

PUERTO RICO MEDICAID STATE PLAN

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

OFFICIAL

Revision:

HCFA-PM-87-4 MARCH 1987 (BERC)

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

State/Territory:

Puerto Rico

TABLE OF CONTENTS

<u>SECTION</u> <u>PA</u>	<u>GR</u>	NUMBER
State Plan Submittal Statement	-	1
SECTION 1 - SINGLE STATE AGENCY ORGANIZATION		2
1.1 Designation and Authority		2
1.2 Organization for Administration	į.	7
1.3 Statewide Operation	• 4	[#] 8
1.4 State Medical Care Advisory Committee		9

TN No. 86-1
Supersedes
TN No. —
AT 80-38

en chancillating

Approval Date 607 2

OCT 2-0 DES

Effective Date _

4/1/88

T.

HCFA ID: 1002P/0010P

1

Revision: HCFA-PM-91-4

AUCUST 1991

(BPD)

OMB No. 0938-

Page 1

Section 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory:	Puerto Rico
Citation	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
42 CFR 430.10	Department of Health

(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

JAN 1 - 1992 Approval Date MAY 1 TN No. Supersedes 1992 Effective Date TN No.

HCFA ID: 7982E

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and Children health Operation
26 Federal Plaza
Room 37-100
New York, NY 10278



Center for Medicaid & CHIP Services

July 13, 2020

Luz E. Cruz-Romero Executive Director Puerto Rico Medicaid Program PO Box 70184 San Juan, PR San Juan, PR 00936-8184

Re: Approval of State Plan Amendment PR-20-0003

Dear Luz E. Cruz-Romero:

On April 23, 2020, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-20-0003 to establish the basic administration of the Medicaid program and the legal authority of the state to submit and administer the state plan.

We approve Puerto Rico State Plan Amendment (SPA) PR-20-0003 on July 13, 2020 with an effective date(s) of April 10, 2020.

The pages approved for incorporation into Puerto Rico's state plan are attached. CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment.

Name

Date Created

Table of content

7/10/2020 3:54 PM EDT



If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program Operation

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS00020

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID N/A

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date N/A

State Information

State/Territory Name: Puerto Rico

Medicaid Agency Name: Puerto Rico Medicaid Program

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS00020

SPA ID PR-20-0003

Submission Type Official

Initial Submission Date 4/23/2020

Approval Date 7/13/2020

Effective Date N/A

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID PR-20-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	4/1/2020	74-1
Intergovernmental Cooperation Act Waivers	4/1/2020	74-1
Eligibility Determinations and Fair Hearings	4/1/2020	74-1
Organization and Administration	4/1/2020	74-1
Single State Agency Assurances	4/1/2020	74-1

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Section 1, page 1; Section 1.1 (a), page 2; Section 1.1 (b), page 3; Section 1.1 (d), page 5; Section 1.2, page 7; Section 1.3, page 8 Attachment 1.2-A; Attachment 1.2-B; Attachment 1.2-C

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS0002O

SPA ID PR-20-0003

Submission Type Official

Initial Submission Date 4/23/2020

Approval Date 7/13/2020

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including Goals and Objectives Single State Agency (State Plan Administration: A1 - Designation and Authority A-2 - Organization and Administration, and A3- Assurances)

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

Social Security Act section 1902(a)(5) 42 CFR secs. 431.10, 431.11, 431.12, and 431.50

Supporting documentation of budget impact is uploaded (optional).

Name

Date Created

No items available

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | PR2020MS00020 | PR-20-0003

Package Header

Package ID PR2020MS00020

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID N/A

Governor's Office Review

No comment

Ocmments received

O No response within 45 days

Other

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date N/A

Describe Medicaid Executive Director

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS0002O

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID 74-1

User-Entered

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date 4/10/2020

A. Single State Agency

1. State Name: Puerto Rico

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Puerto Rico Department of Health

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name

Date Created

Medicaid_MAGI_Single State Agency SPA PR-20-0003 - Attorney General

4/23/2020 5:13 PM EDT

PO

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 💿 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
 - a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency
 implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS00020

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID 74-1

D. Additional information (optional)

User-Entered

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date 4/10/2020

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS0002O

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID 74-1

User-Entered

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date 4/10/2020

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Puerto Rico Health Insurance Administration (ASES)

view waiver Fuerto Rico Health insura	ance Administration (ASES)
1. Name of state agency to which responsibility is delegated	l:
Puerto Rico Health Insurance Administration (ASES)	
2. Date waiver granted:	
7/1/2020	
3. The type of responsibility delegated is (check all that appl	(y):
a. Conducting fair hearings	
Name of other type: 1	Description:
MCOs, MAOs, PBMs Fair Hearings	PRHIA is responsible for conducting all Medicaid fair hearings related with MCOs, MAOs, and PBMs, among others.
4. The scope of the delegation (i.e. all fair hearings) includes	:
	ngs for managed care (MCO) appeals requested after the exhaustion of the managed care provider appeals and Medicare Advantage Organization (MAO) appeals.
5. Methods for coordinating responsibilities between the ag	encies include:
 a. The Medicaid agency retains oversight of the state plan, as matters. 	well as the development and issuance of all policies, rules and regulations on all program
D. The Medicaid agency has established a process to monitor	the entire appeals process, including the quality and accuracy of the hearing decisions

made by the delegated entity.

c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information

d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.

e.The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:

i. A written agreement between the agencies.

ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

Yes

No

 ${\bf 7.} \ Additional \ methods \ for \ coordinating \ responsibilities \ among \ the \ agencies \ (optional):$

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | PR2020MS00020 | PR-20-0003

Package Header

Package ID PR2020MS00020

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID 74-1

User-Entered

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date 4/10/2020

B. Additional information (optional)

The Puerto Rico Health Insurance Administration (ASES by its acronym in Spanish), conducts all Medicaid fair hearing for appeals of all MCO services and benefits for all Medicaid beneficiaries in the territory as well as provider appeals.

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | PR2020MS0002O | PR-20-0003

Package Header

Package ID PR2020MS0002O

SPA ID PR-20-0003

Submission Type Official

Initial Submission Date 4/23/2020

Approval Date 7/13/2020

Effective Date 4/10/2020

Superseded SPA ID 74-1

User-Entered

A. Eligibility Determinations (including any delegations)

1. The entity or entities that condu	ct determinations of eligibility for families, adults, and individuals under 21 are:
	a. The Medicaid agency
	b. Delegated governmental agency
2. The entity or entities that condu	ct determinations of eligibility based on age (65 or older), or having blindness or a disability are:
	a. The Medicaid agency
	b. Delegated governmental agency
3. Assurances:	
	$\overline{\hspace{-0.1cm} \hspace{-0.1cm} }$ a. The Medicaid agency is responsible for all Medicaid eligibility determinations.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | PR2020MS00020 | PR-20-0003

Package Header

Package ID PR2020MS00020

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID 74-1

User-Entered

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date 4/10/2020

B. Fair Hearings (including any delegations)

m of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
ble for all Medicaid fair hearings.
t fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
a. Medicaid agency
b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waive
d. Delegated governmental agency
gs (not related to an eligibility determination based on MAGI):
All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.
i

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | PR2020MS00020 | PR-20-0003

Package Header

Package ID PR2020MS00020

Submission Type Official

Approval Date 7/13/2020

Superseded SPA ID 74-1

User-Entered

SPA ID PR-20-0003

Initial Submission Date 4/23/2020

Effective Date 4/10/2020

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

D. Additional information (optional)