



Estado Libre Asociado de Puerto Rico  
Departamento de Salud

**STATE PLAN  
PUERTO RICO**

**UNDER TITLE  
XIX  
OF SOCIAL  
SECURITY ACT**

**MEDICAL  
ASSISTANCE  
PROGRAM**

**SECTION 3**

**Services: General  
Provisions**

**List Of  
Attachments the  
Section 3**

**STATE PLAN PUERTO RICO**

**UNDER TITLE XIX OF SOCIAL  
SECURITY ACT**

**MEDICAL ASSISTANCE  
PROGRAM**

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

## **SECTION 3 – Services: General Provisions**

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State/Territory: Puerto Rico

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR  
Part 440,  
Subpart B  
1902(a), 1902(e),  
1905(a), 1905(p),  
1915, 1920, and  
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and  
1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

X Not applicable. Nurse-midwives are not authorized to practice in this State.

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Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1902(e)(5) of  
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

/X/ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),  
clause (VII)  
of the matter  
following (E)  
of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

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State/Territory: PUERTO RICO

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

- 1902(e)(7) of  
the Act
- (vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.
- (vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
- 1902(e)(9) of the  
Act
- (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
- 1902(a)(52)  
and 1925 of the  
Act
- (ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan.
- 1905(a)(23)  
and 1929
- (x) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

NOT APPLICABLE

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State/Territory: Puerto Rico

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of the Act

(vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the Act

(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1902(a)(52) and 1925 of the Act

~~(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.7 of this plan.~~

Not Applicable SSA 1925 (c)

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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AUGUST 1991

OMB No.: 0938-

State/Territory: Puerto Rico

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.  
Subpart B

X This State plan covers the medically needy.  
The services described below and in ATTACHMENT  
3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act (i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

X Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act (ii) Prenatal care and delivery services for pregnant women.

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State/Territory: Puerto Rico

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:  
Medically Needy (Continued)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,  
440.150,  
Subpart B,  
442.441,  
Subpart C  
1902(a)(20)  
and (21) of the Act

(vii) Services in an institution for mental diseases for individuals over age 65..

(viii) Services in an intermediate care facility for the mentally retarded.

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MAY 1993Territory: Puerto RicoCitation

- (a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)
- 1902(e)(9) of Act — (x) Respiratory care services are provided to the ventilator dependent individuals as indicated in item 3.1(h) of this plan.
- 1905(a)(23) and 1929 of the Act — (xi) Home and Community Care for the Functionally Disabled Elderly Individuals as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

- 1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act (a)(3) Other Special Groups: Qualified Medicare Beneficiaries
- Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

- 1902(a)(10)(E)(ii) and 1905(s) of the Act (a)(4)(i) Other Special Groups: Qualified Disabled and Working Individuals
- Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

*Not Applicable*

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AUGUST 1991

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State/Territory: Puerto Rico

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:  
Medically Needy (Continued)

1902(e)(9) of the Act  (ix) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

Not Applicable

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Revision: HCFA-PM-93-5 (MB)  
MAY 1993

Territory: Puerto Rico

Citation

3.1 Amount, Duration, and Scope of Services (continued)

1902(a)(10)(E)(iii)  
and 1905(p)(4) of  
the Act

(a)(4)(ii) Other Special Groups: Specified  
Low-Income Medicare Beneficiaries

— Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

Not Applicable

Sec. 245A(h)  
of the Immigration  
and Nationality  
Act

(a)(5)

Limited Coverage for Certain Aliens

(i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

- (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
- (B) Are children under 18 years of age; or
- (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.

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

Puerto Rico

Territory: \_\_\_\_\_

- Citation 3.1 Amount, Duration, and Scope of Services (continued)
- (a)(3) Other Special Group: Qualified Medicare Beneficiaries
- 1902(a)(10)(E)(i) and clause (VIII) of the matter following (E), and 1905(p)(3) of the Act  Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.
- 1902(a)(10)(E)(ii) and 1905(s) of the Act (a)(4) Other Special Groups: Qualified Disabled and Working Individuals
- Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan..
- Sec. 245A(h) of the Immigration and Nationality Act (5) Limited Coverage for Certain Aliens
- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
- (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
- (B) Are children under 18 years of age; or
- (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.

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Territory: Puerto Rico

- Citation 3.1 Amount, Duration, and Scope of Services (continued)
- (a)(5)(ii) Except for emergency services and pregnancy-related services, aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(5)(i)(A) through (C) above who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.
  - 1902(a) and 1903(v) of the Act (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility condition under this plan, except for the requirement for receipt of AFDC, OAA, AB, APTD, and AABD, are provided Medicaid only for care and services necessary for the treatment of emergency labor and delivery) as defined in section 1903(v)(3) of the Act.
  - Part 440, Subpart B and 1902(a) and (a)(10), 1903(v) and 1915(g) of the Act (6) Except for those items or services for which sections 1902(a), 1902(a)(10), and 1903(v) of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act permit exceptions:
    - (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
    - /X/(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.

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Territory: Puerto Rico

Citation 3.1(a)(6) (Continued)

(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

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OMB No.: 0938-

**OFFICIAL**State: Puerto RicoCitation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT  
Services (continued)42 CFR 441.60 /X/ The Medicaid agency has in effect agreements with continuing care  
providers. Described below are the methods employed to assure the  
providers' compliance with their agreements.\*\*42 CFR 440.240 (a) (10) Comparability of Services  
and 440.2501902(a) and 1902  
(a)(10), 1902(a) (52),  
1903(v), 1915(g),  
1925(b) (4), and 1932  
of the Act  
Except for those items or services for which sections  
1902(a), 1902(a) (10), 1903(v), 1915, 1925, and 1932 of the  
Act, 42 CFR 440.250, and section 245A of the  
Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

\*\* Describe here.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

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State/Territory: Puerto Rico

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60  The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240 and 440.250 (a)(10) Comparability of Services

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

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May 22, 1980

State Commonwealth of Puerto Rico

Citation  
42 CFR Part  
440, Subpart B  
42 CFR 441.15  
AT-78-90  
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

Yes

Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

Yes, to all

Yes, to individuals age 21 or over; SNF services are provided

Yes, to individuals under age 21; SNF services are provided

No; SNF services are not provided

Not applicable; the medically needy are not included under this plan

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TN # 76-10

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December 1993

State/Territory: Puerto Rico

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

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May 22, 1980

State Commonwealth of Puerto Rico

Citation  
42 CFR 440.260  
AT-78-90

3.1(d) Methods and Standards to Assure  
Quality of Services

The standards established and the  
methods used to assure high quality  
care are described in ATTACHMENT 3.1-C.

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TN # 74-4

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

State Commonwealth of Puerto Rico

Citation  
42 CFR 441.20  
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

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APRIL 1987

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State/Territory: Puerto Rico

Citation  
42 CFR 441.30  
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)  
of the Act,  
P.L. 99-272  
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

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State Commonwealth of Puerto Rico

Citation

42 CFR 441.30  
AT-78-90

3.1(f) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

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**OFFICIAL**

OMB No.: 0938-0193

State/Territory: Puerto Rico

Citation  
42 CFR 431.110(b)  
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of  
the Act,  
P.L. 99-509  
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
  - 30 consecutive days;
  - \_\_\_ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

Yes. The requirements of section 1902(e)(9) of the Act are met.

Not applicable. These services are not included in the plan.

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May 22, 1980

State Commonwealth of Puerto Rico

Citation  
42 CFR 431.110(b)  
AT-78-90

3.1(g) Participation by Indian Health  
Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

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Effective Date 3/31/78

TN # (NEW ITEM)

Revision: HCFA-PM-93- 5 (MB)  
MAY 1993

Territory: Puerto Rico

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and  
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

\_\_\_ Part A      \_\_\_ Part B

\_\_\_ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

*Not Applicable*

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

OMB No.: 0938-

State/Territory: Puerto Rico

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

(i) Qualified Medicare Beneficiaries (QMB)

1902(a)(1)(E) and  
1905(p) of the Act

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.26 of ATTACHMENT 2.2-A, by the following method:

- Group premium payment arrangement for Part A
- Buy-In agreement for
- Part A       Part B
- Other arrangements described below.

Qualified Medicare beneficiaries are not covered in Puerto Rico.

TN No. 92-2  
Supersedes 78-2 Approval Date MAY 1 1992

Effective Date JAN 1 - 1992  
HCFA ID: 7982E

**OFFICIAL**

29a

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

Territory: Puerto Rico

Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

*Not Applicable*

TN No. 93-5 Approval Date JAN 11 1994 Effective Date JUL 1 - 1993  
Supersedes  
TN No. 92-2

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

State/Territory: Puerto Rico

Citation 3.2 (a)(1)(i) Qualified Medicare Beneficiaries (cont'd)

The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

1905(s) of the Act

(ii) Qualified Disabled and Working Individuals

The Medicaid agency pays Medicare Part A premiums, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.27 of ATTACHMENT 2.2-A of this plan. Premiums are paid by the following method:

- Group premium payment arrangement
- Other arrangements described below.

Not Applicable

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

vision: HCFA-PM-93- 5 (MB)  
MAY 1993

Territory: Puerto Rico

Citation

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- Individuals receiving title II or Railroad Retirement benefits.
- Medically needy individuals (FFP is not available for this group).

1902(a)(30) and  
1905(a) of the Act

(2) Other Health Insurance

- The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

*Not Applicable*

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

OMB No.: 0938-

State/Territory: Puerto Rico

Citation 3.2(a)(1)(iii) Other Medicaid Recipients

42 CFR  
431.625

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals entitled to Part A insurance benefits:

All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 C.F.R. 431.625(d)(2).

Except those receiving title II or Railroad Retirement benefits.

All the above individuals except:

Medically needy individuals (FFP is not available for this group).

Section 1903(a)  
of the Act

(2) Other Health Insurance

The Medicaid agency pays premiums for other insurance coverage if cost-effective to maintain a third party resource for Medicaid covered services provided to eligible individuals (except those over 65 years of age or disabled who are entitled to Medicare Part A but not enrolled in Medicare Part B).

NOT APPLICABLE

TN No. 92-2  
Superseded **New** Approval Date MAY 1 1992  
TN No.

Effective Date JAN 1 - 1992  
HCFA ID: 7982E

Revision: HCFA-PM-93-5 (MB)  
MAY 1993  
Territory: Puerto Rico

Citation

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),  
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B  
describes the methods and standards for  
establishing payment rates for services covered  
under Medicare, and/or the methodology for  
payment of Medicare deductible and coinsurance  
amounts, to the extent available for each of  
the following groups.

Sections 1902  
(a)(10)(E)(i) and  
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries  
(QMBs)

The Medicaid agency pays Medicare Part A and  
Part B deductible and coinsurance amounts for  
QMBs (subject to any nominal Medicaid  
copayment) for all services available under  
Medicare.

1902(a)(10), 1902(a)(30),  
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services  
also covered under Medicare and furnished to  
recipients entitled to Medicare (subject to any  
nominal Medicaid copayment). For services  
furnished to individuals who are described in  
section 3.2(a)(1)(iv), payment is made as  
follows:

42 CFR 431.625

- For the entire range of services available  
under Medicare Part B.
- Only for the amount, duration, and scope  
of services otherwise available under this  
plan.

1902(a)(10), 1902(a)(30),  
1905(a), and 1905(p)  
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and  
Part B deductible and coinsurance amounts for  
all services available under Medicare and pays  
for all Medicaid services furnished to  
individuals eligible both as QMBs and  
categorically or medically needy (subject to  
any nominal Medicaid copayment).

*Not Applicable*

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

29c

OMB No.: 0938-

State/Territory: Puerto Rico

Citation (b) Deductibles/Coinsurance

(1) Medicare Part A and B

Section 1902(n)  
of the Act

Attachment 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902  
(a)(10)(E) and  
1905(p) of the Act

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays deductibles and coinsurance for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

42 CFR 431.625  
1902(a)(10)(E) and  
1903(a)(1) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays Medicare deductibles and coinsurance (subject to any nominal Medicaid copayment) for services furnished to individuals who are described in section 3.2(a)(1)(iii) above, as follows:

For the entire range of services available under Medicare.

Only for the amount, duration, and scope of services otherwise available under this plan.

(iii) Dual Eligible--OMB plus Other Medicaid Recipients

The Medicaid agency pays deductibles and coinsurance for services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment) for all services available under Medicare.

Not Applicable

TN No. 92-2  
Supersedes New Approval Date MAY 1 1992  
TN No. New

Effective Date JAN 1 - 1992

HCFA ID: 7982E

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

OMB No.:

State/Territory: Puerto Rico

Citation	Condition or Requirement
1906 of the Act	<p>(c) <u>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</u></p> <p>The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.</p> <p>When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).</p>
1902(a)(10)(F) of the Act	<p>(d) <input checked="" type="checkbox"/> The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.</p>

TN No. 92-8 Approval Date OCT 14 1992 Effective Date JUL 1 1992  
 Supercedes New HCFA ID: 7983E

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

State Commonwealth of Puerto Rico

Citation  
42 CFR 441.101,  
42 CFR 431.620 (c)  
and (d)  
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in  
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years  
of age or older who are patients in  
institutions for mental diseases.

Yes. The requirements of 42 CFR Part 441,  
Subpart C, and 42 CFR 431.620 (c) and (d)  
are met.

Not applicable. Medicaid is not provided  
to aged individuals in such institutions  
under this plan.

TN # 74-1  
Supersedes  
TN # —

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

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

State Commonwealth of Puerto Rico

Citation  
42 CFR 441.252  
AT-78-99

3.4 Special Requirements Applicable to  
Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F  
are met.

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TN # 79-1  
Supersedes  
TN # 7670

Approval Date 4/8/79 Effective Date 3/8/79

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

**OFFICIAL**

OMB No.: 0938-0193

State/Territory: Puerto Rico

1902(a)(10)(E)  
and 1905(p) of  
the Act,  
P.L. 99-509  
(Section 9403)

3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries

(a) The Medicaid agency pays for all of the costs of the following Medicare cost sharing expenses for qualified Medicare beneficiaries described in section 1905(p) of the Act:

(1) Premiums under Medicare Part B and, if applicable, premiums for hospital insurance under Part A;

(2) Deductibles and coinsurance amounts under Medicare Part A and Part B; and

(3) Premiums for enrollment in an eligible HMO.

(b) The Medicaid agency uses the following methods to provide cost sharing specified under item 3.5(a) above:

Buy-in agreements with the Secretary of HHS;

Group premium payment arrangements entered into with the Social Security Administration;

Payment of deductibles and coinsurance costs;

Group premium payment arrangements entered into with eligible HMOs.

TN No. 88-1  
Supersedes  
TN No. NEW

Approval Date BT 2/28/88  
1989

Effective Date 4/1/88

HCFA ID: 1008P/0011P

**OFFICIAL**

31b

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

OMB No.: 0938-0193

State/Territory: Puerto Rico

1902(a)(47)  
and 1920 of the  
Act, P.L. 99-509  
(Section 9407)

**3.6 Ambulatory Prenatal Care for Pregnant Women During  
Presumptive Eligibility Period**

Ambulatory prenatal care for pregnant women is provided under the plan during a presumptive eligibility period if the care is furnished by a qualified provider in accordance with the requirements of section 1920 of the Act.

Yes. The requirements of section 1920 of the Act are met.

Not applicable. Medicaid is not provided to this group under the plan.

TN No. EE-1  
Supersedes  
TN No. NEW

Approval Date OCT 20 1988

Effective Date 4/1/88

HCFA ID: 1008P/0011P

## **LIST OF ATTACHMENTS THE SECTION 3**

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### **NO.**

### **Title of Attachments**

Ref. List of Attachments Official  
Approval May 1, 1992

- \*3.1-A**      **Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy**
  - \* Supplement 1** — Case Management Services
  - 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 Group (s)**
- 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**
- 3.2-A**      **Coordination of Title XIX with Part B of Title XVIII**

**\* Forms Provided**

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

CASE MANAGEMENT SERVICES ARE NOT PROVIDED

A. Target Group:

B. Areas of State in which services will be provided:

Entire State.

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

E. Qualification of Providers:

TN No. 88-1  
Supersedes  
TN No. New

Approval Date

OCT 20 1988  
1989

Effective Date

4/1/88

HCFA ID: 1040P/0016P

**OFFICIAL**

State/Territory: Puert<sup>o</sup> Rico

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
  2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 58-1  
Supersedes  
TN No. NEW

Approval Date OCT 20 1988  
1989

Effective Date 4/1/88

HCFA ID: 1040P/0016P

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided       No limitations       With limitations\*

2.a. Outpatient hospital services.

Provided       No limitations       With limitations\*

2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

Provided       No limitations       With limitations\*

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided       No limitations       With limitations\*

2.d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Services Act to a pregnant woman or individual under 18 years of age.

Provided       No limitations       With limitations\*

3. Other laboratory and x-ray services.

Provided       No limitations       With limitations\*

\*Description provided on attachment.

TN No. 03-001A  
Supersedes TN No. 92-2      Approval Date MAR 05 2004      Effective Date AUG 13 2003

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or order.

Provided  No Limitations  With limitations\*  
 Not Provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided  No Limitations  With limitations\*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided  No Limitations  With limitations\*

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided:  No limitations  With limitations\*

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

Please describe any limitations:

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided  No Limitations  With limitations\*

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided  No Limitations  With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided  No Limitations  With limitations\*

\*Description provided on attachment.

TN No. 13-004  
Supersedes  
TN No. 03-001A

Approval Date

JAN 28 2014

Effective Date

OCT 01 2013

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided       No limitations       With limitations\*  
 Not Provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided       No limitations       With limitations\*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided       No limitations       With limitations\*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided       No limitations       With limitations\*

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided       No limitations       With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes TN No. 93-5      Approval Date MAR 05 2004      Effective Date AUG 13 2003

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services

Provided       No limitations       With limitations\*

Not Provided

c. Chiropractors' services

Provided       No limitations       With limitations\*

Not Provided

d. Other practitioners' services

Provided       No limitations       With limitations\*

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided       No limitations       With limitations\*

Not Provided under the PRHIA Health Reform Plan

b. Home health aide services provided by a home health agency.

Provided       No limitations       With limitations\*

Not Provided under the PRHIA Health Reform Plan

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided       No limitations       With limitations\*

Not Provided under the PRHIA Health Reform Plan

\*Description provided on attachment.

TN No. 03-001A      MAR 05 2004      AUG 13 2003  
Supersedes      Approval Date      Effective Date  
TN No. 92-2

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided     No limitations     With limitations\*  
 Not Provided under the PRHIA Health Reform Plan

8. Private duty nursing services.

Provided     No limitations     With limitations\*  
 Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. 92-2

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

X  Provided        No limitations       X  With limitations\*

10. Dental services.

X  Provided        No limitations       X  With limitations\*

11. Physical therapy and related services.

a. Physical therapy

X  Provided        No limitations       X  With limitations\*

b. Occupational therapy

X  Provided       X  No limitations        With limitations\*

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

X  Provided       X  No limitations        With limitations\*

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 85-3      Approval Date MAR 05 2004      Effective Date AUG 13 2003  
TN No. 85-3

OFFICIAL

State/Territory:  Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs

Provided       No limitations       With limitations\*

b. Dentures

Provided       No limitations       With limitations\*

Not Provided

c. Prosthetic devices

Provided       No limitations       With limitations\*

d. Eyeglasses

Provided       No limitations       With limitations\*

Not Provided

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services

Provided       No limitations       With limitations\*

\*Description provided on attachment.

TN No. 03-001A AUG 13 2003  
Supersedes 85-3 Approval Date MAR 05 2004 Effective Date \_\_\_\_\_  
TN No. \_\_\_\_\_

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Dentures.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Prosthetic devices.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Eyeglasses.

Provided:  No limitations  With limitations\*  
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 85-3  
Supersedes  
TN No. 74-1

Approval Date OCT 17 1985

Effective Date JUL 1 1985

HCFA ID: 0069P/0002P

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services

Provided       No limitations       With limitations\*

c. Preventive services

Provided       No limitations       With limitations\*

d. Rehabilitative services

Provided       No limitations       With limitations\*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided       No limitations       With limitations\*  
(Based on medical necessity-Law 408)

b. Skilled nursing facility services

Provided       No limitations       With limitations\*  
 Not Provided

c. Intermediate care facility services

Provided       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

TN No. D3-001A  
Supersedes 85-3 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. 85-3

STATE/TERRITORY: PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

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15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided       No limitation       With limitations\*       Not Provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided       No limitation       With limitations\*       Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided       No limitation       With limitations\*       Not Provided  
(Based on Medical Necessity under Law 408)

17. Nurse-midwife services

Provided       No limitation       With limitations\*       Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided       No limitation       Not Provided

Provided       With limitations\*

In accordance with section 2302 of the  
Affordable Care Act

\*Description provided on attachment.

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TN No.: 14-003      Approval Date: JUL 10 2014      Effective Date: April 1, 2014  
Supersedes: 03-001-A

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided       No limitations       With limitations\*  
 Not Provided

15.b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided       No limitations       With limitations\*  
 Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided       No limitations       With limitations\*  
(Based on medical necessity Law 408)

17. Nurse-midwife services.

Provided       No limitations       With limitations\*  
 Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

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- 19. Case management services and Tuberculosis related services
  - a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided                       With limitations\*  
 Not Provided

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided                       With limitations\*  
 Not Provided

- 20. Extended services for pregnant women
  - a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day fall.

Provided  
 Additional coverage ++

- b. Services for any medical conditions that may complicate pregnancy.

Provided  
 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment. Post partum and pregnancy-related services after the pregnancy ends are covered beyond the 60<sup>th</sup> day if medically needed.

Services for any other medical conditions that may complicate pregnancy are provided without limitations.

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided       No limitations       With limitations\*

Not Provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided       No limitations       With limitations\*

Not Provided

23. Pediatric or family nurse practitioners' services.

Provided       No limitations       With limitations\*

(According to our Health Plan coverage and state licensing laws - general nurse practitioners)

\*Description provided on attachment.

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

Provided       No limitations       With limitations\*

b. Services of Christian Science nurses

Provided       No limitations       With limitations\*

Not Provided

c. Care and services provided in Christian Science sanatoria

Provided       No limitations       With limitations\*

Not Provided

d. Nursing facility services for patients under 21 years of age.

Provided       No limitations       With limitations\*

Not Provided

e. Emergency hospital services

Provided       No limitations       With limitations\*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse

Provided       No limitations       With limitations\*

Not Provided

\*Description provided on attachment.

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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit –Part D.

**The following excluded drugs are covered:**

*("All" drugs categories covered under the drug class)*

*("Some" drugs categories covered under the drug class)*

*-List the covered common drug categories not individual drug products directly under the appropriate drug class)*

*("None" of the drugs under this drug class are covered)*

(a) agents when used for anorexia, weight loss, weight gain are excluded as a general rule. Puerto Rico provides coverage of medically-necessary mental health drugs when used in the treatment of anorexia according to the medical psychiatric practice accepted norms as required for the diagnosis, prevention, and treatment of the mental health disease.

(b) agents when used to promote fertility

(c) agents when used for cosmetic purposes or hair growth

(d) agents when used for the symptomatic relief of cough and colds

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MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(e) prescription vitamins and mineral products <u>are excluded as a general rule</u> , except prenatal vitamins and fluoride. <u>Puerto Rico also covers some vitamins and mineral products when there are prescribed, medically necessary, and used in the treatment of cancer, renal disease, or HIV/AIDS.</u>
<input checked="" type="checkbox"/>	(f) nonprescription drugs <u>or over-the-counter (OTC) drugs are excluded as a general rule. Puerto Rico covers some OTC drugs (Non Sedating Antihistamines, Antihistamine, Respiratory Agent, Antiplatelet, and Topical Antimycotic products) when they are prescribed and medically necessary according to the medical practice accepted norms as required for the diagnosis, prevention, and treatment of the disease..</u>
<input type="checkbox"/>	(g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
<input checked="" type="checkbox"/>	(h) barbiturates <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers these drugs when used in the treatment of epilepsy, cancer, or a chronic mental health disorder; except when these drugs are prescribed for a condition other than the three covered by Part D and during Part D donut hole period if it is medically necessary.</u>
<input checked="" type="checkbox"/>	(i) benzodiazepines <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers all indications for these drugs; except for dually eligible without Part D and during Part D donut hole period if it is medically necessary.</u>
<input checked="" type="checkbox"/>	(j) smoking cessation drugs <u>are excluded except for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases the plan covers prescription and non-prescription aids as indicated by a physician and without cost-sharing.</u>

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**Coverage Template for Freestanding Birth Center Services**

**Attachment 3.1A: Freestanding Birth Center Services**

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: No limitations      With limitations      X None licensed or approved

Please describe any limitations:

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: No limitations      With limitations (please describe below)

X Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

- a. Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- b. Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*
- c. Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*
- d. \*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

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Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services rendered while the beneficiary is not covered.
- b. Services which result from illnesses or injuries not covered.
- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f.. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ transplants
- l.. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy and natural medicine
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

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Description of Limitations

- p. Cosmetic surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical-surgical services and complications associated with this procedure, regardless of their medical justification.
- q. Services, diagnostic tests and/or treatments ordered and/or provided by naturopaths, naturists, iridologists and chiropractors
- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

<u>CODE</u>	<u>DESCRIPTION</u>
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and expulsion
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines);
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with dilation and curettage and/or evacuation.
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with hysterectomy (failed intra-amniotic injection).

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Description of Limitations

59855 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines.

59856 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with dilation and curettage and/or evacuation.

59857 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with hysterectomy (omitted medical expulsion).

- u. The Revetron drug.
- v. Services for epidural anesthesia.
- w. Somnography studies.
- x. Services which are not reasonable nor required according to the accepted standards of medical practice or services provided in excess of those normally required for the prevention, diagnosis, and treatment of a disease, injury or dysfunction of the organic system or pregnancy condition.
- y. Hemodialysis and/or peritoneal dialysis services are excluded from the Basic Coverage; but included in the Special Coverage.
- z. New and/or experimental procedures which have not been approved by the PRHIA for their inclusion as benefits in the basic and special coverage of the program.
- aa. Custodial, rest or convalescence services, in cases where the acute medical condition requiring in-patient care is under control or in irreversible terminal cases.
- bb. Expenses incurred in payments made by beneficiaries to participating providers that according to the terms of the program, the beneficiary was not supposed to pay.
- cc. Services ordered and/or rendered by non-participating providers, except in cases of emergencies/immediate need or previously authorized by the HCOs or MCO.
- dd. Neurological and cardiovascular surgery and related services are excluded from the Basic Coverage, but included in the Special Coverage.

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Description of Limitations

- ee. Services received outside of the territorial limits of the Commonwealth of Puerto Rico.
- ff. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result after the referred procedures, are covered.
- gg. Travel expenses, even when ordered by the primary care physician or participating provider are excluded.
- hh. Eyeglasses, contact lenses and hearing aids are excluded.
- ii. Acupuncture services are excluded.
- jj. Rent or purchase of wheelchair or any other vehicle (motor and/or electric) or expenses for the repair or alteration of these vehicles.
- kk. Procedures with the purpose of changing the sex of the beneficiary.
- ll. Treatment services for infertility and/or related to conception by artificial means.

1. Inpatient services are provided within coverage under Health Reform Plan with limitations:

Limitations to inpatient services:

- Bed in Semiprivate Room: Coverage will be available twenty four (24) hours per day, every day of the year.
- Isolation Room: For medical reasons
- Specialized Diagnostic / Treatment: Electrocardiograms, Electroencephalograms, arterial gases, and other specialized diagnostic and/or treatment testing, that are available in the hospital facilities and which are required to be performed while the patient is hospitalized.

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Description of Limitations

Limitations to inpatient services:

- Short Term Rehabilitation Services: To hospitalized patients, including physical, occupational, and speech therapy.
- Blood: Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of an certified hematologist; Antihemophyllic Factor with intermediate purity concentration (Factor VIII); Antihemophyllic Monoclonal Type Factor per authorization of a certified hematologist and Protrombin Activated Complex (Autoflex and Feiba) per authorization of a certified hematologist.

2a. Outpatient services are provided within coverage under Health Reform Plan.

2b. Rural health clinic and ambulatory services provided are those categorized benefits under the Basic and Special Coverage of Health Reform Plan.

2c. Federally Qualified services and other ambulatory services are those categorized benefits under the Basic and Special Coverage of Health Reform Plan.

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3. Other laboratory and x-ray services. Diagnostic blood tests and x-rays are covered, but the following special procedures and diagnostic tests are provided subject to benefits included under the plan's special coverage and medical necessity criteria:

1. Computerized tomography.
2. Magnetic Resonance Tests Imaging
3. Cardiac catheterization
4. Holter Tests
5. Doppler Tests
6. Stress Tests
7. Lithotripsy
8. Electromyography
9. Single Photon Emission Computerized – Tomography Test (SPECT)
10. Ocular Plethymography (OPG)
11. Impedance Plethymography
12. Other invasive and non invasive cardiovascular, cerebrovascular, and neurosurgical procedures
13. Nuclear Medicine tests
14. Endoscopies for diagnostic purposes
15. Genetic Studies.

4c. Family Planning Services

Counseling on Family Planning is a provided service under the Health Reform Plan. MCOs will assure that participating providers provide direct orientation to beneficiaries for accessing contraceptive methods for birth control purposes only, through the Department of Health of Puerto Rico.

No FFP is claimed.

5a. Physician services in the patient's home are provided based on medical necessity.

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- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
  
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
  
- 6b. Optometrist services are limited to vision evaluations and exams.
  
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, chiropractors, cosmetic plastic surgeons.
  
- 7. Home Health Services  
  
No FFP is claimed for Home Health Services.

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9. Clinic services are provided according and within to the coverage under Basic and Special coverage which includes comprehensive services of the plan such as : outpatient hospital services, laboratories and x- rays, EPSDT, family planning counseling services and physician services other preventive services, maternity services.

10. Dental Services

1. One (1) Initial comprehensive oral examination
2. One (1) Periodic oral examination every six (6) months
3. Limited oral examination-defined problem
4. One (1) Intraoral complete series, including bitewings, every three (3) years
5. One (1) Intraoral periapical first film
6. Intraoral-periapical-each additional film, per year up to five (5) times
7. One (1) Bitewing, single film
8. One (1) Bitewings-two films, per year
9. One (1) Panoramic film, every three (3) years
10. One (1) Prophylaxis-adult, every six (6) months
11. One (1) Prophylaxis-child, every six (6) months
12. One (1) Topical application of fluoride, every six (6) months for beneficiaries under 19 years of age
13. Fissure sealants for beneficiaries up to 14 years of age inclusive, per lifetime, per teeth (01351). Deciduous molars are included for beneficiaries up to 8 years of age when clinically necessary.
14. Amalgam Restorations
15. Resin Restorations
16. Root Canal Therapy
17. Oral Surgery
18. Palliative Treatment

General anesthesia for dental treatment in cases of children with special condition:

1. General anesthesia for the first (30) minutes
2. General anesthesia for each (15) additional minutes

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Description of Limitation

11.a. Physical therapy limited to a maximum of 15 treatments per condition per year. Coverage of Fifteen (15) additional treatments per condition per year when ordered by a Physiatrist or Orthopedist with prior authorization.

12.a. Prescribed drugs

The PRHIA maintains a drug Formulary as the official formulary of drugs provided by the Health Reform Plan coverage, which contains most of the vast majority of therapeutic alternatives categories available. A preferred drug list ( PDL ) is also maintained as a cost-effective utilization tool in rendering prescription benefits under the Health Reform Plan. The MCOs, MBHOs and Direct Providers that are contracted agree to conduct the pharmacy billing and claims through the PRHIA's contracted Pharmacy benefits manager. Under exceptional circumstances, a drug not included in the Formulary could be covered only through exceptional circumstances and procedure set forth below.

Limitations and conditions of the prescription services

- a. Contraceptives drugs are covered only for the treatment of menstrual dysfunction or for conditions not related to birth control under the Health Reform Plan. For birth control purposes, the contraceptives are provided by the Department of Health of Puerto Rico.
- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretrovirals but excluding **Protease inhibitors**. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patients are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery (as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

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Description of Limitations

- e. No MCO, HCO, MBHO or providers can establish a different formulary from the one included in this addendum nor limit in any way the drugs and medications included in the formulary.
- f. In the event a beneficiary needs a drug or medicine that is not included in the formulary, the MCO, MBHO and providers will follow the usual pre-authorization procedure, to obtain drugs not included in the formulary. The provider shall have to obtain the MCO's prior approval considering and documenting the particular merits of each case, which could include among others the following criteria:
  - 1. A contraindication of drug that appears in the formulary.
  - 2. Adverse reaction history to the drug that appears in the formulary.
  - 3. Therapeutic failure to all available alternatives in the formulary.
  - 4. Non-existence of alternative therapy in the formulary.
- g. For acute conditions, the amount of medication to be dispensed shall be limited to the needed therapy, but never for more than fifteen (15) days. When medically necessary, additional prescriptions are covered.
- h. For chronic conditions (maintenance), the amount of the medication to be dispensed will be limited to a maximum of thirty (30) days. By prescribing physician recommendation, each prescription may be repeated up to six (6) times. When medically necessary, additional prescriptions are covered.
- i. The indications on prescriptions issued for treatment of children with Special Health Care Needs will indicate clearly the (30) day coverage therapy and that it can be repeated up to six (6) times. When medically necessary additional prescriptions will be covered.
- j. The use of bioequivalent medications and drugs approved by the FDA and local regulations is authorized, unless contraindicated for the beneficiary by the physician or dentist who prescribed the medication.
- k. The absence of bioequivalent medications in stock does not exonerate the Pharmacist from dispensing the medication nor does it entail the payment of additional surcharges by beneficiaries. Brand name drugs will be dispensed if the bioequivalent is not available at the pharmacy.
- l. All prescriptions shall be filled and dispensed at a participating pharmacy properly licensed under the laws of Puerto Rico freely chosen by the beneficiary.
- m. All prescriptions shall be dispensed contemporaneously with the date and hour that the beneficiary receives the prescription and requests that it be dispensed.

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Description of Limitations

12c. Prosthetic devices

Those including all of the extremities of the body, the ocular therapeutic prosthesis and the segmentary instrumentation system trays for scoliosis surgery and fusion.

13.a. Diagnostic Services

General clinical laboratories, x-rays, radiotherapy, pathology, pulmonary function and electroencephalograms if necessary for treatment and convalescent care are not subject to pre-authorizations by the PCP or HCO. For the special coverage diagnostic services described in item 3 above they are subject to necessity criteria and pre-authorization.

13.b. Screening services

Gynecological and Prostate Cancer screening according to accepted medical practice, including Papanicolaou tests, mammographies, and P.S.A. as may be medically necessary and according to the age of the beneficiary. Accordingly to Puerto Rico's Health Policies the age of (40) years have been established as the initial date to commence cancer screening by mammography.

Sigmoidoscopy for adults ages 50 and over with risk of colon cancer according to accepted medical practice

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Description of Limitation

13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by qualified health professional including eye tests, hearing tests, and nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of pediatrics and EPSDT under Title XIX of the Medicaid program.

Well Baby Care during the fist two (2) years of life of a child.

All immunizations for children to age 21 and those necessary according to age, gender, and health condition of the beneficiary, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and/or vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others. Immunizations will be supplied by the Department of Health and will be administered by MCOs and other participating health care providers without any charge or deductibles.

Education and Counseling in physical health, oral health and nutrition.

Annual physical medical evaluation and follow-up for diabetic diagnosed patients according to the protocols and health care guidelines for the care of this condition established by the Department of Health.

TN No. 03-001A

Supersedes

TN No. 84-3

Approval Date MAR 05 2004

Effective Date AUG 13 2003

**OFFICIAL**

**Description for Attachment 3.1-A**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Page 13

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Description of Limitation

- 13d. Rehabilitative services
- Physical therapy limited to a maximum of 15 treatments per condition per year. Coverage of Fifteen (15) additional treatments per condition per year when ordered by a Physiatrist or Orthopedist with prior authorization from the MCO.
19. Ambulatory treatment, hospitalization and other TB related services and case management are covered under the Special Coverage
- ++ 20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section or any other complication; hospitalization beyond minimum stay terms in cases of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.
- The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.
- 24.a. Transportation
- Limited to ambulance services in emergency cases, ground, maritime and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area. For non emergency transportation the Commonwealth follows the methods described in attachment 3.1D of this plan.

TN No. 03-001 A  
Supersedes 84-3 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. \_\_\_\_\_



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

**ABP1**

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

### Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-



The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Puerto Rico submitted to CMS the Benchmark Plan and identified Triple S Optimo. Puerto Rico then formed a workgroup comprised of individuals from ASES and Medicaid to guide the development of the Alternative Benefit Plan. The workgroup provided oversight for the completion of a crosswalk of benefits to the benchmark plan and the current Puerto Rico State Plan and identified service revisions and potential substitution of services. The plans were aligned in most areas however the following benefits were identified for new service or substitution. Throughout the development process, Puerto Rico participated in weekly technical assistance calls led by Central and Regional CMS staff. Throughout these calls sections of the draft ABP were submitted informally and discussed. Each substitution of service and proposed SPA was reviewed by ASES Actuary to ensure alignment of the substitutions of service. Fiscal Impact/PMPM cost estimates were prepared by the actuary for new services. The benefits in the Alternative Benefit Plan are the same as those offered in the Puerto Rico State Plan. In addition the services included meet the requirements of all Essential Health Benefits.

### PRA Disclosure Statement

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V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

### Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
  - The state/territory offers benefits based on the approved state plan.
  - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
    - The state/territory offers the benefits provided in the approved state plan.
    - Benefits include all those provided in the approved state plan plus additional benefits.
    - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
    - The state/territory offers only a partial list of benefits provided in the approved state plan.
    - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

### Selection of Base Benchmark Plan



# Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.  No

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

Puerto Rico assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. Puerto Rico assures the accuracy of information in ABP 5 depicting amount duration and scope parameters of services authorized in the currently approved Medicaid state plan.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

**Alternative Benefit Plan Cost-Sharing** **ABP4**

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
Triple S Optimo	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
Secretary-Approved	



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 1. Essential Health Benefit: Ambulatory patient services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> <input style="width: 100%;" type="text" value="Physician Services"/>		
<b>Source:</b> <input style="width: 100%;" type="text" value="State Plan 1905(a)"/>		<input type="button" value="Remove"/>
<b>Authorization:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Provider Qualifications:</b> <input style="width: 100%;" type="text" value="Medicaid State Plan"/>		
<b>Amount Limit:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Duration Limit:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Scope Limit:</b> <input style="width: 100%;" type="text" value="Excludes ambulatory setting use of a fetal monitor, cosmetic surgery, procedures to re-establish the ability to procreate, induced abortion experimental procedures, surgeries for sexual transformation, intravenous or inhalation analgesic."/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <input style="width: 100%;" type="text" value="Includes Physicians services whether furnished in the office, the patient's home, a hospital or elsewhere. Excluded practitioners include alternative and sports medicine, iridologists, naturopaths, and cosmetic plastic surgeons. Induced abortion is covered when the pregnancy is a result of rape or incest and/or when the pregnancy puts the mothers life at-risk and in compliance with the Hyde Amendment."/>		
<hr/>		
<b>Benefit Provided:</b> <input style="width: 100%;" type="text" value="Clinic Services"/>		
<b>Source:</b> <input style="width: 100%;" type="text" value="State Plan 1905(a)"/>		<input type="button" value="Remove"/>
<b>Authorization:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Provider Qualifications:</b> <input style="width: 100%;" type="text" value="Medicaid State Plan"/>		
<b>Amount Limit:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Duration Limit:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Scope Limit:</b> <input style="width: 100%;" type="text" value="Excludes services rendered in an outpatient facility that may be performed in a physicians office."/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <input style="width: 100%;" type="text" value=""/>		
<hr/>		
<b>Benefit Provided:</b> <input style="width: 100%;" type="text" value="Other Licensed Providers"/>		
<b>Source:</b> <input style="width: 100%;" type="text" value="State Plan 1905(a)"/>		
<b>Authorization:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Provider Qualifications:</b> <input style="width: 100%;" type="text" value="Medicaid State Plan"/>		
<b>Amount Limit:</b> <input style="width: 100%;" type="text" value="None"/>		
<b>Duration Limit:</b> <input style="width: 100%;" type="text" value="None"/>		



# Alternative Benefit Plan

Scope Limit:

Includes all licensed medical professionals required by Puerto Rico local law.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Excludes non physician professionals including nurse and physician assistant except those required by local law such as podiatrist, optometrist, clinical psychologists and chiropractors.

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 2. Essential Health Benefit: Emergency services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Other Medical Services - Emergency Hospital	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<b>Benefit Provided:</b> Other Medical Services-Emergency Transportation	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Ground, maritime and aerial ambulance services are covered within the territorial limits of Puerto Rico for emergency cases		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
		<b>Add</b>



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 3. Essential Health Benefit: Hospitalization		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	Remove
Inpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Excludes hospitalization for services which can be rendered in an ambulatory setting, Admission of patients to hospitals for diagnostic purposes only, Expenses for services and/or materials for the comfort of patients only such as television.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Bariatric surgery limited to 1 per lifetime and requires prior authorization. Transplant services limited to skin, bone and corneal transplants Due diligence was applied to ensure this service is aligned with the base benchmark coverage.		
		Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 4. Essential Health Benefit: Maternity and newborn care		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> <input type="text" value="Physician Services - Maternity"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="None"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="None"/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <input type="text"/>		
<b>Benefit Provided:</b> <input type="text" value="Inpatient Hospital services - Maternity"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="None"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="Minimum Stay - 48 hours for vaginal delivery, 96 hours for cesarean delivery"/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <input type="text"/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>															
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 45%;"><b>Benefit Provided:</b> Behavioral Health Outpatient - Rehab</td><td style="width: 35%;"><b>Source:</b> State Plan Other</td><td style="width: 20%; text-align: center;"><b>Remove</b></td></tr><tr><td><b>Authorization:</b> None</td><td><b>Provider Qualifications:</b> Other</td><td></td></tr><tr><td><b>Amount Limit:</b> None</td><td><b>Duration Limit:</b> None</td><td></td></tr><tr><td colspan="3"><b>Scope Limit:</b> None</td></tr><tr><td colspan="3"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 5px;">Puerto Rico covers individual and group counseling, substance abuse treatment, partial hospitalization, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.</div></td></tr></table>		<b>Benefit Provided:</b> Behavioral Health Outpatient - Rehab	<b>Source:</b> State Plan Other	<b>Remove</b>	<b>Authorization:</b> None	<b>Provider Qualifications:</b> Other		<b>Amount Limit:</b> None	<b>Duration Limit:</b> None		<b>Scope Limit:</b> None			<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;">Puerto Rico covers individual and group counseling, substance abuse treatment, partial hospitalization, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.</div>		
<b>Benefit Provided:</b> Behavioral Health Outpatient - Rehab	<b>Source:</b> State Plan Other	<b>Remove</b>														
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Other															
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None															
<b>Scope Limit:</b> None																
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;">Puerto Rico covers individual and group counseling, substance abuse treatment, partial hospitalization, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.</div>																
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<b>Benefit Provided:</b> Behavioral Health Inpatient - Rehab	<b>Source:</b> State Plan Other	<b>Remove</b>														
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Other															
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None															
<b>Scope Limit:</b> None																
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;">Includes mental health and substance abuse services in facilities not designated as IMDs. Puerto Rico covers individual and group counseling, substance abuse treatment, residential treatment services, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.</div>																
<b>Add</b>																



# Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

**Benefit Provided:**

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Puerto Rico's ABP prescription Drug Benefit is the same as under the approved Medicaid State Plan for prescribed drugs.



# Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical Therapy - Rehabilitation and Habilitation

Source:

State Plan 1905(a)(11)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 treatments per condition.

Duration Limit:

Per year

Scope Limit:

Combined limit of 30 sessions applies to habilitation and rehabilitation.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical therapy is applied as a habilitative and rehabilitative service as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit with chiropractic care. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 are allowed with medical necessity and require a prior authorization process.

Benefit Provided:

Home Health Services

Source:

Other state-defined

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The approved Puerto Rico State Plan does not cover Home Health services utilizing the Federal Definition. There are no home health agencies in the Commonwealth serving the Medicaid populations. Home Health refers to the location of services. Medicaid provides equipment and medical services to enrollees for at home when medically necessary and as a cost effective alternative to hospitalization. Any state plan service that is medically necessary may be provided in the home if a cost effective alternative to hospitalization. Home Health services utilizing the Puerto Rico definition are requested and approved by the MCO and ASES on a case-by-case basis as determined medically necessary. PT services may be provided in the home as medically necessary. When there is a State Plan limit on services, any services provided in-home are counted towards those limitations.

Benefit Provided:

Home Health - Prosthetic Devices

Source:

State Plan 1905(a)



# Alternative Benefit Plan

Authorization: None	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes prosthetic devices for all of the extremities of the body, ocular therapeutic prosthesis and segmentary system trays for scoliosis surgery and fusion. Other DME limited to equipment necessary for the delivery of oxygen.		
Benefit Provided: Chiropractic Care	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 30 treatments per condition	Duration Limit: per year	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Chiropractic adjustments are provided as a habilitative and rehabilitative service as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit with physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 are allowed with medical necessity and require a prior authorization process.		
Benefit Provided: Respiratory Therapy	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		



# Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Offered as a habilitative and rehabilitative service as determined medically necessary.

Remove

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Offered as a habilitative and rehabilitative service as determined medically necessary

Benefit Provided:

Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Offered as a habilitative and rehabilitative service as determined medically necessary.

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Diagnostic Lab

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Coverage excludes laboratories for which processing is not available in Puerto Rico.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prior authorization is not required when provided by a lab within the members Primary Medical Group (PMG). The PMG is a function of the MCO and describes the members selected provider and associated labs and specialist.

Benefit Provided:

Other lab and x-ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

General Clinical Labs, X-rays, Radiotherapy, Pathology, Pulmonary Function and Electroencephalograms if medically necessary do not require pre-authorization. Prior authorization is not required when provided by a lab within the members Primary Medical Group (PMG)

Add



# Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 10. Essential Health Benefit: Pediatric services including oral and vision care	Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>
Scope Limit: <input type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>	
<input type="button" value="Add"/>	



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Source:

Primary care visit treatments of injury or illness

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Physician services EHB 1. This service covers all ambulatory care providers.

Base Benchmark plan: No limitations

Base Benchmark Benefit that was Substituted:

Source:

Specialist Visit

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Physician Services- EHB 1. This service covers all ambulatory care providers.

Base Benchmark: No limitations

Base Benchmark Benefit that was Substituted:

Source:

Other practitioner office visit

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Other Licensed Providers in EHB 1

Base Benchmark: Excludes non physician professionals including nurse and physician assistant except those required by local law such as podiatrist, optometrist, clinical psychologists and chiropractors.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient facility

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Clinic services EHB 1

Base Benchmark: Excludes services rendered in an outpatient facility that may be performed in a physicians office.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Surgery Physician Surgical Services

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Physician Services EHB 1

Base Benchmark: Excludes cosmetic surgery, procedures to re-establish the ability to procreate, induced abortion, experimental procedures, surgeries for sexual transformation, intravenous or inhalation analgesia.



# Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Care Services"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Home Health Services EHB 7. The approved Puerto Rico State Plan does not cover Home Health services utilizing the Federal Definition. Home Health refers to the location of services. Medicaid provides equipment and medical services to enrollees for at home when medically necessary and as a cost effective alternative to hospitalization. Base Benchmark: Defines Home Health in the same manner as the Medicaid State plan and limits services to 40 visits only that are initiated within 14 days of a hospitalization of at least 3 days and provided for the same condition as the hospitalization. Combined limit applies to physical, occupational and speech therapy.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Services"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Other Medical Services -Emergency Services in EHB 2 Base Benchmark: No limitations.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Transportation"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Other Medical Services - Emergency Transportation services EHB 2 Base Benchmark: Covered as reimbursement up to \$80.00 per trip</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3 Base Benchmark: Excludes services for personal comfort such as private rooms and for services or procedures that may be performed in an outpatient setting.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient physician and surgical services"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3 Base Benchmark: No limitations</p>		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nursing Facility"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Base Benchmark: Limits Skilled Nursing services to 120 days only if initiated within 14 days of a hospitalization of at least 3 days and provided for the same condition as the hospitalization. The substitution is based on unlimited respiratory therapy, occupational therapy and speech therapy identified in EHB 7 ."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and Postnatal Care"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under Medicaid state plan as Physician Services EHB 4. Base Benchmark: No Limitations"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery/Inpatient services for Maternity Care"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under Medicaid state plan as Inpatient Hospital Services - Maternity EHB 4 Base Benchmark: Delivery of baby 48 hour minimum for vaginal delivery and 96 hours for cesarean delivery."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Outpatient Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5 Base Benchmark: Limited to 15 units per year for group therapy"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: covered under Medicaid state plan as Behavioral Health Inpatient services EHB 5 Base Benchmark: Limited to 90 days per year."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Outpatient Services"/>	Source: Base Benchmark	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5 Base Benchmark: Limited to 15 units per year for each type of service including group therapy, psychiatrist, clinical psychologist and collateral visits.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Inpatient Services"/></p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Behavioral Health Inpatient services EHB 5 Base Benchmark: Limited to 90 days per year.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Rehabilitation Services"/></p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Rehabilitative and Habilitative services EHB 7 Base Benchmark: Limited to 20 physical therapy sessions per year. Does not include occupational, speech therapies, prosthetics and implants orthopedics or cardiac rehabilitation.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Habilitation Services"/></p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Physical Therapy services EHB 7 and Speech Therapy, Respiratory and Occupational Therapy. Base Benchmark: Limited to 20 physical therapy sessions per year</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/></p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Substitution: covered as prosthetic devices in the Medicaid state plan as Home Health - DME services EHB 7 Base Benchmark: Limited to \$5,000 per year for rental or purchase of oxygen and necessary equipment for its administration, wheelchair and hospital beds.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Tests"/></p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as Laboratory Services services EHB 8 and Other Lab and</p>	



# Alternative Benefit Plan

<p>X-Ray services EHB 8 Base Benchmark: No limitations</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Preventive Care/Screening and Immunization</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Duplication: covered under Medicaid state plan as Preventive services EHB 9 Base Benchmark: No limitations</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Eye Exam for Children</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as EPSDT in EHB10 Base Benchmark: Limited to routine exam per year</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Eyeglasses for Children</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as EPSDT in EHB10 Base Benchmark: Limited to 1 per year</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Prescription Drugs</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Benchmark plan is the same as State Plan Coverage in Prescription Drugs EHB 6</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Chiropractic Care</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Chiropractic Care EHB 7</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Foot Care</p> <p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: Covered under Physicians Services in EHB 1"/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Transplant Services"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under Hospitalization EHB 3"/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Bariatric Services"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under Hospitalization EHB 3"/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Imaging"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under Diagnostic Lab EHB 8"/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 14. Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
<p>Other 1937 Benefit Provided: <input type="text" value="Adult Dental"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="See below"/></p> <p>Scope Limit: <input type="text" value="See below"/></p> <p>Other: <input type="text" value="Limited to (1) comprehensive and periodic exam and films per year. (1) prophylaxis per year. Amalgam and resin restorations, root canal therapy, oral surgery and palliative treatment. General anesthesia only for those with special conditions."/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Other 1937 Benefit Provided: <input type="text" value="Federally Qualified Health centers"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value=""/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Other 1937 Benefit Provided: <input type="text" value="Family Planning Services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	



# Alternative Benefit Plan

Other:			<input type="button" value="Remove"/>
Other 1937 Benefit Provided:	Source:		<input type="button" value="Remove"/>
High Risk Pregnancy - Case Management	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	Covers only Medicaid eligible women identified as at-risk for pre-term birth or poor pregnancy outcome.		
Other:			
Other 1937 Benefit Provided:	Source:		<input type="button" value="Remove"/>
Extended Services for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	None		
Other:	All medical and obstetrical services that are medically necessary due to complications of pregnancy including hospitalization beyond minimum stay terms.		
Other 1937 Benefit Provided:	Source:		
Tuberculosis Related Services	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		



# Alternative Benefit Plan

Scope Limit:			<input type="button" value="Remove"/>
		None	
Other:			
		All medically necessary services related to Tuberculosis care for individuals who receive a diagnosis of Tuberculosis.	
Other 1937 Benefit Provided:	Source:		<input type="button" value="Remove"/>
		Section 1937 Coverage Option Benchmark Benefit Package	
Adult vision Exam	Provider Qualifications:		
		Medicaid State Plan	
Authorization:	Duration Limit:		
		None	
Other			
Amount Limit:			
1 per year			
Scope Limit:			
		Annual eye exam for adults	
Other:			
			<input type="button" value="Add"/>



# Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Benefits Assurances

ABP7

### EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

Yes

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

Through an Alternative Benefit Plan.

Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

### Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



# Alternative Benefit Plan

- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

## PRA Disclosure Statement

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V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

## Managed Care Options

### Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

### Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

ASES and Medicaid began work on the development of the ABP in partnership with Triple S (the Benchmark plan provider), Department of Health, Clinical Consultant Dr. Max Miranda, ABARCA Health, and Mercer. In presentations to groups and associations related to the health segment, ASES Director Ricardo Rivera has discussed the ABP and our plan going forward in order to comply with CMS and ACA. Puerto Rico issued public notice on the ASES and Medicaid websites and in circular newspapers. The announcement is attached.

### MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

TN: 14-001

Approval Date: 11/21/2014

Effective Date: 01/01/2014

Puerto Rico

ABP8



# Alternative Benefit Plan

Identify the date the managed care program was approved by CMS:

Describe program below:

Currently Puerto Rico delivers physical health services through a single contracted PIHP, behavioral health is delivered through a MBHO and pharmacy services are contracted with a pharmacy benefit manager (PBM). Puerto Rico is currently in an open Procurement for full-risk MCOs to deliver fully integrated physical and behavioral health services under one contract by region. The proposal and evaluation process is complete and Puerto Rico is currently engaged in contract negotiations. The MCO contract is in final stages of review by CMS and includes services as described in the ABP. Puerto Rico will continue to utilize the PBM for pharmacy services. The new MCO's and contract will be implemented April 2015.

**Additional Information: MCO (Optional)**

Provide any additional details regarding this service delivery system (optional):

PRA Disclosure Statement

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V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

ABP9	
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	<input type="checkbox"/> No
The state/territory otherwise provides for payment of premiums.	<input type="checkbox"/> No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:	

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

ABP10

## Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

## Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

ABP11

## Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20131219

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

1. Inpatient hospital services other than those provided in an institution for mental diseases.  
 X  Provided        No limitations       X  With limitations\*
- 2.a. Outpatient hospital services.  
 X  Provided        No limitations       X  With limitations\*
- 2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.  
 X  Provided        No limitations       X  With limitations\*
- 2.c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).  
 X  Provided        No limitations       X  With limitations\*
- 2.d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Services Act to a pregnant woman or individual under 18 years of age.  
 X  Provided:        No limitations       X  With limitations\*
3. Other laboratory and x-ray services.  
 X  Provided        No limitations       X  With limitations\*

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 92-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. \_\_\_\_\_

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUPS

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or order.

Provided  No Limitations  With limitations\*  
 Not Provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided  No Limitations  With limitations\*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided  No Limitations  With limitations\*

4.d. 1) Face-to-Face Tobacco Cessation Counseling Services provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided:  No limitations  With limitations\*

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

Please describe any limitations:

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided  No Limitations  With limitations\*

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided  No Limitations  With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided  No Limitations  With limitations\*

\*Description provided on attachment.

TN No. 13-004  
Supersedes  
TN No. 03-001A

Approval Date

JAN 28 2014

Effective Date

OCT 01 2013

31B

**OFFICIAL**

State/Territory: Puerto Rico

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Organ Transplants are not covered.

TN No. 58-1  
Supersedes  
TN No. 11EN

Approval Date OCT 20 1988  
1989

Effective Date 4/1/88

HCFA ID: 1047P/0016

**OFFICIAL**

State/Territory: PUERTO RICO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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The following ambulatory services are provided.

"The Services provided to the medically needy are the same as those provides to the categorically needy".

\*Description provided on attachment.

TN No. 87-1  
Supersedes  
TN No. 82-8

Approval Date MAY 26 1988

Effective Date JAN. 1 1987

HCFA ID: 0140P/0102A

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided       No limitations       With limitations\*  
 Not Provided

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided       No limitations       With limitations\*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided       No limitations       With limitations\*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided       No limitations       With limitations\*

5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided       No limitations       With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided       No limitations       With limitations\*

Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 93-5  
TN No. \_\_\_\_\_  
Approval Date MAR 05 2004  
Effective Date AUG 13 2003

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

b. Optometrists' services.

Provided       No limitations       With limitations\*  
 Not Provided

c. Chiropractors' services.

Provided       No limitations       With limitations\*  
 Not Provided

d. Other practitioners' services.

Provided       No limitations       With limitations\*

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided       No limitations       With limitations\*  
 Not Provided under Health Reform Plan by PRHIA

b. Home health aide services provided by a home health agency.

Provided       No limitations       With limitations\*  
 Not Provided under Health Reform Plan by PRHIA

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided       No limitations       With limitations\*  
 Not Provided under Health Reform Plan by PRHIA

\*Description provided on attachment.

TN No. 03-001A  
Supersedes  
TN No. 87-1

Approval Date MAR 05 2003

Effective Date AUG 13 2003

OFFICIAL

State/Territory:     Puerto Rico    

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

\_\_\_\_ Provided      \_\_\_\_ No limitations      \_\_\_\_ With limitations\*  
  X   Not Provided under Health Reform Plan by PRHIA

8. Private duty nursing services.

\_\_\_\_ Provided      \_\_\_\_ No limitations      \_\_\_\_ With limitations\*  
  X   Not Provided under Health Reform Plan by PRHIA

\*Description provided on attachment.

TN No. 03-001A  
Supersedes \_\_\_\_\_ Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. 87-1

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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9. Clinic services.

Provided       No limitations       With limitations\*

10. Dental services.

Provided       No limitations       With limitations\*

11. Physical therapy and related services.

a. Physical therapy

Provided       No limitations       With limitations\*

b. Occupational therapy

Provided       No limitations       With limitations\*

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

Provided       No limitations       With limitations\*

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 87-1 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. \_\_\_\_\_

State/Territory:  Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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12. Prescribed drugs, dentures, and prosthetic devices: and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs  
 Provided       No limitations       With limitations\*
- b. Dentures  
 Provided       No limitations       With limitations\*  
 Not Provided
- c. Prosthetic devices  
 Provided       No limitations       With limitations\*
- d. Eyeglasses  
 Provided       No limitations       With limitations\*  
 Not Provided
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services  
 Provided       No limitations       With limitations\*

\*Description provided on attachment.

TN No. 03-001A      MAR 05 2004  
Supersedes      Approval Date \_\_\_\_\_      Effective Date AUG 13 2003  
TN No. 87-1

State Puerto Rico

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

11. Physical therapy and related services.

- a. Physical therapy.  Provided
  - No limitations
  - With limitations\*
  
- b. Occupational therapy.  Provided
  - No limitations
  - With limitations\*
  
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.  Provided
  - No limitations
  - With limitations\*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

- a. Prescribed drugs.  Provided
  - No limitations
  - With limitations\*

\* Description provided on attachment.

TN # 82-8

Supersedes

TN # new

Approval Date 4/2/82

Effective Date 10/1/82

**OFFICIAL**

State/Territory:     Puerto Rico    

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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b. Screening services

Provided       No limitations       With limitations\*

c. Preventive services

Provided       No limitations       With limitations\*

d. Rehabilitative services

Provided       No limitations       With limitations\*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

Provided       No limitations       With limitations\*  
(Based on medical necessity Law 408)  
 Not Provided

b. Skilled nursing facility services

Provided       No limitations       With limitations\*  
 Not Provided

c. Intermediate care facility services

Provided       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

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TN No. 03-001A  
Superseded 87-1 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. \_\_\_\_\_

STATE/TERRITORY: PUERTO RICO

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE MEDICALLY NEEDY**

---

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided       No limitation       With limitations\*       Not Provided

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided       No limitation       With limitations\*       Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided       No limitation       With limitations\*       Not Provided  
(Based on Medical Necessity under Law 408)

17. Nurse-midwife services

Provided       No limitation       With limitations\*       Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided       No limitation       Not Provided

Provided       With limitations\*  
In accordance with section 2302 of the  
Affordable Care Act

\*Description provided on attachment.

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TN No.: 14-003

Approval Date: JUL 10 2014

Effective Date: April 1, 2014

Supersedes: 03-001-A

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

\_\_\_\_\_ Provided      \_\_\_\_\_ No limitations      \_\_\_\_\_ With limitations\*  
  X   Not Provided

15.b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

\_\_\_\_\_ Provided      \_\_\_\_\_ No limitations      \_\_\_\_\_ With limitations\*  
  X   Not Provided

16. Inpatient psychiatric facility services for individuals under 22 years of age.

  X   Provided        X   No limitations      \_\_\_\_\_ With limitations\*  
(Based on medical necessity under Law 408)

17. Nurse-midwife services.

\_\_\_\_\_ Provided      \_\_\_\_\_ No limitations      \_\_\_\_\_ With limitations\*  
  X   Not Provided

18. Hospice care (in accordance with section 1905(o) of the Act).

\_\_\_\_\_ Provided      \_\_\_\_\_ No limitations      \_\_\_\_\_ With limitations\*  
  X   Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes \_\_\_\_\_  
TN No. 87-1      Approval Date MAR 05 2004      Effective Date AUG 13 2003

**OFFICIAL**

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided                       With limitations\*

Not Provided

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided                       With limitations\*

Not Provided

20. Extended services for pregnant women
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day fall.

Provided

Additional coverage ++

- b. Services for any medical conditions that may complicate pregnancy.

Provided

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\* Description provided on attachment. Post partum and pregnancy-related services after the pregnancy ends are covered beyond the 60<sup>th</sup> day if medically needed.

Services for any other medical conditions that may complicate pregnancy are provided without limitations.

TN No. 03-001A                      MAR 05 2004

Supersedes 95-1                      Approval Date \_\_\_\_\_                      Effective Date AUG 13 2003

TN No. \_\_\_\_\_

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S).

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider(in accordance with section 1920 of the Act)

Provided       No limitations       With limitations\*

Not Provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided       No limitations       With limitations\*

Not Provided

23. Pediatric or family nurse practitioners' services.

Provided       No limitations       With limitations\*

(According to our Health Plan coverage and state licensing laws - general nurse practitioners)

\*Description provided on attachment.

TN No. <u>03-001A</u>	Approval Date <u>MAR 05 2004</u>	Effective Date <u>AUG 13 2003</u>
Supersedes <u>88-1</u>		
TN No. <u>88-1</u>		

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S)

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided       No limitations       With limitations\*

b. Services of Christian Science nurses.

Provided       No limitations       With limitations\*

Not Provided

c. Care and services provided in Christian Science sanatoria.

Provided       No limitations       With limitations\*

Not Provided

d. Nursing facility services for patients under 21 years of age.

Provided       No limitations       With limitations\*

Not Provided

e. Emergency hospital services.

Provided       No limitations       With limitations\*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided       No limitations       With limitations\*

Not Provided

\*Description provided on attachment.

TN No. 03-001 A

Supersedes

TN No. 88-

Approval Date MAR 05 2004

Effective Date AUG 13 2003

OFFICIAL

State/Territory: Puerto Rico

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided       No limitations       With limitations\*  
 Not Provided

\*Description provided on attachment.

TN No. 03-001A  
Supersedes 93-2 Approval Date MAR 05 2004 Effective Date AUG 13 2003  
TN No. \_\_\_\_\_

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

**The following excluded drugs are covered:**

*("All" drugs categories covered under the drug class)*

*("Some" drugs categories covered under the drug class)*

*-List the covered common drug categories not individual drug products directly under the drug class)*

*("None" of the drugs under this drug class are covered)*

(a) agents when used for anorexia, weight loss, weight gain are excluded as a general rule. Puerto Rico provides coverage of medically-necessary mental health drugs when used in the treatment of anorexia according to the medical psychiatric practice accepted norms as required for the diagnosis, prevention, and treatment of the mental health disease.

(b) agents when used to promote fertility

(c) agents when used for cosmetic purposes or hair growth

(d) agents when used for the symptomatic relief of cough and colds

TN No. 13-002  
Supersedes  
TN No. New

Approval Date: **JUN 20 2013** Effective Date January 1, 2013

**OFFICIAL**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency Puerto Rico

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE  
MEDICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
	<p><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products <u>are excluded as a general rule</u>, except prenatal vitamins and fluoride. <u>Puerto Rico also covers some vitamins and mineral products when there are prescribed, medically necessary, and used in the treatment of cancer, renal disease, or HIV/AIDS.</u></p>
	<p><input checked="" type="checkbox"/> (f) nonprescription drugs <u>or over-the-counter (OTC) drugs are excluded as a general rule. Puerto Rico covers some OTC drugs (Non Sedating Antihistamines, Antihistamine, Respiratory Agent, Antiplatelet, and Topical Antimycotic products) when they are prescribed and medically necessary according to the medical practice accepted norms as required for the diagnosis, prevention, and treatment of the disease.</u></p>
	<p><input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)</p>
	<p><input checked="" type="checkbox"/> (h) barbiturates <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers these drugs when used in the treatment of epilepsy, cancer, or a chronic mental health disorder; except when these drugs are prescribed for a condition other than the three covered by Part D and during Part D donut hole period if it is medically necessary.</u></p>
	<p><input checked="" type="checkbox"/> (i) benzodiazepines <u>for non-dually eligible. Puerto Rico does not provide coverage for dual eligible individuals with Medicare Part D, because of effective January 1, 2013, Part D covers all indications for these drugs; except for dually eligible without Part D and during Part D donut hole period if it is medically necessary.</u></p>
	<p><input checked="" type="checkbox"/> (j) smoking cessation drugs <u>are excluded except for individuals under age 21 and for pregnant women when medically necessary and prescribed by a physician. In these cases the plan covers prescription and non-prescription aids as indicated by a physician and without cost-sharing.</u></p>

TN No. 13-002  
Supersedes  
TN No. New

Approval Date **JUN 20 2013** Effective Date January 1, 2013

**OFFICIAL**

**Description for Attachment 3.1-B**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Page 1

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):**

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Description of Limitations

General Limitations

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services rendered while the beneficiary is not covered.
- b. Services which result from illnesses or injuries not covered.
- c. Services resulting from automobile accidents which are covered by the Automobile Accident Compensation Fund (ACAA).
- d. Workman's compensation accidents covered by the "Fondo del Seguro del Estado".
- e. Services covered by any other insurer or party that has the primary responsibility (other party liability).
- f. Special nurses services for the convenience of the patient when it is not medically necessary.
- g. Hospitalization for services which can be rendered in an ambulatory setting.
- h. Admission of patients to hospitals for diagnostic purposes only.
- i. Expenses for services and/or materials for the comfort of the patient, such as telephone, television, admission kit, etc.
- j. Services rendered by second generation family members of patient (parents, offspring, siblings, grandparents, grandchildren, spouse, etc.).
- k. Organ transplants
- l. Laboratories for which processing is not available in Puerto Rico and that have to be sent outside of Puerto Rico for processing.
- m. Treatments with the purpose of controlling weight (obesity or weight increase) solely for esthetic purposes.
- n. Sports Medicine, musical therapy and natural medicine
- o. Tuboplasties, vasovasectomies and any other procedures or services for the purpose of returning the ability to procreate, are excluded:

TN No. 03-001A

Supersedes

TN No. Now

Approval Date MAR 05 2004

Effective Date AUG 13 2003

OFFICIAL

OFFICIAL

Description for Attachment 3.1-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Page 2

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

Description of Limitations

- p. Cosmetic surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical-surgical services and complications associated with this procedure, regardless of their medical justification.
- q. Services, diagnostic tests and/or treatments ordered and/or provided by naturopaths, naturists, iridologists and chiropractors.
- r. Mammoplasty or plastic reconstruction of the breast solely for cosmetic purposes.
- s. Ambulatory setting use of fetal monitor.
- t. Services, treatment or hospitalizations which arise from an induced abortion (not therapeutic). The following are considered induced abortions:

<u>CODE</u>	<u>DESCRIPTION</u>
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and expulsion
59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines);
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with dilation and curettage and/or evacuation.
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines); with hysterectomy (failed intra-amniotic injection).

TN No. 03-001A  
 Supersedes New  
 TN No. \_\_\_\_\_

Approval Date MAR 05 2004

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ORIGINAL

Description for Attachment 3.1-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

Description of Limitations

59855 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines

59856 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with dilation and curettage and/or evacuation.

59857 Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with hysterectomy (omitted medical expulsion).

- u. The Revetron drug.
- v. Services for epidural anesthesia
- w. Somnography studies.
- x. Services which are not reasonable nor required according to the accepted standards of medical practice or services provided in excess of those normally required for the prevention, diagnosis, and treatment of a disease, injury or dysfunction of the organic system or pregnancy condition.
- y. Hemodialysis and/or peritoneal dialysis services are excluded from the Basic Coverage; but included in the Special Coverage.
- z. New and/or experimental procedures which have not been approved by the PRHIA for their inclusion as benefits in the basic and special coverage of the program.
- aa. Custodial, rest or convalescence services, in cases where the acute medical condition requiring in-patient care is under control or in irreversible terminal cases.
- bb. Expenses incurred in payments made by beneficiaries to participating providers that according to the terms of the program, the beneficiary was not supposed to pay.
- cc. Services ordered and/or rendered by non-participating providers, except in cases of emergencies/immediate need or previously authorized by the HCOs or MCO.
- dd. Neurological and cardiovascular surgery and related services are excluded from the Basic Coverage, but included in the Special Coverage.

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

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Description of Limitations

- ee. Services received outside of the territorial limits of the Commonwealth of Puerto Rico.
- ff. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result after the referred procedures, are covered.
- gg. Travel expenses, even when ordered by the primary care physician or participating provider are excluded.
- hh. Eyeglasses, contact lenses and hearing aids are excluded.
- ii. Acupuncture services are excluded.
- jj. Rent or purchase of wheelchair or any other vehicle (motor and/or electric) or expenses for the repair or alteration of these vehicles.
- kk. Procedures with the purpose of changing the sex of the beneficiary.
- ll. Treatment services for infertility and/or related to conception by artificial means.

1. Inpatient services are provided within coverage under Health Reform Plan

Limitations to inpatient services:

- Bed in Semiprivate Room: Coverage will be available twenty four (24) hours per day, every day of the year.
- Isolation Room: For medical reasons
- Specialized Diagnostic / Treatment: Electrocardiograms, Electro-encephalograms, arterial gases, and other specialized diagnostic and/or treatment testing, that are available in the hospital facilities and which are required to be performed while the patient is hospitalized.

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

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Description of Limitations

Limitations to inpatient services:

- Short Term Rehabilitation Services: To hospitalized patients, including physical, occupational, and speech therapy.
- Blood: Blood, plasma and their derivatives without limitations, to include irradiated and autologous blood; Monoclonal Factor IX per authorization of a certified hematologist; Antihemophyllic Factor with intermediate purity concentration (Factor VIII); Antihemophyllic Monoclonal Type Factor per authorization of a certified hematologist and Protrombin Activated Complex (Autoflex and Feiba) per authorization of a certified hematologist.

- 2a. Outpatient services are covered by the Reforma Health Plan.
- 2b. Rural health clinic and ambulatory services provided are those categorized benefits covered according to our Reforma Health Plan.
- 2c. Federally Qualified Health Centers services and other ambulatory services are those benefits covered according to our Reforma Health Plan.

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**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
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Description of Limitations

3. Other laboratory and x-ray services. Diagnostic blood tests and X- Rays are covered, but the following special procedures and diagnostic tests are provided subject to benefits included under the plan's special coverage and medical necessity criteria:

1. Computerized tomography.
2. Magnetic Resonance Tests Imaging
3. Cardiac catheterization
4. Holter Tests
5. Doppler Tests
6. Stress Tests
7. Lithotripsy
8. Electromyography
9. Single Photon Emission Computerized – Tomography Test (SPECT)
10. Ocular Plesthymography (OPG)
11. Impedance Plesthymography
12. Other invasive and non invasive cardiovascular, cerebrovascular, and neurosurgical procedures
13. Nuclear medicine tests
14. Endoscopies for diagnostic purposes
15. Genetic studies

4c. Family Planning Services

Counseling on Family Planning is a covered service under the Health Reform Plan. MCOs will assure that participating providers provide direct orientation to beneficiaries for accessing contraceptive methods for birth control purposes only, through the Department of Health of Puerto Rico.

No FFP is claimed.

5a. Physician services in the patient's home are provided based on medical necessity.

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- 5b. Medical and surgical services provided by dentist are limited to the coverage services description on item (10).
- 6a. Podiatrist services are provided as remedial and incidental care rendered for attending special conditions under the Health Reform Plan's special coverage.
- 6b. Optometrist services are limited to vision evaluations and exams.
- 6d. Most types of practitioners are included, except for: alternative and sport medicine practitioners, iridologist, naturopaths, chiropractors and cosmetic plastic surgeons.
- 7. Home Health services

No FFP is claimed for Home Health Services.

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

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9. Clinic services are provided according to the health plan coverage under the Basic and Special coverage description on which includes a comprehensive services of the plan such as: outpatient hospital services, laboratories and x- rays, EPSDT, family planning counseling services and physician services other preventive services, maternity services.

10. Dental Services.

1. One (1) Initial comprehensive oral examination
2. One (1) Periodic oral examination every six (6) months
3. Limited oral examination-defined problem
4. One (1) Intraoral complete series, including bitewings, every three (3)yrs
5. One (1) Intraoral periapical first film
6. Intraoral-periapical-each additional film, per year up to five (5) times
7. One (1) Bitewing, single film
8. One (1) Bitewings-two films, per year
9. One (1) Panoramic film, every three (3) years
10. One (1) Prophylaxis-adult, every six (6) months
11. One (1) Prophylaxis-child, every six (6) months
12. One (1) Topical application of fluoride, every six (6) months for beneficiaries under 19 years of age
13. Fissure sealants for beneficiaries up to 14 years of age inclusive, per lifetime, per teeth (01351). Deciduous molars are included for beneficiaries up to 8 years of age when clinically necessary.
14. Amalgam Restorations
15. Resin Restorations
16. Root Canal Therapy
17. Oral Surgery
18. Palliative Treatment

General anesthesia for dental treatment in cases of children with special condition:

1. General anesthesia for the first (30) minutes
2. General anesthesia for each (15) additional minutes

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S):

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Description of Limitations

11.a. Physical therapy limited to a maximum of 15 treatments per condition per year. Coverage of Fifteen (15) additional treatments per condition per year when ordered by a Physiatrist or Orthopedist with prior authorization.

12.a. Prescribed drugs

The PRHIA maintains a drug Formulary as the official formulary of drugs provided by the Health Reform Plan coverage, which contains most of the vast majority of therapeutic alternatives categories available. A preferred drug list ( PDL ) is also maintained as a cost-effective utilization tool in rendering prescription benefits under the Health Reform Plan. The MCOs, MBHOs and Direct Providers that are contracted agree to conduct the pharmacy billing and claims through the PRHIA's contracted Pharmacy benefits manager. Under exceptional circumstances, a drug not included in the Formulary could be covered only through exceptional circumstances and procedure set forth below.

Limitations and conditions of the prescription services

- a. Contraceptives drugs are covered only for the treatment of menstrual dysfunction or for conditions not related to birth control. For birth control purposes, the contraceptives are provided by the Department of Health of Puerto Rico.
- b. Drugs required for the ambulatory or hospitalized treatment of diagnosed beneficiaries with AIDS or with an HIV positive factor are covered under the special coverage to include only antiretroviral but excluding **Protease inhibitors**. The Protease inhibitors are not covered benefits financed under the Health Reform Plan, they are provided to Medicaid beneficiaries through coordination with the Regional Immunological Clinics of the Commonwealth Health Department's PASET Division.
- c. Immunosuppressant drugs for all transplant patient are covered only to the extent of maintenance treatment post-surgery to ensure the continuity of health stability of the beneficiary, as well as emergencies that may result after surgery(as transplants are not covered).
- d. New drugs for future inclusion are evaluated through an active process for revising on a continuous basis and evaluate the future inclusion of new medicines or the removal of medicines from the formulary. Considering the dynamic nature of this process, the PRHIA requires the inclusion or exclusion of medicines as changes and advances affect the standard practice for the treatment of conditions or developments of standard practices for the treatment of a condition or particular treatments.

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- e. .No MCO,HCO, MBHO or providers can establish a different formulary from the one included in this addendum nor limit in any way the drugs and medications included in the formulary.
- f. In the event a beneficiary needs a drug or medicine that is not included in the formulary, the MCO, MBHO and providers will follow the usual pre-authorization procedure, to obtain drugs not included in the formulary. The provider shall have to obtain the MCOs prior approval considering and documenting the particular merits of each case, which could include among others the following criteria:
  - 1. A contraindication of drug that appears in the formulary.
  - 2. Adverse reaction history to the drug that appears in the formulary.
  - 3. Therapeutic failure to all available alternatives in the formulary.
  - 4. Non-existence of alternative therapy in the formulary.
- g. For acute conditions, the amount of medication to be dispensed shall be limited to the needed therapy, but never for more than fifteen (15) days. When medically necessary, additional prescriptions are covered.
- h. For chronic conditions (maintenance), the amount of the medication to be dispensed will be limited to a maximum of thirty (30) days. By prescribing physician recommendation, each prescription may be repeated up to six (6) times. When medically necessary, additional prescriptions are covered.
- i. The indications on prescriptions issued for treatment of children with Special Health Care Needs will indicate clearly the (30) day coverage therapy and that it can be repeated up to six (6) times. When medically necessary additional prescriptions will be covered.
- j. The use of bioequivalent medications and drugs approved by the FDA and local regulations is authorized, unless contraindicated for the beneficiary by the physician or dentist who prescribed the medication.
- k. The absence of bioequivalent medications in stock does not exonerate the Pharmacist from dispensing the medication nor does it entail the payment of additional surcharges by beneficiaries. Brand name drugs will be dispensed if the bioequivalent is not available at the pharmacy.
- l. All prescriptions shall be filled and dispensed at a participating pharmacy properly licensed under the laws of Puerto Rico freely chosen by the beneficiary.
- m. All prescriptions shall be dispensed contemporaneously with the date and hour that the beneficiary receives the prescription and requests that it be dispensed.

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MEDICALLY NEEDY GROUP(S):

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12c. Prosthetic devices

Those including all of the extremities of the body, the ocular therapeutic prosthesis and the segmentary instrumentation system trays for scoliosis surgery and fusion.

13a. Diagnostic Services

Generally limited to tests described in contracts with MCOs. Clinical laboratories, x-rays, radiotherapy, pathology, pulmonary and arterial gases function and electroencephalograms if necessary for treatment and convalescent care, are not subject to pre-authorizations by the PCP or HCO. For the special coverage diagnostic services described in item 3 above they are subject to necessity criteria and pre-authorization.

13b. Screening services

Gynecological and Prostate Cancer screening according to accepted medical practice, including Papanicolaou tests, mammographies, and P.S.A. as may be medically necessary and according to the age of the beneficiary. Accordingly to Puerto Rico's Health Policies the age of (40) years have been established as the initial date to commence cancer screening by mammography.

Sigmoidoscopy for adults ages 50 and over with risk of colon cancer according to accepted medical practice

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MEDICALLY NEEDY GROUP(S):

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13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by qualified health professional including eye tests, hearing tests, and nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of pediatrics and EPSDT under Title XIX of the Medicaid program.

Well Baby Care during the fist two (2) years of life of a child.

All immunizations for children to age 21 and those necessary according to age, gender, and health condition of the beneficiary, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and/or vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others. Immunizations will be supplied by the Department of Health and will be administered by MCOs and other participating health care providers without any charge or deductibles.

Education and Counseling in physical health, oral health and nutrition.

Annual physical medical evaluation and follow-up for diabetic diagnosed patients according to the protocols and health care guidelines for the care of this condition established by the Department of Health.

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Description of Limitation

13d. Rehabilitative services

The rehabilitative services provided are ambulatory. (Except for physical therapy, all rehabilitative services such as: respiratory, occupational and speech therapies services, are unlimited )

Physical therapy limited to a maximum of 15 treatments per condition per year. Coverage of Fifteen (15) additional treatments per condition per year when ordered by a Physiatrist or Orthopedist with prior authorization from the MCO.

- ++ 20. The extended services for pregnant women besides covering all pre-natal, delivery and post-partum care services, include all medical and obstetrical nursing services during the delivery, be it natural childbirth, cesarean section or any other complication; hospitalization beyond minimum stay terms in cases of maternity, high risk or secondary conditions to the pregnancy by medical recommendation.

The minimum stay term for hospitalization for both mother and newborn will not be limited to less than 48 hours for normal vaginal delivery without complications and in the case of childbirth following cesarean section, the stay may not be limited to less than 96 hours for both mother and child.

24a. Transportation

Limited to ambulance services in emergency cases, ground, maritime and aerial ambulance services are covered within the territorial limits of Puerto Rico. No pre-authorization or pre-certification will be required in order to access these services. In general, the service shall be accessed either by beneficiary calling 911 or calling the local ambulance provider contracted and as instructed by the HCO and the MCO in the area. For non emergency transportation, the commonwealth follows the methods described in attachment 3.1D of this plan.

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**Attachment 3 – Services: General Provisions**

**3.1-C. Benchmark Benefit Package and Benchmark Equivalent Benefit Package (provided in accordance with 1937 of the Act and 42 CFR Part 440).**

The State/Territory provides benchmark benefits:

- Provided
- Not Provided

States/Territories can have more than one alternative/benchmark benefit plan for different individuals in the new optional group. If the State/Territory has more than one alternative benefit plan, as in the example below, then a pre-print would need to appear for each additional Benchmark Plan title. (Ex: if the box signifying “Plan A” was checked then the remainder of the pre-print that would appear would be specific only to “Plan A”. If “Plan B” was checked then the following pre-print that would appear would be a completely new pre-print that would be filled out by the State/Territory and would correlate to “Plan B” only.)

<input checked="" type="checkbox"/> State MiSalud Benefit Package A
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**1. Populations and geographic area covered**

- a) Individuals eligible under groups other than the early option group authorized under section 1902(a)(10(A)(i)(VIII) and 1902(k)(2)

The State/Territory will provide the benefit package to the following populations:

- (i) Populations who are full benefit eligibility individuals in a category established on or before February 8, 2006, who will be required to enroll in an alternative benefit plan to obtain medical assistance.

**Note: Populations listed below may not be required to enroll in a benchmark plan. The Benchmark-exempt individuals under 1937(a)(2)(B) are:**

- A pregnant woman who is required to be covered under the State/Territory plan under section 1902(a)(10)(A)(i) of the Act.
- An individual who qualifies for medical assistance under the State/Territory plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- An individual entitled to benefits under any part of Medicare.

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- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.
- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in that institution under the State/Territory plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the State/Territory's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR §438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.
- An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.
- A parent or caretaker relative whom the State/Territory is required to cover under section 1931 of the Act.
- A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act.
- An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.
- An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.
- An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

- Each eligibility group the State/Territory will require to enroll in the alternative benefit plan;
- Each eligibility group the State/Territory will allow to voluntarily enroll in the alternative benefit plan;
- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

Required Enrollment	Opt-In Enrollment	Full-Benefit Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
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		Mandatory categorically needy low-income families and children eligible under section 1925 for Transitional Medical Assistance		
		Mandatory categorically needy poverty level infants eligible under 1902(a)(10)(A)(i)(IV)		
		Mandatory categorically needy poverty level children aged 1 up to age 6 eligible under 1902(a)(10)(A)(i)(VI)		
		Mandatory categorically needy poverty level children aged 6 up to age 19 eligible under 1902(a)(10)(A)(i)(VII)		
		Other mandatory categorically needy groups eligible under 1902(a)(10)(A)(i) as listed below and include the citation from the Social Security Act for each eligibility group: <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		
		Optional categorically needy poverty level pregnant women eligible under 1902(a)(10)(A)(ii)(IX)		
		Optional categorically needy poverty level infants eligible under 1902(a)(10)(A)(ii)(IX)		
		Optional categorically needy AFDC-related families and children eligible under 1902(a)(10)(A)(ii)(I)		
		Medicaid expansion/optional targeted low-income children eligible under 1902(a)(10)(A)(ii)(XIV)		
		Other optional categorically needy groups eligible under 1902(a)(10)(A)(ii) as listed below and include the citation from the Social Security Act for each eligibility group: <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		

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(ii) The following populations will be given the option to voluntarily enroll in an alternative benefit plan. Please indicate in the chart below:

- Each population the State/Territory will allow to voluntarily enroll in the alternative benefit plan,
- Specify any additional targeted criteria for each included population (e.g., income standard).
- Specify the geographic area in which each population will be covered.

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	Mandatory categorically needy low-income parents eligible under 1931 of the Act		
	Mandatory categorically needy pregnant women eligible under 1902(a)(10)(A)(i)(IV) or another section under 1902(a)(10)(A)(i):		
	Individuals qualifying for Medicaid on the basis of blindness		
	Individuals qualifying for Medicaid on the basis of disability		
	Individuals who are terminally ill and receiving Medicaid hospice benefits under 1902(a)(10)(A)(ii)(VII)		
	Institutionalized individuals assessed a patient contribution towards the cost of care		
	Individuals dually eligible for Medicare and Medicaid (42 CFR §440.315)		
	Disabled children eligible under the TEFRA option - section 1902(e)(3)		
	Medically frail and individuals with special medical needs		
	Children receiving foster care or adoption assistance under title IV-E of the Act		
	Women needing treatment for breast or cervical cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)		
	Individuals eligible as medically needy under section 1902(a)(10)(C)		
	Individuals who qualify based on medical condition for long term care services under 1917(c)(1)(C)		

Limited Services Individuals

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	TB-infected individuals who are eligible under		

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	1902(a)(10)(A)(ii)(XII)		
	Illegal or otherwise ineligible aliens who are only covered for emergency medical services under section 1903(v)		

- (iii) When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:
  - Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
  - Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
  - Document in the exempt individual’s eligibility file that:
    - The individual was informed in accordance with this section prior to enrollment,
    - The individual was given ample time to arrive at an informed choice,
    - The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
  - For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.
  - The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
  - The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.

For populations/individuals (checked above in 1a. & 1b.) who voluntarily enroll, describe in the below the manner in which the State/Territory will inform each individual that:

- Enrollment is voluntary;
- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.

**b) Individuals eligible under the early option group authorized under sections 1902(a)(10)(A)(i)(VIII) and 1902 (k)(2)**

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**Note: Individuals in the early option group who are exempt from mandatory enrollment in Benchmark coverage under 1937(a)(2)(B) CANNOT be mandated into a Benchmark plan. However, State/Territories may offer exempt individuals the opportunity to voluntarily enroll in the Benchmark plan.**

**Individuals who will be enrolled in the State MiSalud Benefit Package A will be receiving the same benefits as the other Medicaid beneficiaries in the MiSalud Program.**

- (i) The State/Territory has chosen to offer the populations/individuals in the early option group who are exempt from mandatory enrollment in the benchmark benefit plan the option to voluntarily enroll in the benchmark benefit plan. Please specify whether the benchmark will cover these individuals Statewide/Territory-wide or otherwise.
  
- (ii) When offering voluntary enrollment in a benchmark/benchmark-equivalent benefit plan to exempt populations, prior to enrollment the State/Territory assures it will:
  - Effectively inform the individual that enrollment is voluntary, the individual may disenroll at any time and regain immediate access to full standard State/Territory plan coverage, and has described the process for disenrolling.
  - Inform the individual of the benefits available under the benchmark/benchmark-equivalent benefit plan, the costs of the package and has provided a comparison of how the benchmark plan differs from the standard State/Territory plan benefits.
  - Document in the exempt individual's eligibility file that:
    - The individual was informed in accordance with this section prior to enrollment,
    - The individual was given ample time to arrive at an informed choice,
    - The individual voluntarily and affirmatively chose to enroll in the benchmark/benchmark-equivalent plan.
  - For individuals the State/Territory determines have become exempt from enrollment in a benchmark/benchmark-equivalent plan, the State/Territory must inform the individual they are now exempt and the State/Territory must comply with all requirements related to voluntary enrollment. Please describe below the process the State/Territory will use to comply with this requirement.
  - The State/Territory will promptly process all requests made by exempt individuals for disenrollment from the benchmark/benchmark-equivalent plan and has in place a process that ensures exempt individuals have access to all standard State/Territory plan services while the disenrollment request is being processed.
  - The State/Territory will maintain data that tracks the total number of individuals that have voluntarily enrolled in a benchmark/benchmark-equivalent plan and the total number who have disenrolled.
  - For populations/individuals (checked above in 1a. & 1b.) who voluntarily enroll, describe below the manner in which the State/Territory will inform each individual that:
    - Enrollment is voluntary;

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- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State/Territory plan.

## 2. Description of the Benefits

The State/Territory will provide the following alternative benefit package (check the one that applies).

a)  Benchmark Benefits

- FEHBP-equivalent Health Insurance Coverage** – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(l) of Title 5, United States Code.
- State/Territory Employee Coverage** – A health benefits coverage plan that is offered and generally available to State/Territory employees within the State/Territory involved.

Please provide below either a World Wide Web URL (Uniform Resource Locator) link to the State/Territory's Employee Benefit Package or insert a copy of the entire State/Territory Employee Benefit Package.

- Coverage Offered Through a Commercial Health Maintenance Organization (HMO)** – The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State/Territory involved.

The State/Territory assures that it complies with all Managed Care regulations at 43 CFR §438

Please provide below either a World Wide Web URL link to the HMO's benefit package or insert a copy of the entire HMO's benefit package.

- Secretary-approved Coverage** – Any other health benefits coverage that the Secretary determines provides appropriate coverage for the population served. Provide below a full description of the benefits in the plan, including any applicable limitations. Also include a benefit by benefit comparison to services in the State/Territory plan or to services in any of the three Benchmark plans above.

State MiSalud Benefit Package A will include the same benefits as the benefits provided in the Puerto Rico State plan.

b)  Benchmark-Equivalent Benefits.

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Please specify below which benchmark plan or plans this benefit package is equivalent to:

- (i) Inclusion of Required Services – The State/Territory assures the alternative benefit plan includes coverage of the following categories of services: (Check all that apply).
- Inpatient and outpatient hospital services;
  - Physicians' surgical and medical services;
  - Laboratory and x-ray services;
  - Coverage of prescription drugs
  - Mental health services
  - Well-baby and well-child care services as defined by the State/Territory, including age-appropriate immunizations in accordance with the Advisory Committee on Immunization Practices;
  - Emergency services
  - Family planning services and supplies
- (ii) Additional services  
Please list the additional services being provided.

Please insert below a full description of the benefits in the plan including any additional services and limitations.

- (iii) The State/Territory assures that the benefit package has been determined to have an aggregate actuarial value equivalent to the specified benchmark plan in an actuarial report that:
- Has been prepared by an individual who is a member of the American Academy of Actuaries;
  - Using generally accepted actuarial principles and methodologies;
  - Using a standardized set of utilization and price factors;
  - Using a standardized population that is representative of the population being served;
  - Applying the same principles and factors in comparing the value of different coverage (or categories of services) without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used; and
  - Takes into account the ability of a State/Territory to reduce benefits by taking into account the increase in actuarial value of benefits coverage without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used and taking

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into account the ability of the State/Territory to reduce benefits by considering the increase in actuarial value of health benefits coverage offered under the State/Territory plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.

Please insert a copy of the report.

- (iv) The State/Territory assures that if the benchmark plan used by the State/Territory for purposes of comparison in establishing the aggregate value of the benchmark-equivalent package includes any of the following two categories of services, the actuarial value of the coverage for each of these categories of services in the benchmark-equivalent coverage package is at least 75 % of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State/Territory:

- Vision services, and/or
- Hearing services

Please insert below a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.

- c)  Additional Benefits  
If checked please insert a full description of the additional benefits including any limitations.

**3. Service Delivery System**

Check all that apply.

- The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements of section 1902(a) and implementing regulations relating to payment and beneficiary free choice of provider. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
- The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements cited above, except that it will be operated with a primary care case management system consistent with section 1905(a)(25) and 1905(t). (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
- The alternative benefit plan will be provided through a managed care organization consistent with applicable managed care requirements (42 CFR §438, 1903(m), and 1932).
- The alternative benefit plan will be provided through PIHPs (Pre-paid Inpatient Health Plan) consistent with 42 CFR §438.

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- The alternative benefit plan will be provided through PAHPs (Pre-paid Ambulatory Health Plan).
- The alternative benefit plan will be provided through a combination of the methods described above. Please describe how this will be accomplished. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology when applicable.)

The alternative benefit plan will be provided to all Enrollees in the MiSalud Program who are eligible for the early option group and are not exempt from mandatory enrollment in a benchmark benefit plan through either (i) an MCO arrangement or (ii) a TPA (PIHP) arrangement depending on service region. For the avoidance of doubt the TPA will provide all services under the MiSalud Program including both inpatient and outpatient.

#### 4. Employer Sponsored Insurance

- The alternative benefit plan is provided in full or in part through premiums paid for an employer sponsored health plan.

#### 5. Assurances

- The State/Territory assures EPSDT services will be provided to individuals under 21 years old who are covered under the State/Territory Plan under section 1902(a)(10)(A).
- Through Benchmark only
- As an Additional benefit under section 1937 of the Act
- The State/Territory assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).
- The State/Territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.
- The State/Territory assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.

The alternative benefit package includes emergency transportation services and will provide non-emergency transportation services in accordance with the corrective action plan.

- The State/Territory assures that family planning services and supplies are covered for individuals of child-bearing age.

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Family planning counseling is the responsibility of contracted providers and the health plans providing MiSalud services. Covered individuals are directed to 330 Centers, Community Health Centers and clinics to receive available methods of birth control.

**6. Economy and Efficiency of Plans**

The State/Territory assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

**7. Compliance with the Law**

The State/Territory will continue to comply with all other provisions of the Social Security Act in the administration of the State/Territory plan under this title.

**8. Implementation Date**

The State/Territory will implement this State/Territory Plan amendment on October 1, 2011 (date).

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Effective Date: 10/1/2011

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OFFICIAL

Attachment 3.1-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Commonwealth of Puerto Rico

The Department of Health is the state licensing agency for Hospitals, Nursing Homes and intermediate care health facilities. The Office of Licensure and Certification of Health Facilities determines, issues the standards and supervises the efficient operation of health facilities in Puerto Rico; except for free standing laboratories that are licensed by the Institute of Laboratories according to standards promulgated by the Secretary of Health.

A register of licensed hospitals and nursing homes in Puerto Rico is published annually by said Office. A listing of licensed laboratories is published by the Institute.

The Office of Licensure and Certification of Health Facilities has a staff of qualified inspectors and consultants that visit periodically the licensed facilities to assure continuing eligibility. The Institute has its own staff that visits free standing laboratories regularly.

Standards and records relative to licensing and certification of health facilities and free standing laboratories are available to the Medical Assistance Program.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF Commonwealth of Puerto Rico

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Methods utilized by the Department of Health for the Transportation of Medicaid Recipients of Services:

1. Transportation Services will be provided in Municipal and/or Department of Health ambulances including contract facilities for emergency cases, regardless of need.
2. Categorically needy and Medically needy persons who can not afford to pay their traveling expenses for services provided under this plan, other than emergency services, are eligible for emergency transportation services provided by the Department of Social Services.
3. Transportation other than ambulance services is provided in public cars and other means of public transportation, according to fees established by the Public Service Commission, or at customary local rates, whichever is applicable, and paid usually by the municipality.

**OFFICIAL**

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TN# 741

approval date MAY 24 1985  
effective date OCT 1 1984

**OFFICIAL**

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 3.2-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Puerto Rico

Territory: \_\_\_\_\_

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

The following method is used to provide the entire range of benefits under Part B of title XVIII to the groups of Medicare-eligible individuals indicated:

1.  Buy-in agreement with the Secretary of HEW. This agreement covers:
- a.  Money payment recipients under the State plan under title I or XVI of the Act.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System:

Are included

Are not included

- b.  Money payment recipients under all of the State plans under titles I, IV-A, X, XVI, and XVI of the Act.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System:

Are included

Are not included

- c.  All individuals eligible under this title XIX plan.

Not applicable

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Puerto Rico

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

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2.  A group payment arrangement entered into with the Social Security Administration. This arrangement covers the groups specified below:
3.  Payment of deductible and coinsurance costs. Such payments are made in behalf of the groups specified below:

Not Applicable

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Supersedes **New**  
Tn No. **New** HCFA ID: 7984E