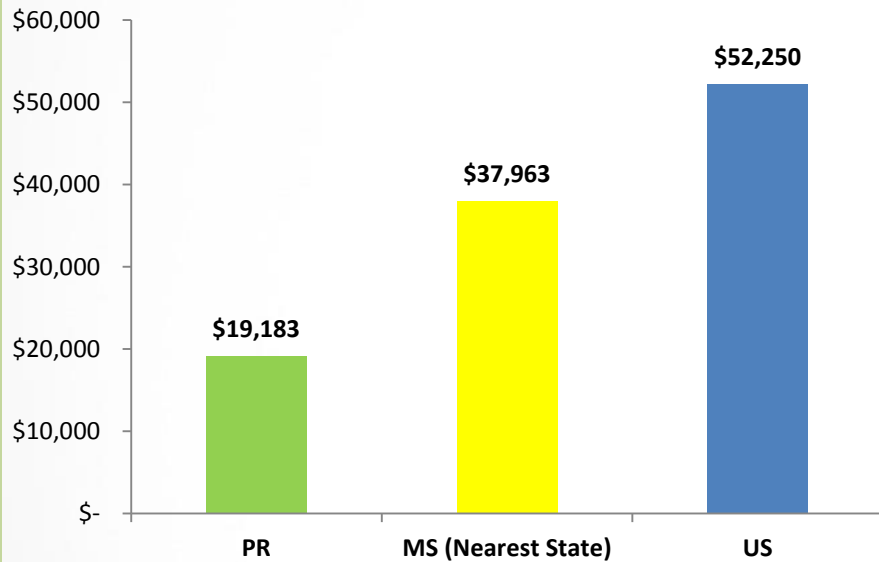
PRESIDENT BARACK OBAMA, MARCH 11, 2011

Source: <http://www.whitehouse.gov/administration/eop/iga/puerto-rico>
Emphasis Supplied.

2. Why is Puerto Rico Unique?

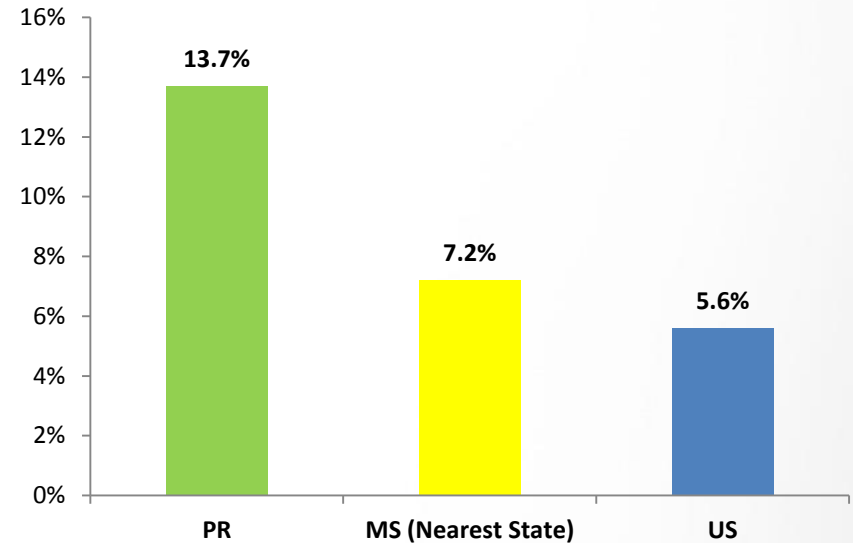
2. Why is Puerto Rico Unique?

Median Household Income



PR is poorest
(US Census 2013)

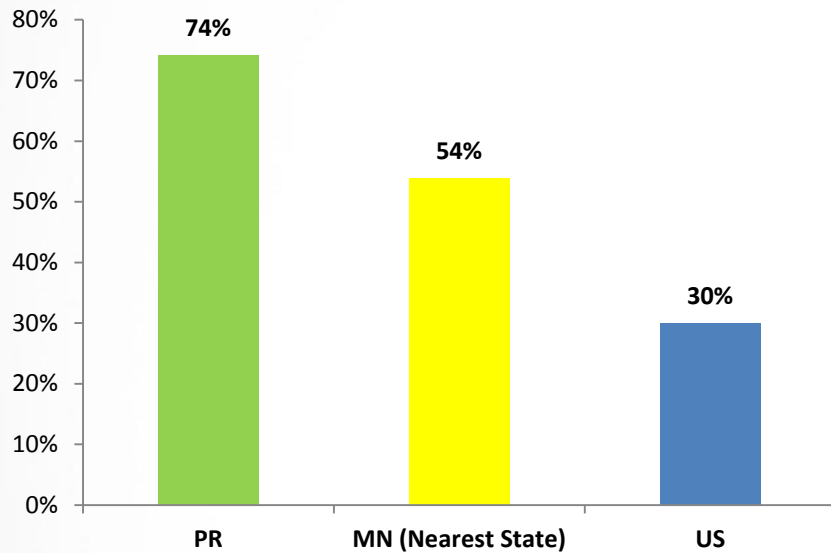
Unemployment Rate



PR has highest unemployment
(December 2014 US Department of Labor)

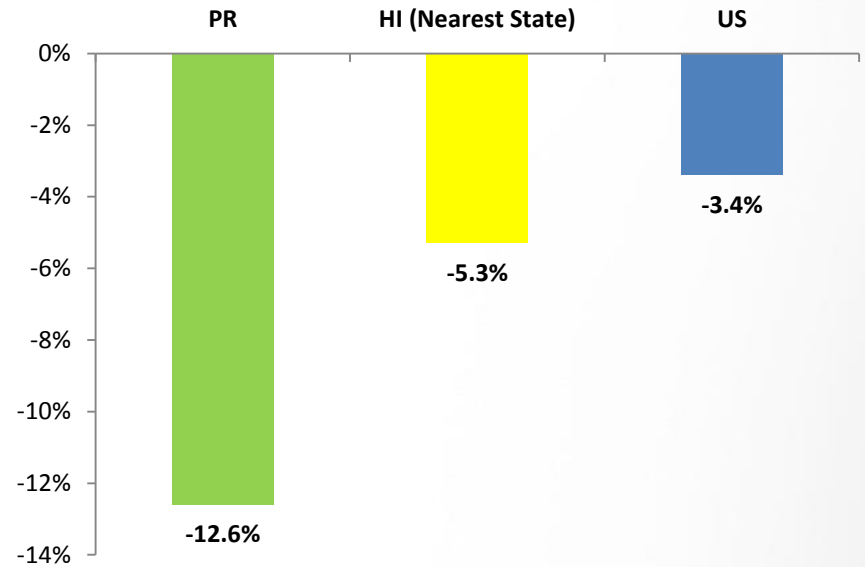
2. Why is Puerto Rico Unique?

Medicare Advantage
Program Penetration Rates



PR has highest MA election
(CMS reports 2015)

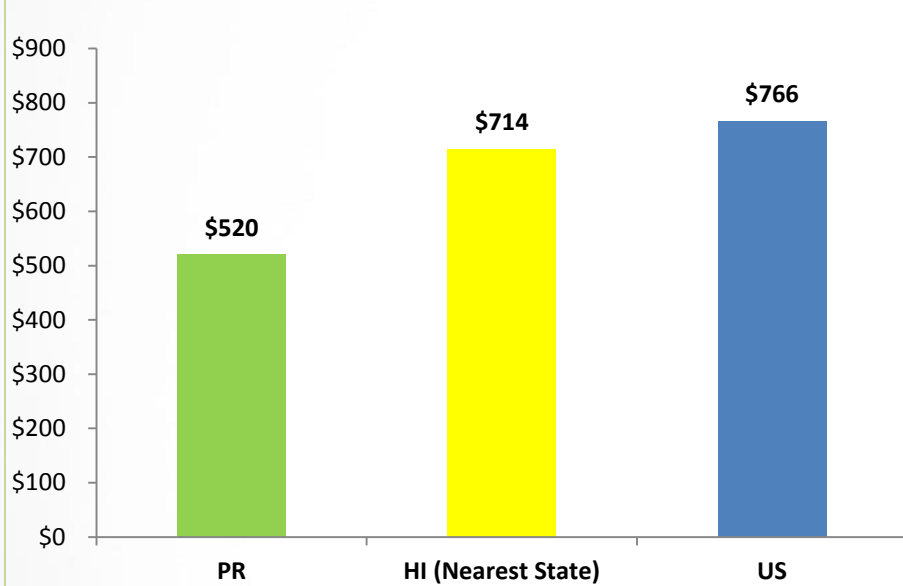
ACA Rate Changes



PR has highest cuts
(CMS Reports: MA Benchmarks from 2011 to 2015)

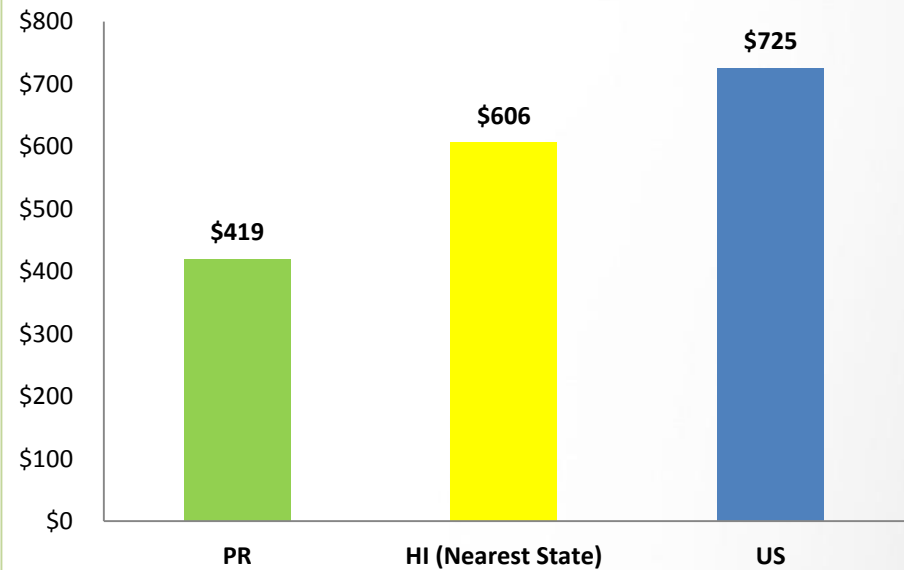
2. Why is Puerto Rico Unique?

Medicare Advantage Monthly Rate



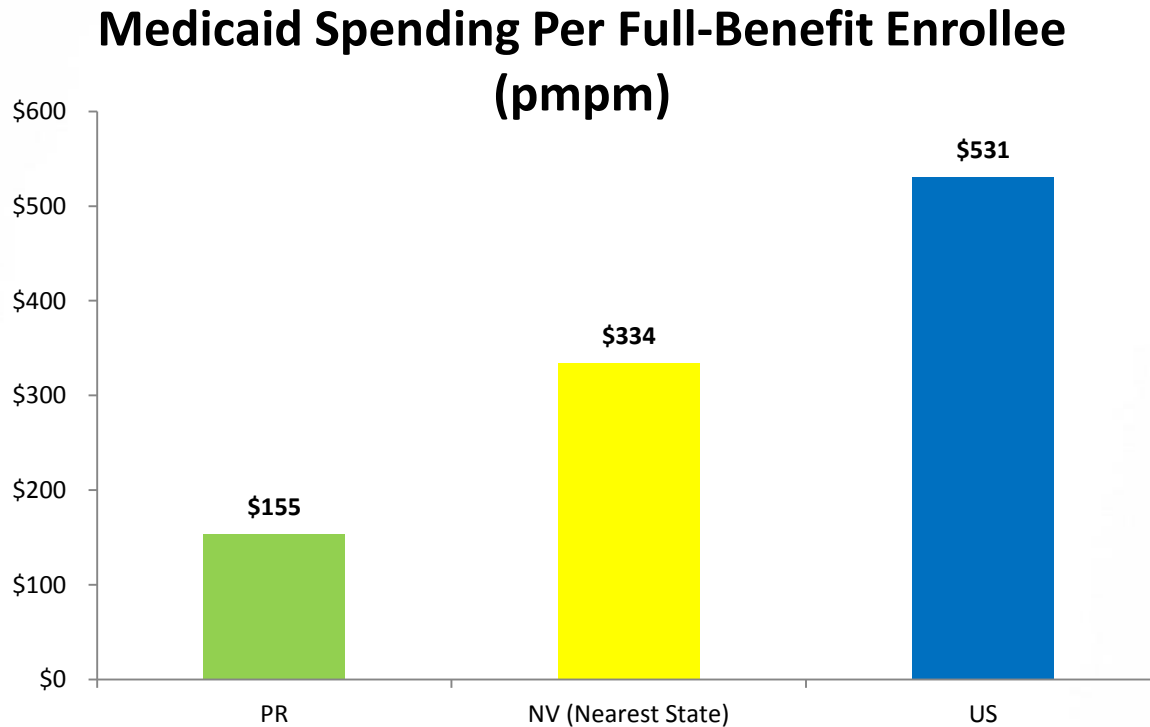
PR has lowest MA rates
(CMS Reports 2015)

Baseline Medicare Monthly FFS Rate



PR has lowest FFS rates
(CMS Reports 2015)

2. Why is Puerto Rico Unique?



PR has lowest Medicaid rates

Source: <http://kff.org/medicaid/state-indicator/medicaid-spending-per-full-benefit-enrollee/> Timeframe: FY 2011 for NV and US. PR estimate 2015.

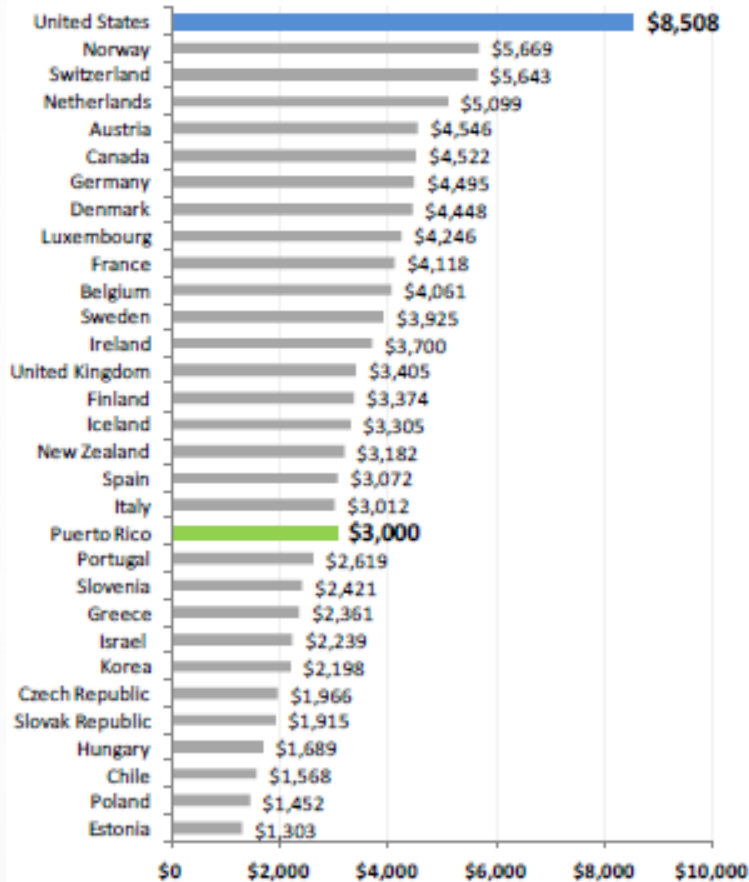
2. Why is Puerto Rico Unique?

WE DO MORE WITH LESS - PR Healthcare Costs lowest in US & among lowest in the OECD

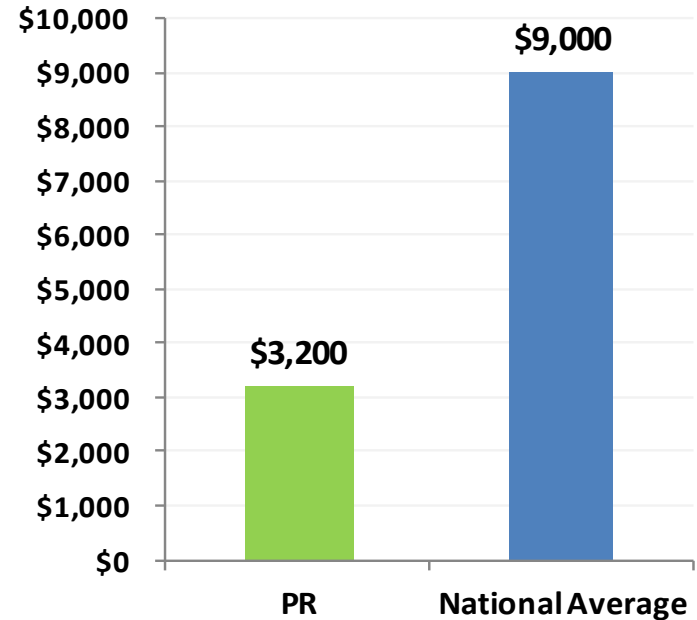
Total Expenditure on Health per Capita (2011-US Dollars)

Source: Key Tables from OECD - ISSN 2075-8480

http://www.oecd-ilibrary.org/social-issues-migration-health/total-expenditure-on-health-per-capita_20758480-table2



Estimated Healthcare Costs Per Capita PR and National Average (2013 Estimates)

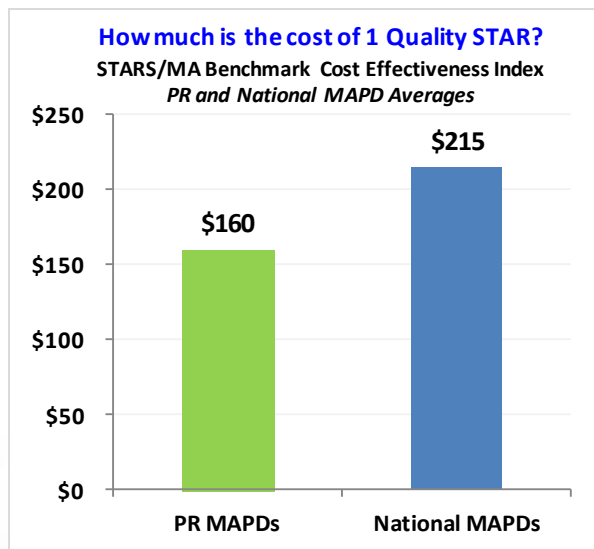


2. Why is Puerto Rico Unique?

Puerto Rico is held accountable to the same Star ratings system but has to Achieve the ratings with Significantly Less Funding

Positive Element: We can do more with less (BUT there is a limit at the bottom)

Jurisdiction	Simple Average STAR Ratings	MA Benchmark 3.0 STARS	STARs Achieved Per Dollar \$	Cost Per STAR
PR MAPDs	3.25	\$520	0.0063	\$160
National MAPDs	3.57 +9%	\$766 +47%	0.0047	\$215

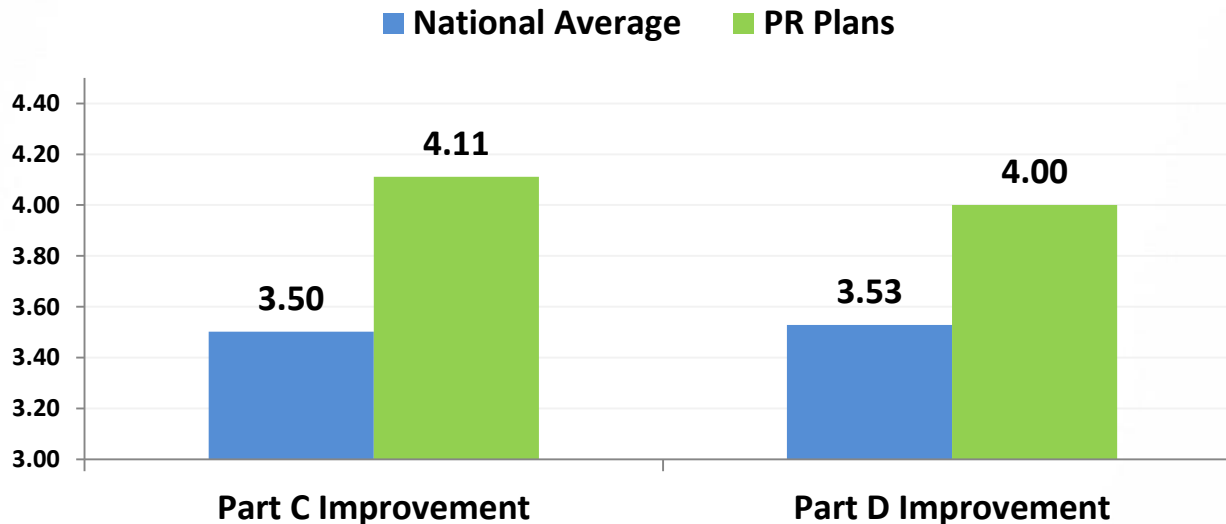


- National Average Stars is 9% higher than PR BUT they received 47% higher funding than PR
- Puerto Rico continues to evidence its ability TO DO MORE WITH LESS!

2. Why is Puerto Rico Unique?

Despite the lower funding, Puerto Rico continues to show improved quality BUT lower funding/future cuts are inevitably the BARRIER

Average Rating for Part C and D STARs Improvement Measures in 2015: PR & National



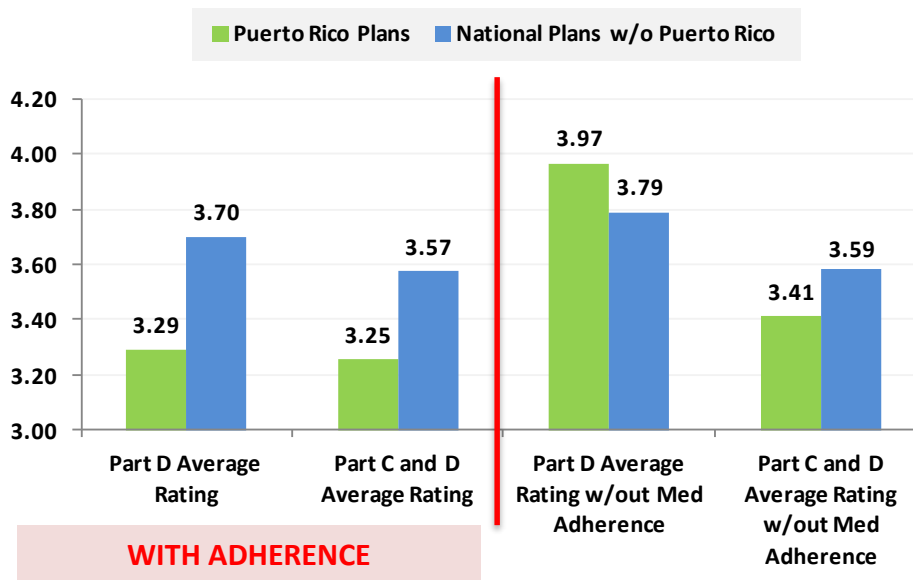
2. Why is Puerto Rico Unique?

Quality Improvement at Risk

**Puerto Rico beneficiaries suffer from NO LIS FUNDING which impacts future benefits.
THIS IS NOT FAIR!**

Average STAR Ratings for 2015

With and Without Adherence Measures

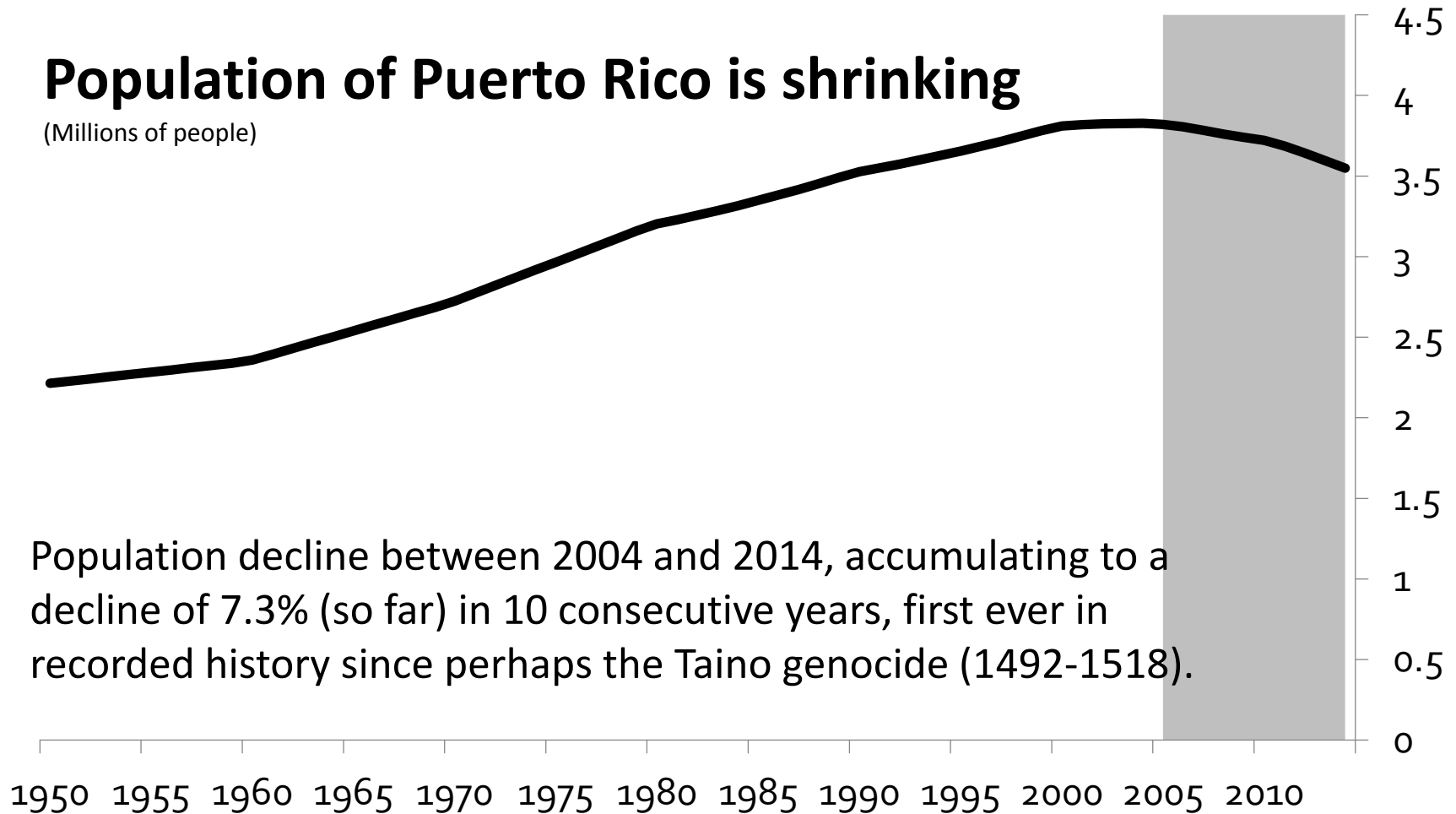


**Impact of Part D LIS is creating a TRIPLE PENALTY for Beneficiaries:
(1) No LIS, (2) Lower Adherence / Lower STARs, (3) No Bonus for benefits**

2. Why is Puerto Rico Unique?

Population of Puerto Rico is shrinking

(Millions of people)

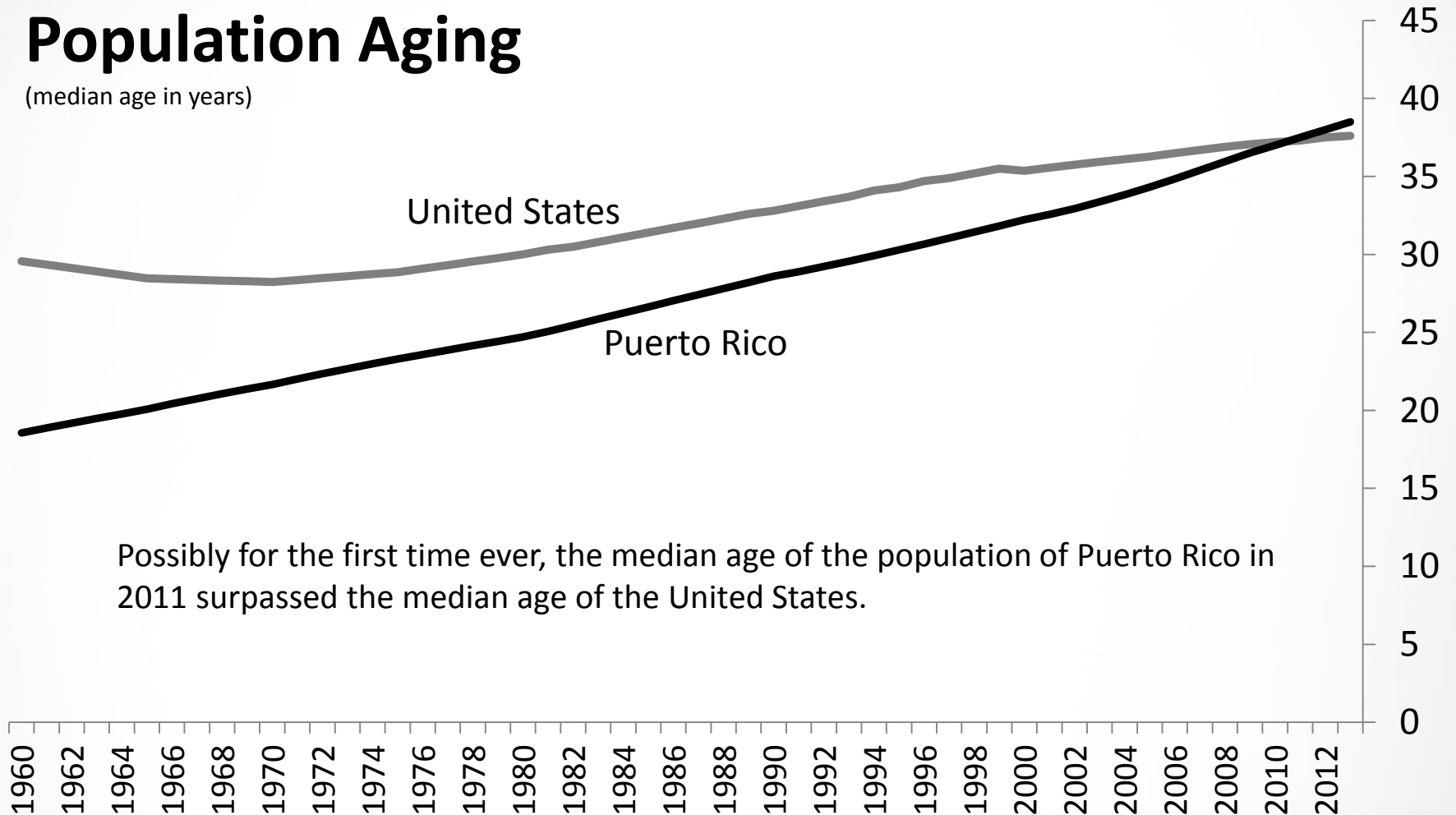


Population decline between 2004 and 2014, accumulating to a decline of 7.3% (so far) in 10 consecutive years, first ever in recorded history since perhaps the Taino genocide (1492-1518).

2. Why is Puerto Rico Unique?

Population Aging

(median age in years)

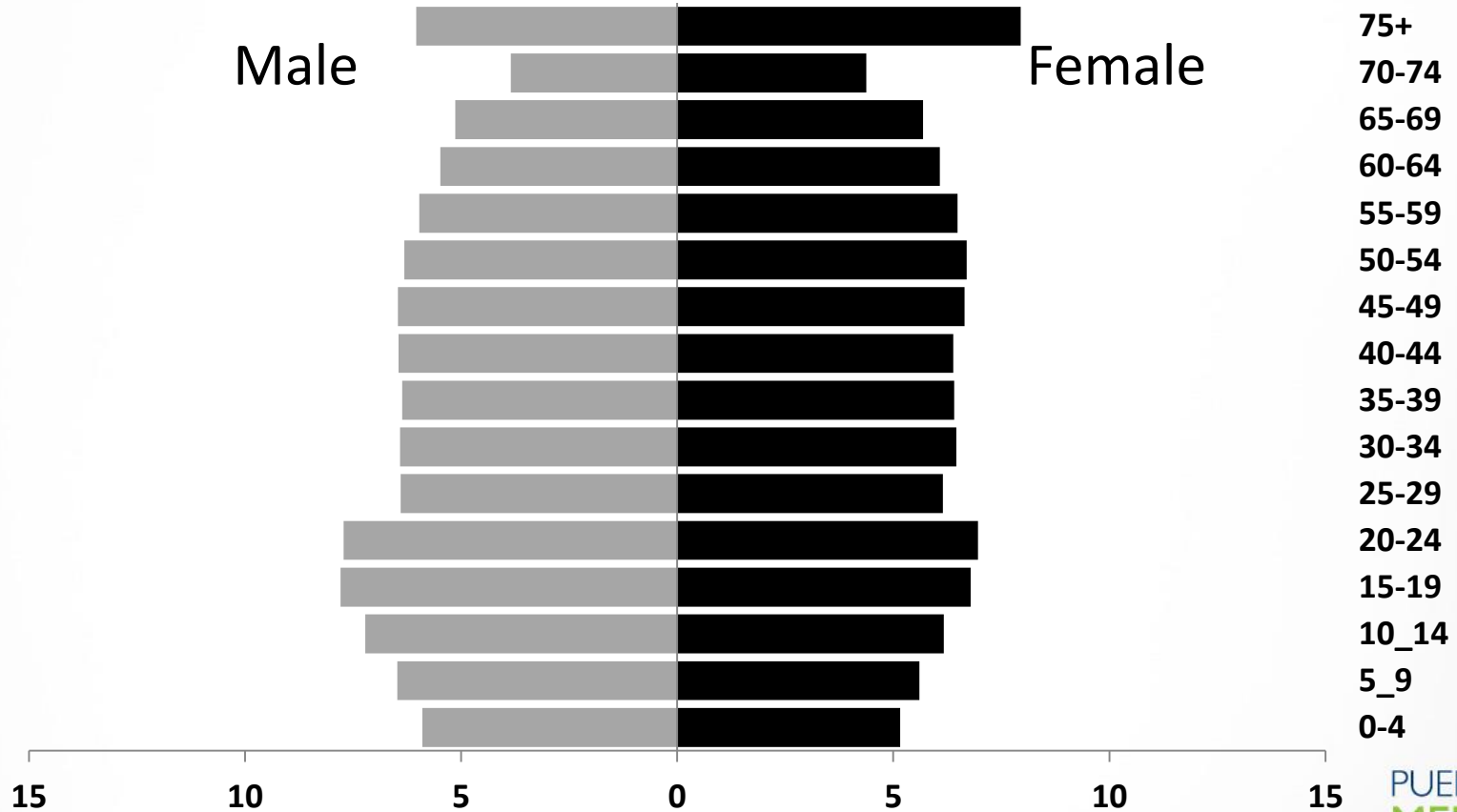


Possibly for the first time ever, the median age of the population of Puerto Rico in 2011 surpassed the median age of the United States.

2. Why is Puerto Rico Unique?

Population of PR – Who is Staying

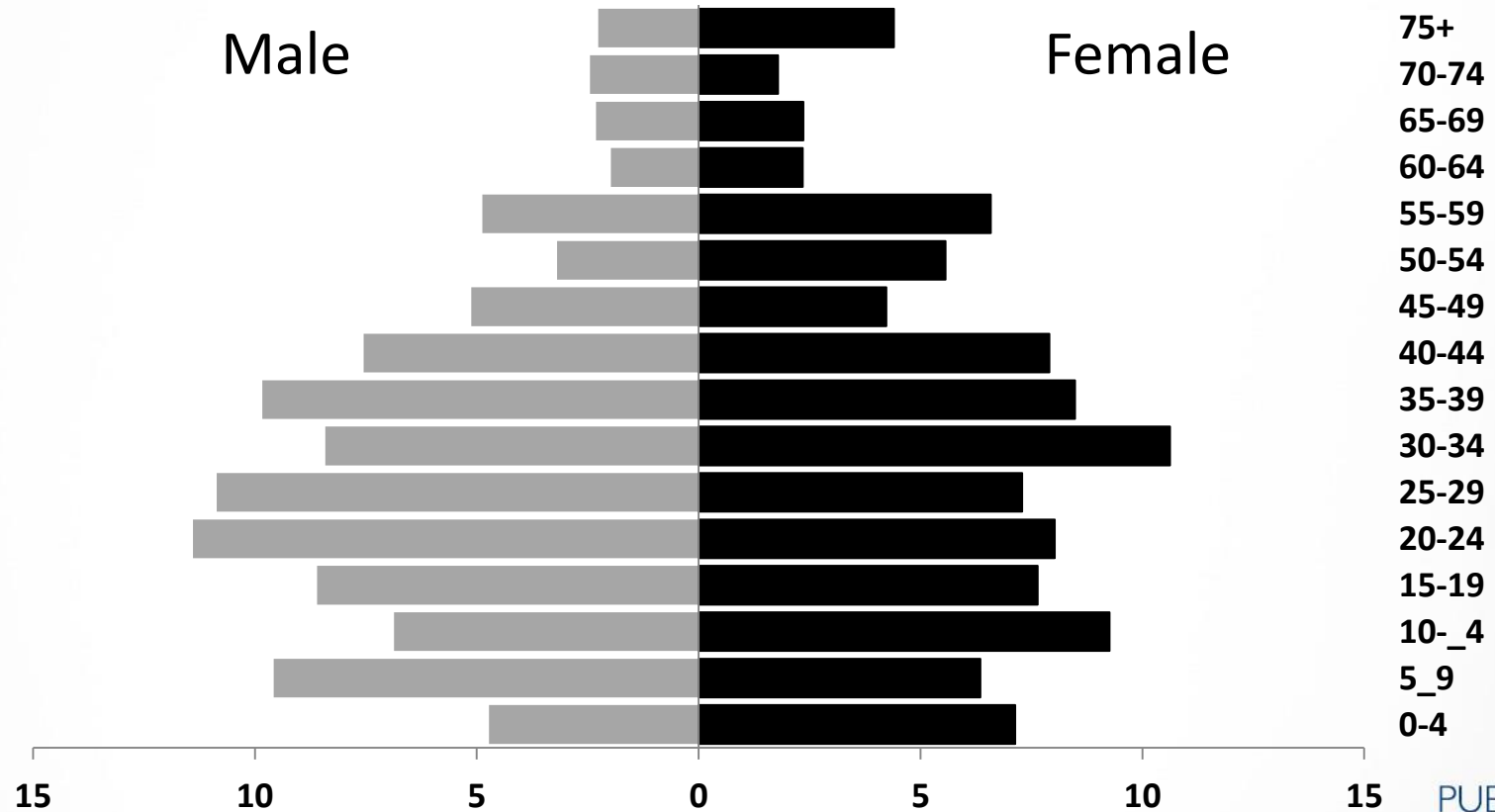
(Percent of Population, Puerto Rico, 2013)



2. Why is Puerto Rico Unique?

Population Pyramid – Who is Leaving

(Percent of migrants from Puerto Rico to U.S., 2013)



2. Why is Puerto Rico Unique?

Population of PR - One Estimate of How Many Doctors are Leaving

- According to the Public Use Microdata Sample (PUMS) of the American Community Survey of 2011, **310** doctors moved from Puerto Rico to the United States during calendar year 2011.
- That is almost **1 doctor per day**.
- This estimate has a relatively large confidence interval: with 90% probability the true number is as low as 135 doctors to as high as 485 doctors.

1. & 2. SUMMARY

Immediate Action is needed for Fairness for Beneficiaries Residing in Puerto Rico

BECAUSE

- (A) 3.6 million citizens, 730,000+ in Medicare, highest election % in USA and Medicaid
- (B) Lowest funding in the USA
- (C) Lowest healthcare costs in the Nation
- (D) Unintended ACA consequences have generated the **highest cuts**
- (E) Demonstrated progress in quality **BUT** cuts are strangling access to care
- (F) The President's Task Force has **identified key issues and opportunities**
- (G) **Administrative / short term policy ACTION** is crucial to save our system

3. Unintended Impacts of ACA Increase Disparity

- **Evident disparity increasing**
- **Risk to health delivery system**
- **Risk to beneficiaries**

3. Unintended Impacts of ACA Increase Disparity

ACA Unintended Resulting Scenario for Citizens in PR and their Delivery System

(A) Medicare Advantage reductions

Over \$1B in 2015, Accumulate to \$7.7B in 2019

(B) Commercial - No Marketplaces, None of new Federal expenses for subsidies

\$925 million assigned, originally proposed at \$4 billion, used for Medicaid

(C) Medicaid - Temporary Increase in Block Grant

Total of \$6.725 Billion increased from 2011 – 2019

PR still CAPPED at 55% matching and with finite allocation, Costs at Bottom

(D) Health Insurance Providers Fee

\$187 million in 2015, Accumulates to \$1.26 Billion in 2019

**PUERTO RICO'S HEALTH CARE DELIVERY SYSTEM CAN FAIL WITHOUT ADDITIONAL
FEDERAL FUNDING**

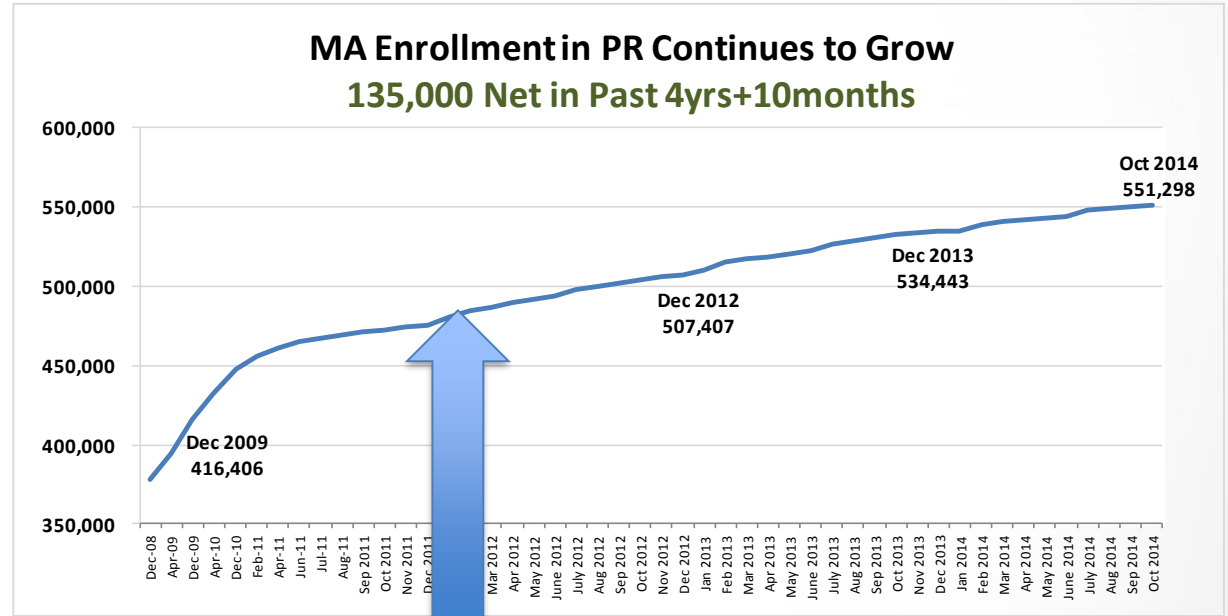
3. PR Beneficiaries Choose MA

MA Growth since 2001

2001 = 0

2005 = 80,000

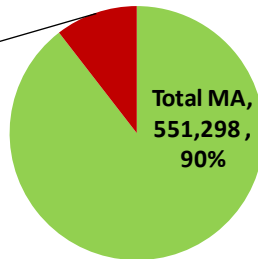
Oct. 2014 = 551,000



PR: 9 of every 10 Medicare beneficiaries with Part B have selected MA

Since 2011, MA has gone from \$6B to \$5B

Total Parts A& B, 64,497, 10%

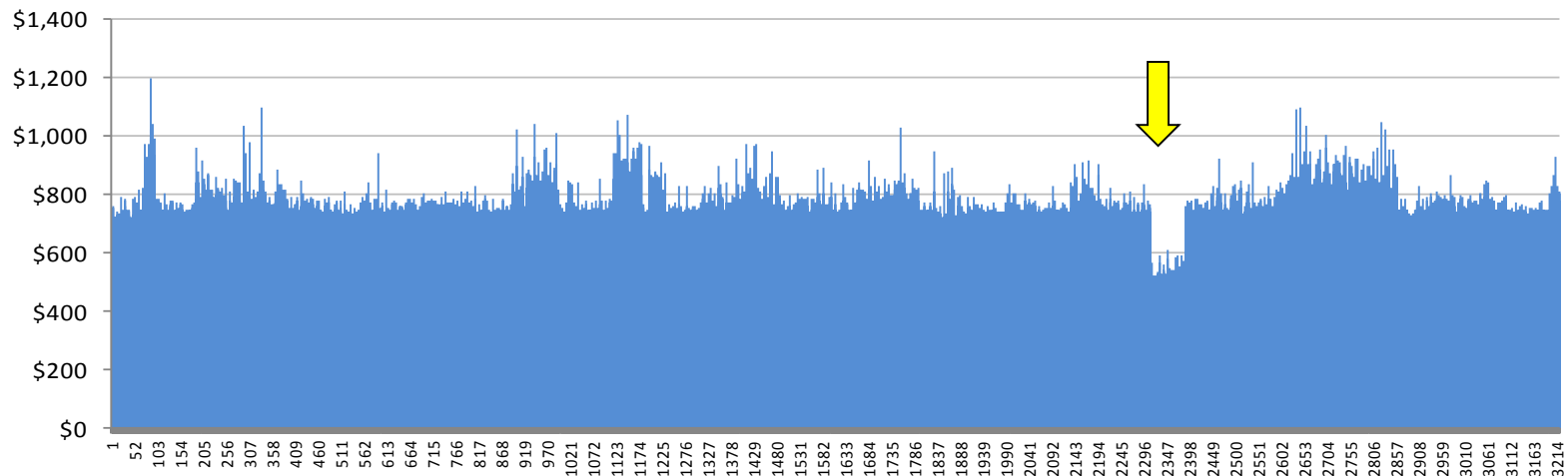


3. Unintended impacts of ACA increase disparity

MA Program: The disparity is simply not fair, AND . . .

MA County Benchmarks 2015

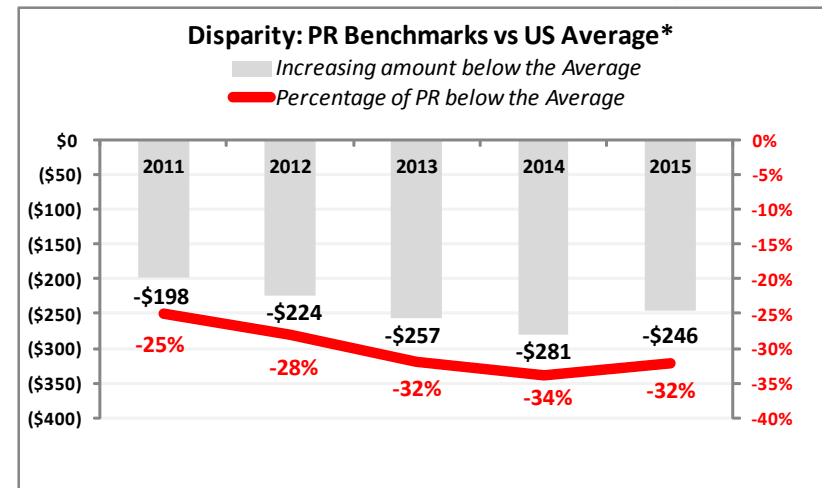
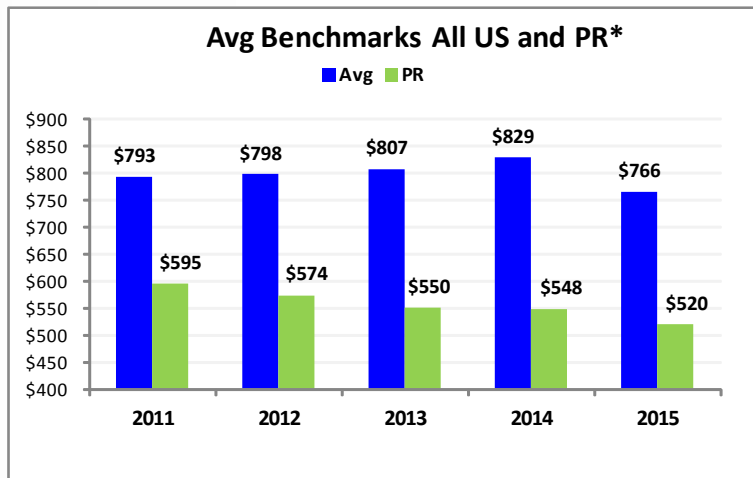
Based on April 2014 MA Ratebook from CMS - After April 22nd PR Revision



MA Benchmarks for Every County based on the Final 2014 MA Ratebook

3. Unintended impacts of ACA increase disparity

The Overwhelming Disparity Continues!



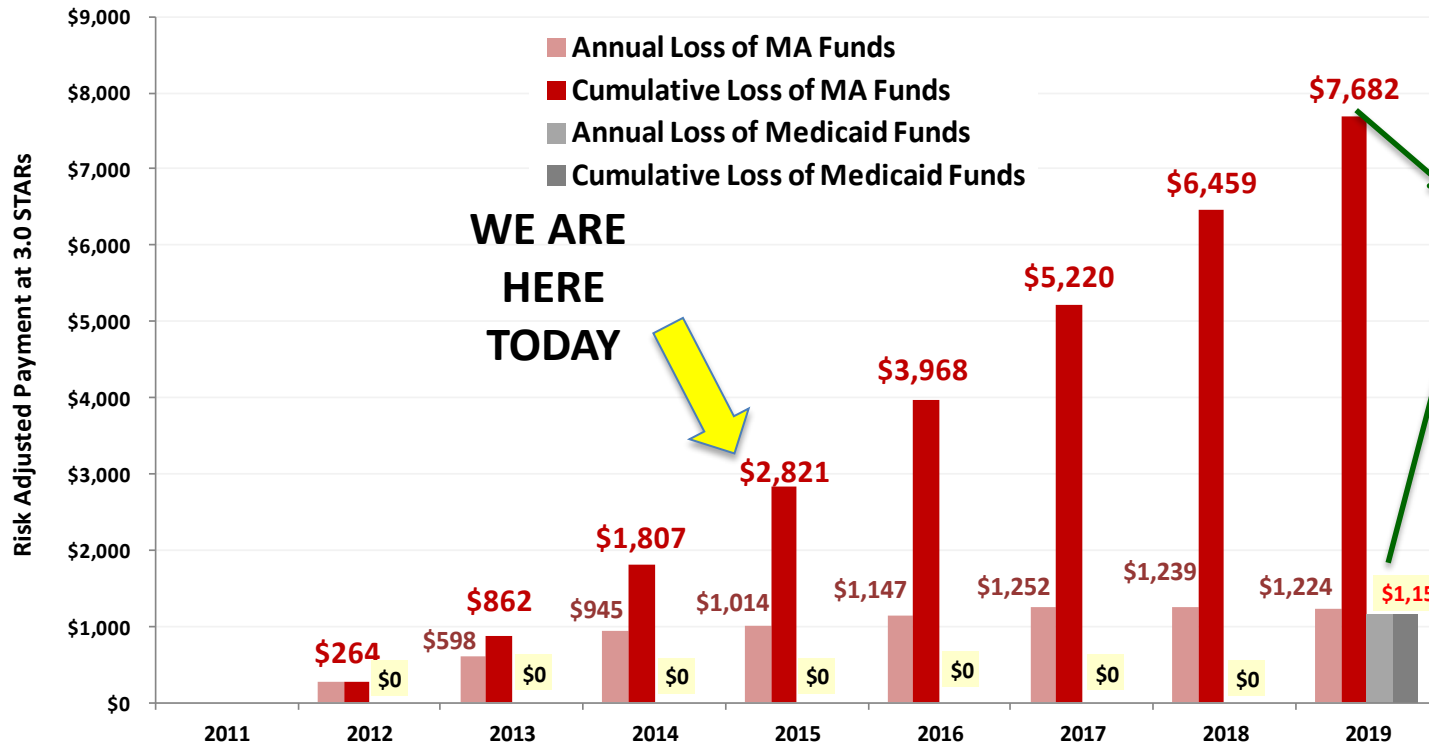
***2015 MA Benchmark scenario at 3.0 STARS has 0% QBP in all cases (national figures reflect more than 60% in 5% QBP)**
Excludes impact of 4%-6% related to risk score normalization and roll back of new HCC model from 75% to 33%.

3. Unintended impacts of ACA increase disparity

AND Including All Factors PR Could Still Lose ~\$7.7B by 2019

In 2019
The potential Medicaid cuts would begin after Medicare is losing over \$1.2 billion per year for a cumulative loss of almost \$7.7 BILLION

Estimated Reductions in Federal Programs Compared to 2011 Levels
 Includes MA cuts including Sequestration and Health Insurance Providers Fee and Medicaid
 MA Based on 1.25 avg risk all plans at 3.0 STAR / Medicaid Funding assumes an ACA allocation of up to



WE ARE HERE TODAY

In 2015,
 PR will be losing \$1 billion a year compared to the 2011 Pre-ACA Scenario

By 2016,
 PR would have lost almost \$4 billion in funding compared to the 2011 Pre-ACA Scenario

*Medicaid loss estimated based on ASES figures reported in END, and adjusted for the applicable health insurance providers fee.

3. Unintended impacts of ACA increase disparity

NEW Federal TAXES are Making it Worse

Year Impacted	Applicable amount in ACA for US	Estimated Impact % of Premium	Estimated Premiums in PR**	Estimated ACA "HIT" to be Paid by PR Healthcare
2014	\$8,000,000,000	1.50%	\$6,800,000,000	\$102,000,000
2015	\$11,300,000,000	2.12%	\$8,870,000,000	\$187,933,125
2016	\$11,300,000,000	2.12%	\$9,560,000,000	\$202,552,500
2017	\$13,900,000,000	2.61%	\$9,560,000,000	\$249,157,500
2018	\$14,300,000,000	2.68%	\$9,560,000,000	\$256,327,500
2019*	\$14,443,000,000	2.71%	\$9,560,000,000	\$258,890,775
Total ACA Federal Health Insurance Tax to be Paid by PR Healthcare =				\$1,256,861,400

* 2014 is based in reported payments. 2019 estimated to increase 1% based on national increase in premiums.

For the purpose of the estimate we assume PR premiums will increase at the same pace as the national amounts.

** Based on NAIC 2013 financial statement figures. 2015 includes 75% of the GHIP(Mi Salud) costs and 100% is assumed for 2016 and subsequent years. For the estimate, other increases are assumed over the period.

**Sequestration
and
New Federal TAX:**

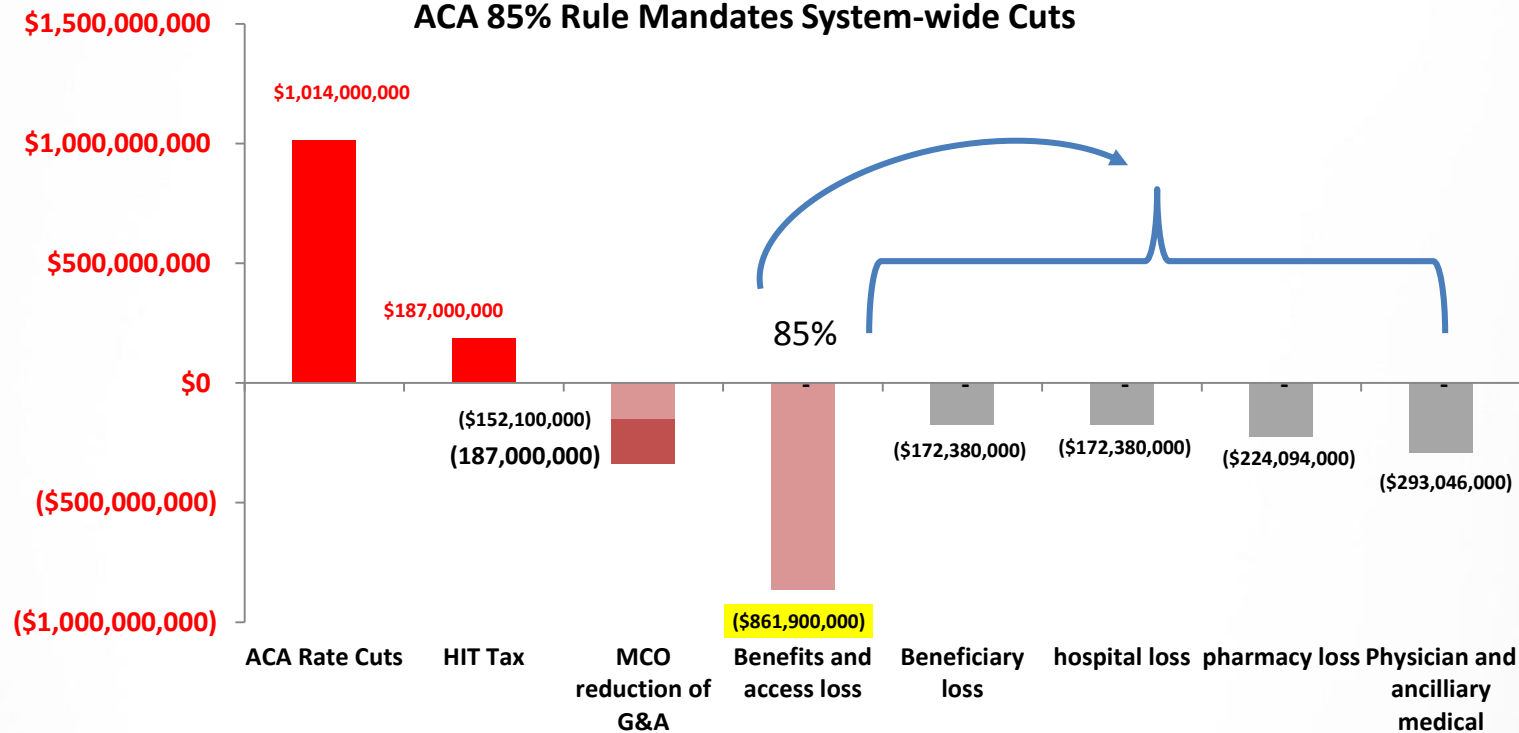
**Will cost over
\$280 million
in 2015**

Federal Sequestration will cost an additional \$675 million to Medicare beneficiaries in Puerto Rico from 2013 to 2019.

Sequestration + HIT means PR is **losing \$1.932 Billion in 2013-2019** in addition to the Medicare Advantage cuts.

3. Beneficiaries, Providers, Everyone Loses... Delivery System Can Crumble

Where's the estimated impact of the MA rate cuts to PR's
Healthcare Delivery System in 2015?
ACA 85% Rule Mandates System-wide Cuts



**These cuts are impacting and will impact all stakeholders –
THE SYSTEM CAN TAKE NO MORE!**

3. Unintended impacts of ACA increase disparity

EFFECTs ARE REAL – Risk to Delivery System

**Minimum Margins,
Many have left
FROM PR
Office of the Insurance
Commissioner Report 2013**



Índices	2013	2012	2011	2010
Razón de Pérdida Médica	86.0%	86.5%	87.4%	84.6%
Razón Combinada	98.7%	97.2%	97.6%	94.8%
Razón Margen de Beneficios	1.2%	2.5%	1.9%	2.2%

- **When \$1 billion is reduced, at least 85% is being reduced from:**
 - (a) Less coverage for medicines
 - (b) Increasing copays to see doctors
 - (c) Increasing member premiums
 - (d) Reducing help to pay for Part B
 - (e) Reducing provider compensation
 - (f) Reducing number of providers in networks
 - (g) Reducing plan options, consolidation
- Beneficiaries and providers leaving PR
- This is a reduction in taxable income to PR Government
- Employment loss (80,000 approx in healthcare total)
- Real RISK: Costs will shift back to Mi Salud if fixes are not achieved NOW

3. So What will Happen to the PR Delivery System...

MA

- Improving Quality of Care
- 49% of PR's health premium
- 550,000 members
- 220,000 Duals (\$10 wrap by ASES)
- \$520 pmpm

FFS

- No quality program
- 5% of PR's health premium
- Higher (unaffordable) copays
- No Prescription Drugs (Part D)
- \$420 pmpm

Mi Salud

- 4/1/15 change to full risk model
- 26% PR's health premium
- Current economic challenges
- 2018/2019 Cap Issue
- \$160 pmpm

If PR cannot absorb 2016 10% MA / HIT cuts...
330,000 MA beneficiaries can transfer to Medicare , 220,000 Duals will transfer to Mi Salud...

If MA Beneficiaries cannot afford FFS all will go to Mi Salud

Cost to PR Mi Salud ranges from \$200M to \$500M in 2016.

CONCLUSION
MI SALUD WILL BECOME THE PREDOMINANT ECONOMIC DRIVER OF HEALTH CARE DELIVERY IN PR AND THE HEALTH CARE DELIVERY SYSTEM CAN FAIL

3. Unintended impacts of ACA increase disparity

Unfair Economic Regulations Applied to PR

1. Medicaid CAP
2. Statutory Part A Reduction
3. No Supplemental Security Income
4. No Part D Low Income Subsidy
5. Lowest FFS Rates
6. Lowest MA Rates
7. Highest ACA Cuts

**PUERTO RICO'S HEALTH CARE DELIVERY SYSTEM CAN FAIL WITHOUT ADDITIONAL
FEDERAL FUNDING**

4. Saving Healthcare in PR, Saves Federal Funds

With Minimum Fixes

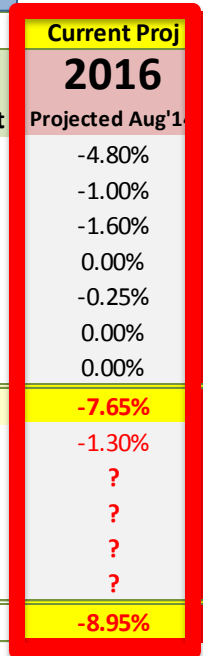
PR Can be the Most Cost-Effective Quality System in the Nation

4. Saving Health Care in PR

Analysis for Puerto Rico Medicare Advantage Rates at 3.0 STARS

More cuts for 2016!

2015 Rates					
	Q1/15	Q2/15	Q3/15	Current Proj	
	Jun'13-Feb'14	Feb 21 '14	Arp 7 '14	2016	Notes
	Initial 2015 Scenario	2015 Advanced Notice Scenario	2015 Final Announcement	Projected Aug'15	
(a) ACA MA Rate Phase In	-6.40%	-6.40%	-6.40%	-4.80%	Assuming FFS with hospice adj & UC maintained
(b) MA Ratebook Change	0.00%	-2.50%	-3.40%	-1.00%	Based on 2015, it is reasonable to assume -1%
(c) Hospice Phase In	-1.60%	-1.60%	-1.60%	-1.60%	Carve out of hospice costs from MA 5 yr phase in
(d) Change in STAR Ratings - ACA Incentives	0.00%	0.00%	0.00%	0.00%	0% bonus and 50% rebate - at 3 STARS
(e) Coding Intensity Adjustment (by Law)	-0.30%	-0.30%	-0.25%	-0.25%	defined by Law (ACA)
(f) Increase in ACA Health Ins Provider Fee	-0.60%	-0.60%	-0.60%	0.00%	"HIT" increase between 2014 to 2015 (ACA)
(g) End of Demonstration Project QBP	-3.00%	-3.00%	-3.00%	0.00%	Assuming all plans at 3 STARS
(h) Sub-total	-11.90%	-14.40%	-15.25%	-7.65%	
(i) DSH/Uncompensated Care Adj	0.00%	7.50%	7.50%	-1.30%	2016 - Based on draft rule for IPPS FY 2015
(j) Risk Score Normalization	0.00%	3.30%	4.30%	?	Accounts for more baby boomers in FFS Medicare
(k) HCC Model Blend Rollback (75% to 33%)	0.00%	0.00%	2.50%	?	2014 Model only to 33% (75% in 2014)
(l) In-Home HRA documentation for RAF	0.00%	-5.00%	0.00%	?	CMS did not finalize proposal for in-home HRAs
(m) MA ESRD Benchmarks	0.00%	0.00%	-0.90%	?	-13% for ESRD Benchmarks as a % of all MA funds
Grand Total	-11.90%	-8.60%	-1.85%	-8.95%	



***Worst case scenario could be -15%.**



June 25, 2013
IPPS Rule Comment Letter
About Part A fees and corresponding FFS Cost Estimate adjustments in MA Rate



Feb 11, 2014
Letter to President
Part A cost estimates adjustment is #1 ask

Meetings in PR & DC, Education, etc



4. Saving Health Care in PR

- The Cost-of-Living Index (COLI) is the principle source of data to compare the relative cost of living amongst 300 cities and urban areas of the United States, and now Puerto Rico.
- Published since 1968 by the *Council for Community and Economic Research* (C2ER), based in Arlington, Virginia.



4. Third Quarter 2014 Index Values

San Juan-Carolina-Caguas, PR MSA

(Average of the composite indexes in the United States = 100.0)

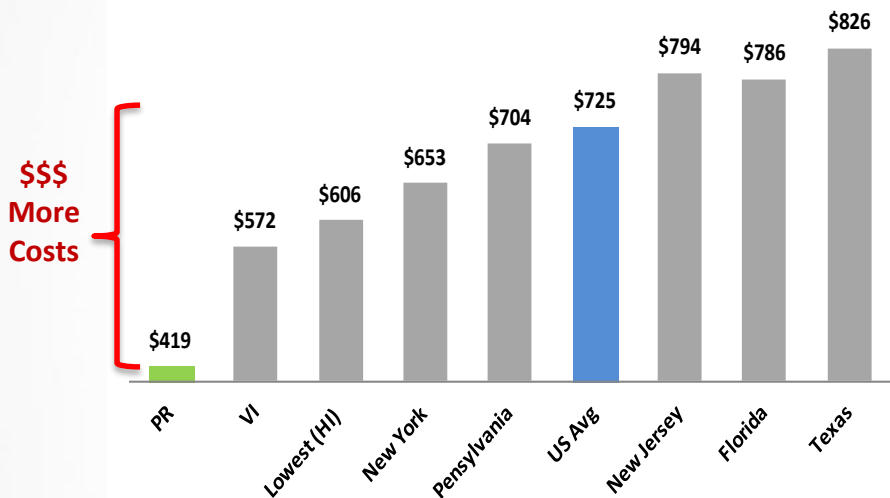
Composite Index	112.9
Supermarket items	122.7
Housing	98.7
Utilities	185.1
Transportation	94.5
Health	55.6
Miscellaneous	113.8

4. “I am thinking of moving from Puerto Rico to..”

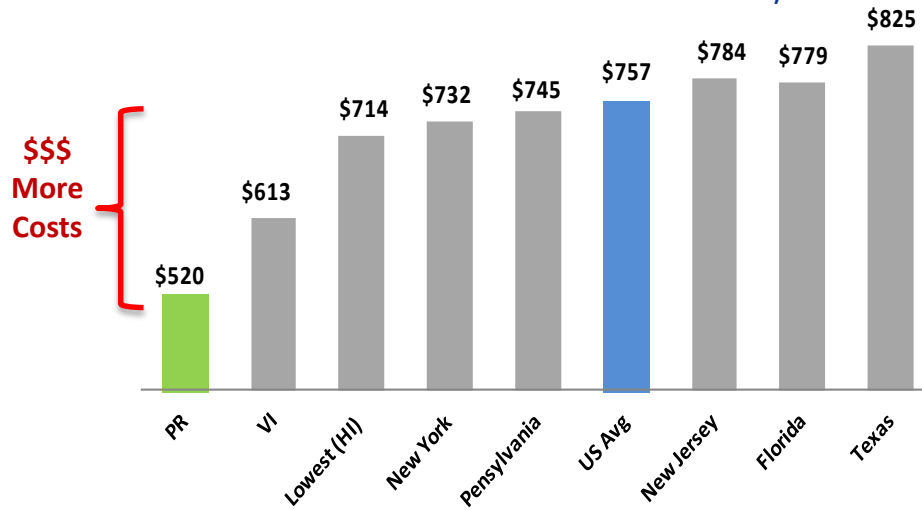
	Orlando, FL	Philadelphia, PA	Queens, NY	Houston, TX
Composite Index	12.1% ↓	5.6% ↑	33.8% ↑	12.6% ↓
Supermarket Items	17.4% ↓	6.1% ↓	0.8% ↑	31.4% ↓
Utilities	41.8% ↓	33.3% ↓	24.3% ↓	45.4% ↓
Housing	9.3% ↓	38.8% ↑	132.3% ↑	9.0% ↑
Transportation	4.8% ↑	12.4% ↑	21.6% ↑	0.8% ↓
Health	71.0% ↑	78.1% ↑	101.3% ↑	64.9% ↑
Miscellaneous	8.6% ↓	0.8% ↑	9.2% ↑	12.2% ↓

4. Saving Healthcare in PR, Saves Federal Funds

2015 Medicare FFS Rate PR vs Other Jurisdictions
 (*ALL Beneficiaries - incl those residing in PR - pay Medicare TAX "FICA" and the same 104.90 Part B Premium)



2015 MA Benchmarks PR vs Other Jurisdictions
 (*ALL Beneficiaries - incl those residing in PR - pay Medicare TAX "FICA" and the same 104.90 Part B Premium)



Is this a fair situation for Medicare-Tax paying and Part B Paying residents of Puerto Rico?

- The poorer beneficiaries pay the same and get much less.
- It is in the United States best financial interest to provide additional federal support to Puerto Rico.

Source: CMS MA Ratebook 2015 data.

4. Summary

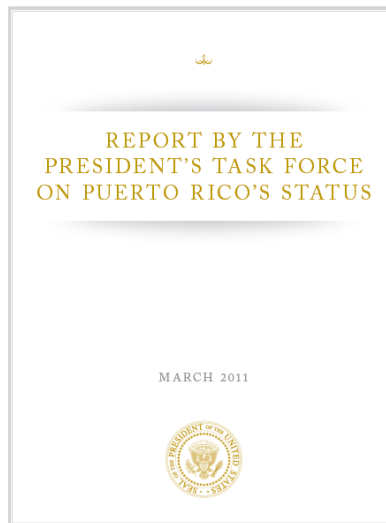
Increasing MA Funding in Puerto Rico would save the United States Government money

The Beneficiary moving:

- will be automatically eligible to Part D LIS benefits up to 150% FPL
- will spend more in FFS anywhere in mainland
- will have higher MA benchmarks anywhere in the mainland
- will have more chance to use Medicaid with higher FPL eligibility
- will be part of system that spends **\$8,915 per capita vs. \$3,200 in PR**

The most economical solution for the US government is to increase funding for PR's MA beneficiaries.

5. Action is Needed – NOW !



5. Action is Needed – Now

(A) For HIT Tax – As soon as possible.

ACA health Insurer Fee - Incongruence in ACA provisions in Puerto Rico calls for suspension of health insurance fee. Territories exempted from ACA exchange mandates and subsidies, but still being assessed the ACA fee intended to fund them. Puerto Rico and the territory plans are unfairly subsidizing the rest of the country.

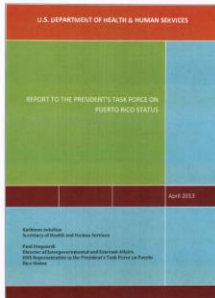
- PR Governor Letter to CMS and US Treasury (Aug 26, 2014)
- PR Resident Commissioner Letter & Territory Delegates (Oct 8, 2014)
- PR Coalition Letter signed by 9 Associations (Dec 18, 2014)
- Legal Memo About Administrations Authority to Act (Jan 13, 2015)

1. Needed: CMS-Treasury discuss and reach a joint resolution.

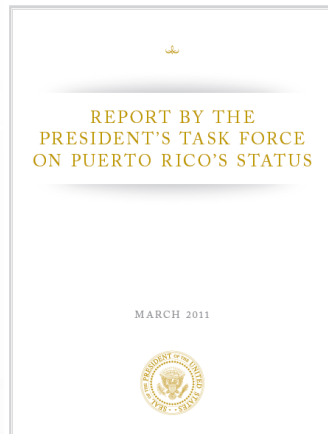
5. Action is Needed – Now



BARACK OBAMA: IMPROVING HEALTH CARE IN PUERTO RICO



April 2013



March 2011

Issues Identified for Years by Administration

What can we do now?

(A) Exclusion of Part D Benefit (LIS)

Prescription Drug Subsidy or Low-Income Seniors: Puerto Rico was excluded from the low-income Part D subsidy of the Medicare prescription drug program. Instead, Puerto Rico receives an additional block grant in Medicaid to serve the poorest Medicare enrollees, leaving tens of thousands of low-income seniors without any assistance. Obama will work to phase-in an extension of the low income subsidy to enrollees on the Island on the same basis as in the states.

Obama Plan for PR, 2008

(B) MA Rates

“The Administration is taking steps to address healthcare access issues for Puerto Rico’s Medicare beneficiaries by proposing to set Medicare Advantage payment rates in Puerto Rico in a more generous manner.”

- **March 2011, Report by President’s Task Force**

5. Action is Needed – Now

(B) MA/PD - Include revisions in CMS Call Letter and MA Ratebook for 2016.

Needed:

2. Adjust STARS Methodology to Account for Benefit Disparity and avoid unintended harm
3. Implement STARS adjustments with 2015 data for 2016 Payment Year
4. Use the 115% quartile percent for the MA ESRD Benchmarks
5. Allow MA Plans to Integrate Hospice benefit
6. Roll back risk score model to avoid impact to poorest

(C) Legislative Efforts – In quest of a permanent solution for fairness to PR beneficiaries

1. Amendment to eliminate the Part D LIS Exclusion for Territories.
 - Pierluisi (Resident Commissioner-PR) presented bill in House
 - Scoring of bill pending
2. Proposing protection of lowest cost counties in the Nation hardest hit by MA benchmark cuts.
3. Eliminate Part A fee discount for PR
4. Fix HITECH funding eligibility for Medicare hospitals in PR

5. Puerto Rico Needs Fairness !

We are here because there is a socio-economic crisis in healthcare due to the ACA cuts that are accumulating to almost \$3 billion in 2015, and will continue at over \$1 billion annually...

UNLESS – We are successful in generating administrative ACTION from the Federal government to implement legitimate and executable fixes....

The entire Puerto Rico health care delivery system , impacting all its beneficiaries, could fail.

We cannot let this happen. Please help us.

**THERE IS NO SOLUTION
FOR PR HEALTHCARE THAT
DOES NOT INCLUDE
MEDICARE ADVANTAGE**



PUERTO RICO
MEDICARE



COALITION FOR FAIRNESS

This is why we are united.

PUERTO RICO
MEDICARE



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