



DEPARTMENT OF HEALTH & HUMAN SERVICES

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

**Region II
Federal Building
26 Federal Plaza
New York, NY 10278**

March 19, 2012

Miguel Negrón Rivera
Executive Director
Office of Economic Assistance to the Medically Indigent
Commonwealth of Puerto Rico
Department of Health
P.O. Box 70184
San Juan, Puerto Rico 00936-8184

Dear Mr. Rivera:


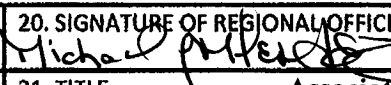
We have completed our review of Puerto Rico's State Plan amendment (SPA) submittal 11-003, "Cost Sharing", and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective November 1, 2011. The revised pages submitted to CMS on February 6, 2012 (via e-mail) replace the pages originally submitted. In addition, Puerto Rico has agreed to the changes on Form CMS-179 box 7 to include Federal Budget Impact for FFY2011 of 3.1 million and for FFY2012 of 3.4 million. Box 8 is revised to removed pages 4.18.A, p. 1.a and 4.18.C, p. 1.a. Enclosed is a copy of SPA 11-003 and a signed copy of the Form CMS-179.

If you have any questions, please contact Doretha Howard at (212) 616-2425.

Sincerely,

Michael Melendez
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 1 0 0 3</u>	2. STATE Puerto Rico
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE November 1, 2011	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1916 of the Social Security Act and 42 CFR 447.50 – 447.60	7. FEDERAL BUDGET IMPACT a. FFY <u>2011</u> \$ <u>3.1m</u> b. FFY <u>2012</u> \$ <u>3.4m</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT 4.18-A p.1, 4.18-A p.2a , 4.18-A p.2, 4.18-A p. 2a, 4.18-A p.3, 4.18-C p.1, 4.18-C p.2a , 4.18-C p. 2, 4.18-C p.2a, 4.18-C p.3 * THE STATE AGREED TO REMOVE THE PAGES CROSSED ABOVE.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 4.18-A p.1, 4.18-A p.2, 4.18-A p. 2a, 4.18-A p.3, 4.18-C p.1, 4.18-C p. 2, 4.18-C p.2a, 4.18-C p.3		
10. SUBJECT OF AMENDMENT Cost Sharing			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00935-8184		
13. TYPE NAME MIGUEL NEGRÓN-RIVERA			
14. TITLE EXECUTIVE DIRECTOR			
15. DATE SUBMITTED 12/27/2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED	18. DATE APPROVED March 19, 2012		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL November 01, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 		
21. TYPED NAME Michael Melendez	21. TITLE Associate Regional Administrator Division of Medicaid and State Operations		
23. REMARKS			

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

A. The following charges are imposed on all categorically needy for services in accordance with section 1916 of the Social Security Act and 42 CFR 447.50-447.60.

Service	010 (0-50% of poverty)	011 (51-100% of poverty)
Hospital		
Admission	\$0	\$3
Non-emergency visit to a hospital emergency room	\$3.80	\$3.80
Ambulatory Visits To:		
Primary Care Physician (PCP)	\$0	\$1
Specialist	\$0	\$1
Sub-Specialist	\$0	\$1
Other Services		
High-tech laboratories	\$0	.50¢
Clinical Laboratories	\$0	.50¢
X-Rays	\$0	.50¢
Special Diagnostic Tests	\$0	\$1
Therapy – Physical	\$0	\$1
Therapy – Occupational	\$0	\$1
Dental		
Preventative & Restorative (Adult)	\$0	\$1
Pharmacy		
Generic (Adult)	\$1	\$1
Brand (Adult)	\$3	\$3

Co-payments do not apply to any service provided to MiSalud enrollees by a provider in the Preferred Provider Network. The Preferred Provider Network is a subset of providers within the General Network, which provides services to enrollees free of cost-sharing or a requirement for referrals to obtain services. There is no Preferred Provider Network offered for Dental or Pharmacy services. The enrollee is not required to use the Preferred Provider Network. If the enrollee chooses to access services from a provider in the General Network, but not the Preferred Provider Network, the co-payments listed above apply subject to the following exceptions:

1. Co-payments do not apply to the services defined in sections 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b).
2. Co-pays for non-emergency visits to a hospital emergency room may be waived by calling Tele MiSalud line and receiving a code to waive the co-pay.

Co-payments do not apply to the following population segments and services, as required by and defined in section 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b). The basis for determining the amounts to be charged is in accordance with 42 CFR 447.54.

TN# 11-003
Supersedes TN# 10-002

Effective Date: 11/1/11
Approval Date: MAR 1 9 2012

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

B. The method used to collect the co-payments charges for categorically needy individuals:

X. Providers are responsible for collecting the cost sharing charges from individuals.

 The agency reimburses providers the full Medicaid rate for services and collects the co-payment charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Individuals are identified through the insurance identification cards as explained in D below. Services will be provided to categorically needy individuals regardless of their ability to pay the established co-payments at the moment of service.

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) and Social Security Act sections 1916(a) and (j) are described below:

Enrollees will have co-payment amounts coded in their identification card. Also, information on when co-payments are enforced and how to dispute them are included in the member handbook given to them upon enrollment into a plan.

A statement will be included in both the member handbook and the provider manual that an Indian, as defined in 42 CFR 447.50, who is either currently receiving services, or has ever received an item or service furnished by an Indian Health Service (IHS) or an I/T/U (Indian tribe, Tribal Organization, or Urban Indian Organization), or through a contract health services referral in any State, is exempt from all cost sharing.

Providers will use the identification card to identify those clients who should pay a co-payment. Excluded populations are identified in the system and coded accordingly. This information is sent to the insurance companies for identification and card production.

All contracted entities are instructed to program their claims adjudication systems to validate cost sharing. This includes verification that cost sharing amounts collected are appropriate to the population group of the beneficiary and that cost sharing is not applied in the cases of excluded services.

All contracted entities must inform their contracted providers about cost sharing rules and the excluded service and amounts; and the prohibition of service denial if client is unable to meet the cost sharing amount. The following methods will be used by contracted entities:

1. Provider manual and information bulletins, which are distributed to all providers
2. Provider newsletters
3. Other provider forums as available

All contracted entities will provide orientation to beneficiaries as to their obligations and rights with regard to cost sharing, using the following methods:

1. Identification cards
2. Beneficiary manual
3. Other Beneficiary forums as available

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

The table below lists (i) the number of members in a family group, (ii) the income limit for Medicaid eligibility and (iii) splits the income limit into two groups (coverage code 010 and 011) that are charged different co-pay amounts. For example: (i) if there are five members in a family group, the family group will qualify for Medicaid if their income is equal to or below \$780. If that five member family group's income level is equal to or less than \$390, the members of that family group who may be charged a co-pay (i.e. not exempted pursuant to 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b)) will be charged co-pays that apply to coverage code 010. If that five member family group's income level is equal to \$391 but less than \$780, the members of that family group who may be charged a co-pay (i.e. not exempted pursuant to 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b)) will be charged co-pays that apply to coverage code 011.

Members in Family Group	Income Limit for Medicaid Eligibility	Puerto Rico Poverty Level 0-50% (Coverage Code 010)	Puerto Rico Poverty Level 51-100% (Coverage Code 011)
		Copayments \$0-\$3.80	Copayments \$0.50 – \$3.80
1	\$400.00	0-\$200	\$201-\$400
2	\$495.00	0-\$248	\$249-\$495
3	\$590.00	0-\$295	\$296-\$590
4	\$685.00	0-\$343	\$344-\$685
5	\$780.00	0-\$390	\$391-\$780
6	\$875.00	0-\$438	\$439-\$875
7	\$970.00	0-\$485	\$486-\$970
8	\$1,065.00	0-\$533	\$534-\$1,065
9	\$1,160.00	0-\$580	\$581-\$1,160
10	\$1,255.00	0-\$628	\$629-\$1,255
11	\$1,350.00	0-\$675	\$676-\$1,350
12	\$1,445.00	0-\$723	\$724-\$1,445
13	\$1,540.00	0-\$770	\$771-\$1,540
14	\$1,635.00	0-\$818	\$819-\$1,635
15	\$1,730.00	0-\$865	\$866-\$1,730

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

X State policy does not provide for cumulative maximums

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

A. The following charges are imposed on all medically needy for services in accordance with section 1916 of the Social Security Act and 42 CFR 447.50-447.60.

Service	010 (0-50% of poverty)	011 (51-100% of poverty)
Hospital		
Admission	\$0	\$3
Emergency Services		
Non-Emergency Visit to Emergency Room	\$3.80	\$3.80
Ambulatory Visits To:		
Primary Care Physician (PCP)	\$0	\$1
Specialist	\$0	\$1
Sub-Specialist	\$0	\$1
Other Services		
High-tech laboratories	\$0	.50¢
Clinical Laboratories	\$0	.50¢
X-Rays	\$0	.50¢
Special Diagnostic Tests	\$0	\$1
Therapy – Physical	\$0	\$1
Therapy – Occupational	\$0	\$1
Dental		
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TN# 11-003
Supersedes TN# 10-002

Effective Date: 11/1/11
Approval Date: **MAR 19 2012**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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FFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

X State policy does not provide for cumulative maximums