



Estado Libre Asociado de Puerto Rico
Departamento de Salud

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

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HACFA-AT-8038 (BPP)
MAY 22, 1980

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE GOVERNOR
LA FORTALEZA, SAN JUAN



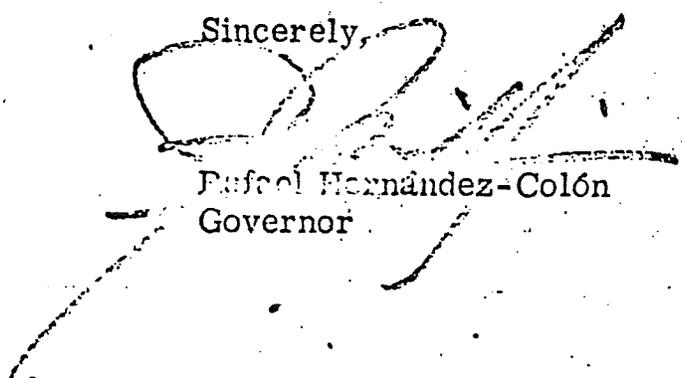
March 29, 1974

Mr. Elmer W. Smith
Commissioner
Department of Health, Education
and Welfare
Region II
26 Federal Plaza
New York, NY 10007

Dear Commissioner Smith:

By virtue of the powers invested on me by the Constitution and the laws of the Commonwealth of Puerto Rico, I hereby designate the Department of Health of Puerto Rico as the Single State Agency to administer the provisions of Title XIX of Public Law 89-97 of July 30, 1965.

Sincerely,


Rafael Hernández-Colón
Governor

Rev. 2003/
2004

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

ICFA-AT-80-38 (BPP)
MAY 22, 1980

Medicaid State Plan Puerto Rico

The Department of Health of Puerto Rico as the Single State Agency to administer the provisions of Title XIX of Public Law 89-87 of July 30, 1965.

What is the State Plan

The State Plan is the officially recognized statement describing the nature and scope of Puerto Rico State's Medicaid program.

As required under Section 1902 of the Social Security Act (Act), the Plan was developed by our state and approved by the United States Department of Health & Human Services (DHHS). Without a State Plan, Puerto Rico State would not be eligible for federal funding for providing Medicaid services. Essentially, the Plan is our state's agreement that it will conform to the requirements of the Act and the official issuances of DHHS.

The State Plan includes the many provisions required by the Act, such as:

- ❖ Methods of Administration
- ❖ Eligibility
- ❖ Services Covered
- ❖ Quality Control
- ❖ Fiscal Reimbursements.

Once the original Plan has been approved by DHHS, all future changes to the Plan must also be approved by DHHS before they can become effective. Plan changes are submitted by the state to DHHS as State Plan Amendments (SPA). DHHS, through the Centers for Medicare and Medicaid Services (CMS), reviews each SPA to determine whether it meets federal requirements and policies. The Plan is updated when CMS issues final approval of a SPA.

SECTION 1 Public Law Single State Agency Organization

1.1 Designation and Authority

1.2 Organization for Administration

1.3 Statewide Operation

1.4 State Medical Care Advisory Committee

LIST OF ATTACHMENTS THE SECTION 1

NO.

Title of Attachments

Ref. List of Attachments Official
Approval May 1, 1992

- *1.1- A** **Attorney General's Certification**
- *1.2- B** **Waivers under the Intergovernmental
Cooperation Act**
- 1.2-A** **Organization and Function of State
Agency**
- 1.2- B** **Organization and Function of Medical
Assistance Unit**
- 1-2- C** **Professional Medical and Supporting
Staff**
- 1-2- D** **Description of Staff Making Eligibility
Determination**

*** Forms Provided**

OFFICIAL

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

OMB No. 0938-0193

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

State/Territory: Puerto Rico

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TN No. 85-1
Supersedes
TN No.
AT 80-38

Approval Date OCT 20 1988
1989

Effective Date 4/1/88

HCFA ID: 1002P/0010P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program

State Commonwealth of Puerto Rico

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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

42 CFR
430.10

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

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.

TN No. 92-2
Supersedes
TN No. 76-9

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of Health of

Puerto Rico

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 in this paragraph.)

ATTACHMENT 1.1-A is a 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.

TN # 74-7
Supersedes
TN # 74-1

Approval Date 2/6/75 Effective Date 1/1/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

IN # 74-7
Supersedes
IN # 74-1

Approval Date 2/6/78 - Effective Date 4/1/74

on: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

tation
intergovernmental
operation Act
1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

Not applicable. Waivers are no longer in effect.

Not applicable. No waivers have ever been granted.

74-7

eddes

74-1

Approval Date 3/6/75 Effective Date 4/1/74

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation

42 CFR 431.10 1.1(d) Responsibility for determinations of eligibility for Medicaid under this plan is carried out as follows:

<u>Agency</u>	<u>Coverage Group(s)</u>
---------------	--------------------------

There is a written agreement relating to these determinations between the agency named in paragraph 1.1(a) and the agency administering or supervising the administration of the State plan approved under title I or XVI of the Social Security Act. The agreement defines the relationships and respective responsibilities of the agencies.

X Not applicable. The agency named in paragraph 1.1(a) has responsibility for all such determinations.

TN No. 92-2
Supersedes
TN No. 76-9

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR 431.10
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

76-9
Supersedes
TN # 74-7

Approval Date 12/17/76 Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Medical Assistance Program has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

74-2
supersedes
TN # 74-1

Approval Date 4/5/74 Effective Date 7/24/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # 74-2
Supersedes
TN # 74-1

Approval Date 4/5/74

Effective Date 7/24/74

Decision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

Supersedes # 74-1
TN #

Approval Date 10/15/74 Effective Date 4/1/74

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: Puerto Rico

Citation

1928 of the Act

1.5 Pediatric Immunization Program

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-6
 Supersedes
 TN No. **New**

Approval Date NOV 15 1994

Effective Date JUL 1 - 1994

9b

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: Puerto Rico

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 94-6 Approval Date NOV 15 1994 Effective Date JUL 1 - 1994
Supersedes
TN No. **New**

LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachment</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
	* Supplement 2 - Definitions of Blindness and Disability (<u>Territories only</u>)
	* Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (<u>States only</u>)
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	* Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	* Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

*Forms Provided

TN No. 92-02 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
 Supersedes _____
 TN No. 88-1 HCFA ID: 7982E

J

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.:
Page 2

<u>No.</u>	<u>Title of Attachment</u>
* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
* Supplement 5a-	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
* Supplement 6 -	Standards for Optional State Supplementary Payments
* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
* Supplement 8 -	Resource Standards for 1902(f) States - Categorically Needy
* Supplement 8a-	More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
* Supplement 8b-	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
* Supplement 9 -	Transfer of Resources
* Supplement 10-	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 11-	Cost-Effective Methods for COBRA Groups <u>(States and Territories)</u>
*2.6-A	Eligibility Conditions and Requirements (<u>Territories only</u>)
* Supplement 1 -	Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
* Supplement 2 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 3 -	Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
* Supplement 4 -	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
* Supplement 6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

*Forms Provided

TN No. <u>92-8</u>	Approval Date <u>OCT 14 1992</u>	Effective Date <u>JUL 1 1992</u>
Supersedes		
TN No. <u>92-2</u>		

HCFA ID: 7982E

Puerto Rico **OFFICIAL**

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-
Page 3

<u>No.</u>	<u>Title of Attachment</u>
*3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
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	Supplement 2 - Alternative Health Care Plans for Families Covered Under Section 1925 of the Act
*3.1-B	Amount, Duration, and Scope of Services Provided Medically Needy Groups
3.1-C	Standards and Methods of Assuring High Quality Care
3.1-D	Methods of Providing Transportation
*3.1-E	Standards for the Coverage of Organ Transplant Procedures
4.11-A	Standards for Institutions
4.14-A	Single Utilization Review Methods for Intermediate Care Facilities
4.14-B	Multiple Utilization Review Methods for Intermediate Care Facilities
4.16-A	Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
4.17-A	Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
*4.18-A	Charges Imposed on Categorically Needy
*4.18-B	Medically Needy - Premium
*4.18-C	Charges Imposed on Medically Needy and other Optional Groups
*4.18-D	Premiums Imposed on Low Income Pregnant Women and Infants
*4.18-E	Premiums Imposed on Qualified Disabled and Working Individuals
4.19-A	Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

*Forms Provided

TN No. 92-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
Supersedes TN No. 90-1
HCFA ID: 7982E



Revision: HCFA-PM-91-8 (MB)
 October 1991

OMB No.:
 Page 4

<u>No.</u>	<u>Title of Attachment</u>
4.19-B	Methods and Standards for Establishing Payment Rates - Other Types of Care
	* Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
4.19-C	Payments for Reserved Beds
4.19-D	Methods and Standards for Establishing Payment Rates - Skilled Nursing and Intermediate Care Facility Services
4.19-E	Timely-Claims Payment - Definition of Claim
4.20-A	Conditions for Direct Payment for Physicians' and Dentists' Services
4.22-A	Requirements for Third Party Liability--Identifying Liable Resources
*4.22-B	Requirements for Third Party Liability--Payment of Claims
*4.22-C	Cost-Effective Methods for Employer-Based Group Health Plans
*4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
7.2-A	Methods of Administration - Civil Rights (Title VI)

*Forms Provided

TN No. <u>92-0</u>	Approval Date <u>OCT 14 1992</u>	Effective Date <u>JUL 1 1992</u>
Supersedes		
TN No. <u>92-2</u>		

HCFA ID: 7982E

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*Forms Provided

TN No. 92-2
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Revision: HCFA-PM-91-8 (MB)
October 1991

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*Forms Provided

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 TN No. 92-2 HCFA ID: 7982E

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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*Forms Provided

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Supersedes		
TN No. <u>90-1</u>		HCFA ID: 7982E



Revision: HCFA-PM-91-8 (MB)
 October 1991

OMB No.:
 Page 4

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7.2-A	Methods of Administration - Civil Rights (Title VI)

*Forms Provided

TN No. 92-0 Approval Date OCT 14 1992 Effective Date JUL 1 1992
 Supersedes TN No. 92-2
 HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A
MEDICAL ASSISTANCE PROGRAM

State of The Commonwealth of Puerto Rico

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Department of Health of Puerto Rico is the
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers
the plan on a Statewide basis is Article IV of the Constitution
of the Commonwealth of Puerto Rico and Act No. 81 adopted
on March 14, 1912, as amended.

(statutory citation)

supervising the administration of the plan by local
political subdivisions.

The legal authority under which the agency supervises
the administration of the plan on a Statewide basis is
contained in

(statutory citation)

The agency's legal authority to make rules and regulations
that are binding on the political subdivisions administer-
ing the plan is

(statutory citation)

August 28, 1974

DATE

Rafael F. Morales Caballero
Signature

Acting Attorney General
Title

PR 6/20/74 10/15/74 4/1/74

74-1
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 1.1-B

OFFICIAL

State of Commonwealth of Puerto Rico

WAIVER(S) OF THE SINGLE STATE AGENCY REQUIREMENT GRANTED
UNDER THE INTERGOVERNMENTAL COOPERATION ACT OF 1968

Waiver #1. ^{1/}

- a. Waiver was granted on _____
(date)
- b. The organizational arrangement authorized, the nature
and extent of responsibility for program administration
delegated to _____, and
(name of agency)
the resources and/or services of such agency to be utilized
in administration of the plan are described below:

NOT APPLICABLE

1/ (Information on any additional waivers which have been granted
is contained in attached sheets.)

St. PR Incorp. 6/30/74 effective 10/15/74 4/1/74

74-1

OFFICIAL

State Commonwealth of Puerto Rico

Attachment 1.1-B
page 2

- c. The methods for coordinating responsibilities among the several agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

NOT APPLICABLE

PR 6/20/74 10/15/74 4/1/74

OFFICIAL

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

ATTACHMENT 1.2- A

STATE: COMMONWEALTH OF PUERTO RICO

GENERAL EXPOSITION

GENERAL ORGANIZATION CHART

The Department of Health's Organization and Operation is divided in two large areas, which are:

- I- Standards and Programatic Area: and the
- II- Operational Area

All advisory units belonging to the Office of the Secretary, from ordinary Staff offices through the Auxiliary Secretaryships are included under the Standards and Programmatic Area. The Operational Area comprises all activities of Health Facilities and Medical Services Administration and the Regional Offices of the Department.

The Office of Aid to the Medically Indigent's position correlates to Standards and Programmatic Area. This office holds a series of functional relationships with the total Department's structure. This is possible due to the fact that all monitoring related to the Medical Assistance Program is under it's jurisdiction. Also, the functional interaction extends to the operational level particularly on the regions.

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Public Law #26 of November 13, 1975, also known as the Health Facilities and Services Administration of Puerto Rico Act, created the Health Facilities and Services Administration of Puerto Rico. Accordingly, this agency will be responsible for all the operational aspects of the Department of Health.

The Department of Health, in turn, will maintain the policy making functions concerning the agency's general planning, evaluation, and auditing activities. It will, at the same time, establish regulations for the health services and facilities aiming its activities to both the public and the private sectors.

The aforementioned functions are carried on through the following fourteen Advisory Offices and eight Assistant Secretaryships:

I. Office of the Secretary of Health

A. Advisory Offices

- 1) Internal Auditing
- 2) Legal Services
- 3) Office of Aid to the Medically Indigent
- 4) Administrative Services
- 5) Quality Control of Health Services
- 6) State Health Planning and Development
- 7) Community Relations
- 8) Federal Affairs Office

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- 9) Women and Infant Care Program
 - 10) Demographic Office
 - 11) Office of Profesional Standards, Regulations and
Licence
 - 12) Inmate Health Services
 - 13) Laboratory Services Institute
 - 14) OCASET
- B. Assistant Secretariats
- 1) Special Affairs
 - 2) Environmental Health
 - 3) Emergency Medical Services
 - 4) Family Health Preventive Services
 - 5) Regulation and Accreditation of Health Facilities
 - 6) Mental Health
 - 7) Education to Health Professionals
 - 8) Nursing Secretariarship

The Office of the Secretary of Health consists of the Secretary of Health, the Under Secretary, their assistants and their secretarial and clerical staff. The Secretary of Health is responsible of the overall administration of the Departament of Health including the Health Services and Facilities Administration and the Administration created for the operation of the Puerto Rico Medical Center. As an integral part of the

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office of the Secretary, the Under Secretary participates in the direction of the Department of Health and in other assignments he receives from the Secretary. He also functions as Acting Secretary and coordinates the regulatory and advisory component with the operational area of the health regions in coordination and through the Executive Director of the Health Facilities and Services Administration.

The overall direction of the Health Facilities and Services Administration is performed by the Secretary of Health through the Executive Director, following established policies, rules and regulations. Likewise, the Executive Director is the line of communication with the Secretary of Health for all official matters.

The general functions of the advisory and assistant secretaries offices are as follows:

A. Advisory

1) Internal Auditing Office

Performs the fiscal and operational auditing for all Department's facilities and programs to assure the most effective use of the resources and that the use of federal and state resources is in compliance with the applicable laws and regulations.

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2) Legal Services Office

Provides the necessary legal advise and assistance to all Department of Health and HFSA dependencies.

3) Office of Aid to the Medically Indigent

Responsible for the administration of the Title XIX Program in the State.

4) Administrative Service

Performs the administrative functions of the Department of Health that were delegated to the Health Facilities and Services Administration.

5) Quality Control of Health Services

Responsible for the establishment of standards of quality services and for the continuous evaluation of the amount and scope of medical services.

6) State Planning and Development Office

Responsible for the development of the Global Strategic Health Plan of the Commonwealth of Puerto Rico in accordance with the federal and state laws. Formulates the necessary criteria needed for the evaluation, and certification of the health facilities and other special projects of the Department of Health. Undertakes the necessary studies related to the areas of health services.

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7) Community Relations

Responsible to assist the Secretary of Health in the development and maintenance the public and community relations and to provide professional assistance in the public relations field to all Department and HFSA dependencies.

The basic activity of this office is to maintain the community informed about the programs and services available in the Department of Health.

8) Federal Affairs Office

Advise the Secretary of Health on federal regulations laws and programs funding.

9) Women and Infant Care Program

Administers Public Law 95-627 as amended by section 17 of Child Nutrition Act of 1966. It provides supplemental nutrition to mothers and infants at risk.

10) Demographic Office

Register and maintain vital statistics on Puerto Rico's population universe according to State Law 24 of April 22, 1931, as ammended.

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- 11) Office of Profesional Standards, Regulations and Licencé Administers State Law 11 on Registration and Continuous Education of June 23, 1976.
- 12) Inmate Health Services
Provides institutional health services to inmates of public institutions.
- 13) Laboratory Services Institute
Administers and regulates the operations of clinical laboratory analysis and blood banks
- 14) OCASET -Office of Services to Sexually Transmitted Diseases
Administers State Law 81 of June 1983, as amended for prevention and treatment of sexually transmitted diseases. It is correlated to CDC of Atlanta, Ga., the University of Puerto Rico School of Medicine and to Puerto Rico's Education Department, Social Services, Department of Services to Addiction (DSCA), Correctional Administration Department and Department of Justice. Community groups working agaisnt drug addition, are also correlated to this office, such as CREA. This office comprise Puerto Rico's main efforts against AIDS.

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B. Assistant Secretariat Offices

1) Special Affairs

Provides assistance to the Secretary of Health in establishing the administrative and operational policies for the Department of Health and in the special programs and affairs delegated.

2) Environmental Health

Responsible for the planning, development, implementation and performance of all environmental health policies in the state. Administers supervises and controls all sanitation activities.

3) Emergency Medical Services

Responsible for the planning, organization, and operation and administration of the emergency transportation services of the state health care system.

4) Family Health Preventive Services

Responsible for the planning, development, organization and supervision of the implementation and performance of the outpatient health services policy in the public health facilities.

5) Regulation and Accreditation of Health Facilities

Responsible for the implementation of the provisions of Act 101 of June 26, 1965 as amended, to license every health facility on compliance with standards and regulations.

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6) Mental Health Services

Responsible for the planning, development, organization and supervision of the implementation and performance of mental health care and policies in the public sector.

7) Education to Health Professions

Performs the necessary functions for the planning, administration and implementation of medical and paramedical training programs and other human resources development.

8) Nursing Secretariatship

Responsible for the establishment of policies, on nursing services and to correlate as advisor on nursing matters to the Secretary's office and other pertinent dependencies.

In addition of the aforementioned functions the advisory and assistant secretaries' offices provide support to the State Health System in the following areas.

- by delegation and in coordination with the Secretary of Health, establish programs objectives and priorities that constitute the basis for the Department's public policy.
- Establish the operational component policies in line with federal, state, and municipal regulatios.

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- Provides technical advise through the Executive Director of the Health Facilities and Services Administration and in coordination with the under Secretary of Health.
- Evaluate the operational area and inform the Secretary of Health about accomplishments in policy implementation recommending changes in objectives in accordance with actual health services needs.

II. Health Facilities and Services Administration - H.F.S.A.

H.F.S.A. was created by Public Law #26 of November 13, 1975, as amended. This law enables the Secretary of Health to delegate ~~in the Administration~~, prior authorization by the Governor, all management and operational matters involving health services delivery.

For this end, the Administration becomes the Department of Health main instrument of community accessibility to preventive, curative, and reahabilitative high quality services rendered at reasonable costs.

For optimum results, the law established the Administration as an independent body with unusual maximum operational flexibility in its administrative systems, such as those relating to personnel, budget, fiscal, purchase, and supply areas.

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In order to facilitate its performance, the H.F.S.A. has adopted the following organizational structure which was approved by the Secretary of Health in July 1978.

1. Executive Directors Office

The Professional staff of this office is the Executive Director, the Deputy Director and their assistants.

The Executive Director responds to the Secretary for the full management, operation and services rendered by the Administration. The Deputy Director shares these responsibilities with the Executive Director and substitutes him in his absence.

2. Operational Managemnet Office

Responsible to the Executive Director for the design and implementation of procedures and systems leading to maximum operational efficiency. It will also perform special efficiency assesments of the different components of the Department.

3. Information System

The Information Systems Office consists of four basic areas of activity as follows:

a. Director's Office

Responsible of the planning, organization, development and direction of the Integrated Information System.

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b. Office of Statistics Analysis and Control of Information Responsible for gathering, analysis and control of the statistics, computer data and development of management reports necessary for the different operational units.

c. Cooperative Health Statistics
Responsible to compile vital statistics data necessary for the Cooperative National Statistics System and submit the required information and reports.

f

d. Data Processing Center
Responsible for the operation and supervision of the Information Processing Systems (Computer and Programming Operation).

4) Comptroller Area

A. Office of the Comptroller

Consists of the Comptroler (Assistant Director) his assistants, and a System and Financial Analysis Unit. It responds to the Executive Director for the Development of internal fiscal policies and procedures aiming to maximize income as well as utilization and preservation of resources.

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It is also responsible for the design, implementation and maintenance of systems and procedures concerning fiscal policies.

The Comptroller Office also systematically analyses all the financial operations of the H.F.S.A. and makes recommendations to the Executive Director:

In line with the above, this office manages and supervises the following divisions:

Financial, Budgeting, Accounting and Cost Analysis, Billing and Property Control.

 B. System Analysis Financial Unit

Responsible for the analitical evaluation of the economic resources and expenditures of the H.F.S.A., revision of the proposed budgets and to provide assistance to the Executive Director and to the Regional Directors.

C. Finance Division

Responsible for the accounting system at all levels. Consequently, it keeps fiscal reports necessary for adequate monitoring on the use of funds and on the financial operations of the H.F.S.A., and the Department of Health.

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D. Billing and Collection Division

Responsible for implementation and administration of the billing function to third party payors under State Law 56, of June 21, 1969. Provides technical assistance and monitoring to the billing and collections activities at regional levels.

E. Budgeting Division

Responsible for the direction, control, and coordination, as appropriate, of the preparation and management of both the H.F.S.A. and the Department's budget.

F. Cost Accounting Division

Responsible for the operation of the cost accounting systems in the medical facilities, programs, and services of the H.F.S.A., and the Department of Health. It procedures and submits reports required by Medicare and Medicaid Programs.

G. External Resources Division

Responsible for the analysis of federal and state legislation in order to search new financial resources for the operational H.F.S.A. It also provides assistance to the operational units of the H.F.S.A. related to the accountability and control of federal funds.

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5) Personnel and Human Resources Area

A. Office of the Assistant Director

Responsible to the Executive Director for the operation of the human resources and personnel functions of the H.F.S.A.

B. H.F.S.A. Personnel Division

Responsible for the H.F.S.A. personnel functions.

C. H.F.S.A. Human Resources

Responsible for the H.F.S.A. operation related to human resources.

6) Office of Health Construction and Modernization of Health Facilities

Responsible for the maintenance of health facilities and the supervision of construction projects.

7) Office of Administrative Services

Responsible to the Executive Director of the Administration to provide the common services to the different dependencies of the H.F.S.A. such as, transportation, mail, security warehouse, files, equipment repairs and housekeeping activities.

8) Office of Purchases and Supplies

Responsible for the acquisition of general supplies, drugs, and equipment needed by the H.F.S.A. and the Department of Health.

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OFFICE OF ^{ECONOMIC} AID TO THE MEDICALLY INDIGENT

The Office of ^{ECONOMIC} Aid to the Medically Indigent, correlates to the Standards and Programmatic Area of the Department of Health.

This office holds a series of functional relationships with local Department structure. This is possible due to the fact that all monitoring related to health, and in particular, to the Medical Assistance Program is under its jurisdiction.

The Office has been established in response to the following needs of the Medical Assistance Program and the Department of Health in general. Among these are the adequate attention of the growing complexity of federal reports; improvement of third party payments; continuous follow-up upon federal legislation on health care financing; to strengthen the implementation of standards, plans systems and procedures; to constantly keep surveillance on possible fraud and abuses regarding the utilization of health services and facilities; to analyze fiscal and managerial reports in order to identify and evaluate their impact and relevance; to keep up an active follow-up on the sources of federal, state and private funding; to monitor the ~~price fixing~~ ^{rate setting} for hospital-ambulatory services; to provide an advise and monitor the

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economic aspects on the contract negotiations; to keep up an effective coordination with the Regions for an adequate Medicaid Program implementation; to be directly responsible for studies and reports on Medicaid Quality Control.

Medicaid Program operates within the Health Department Organization that establishes eight (8) health regions. Within these regions Medicaid Program has 88 local offices.

- Advisory Committee

The General Council of Health at Puerto Rico's Department of Health, functions as the advisory committee to the Medicaid Program. It was created on State Law 11 of June 23, 1976 on accordance to PL-93-641 of 1974, as ammended.

The General Health Counsel is composed of 25 members representing different geographical areas of Puerto Rico and among it's members there are health providers, consumers, financing executives, lawyers, and ex-officio members from Social Services Department, Education, Addiction and State Insurance Funds Departments as well as the School of Medicine of the Univesity of Puerto Rico.

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The specific functions of each Division under the Director of the OAMI shall be as follows:

I. Medical Assistance Program Division (Title XIX)

Responsible for the administration, monitoring and coordination, islandwide of the Medicaid program thus providing consistent program direction in accordance with the Federal and State requirements.

These functions are channeled thru the following divisions:

1. Eligibility Determination and Standards Setting Section

 Responsible for the development of program policies and procedures; basic needs eligibility standards; production and updating of the necessary program manuals, and materials; and updating of state plan and state program manual and other manuals pertinent to IEVS.

Policy and Standards Division

1. Policy Unit:

Studies the existing rules and guides, as well as their proceedings, and is kept aware of every change coming from federal level to keep them up to date and in compliance with: TN 92-11 Approval Date MAR 12 1992

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- a. studies the questions sent by local anual regional personnel to clarify doubts and uniform procedures.
- b. keeps up to date the Program's Policy and Procedures manual.
- c. studies and keeps up to date the State Plan.
- d. studies and keeps up to date the federal Medicaid manual (Parts 1-14)

EPSDT Section

 Responsible for the coordination of EPSDT activities with the Department of Social Services and Title V. It will be responsible for the monitoring of the program activities and for the provision of program evaluation and reports.

Disability Determination Board

Evaluate the disabled individuals who apply for the Program benefits because of their disability and their socio-economic poverty.

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Validation Board

Certify the Blind Category applicants who comply with the socio-economic eligibility condition and requirements.

2. Field Operations Monitoring

This Division is responsible of the program monitoring operations islanwide to provide technical assistance; assessment to the program and services administrative personnel.

 Plans, organizes, directs and supervises the technical aspects of the Program at regional and local levels.

Advices the Regional Directos of the Medicaid Program on matters pertaining the Program and in technical and evaluation areas leading to Program and services agreement.

Maintains continous evaluation programs training, effective administrative techniques, organization, methodology, and procedures which submits to the Program Director for approval.

Coordinates Program and Information System activities with regional and local offices and participates on Program and system evaluation comittees. TN 92-11 Approval Date MAR 12 1993

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Participates and advices in evaluative studies regarding quality of health services.

- a. Corrective Action Section - coordinates and establish corrective action plans with central office staff to be implemented as pointed out by the Quality Control System.
- b. Training Section - Studies, analyzes, organizes and evaluates training needs on the different Program Areas and develop and adequate training program to satisfy them.
- c. Information System Section - Coordinates Program and Information System activities with ODSI, regional and local offices. Participates in Program system evaluation committees.

3. Financial Management Statistical Division

Responsible for the revision and approval of provider claims, selection of the sample for processing purposes, revision and approval of provider cost reports, preparation and submittal of federal reimbursement and budget.

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3. Financial Management Division

Responsible for the operation and establishment of the cash management system and the capitation plan to distribute federal Title XIX funds.

Reviews and approves provider cost reports and prepares and submits federal reimbursement and budget reports.

Studies Reports and Economic Analysis Section

Responsible for the analysis and evaluation of providers cost reporting system and in the production of Program periodic and annual reports.

3.1 Statistics Division

Responsible for the gathering, analysis, and reporting of all statistical data necessary for the administration of the Programs and for providing other required reports.

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- FRAUD and Abuse Unit - Medicaid Program contracted the Department of Justice's Fraud Unit to investigate, determine and process fraud situations of providers, employees or eligibles.

Hearings Boards - Processes claims and appeals received from applicants, beneficiaries and providers and submits necessary reports to the Medicaid Program Director.

5. Administration Division

 Organizes and supervises the administrative aspects of the OAMI. Coordinates changes and improvements to provide necessary services. This division has six sections:

a. Personnel Section - Responsible of the coordination and supervision of the administrative procedures related with the human resources and personnel functions of the Program.

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- b. Administrative Budget Section - Designs the internal and external work plan for the OAMI including the plan for evaluation on program operations, investigations and necessary studies for the establishment and revision of policies concerning the administration of the Program.
- c. Purchases Section - Responsible for the adquisition of general supplies and the equipment needed by the OAMI. Coordinates and supervises the supply of the equipment and the materials requested.
-  d. Maintenance Section - Responsible for building maintenance.
- e. Inventory and Warehouse Section - Keeps complete stock and control of required materials in accordance with the Department of Health rules and regulations.
- f. Transportation Section - Responsible for providing transportation services and upkeeping the official vehicles.

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6. Quality Control Division

Quality Control is a systematic and coordinated effort by State and Federal Government to assure proper and efficient administration of Medicaid. The primary purpose of the System is to supply State and Federal administration with information concerning correctness of eligibility determinations and payments amounts. The Quality Control System is designed to measure error rate levels and to provide information on the nature and causes of errors so that corrective actions may be undertaken.

The objectives of the Medicaid Eligibility Q.C. System are accomplished by means of a continuous review of recipients identified through statistically reliable samples. State Q.C., reviewers make full investigation, carry out face to face interviews make full investigation, carry out face to face interviews with the recipients involved and verify and document each element of eligibility.

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The Division of Quality Control is centralized. The development of this activity on the regional level is performed by social service technicians (Q.C. reviewers) supervised by the Central level.

- Director

The Director of the System performs his job under general guidance and direction of the Director of the Medicaid Program. Is responsible for the direction of the Quality Control System, providing constant supervision of personnel and to all activities within the System; planning and establishing the scope and priorities of these. Maintains close coordination with the Agency's statistical staff, other administrative and normative staff within Program and other State Agencies. Assures to maintain the Program informed about the review findings and cases in error so that corrective action may be undertaken.

- Maintains an adequate staffed organization in order to keep all the required activities current and at a maximum quality level.

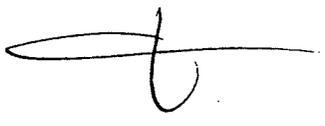
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- Quality Control Reviewers goes over the cases included in the monthly samples. The work of these reviewers consists in the revision of the eligibility determination of the sample cases certified eligible by the Medicaid Program. They will cover the revision of sample cases certified eligible as well as negative cases. Included also is a review of Ineligile AFDS and AABD cases receiving cash assistance to determine eligiblity for Medicaid. As part of their duties, they will determine and identify the existence of Third Party Liability resources, and will perform the Claims Processing Q.C. Review.
- The Quality Control reviewers are located in accordance to the Program's regional offices.
- Central Office Quality Control staff keeps track of all completed sample cases of recipients certified eligible by Medicaid Program, and all Q.C. AFDC and AABD cases and edit the eligible sample cases,



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performs the TPL review and the computations of misspent dollars of all cases in error including the AFDC and AABD cases. Desk reviews for all ineligible cases of this sample, are conducted for assignment to the regional reviewers for field investigation.

Quality Control Program Division will coordinate effectively with Fraud and Abuse Unit in order to adequately refer those situations that through their field investigations and/or desk reviews a possible fraud situation is suspected.

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OVERALL INTERACTION OF THE
FUNCTIONS AND ORGANIZATION OF THE MEDICAL ASSISTANCE PROGRAM

As an answer to existing agreements among the Federal Government and the Commonwealth of Puerto Rico it is deemed necessary, as part of the Medical Assistance State Plan, to present the various internal and external relationships of the Department in accordance with such agreements. Diagram III illustrates such relationships with the Social Services Department; Auxiliary Secretaryship of Ambulatory Services (Family and Health Planning) and other Auxiliary Secretaryships; the Office of the Director of Certification and Licenses; the Information System Office as well as the Office of Health Economy. Besides, the diagram shows at the level of the Health Secretary the two Advisory Committees, one for the Medical Assistance and another specifically EPSDT.

Through this organization the responsibilities of the Health Department, as the single State Agency are delineated.

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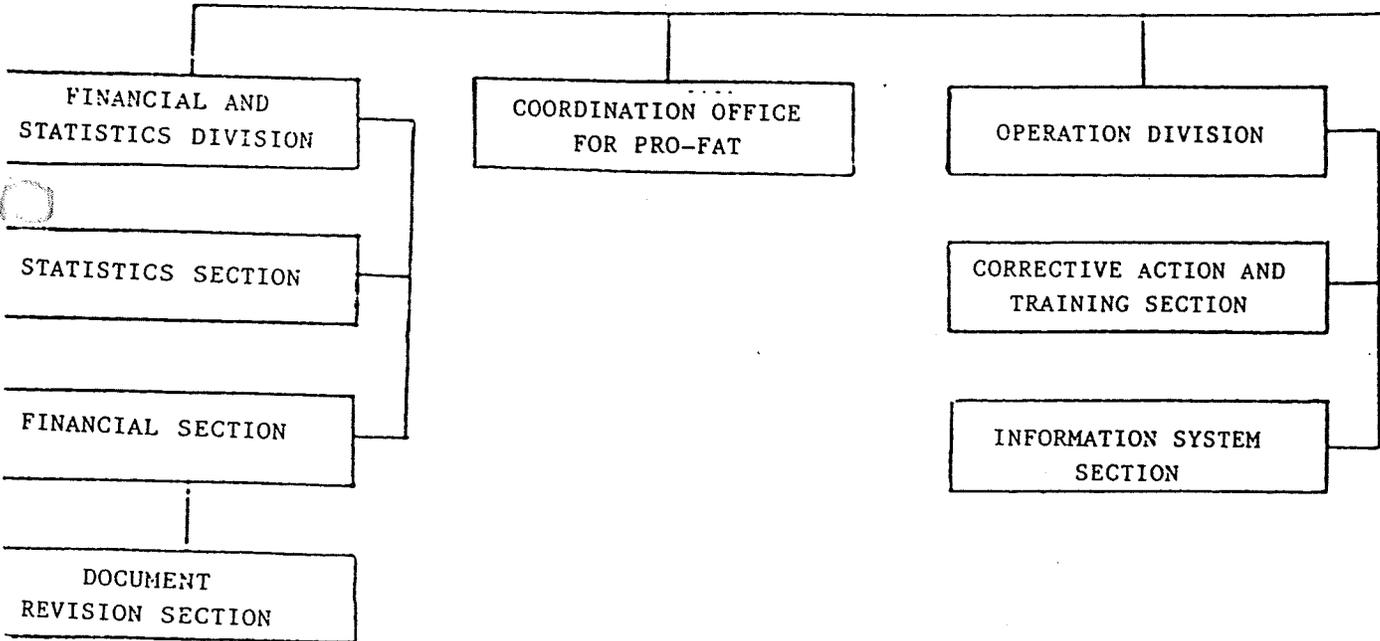
HCFA REGION II

SECRETARY
SUB-SECRETARY

OFFICE OF ECONOMIC AID
TO MEDICALLY NEEDFUL

MEDICAL ASSISTANT
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DEPARTMENT OF
SOCIAL SERVICES 2/



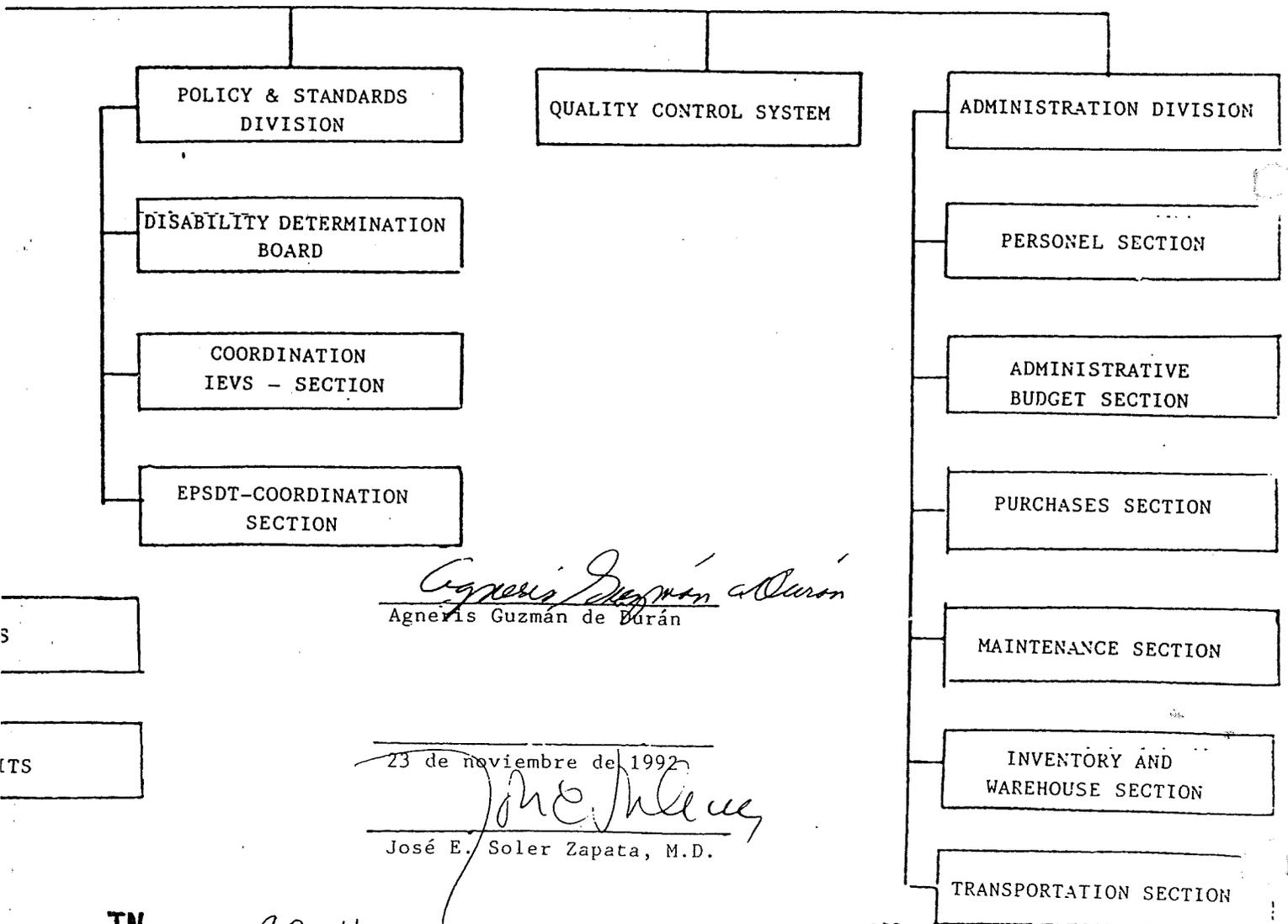
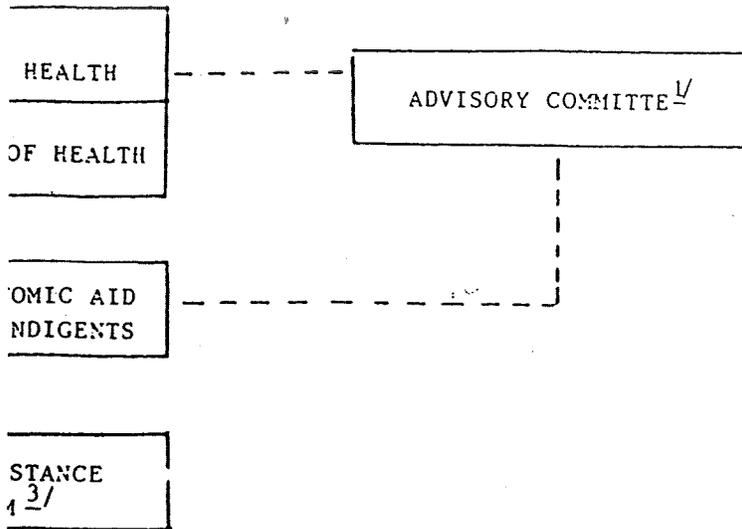
- 1) General Health Council
- 2) A Committee appointed by the Program Director composed by the Division's supervisors, prepares corrective action plans based on Quality Control findings. Analyzes, studies and answers to consults submitted by Regional Directors, Department of Health's officials or any other agency.
- 3) The Social Services Department coordinates the Income Eligibility Verification System for the Commonwealth Agencies in compliance with OBRA 1986.

REGIONAL
LOCAL

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ON CHART



Agnesis Guzmán de Durán
 Agnesis Guzmán de Durán

23 de noviembre de 1992
José E. Soler Zapata
 José E. Soler Zapata, M.D.

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Do Not Remove, per S. Shaw.

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SECRETARY OF HEALTH
Administers the Department of Health which is the single state agency designated to administer or supervise the administration of the Medical Assistance Program. He sets the policy, criteria, and mechanisms which govern its operation.

STATE MEDICAL CARE ADVISORY COMMITTEE
Advises the Secretary of Health in matters concerning policy, functioning and improvement of health services covered by the Medical Assistance Program.

EPSTD ADVISORY COMMITTEE
Advises the Secretary of Health in matters pertaining to the policy, functioning, development, and improvement of the Early and Periodic Screening, Diagnosis and Treatment Program (EPSTD)

EXECUTIVE DIRECTOR AFAPS
1. Administers and operates the Island's health facilities and services that provide medical care to the beneficiaries of the Medical Assistance Program.
2. Acts as a carrier for the Medical Assistance Program for claim processing, information system, personnel administration, budgeting and financing

DIRECTOR, PLANNING, EVALUATION, AND DEVELOPMENT OFFICE
DIRECTOR, DIVISION OF CERTIFICATION AND LICENSES
1. Inspects the health facilities that render services under Title XIX as provided by Law #101 of June 26, 1965.
2. Certifies public health facilities as providers of services for the Program.
3. Revises the work of the utilization committee of the certified health facilities and prepares the required state and federal reports.

DIRECTOR, HEALTH ECONOMY OFFICE
Responsible to the Secretary of Health for: 1) the planning, organization, functioning, and supervision of all functions and activities which the Department must undertake as State Agency for the Medical Assistance Program, as provided by law; similarly, for special projects attached to other agencies.
2) The functions and activities pertaining to the Medicare carrier for the State Health facilities and 3) services relating to both and Law 56.

OTHER ASSIST. OF COM.
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HEARING
Processes ol received from beneficiaries; submits necess Director, Heal

INFORMATION SYSTEM
According to the established Agreement:
1. Develops systems and programs for the processing of Program providers claims for reimbursement purposes.
2. Develops necessary systems and programs for obtaining statistical and cost data for the production of state and federal reports.

OFFICE OF PERSONNEL AND HUMAN RESOURCES
According to the established Agreement between AFAPS and the Medical Assistance Program:
1. Participates in the selection, appointment, and training of personnel for the Medical Assistance Program.
2. Maintains all personnel records, and handles personnel affairs, such as, transfers, retirements appeals, cessations, suspensions and necessary disciplinary measures.

OFFICE OF THE COMPTROLLER
According to the established Agreement between AFAPS and the Medical Assistance Program:
1. Administers the general budget and distributes the federal funds according to the approved plan.
2. Plans, organizes, and supervises the cost systems.
3. Administers the financial activities for the program such as payments, collections, reimbursements of federal and state funds assigned for the administration Program.
4. Collects from medical insurance payments made by Medicaid for Medical Services rendered to covered beneficiaries.

REGIONAL DIRECTORS
Assist the Director of the Office of Health Economy in administrative aspects of the Program personnel located in the health Regions.

DIRECTORS OF INSTITUTION REGIONAL, AREA, AND LOCAL
Assists the Director of the Program in administrative matters of Program personnel located in the institution

DIRECTOR, OFFICE OF PLANNING, EVALUATION, POLICIES, AND ECONOMIC ANALYSIS
1. Designs the internal work plan for the Office of Health Economy, including the plan for evaluation, audits on program operations, investigations, and necessary studies for the establishment and revision of policies concerning the administration of the Medical Assistance Program; Medicare and others.
2. Develops and revises procedures, plans, proposals and contracts regarding the administration of laws and plans, state and federal, by means of which the Department of Health receives funds or may implement mechanisms for obtaining these.
3. Offers continuous consulting services to all units of the office of Health Economy and through the AFAPS and the Assistant Secretaries of the Department of Health, to the different health regions that request it, concerning all areas and functions of the office of Health Economy.

DIRECTOR, MEDICAL ASSISTANCE PROGRAM (TITLE XIX)
1. Plans organizes, directs, and supervises the functions and activities that the Department of Health must perform in administering the Medical Assistance Program as determined by Title XIX of the Social Security Act.
2. Coordinates with providers of services State, Federal, and municipal governments and private agencies to ascertain that services under Medical Assistance are adequately rendered to eligible persons;
3. Supervises and certifies payments of providers' bills for services rendered to eligible persons.
4. Supervises the certification of eligibility process for services rendered by the Program; participates in the development and revision of policies, both administratively and operational.

DIRECTOR QUALITY CONTROL
1. Plans, organizes, directs, and supervises the functions and activities that the Department of Health must perform in administering the Medical Assistance Program as determined by Title XIX of the Social Security Act.
2. Coordinates with providers of services State, Federal, and municipal governments and private agencies to ascertain that services under Medical Assistance are adequately rendered to eligible persons;
3. Supervises and certifies payments of providers' bills for services rendered to eligible persons.
4. Supervises the certification of eligibility process for services rendered by the Program; participates in the development and revision of policies, both administratively and operational.

EXECUTIVE DIRECTOR REGIONAL UNIT- MEDICAL ASSISTANCE PROGRAM
1. Plans, organizes, directs, and supervises the technical and administrative aspects of the Program at regional, local, and area levels.
2. Advises the Regional Director and the Director of the Medical Assistance Program on matters pertaining to Program administration on all levels and in technical and evaluative areas leading to Program and services improvement.
3. Maintains continuous evaluations program, techniques, organization, methodology, and procedures which he submits to the Director of the Program for approval.
4. Coordinates Program and Information System activities with area local and regional directors, offices and participates in Program and System evaluation committees.
5. Participates and advises in evaluative studies regarding quality of health services.
6. Supervises the revision of claims and submitted by providers and prepares and submits all regular and special reports required by the Program administration.

REGIONAL HOSPITALS SPECIALIZED HOSPITALS AREA HOSPITALS HEALTH CENTERS PUBLIC HEALTH UNITS

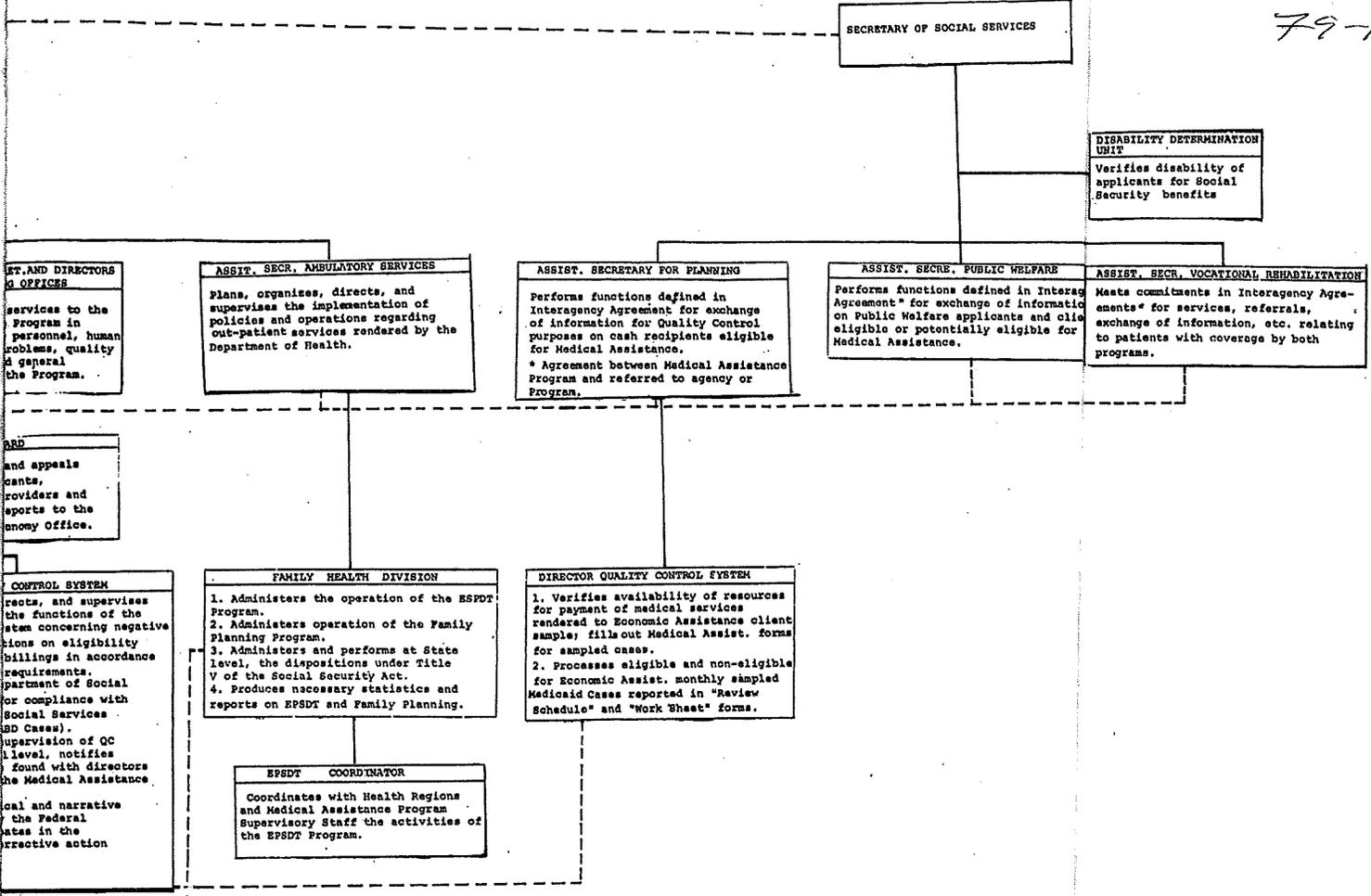
SOCIAL SERVICE TECHNICIAN - LOCAL LEVEL
1. Coordinates with the Director of the Medical Institution and the Area Supervisor the implementation of adequate mechanisms for proper Program functioning.
2. Supervises the functions of Program Social Services Technicians and Medical Assistance Aides in the local level.
3. Revises claims submitted by the institution rejecting or approving them for the claiming of federal funds process.
4. Advises the Director of the Medical Institution in matters concerning billing for services rendered.
5. Participates in training programs.

MEDICAL ASSISTANCE AIDE
1. Assist the Social Service Technician in the interview and orientation processes.
2. Fills Social Security number application forms and any other pertinent forms.
3. Performs some clerical tasks like filing; and document and correspondence controlling.

EXECUTIVE-REVISION UNIT
1. Supervises the revision and analysis of Regional providers claims.
2. Assists the Executive Director in administrative aspects of the Program.
3. Prepares the statistical reports requested by the Program or by the Executive Director of the Medical Assistance Unit.

SOCIAL WORKER - AREA LEVEL/EC
1. Directs and supervises the certifying and validating technical activities regarding applicants.
2. Participates in the development and implementation of the work plan prepared by the Program Training and Evaluating Unit.
3. Carries on evaluations of the Unit's performance.
4. Submits necessary reports and substitutes the Executive Director.

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COMMONWEALTH OF PUERTO RICO

DEPARTMENT OF HEALTH

MEDICAL ASSISTANCE PROGRAM FUNCTIONAL ORGANIZATION CHART

APPROVED BY: *Jame Rivera Dueno*
 JAME RIVERA DUENO, MD
 SECRETARY OF HEALTH
 JANUARY 1, 1979

———— PERMISSION
 ————— FUNCTIONAL RELATION
 - - - - - COORDINATION AND ASSESSMENT

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: COMMONWEALTH OF PUERTO RICO

DEPARTMENT OF HEALTH OF PUERTO RICO
MEDICAL ASSISTANCE PROGRAM

Professional Medical and Supporting Staff for Title XIX:

Jaime Rivera Dueño, M.D.	Secretary of Health
Heriberto Morales, M.D.	Under Secretary of Health
Julio César Galarcé	Director Office of Health Economy
Irma Revilla de Ferrer	Director, Medical Assistance Program
Executive Director II (Vacancy)	Field Supervisor Monitoring Program
Physician IV (Part Time) - Vacancy	APTD Medical Consultant
Zoé Suárez (Social Worker)	APTD Social Consultant
Ramón Feliciano	Statistics and Information System
Héctor D. Maysonet Cardona	Accounting and Fiscal Management
Vacancy	Certification Standards and Policies
Francisco Olivo	Administrative and Personnel Officer
Gloria Vázquez	E.P.S.D.T. Coordinator
Víctor P. Santiago	Planning and Management Systems Consultant

Department of Health Staff Acting as Consultants for Title XIX:

Luis S. Miranda, M.D.	Planning and Development and Licensure and Certification of Health Facilities and Services
José E. Belardo Robles, M.D.	Ambulatory Services
Manuel Andrades, Architect	Health Facilities
Francisco Hernández Oquendo, M.D.	Oral Hygiene
Aida Guzmán, M.D.	Mental Health
Antonio Hernández Torres, M.D.	Environmental Health
Blanca Rivera (Attorney)	Legal Services
José Camacho	Administration and Health Manpower
Efraín Rodríguez Vigil, M.D.	Institutional Services
Emilia Hoyos Rucabado, B.S.P.H.	Pharmacy Consultant

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