



DEPARTAMENTO DE SALUD
Departamento de Salud

**STATE PLANSM
PUERTO RICO**

**UNDER TITLE
XIX
OF SOCIAL
SECURITY ACT**

**MEDICAL
ASSISTANCE
PROGRAM**

**SECTION
4, 5, 6 y 7**

**Coverage and
Eligibility
Organization**

**List Of
Attachments the
Section 4, 5, 6 y
7**

STATE PLAN PUERTO RICO

UNDER TITLE XIX OF SOCIAL

SECURITY ACT

MEDICAL ASSISTANCE

PROGRAM

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

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

Puerto Rico

State/Territory: _____

Citation

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940
through 435.960
52 FR 5967
54 FR 8738

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

PER PM 90-2

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

OFFICIAL

TN No. 88-4
Supersedes
TN No. 86-2

Approval Date OCT 20 1988
10-89

Effective Date 4/1/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-86-9 (BERC)
MAY 1986

OMB No.: 0938-0193
4.31

State/Territory: Puerto Rico

Citation
455.103
44 FR 41644

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106.

435.940
through 435.960
(51 FR 7178)

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN NO. 86-2
Supersedes
TN NO. 79-10

Approval Date MAR. 17 1987

Effective Date SEP. 5 1986

HCFA ID:0053C/0061E

Revision: HCFA-PM-87-14 (BERG)
OCTOBER 1987

OMB No.: 0938-0193

Puerto Rico

State/Territory: _____

Citation

1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L. 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

OFFICIAL

TN No. 88-4
Supersedes
TN No. NEW

Approval Date OCT 20 1988
1989

Effective Date 4/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Puerto Rico

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

Total waiver

Alternative system

Partial implementation

TN No. 84-1
Supersedes
TN No. NLU

Approval Date AUG 15 1989

Effective Date AUG 1 1989

HCFA ID: 1010P/0012P

OFFICIAL

OMB No.: 0938-0193

Revision: HCFA-PM-90-2 (BPD)
JANUARY 1990State/Territory: Puerto RicoCitation 4.35 Remedies for Skilled Nursing and Intermediate Care
Facilities that Do Not Meet Requirements of
Participation1919(h)(1)
and (2)
of the Act,
P.L. 100-203
(Sec. 4213(a))

- (a) The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

Not applicable to intermediate care facilities; these services are not furnished under this plan.

(b) The agency uses the following remedy(ies):

- (1) Denial of payment for new admissions.
- (2) Civil money penalty.
- (3) Appointment of temporary management.
- (4) In emergency cases, closure of the facility and/or transfer of residents.

1919(h)(2)(B)(ii) of the Act (c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation): ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.

1919(h)(2)(F) of the Act (d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

(1) Public recognition.

(2) Incentive payments.

TN No. 90-1
Supersedes
TN No. NEWApproval Date AUG 22 1990Effective Date APR 01 1990

HCFA ID: 1010P/0012P

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

OMB No.: 0938-

State/Territory: Puerto Rico

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)
and 1902(a)(53)
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

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

Revision: HCFA-PM-91- 10
DECEMBER 1991

(BPD)

State/Territory: Puerto Rico

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency
Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 92-10
Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

Revision: HCFA-PM-91-10
DECEMBER 1991

790
(BPD)

State/Territory: Puerto Rico

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

TN No. 92-10
Superseded
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

State/Territory: Puerto Rico

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- X (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

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DECEMBER 1991

79g
(BPD)

State/Territory: Puerto Rico

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

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DECEMBER 1991

79r
(BPD)

State/Territory: Puerto Rico

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
- (bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
- (cc) The State includes home health aides on the registry.
- (dd) The State contracts the operation of the registry to a non State entity.
- (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
- (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

TN No. 92-10
Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

Revision: HCFA-PM-93-1 (BPD)
January 1993

OFFICIAL

State/Territory: Puerto Rico

Citation
Secs.

1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act;
P.L. 100-203
(Sec. 4211(c));
P.L. 101-508
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

Not Applicable

TN No. PR 93-3
Supersedes: New Approval Date JAN 12 1994 Effective Date JUL 1 - 1993
TN No. New

Revision: HCFA-PM-93-1 (BPD)
January 1993

OFFICIAL

State/Territory: Puerto Rico

4.39 (Continued)

- ____ (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

Not Applicable

TN No. PR 93-3
Supersedes
TN No. **New**

Approval Date JAN 12 1994

Effective Date JUL 1 - 1993

Revision: HCFA-PM-92-3 (HSQB)
APRIL 1992

OMB No.:

State/Territory: Puerto Rico

Citation4.40 Survey & Certification ProcessSections

1919(g)(1)
thru (2) and
1919(g)(4)
thru (5) of
the Act P.L.
100-203
(Sec.
4212(a))

(a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.

1919(g)(1)
(B) of the
Act

(b) The State conducts periodic education programs for staff and residents (and their representatives). Attachment 4.40-A describes the survey and certification educational program.

1919(g)(1)
(C) of the
Act

(c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the State's process.

1919(g)(1)
(C) of the
Act

(d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?

1919(g)(1)
(C) of the
Act

(e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.

1919(g)(1)
(C) of the
Act

(f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

Not Applicable

TN No. 92-6
Superseded
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

OMB No:

State/Territory: Puerto Rico

- 1919(g)(2)
(A)(i) of
the Act
- (g) The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.
- 1919(g)(2)
(A)(ii) of
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)
(A)(iii)(I)
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
- 1919(g)(2)
(A)(iii)(II)
of the Act
- (j) The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)
(B) of the
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)
(C) of the
Act
- (l) The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

Not Applicable

TN No. 92-6
Supersedes
TN No. New

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

OMB No:

State/Territory: Puerto Rico

- 1919(g)(2)
(D) of the
Act (m) The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. Attachment 4.40-D describes the State's programs.
- 1919(g)(2)
(E)(i) of
the Act (n) The State uses a multidisciplinary team of professionals including a registered professional nurse.
- 1919(g)(2)
(E)(ii) of
the Act (o) The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
- 1919(g)(2)
(E)(iii) of
the Act (p) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
- 1919(g)(4)
of the Act (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4.40-E describes the State's complaint procedures.
- 1919(g)(5)
(A) of the
Act (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
- 1919(g)(5)
(B) of the
Act (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
- 1919(g)(5)
(C) of the
Act (t) If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
- 1919(g)(5)
(D) of the
Act (u) The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

NOT Applicable

TN No. 92-6
Supersedes
TN No. New

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

Revision: HCFA-PM-92- 2
MARCH 1992

(HSQB)

State/Territory: PUERTO RICO

Citation

4.41 Resident Assessment for Nursing Facilities

Sections
1919(b)(3)
and 1919
(e)(5) of
the Act

(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.

1919(e)(5)
(A) of the
Act

(b) The State is using:

_____ the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the State Operations Manual) [§1919(e)(5)(A)]; or

1919(e)(5)
(B) of the
Act

_____ a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid Manual for the Secretary's approval criteria). [§1919(e)(5)(B)].

NOT APPLICABLE

TN No. 92-5
Supersedes

Approval Date NOV 19 1992

Effective Date JUL 1 - 1992

HCFA ID: _____

TN No. **New**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: COMMONWEALTH OF PUERTO RICO

OFFICIAL

Citation

1902(a)(69) of the Act,
P.L. 109-171 (section
6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.

The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

TN No. 08-001

Supersedes

TN No. New

JUN 05 2008

Approval Date: _____

Effective Date: JAN 01 2008

ENCLOSURE A

OFFICIAL

Medicaid State Plan Preprint

State/Territory: PUERTO RICO

PROPOSED SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.44 Medicaid Prohibition on Payment to Institutions or Entities Located Outside of the United States

Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

TN No. 11-001
Supersedes
TN No. NEW *New*

Approval Date: MAR 31 2011

Effective Date: January 1, 2011

LIST OF ATTACHMENTS THE SECTION 4

NO.

Title of Attachments

Ref. List of Attachments Official
Approval May 1, 1992

- 4.11- A Standards for Institutions**
- 4.14- A Single Utilization Review Methods for
Intermediate Care Facilities**
- 4.14- B Multiple Utilization Review Methods
for Intermediate Care Facilities**
- 4.16- A Cooperative Arrangements with State
Health and State Vocational
Rehabilitation Agencies and with Title
V Grantees**
- 4.17-A Determination that an
Institutionalized Individual Cannot Be
Discharged and Return Home**
- *4.18-A Charges Imposed on Categorically
Needy**
- *4.18-B Medically Needy – Premium**

***4.18-C Charges Imposed on Medically Needy and other Optional Groups**

***4.18-D Premiums Imposed on Low Income Pregnant Women and Infants**

***4.18-E Premiums Imposed on Qualified Disabled and Working Individuals**

4.19-A Methods and Standards for Establishing Payment Rates – Inpatient Hospital Care

4.19-B Methods and Standards for Establishing Payment Rates – Other Types of Care

*** Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance**

4.19-C Payments for Reserved Beds

4.19-D Methods and Standards for Establishing Payment Rates – Skilled Nursing and Intermediate Care Facility Services

4.19-E Timely-Claims Payment – Definition of Claim

- 4.20- A Conditions for Direct Payment for Physicians and Dentists Services**

- 4.22-A Requirement for Third Party Liability – Identifying Liable Resources**

- *4.22-B Requirements for Third Party Liability – Payment of Claims**

- *4.22-C Cost-Effective Methods for Employer-Based Group Health Plans**

- 4.30 Sanctions for Psychiatric Hospitals**

- *4.32-A Income and Eligibility Verification System Procedures: Requests to Other State Agencies**

- *4.33-A Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals**

- 4.34- A Requirements for Advance Directives under State Plans for Medical Assistance**

- 4.35- A Criteria for the Application of Specified Remedies for Skilled**

Nursing and Intermediate Care facilities (When and how each remedy is applied, the amounts of any fines, and the severity of the remedies)

- 4.35- B **Alternative Remedies to Specified Remedies for Skilled Nursing and Intermediate Care Facilities**
- 4.38 **Disclosure of Additional Registry Information**
- 4.38-A **Collection of Additional Registry Information**
- 4.39 **Definition of Specialized Services**
Not Applicable
- 4.39- A **Categorical Determination**
Not Applicable
- 4.40-A **Eligibility Conditions and Requirements** (Survey and Certifications and Requirements)
Not Applicable

4.40-B Eligibility Conditions and Requirements (Process for the Investigation of Allegations of Resident Neglect and Abuse and Misappropriation of Resident Property)

Not Applicable

4.40-C Eligibility Conditions and Requirements (Procedures for Scheduling and Conduct of Standard Surveys)

Not Applicable

4.40-D Eligibility Conditions and Requirements (Programs to Measure and Reduce Inconsistency)

Not Applicable

4.40-E Eligibility Conditions and Requirements (Process for Investigations of Complaints and Monitoring)

Not Applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Commonwealth of Puerto Rico

OFFICIAL

Standards:

The Department of Health is the State Standard-setting body authorized to license all hospitals and related health facilities in Puerto Rico (Act No. 101 of June 1965). To be eligible for a license, institutions must meet the following requirements:

I- Hospitals:

- a. Organization of the Medical Staff, with by-laws, rules and regulations.
- b. Maintenance of medical record, and its contents, to evaluate quality of care through consultation, special reports, treatment orders, etc. Complete and up-to-date records must be kept for all out and inpatients;
- c. Staff Physicians and registered nurses must be on duty or on call at all times. Trained personnel should be responsible for services such as Dietary, Medical Records, Laboratory, Pharmacy, Radiology, etc.
- d. Fire safety, sanitation and maintenance of physical plant are stressed;
- e. Facilities are evaluated as to adequacy of space and equipment in all services and departments according to services offered to both out and inpatients;
- f. All patients admitted must be under the care of a physician duly licensed to practice licensed to practice medicine in Puerto Rico.

II- Nursing Homes:

Nursing home standards are similar to those pertaining to hospitals with the following exceptions:

- (1) There is no need for an organized medical staff, and
- (2) The number of registered nurses is more limited due to the nature of the services offered.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Commonwealth of Puerto Rico

The Title XIX Program has cooperative arrangements as follows:

1. Department of Social Services for quality control and determination of permanent and total disability.
2. Department of Social Services for Vocational and rehabilitation services.
3. Assistant Secretariat for Maternal and Child Health Services of the Department of Health for early and periodic screening diagnosis and treatment for persons under 21 years of age.
4. Office of Licensure and Certification of Health Facilities of the Department of Health for licensing and Certification of facilities under Title XIX.

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

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

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

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

TN# 11-003
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OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

X State policy does not provide for cumulative maximums

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

*

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

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

TN# 10-002
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Effective Date: 10/1/10
Approval Date: MAR 21 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Commonwealth of Puerto Rico

010	011
0-50%	51-100%

*See attached Income Table (Attachment 4.18-A, Page 2a), which identifies the co-payment charges for the applicable family size and income level.

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

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

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

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

Individuals are identified through the insurance identification cards as explained in D below. Also, if a categorically needy expresses to the provider his/her inability to pay the established co-payments at the moment of service, such service is not denied.

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

Enrollees will have co-payment amounts coded in their identification card. Also, information on when co-payments are enforced and how to dispute them are included in the member handbook given to them when they subscribe to their insurance company.

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

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

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

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

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

X State policy does not provide for cumulative maximums

TN# 10-002
Supersedes TN# 07-002

Effective Date: 10/1/10

Approval Date: **MAR 21 2011**

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

1. Enrollment orientation
2. Beneficiary Manual
3. Other Beneficiary forums as available

Members in Family Group	Income Limit for Medicaid	Puerto Rico Poverty Level 0-50% (Coverage Code 010)	Puerto Rico Poverty Level 51-100% (Coverage Code 011)
		Copayments \$0	Copayments \$0.50 – \$3.00
1	\$400.00	0-\$200	\$201-\$400
2	\$495.00	0-\$248	\$249-\$495
3	\$590.00	0-\$295	\$296-\$590
4	\$685.00	0-\$343	\$344-\$685
5	\$780.00	0-\$390	\$391-\$780
6	\$875.00	0-\$438	\$439-\$875
7	\$970.00	0-\$485	\$486-\$970
8	\$1,065.00	0-\$533	\$534-\$1,065
9	\$1,160.00	0-\$580	\$581-\$1,160
10	\$1,255.00	0-\$628	\$629-\$1,255
11	\$1,350.00	0-\$675	\$676-\$1,350
12	\$1,445.00	0-\$723	\$724-\$1,445
13	\$1,540.00	0-\$770	\$771-\$1,540
14	\$1,635.00	0-\$818	\$819-\$1,635
15	\$1,730.00	0-\$865	\$866-\$1,730

TN# 10-002
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Effective Date: 10/1/10
Approval Date: **MAR 21 2011**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

OFFICIAL

A. The following charges are imposed on all categorically needy for services

CO-PAYS ¹		
Service	Coverage Code	
	010	011
HOSPITAL		
Admission	\$0	\$3
EMERGENCY ROOM (ER)		
Emergency Room (ER) Visit	\$0	\$1
AMBULATORY VISITS TO		
Primary Care Physician (PCP)	\$0	\$1
Specialist	\$0	\$1
Sub-Specialist	\$0	\$1
OTHER SERVICES		
High-Tech Laboratories	\$0	50¢
Clinical Laboratories	\$0	50¢
X-Rays	\$0	50¢
Special Diagnostic Tests	\$0	\$1
Therapy – Physical	\$0	\$1
Therapy – Occupational	\$0	\$1
DENTAL		
Preventive & Restorative	\$0	\$1
PHARMACY		
Generic	\$0	50¢
Brand	\$0	50¢

¹ Co-pays do not apply to the following population segments and services, as required by and defined in 42 CFR 447.53(b). Basis for determination of amounts to be charge are according to 42 CFR 447.54.

TN # 07-002
 Supersedes TN # 85-6

Effective Date OCT 01 2007
 Approval Date SEP 11 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State/Territory: Commonwealth of Puerto Rico

Coverage Code	Puerto Rico Poverty Level *
010	0 to 50%
011	51 to 100%

* See attached income Table (Attachment 4.18-A, Page 2a), which identifies the co-payment charges for the applicable family size and income level.

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

Providers are responsible for collecting the cost sharing charges from individuals
 The agency reimburses providers the full Medicaid rate for services and collects the Co-payment charges from individuals

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

Individuals are identified through the insurance identification cards as explained in D below. Also, if a categorically needy individual expresses to the provider his/her inability to pay the established co-payments at the moment of service, such services is not denied.

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

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

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

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

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

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

1. Enrollment orientation
2. Beneficiary Manual
3. Other Beneficiary forums as available.

TN #

07-002

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Effective Date

OCT 01 2007

Approval Date

SEP 11 2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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MEMBERS IN FAMILY GROUP	INCOME LIMIT FOR MEDICAID	Puerto Rico Poverty Level 0-50% (Coverage Code 010)	Puerto Rico Poverty Level 51-100% (Coverage Code 011)
		\$0 Copayments	Copayments from \$0.50 to \$3.00
1	\$400.00	0-\$200	\$201-\$400
2	\$495.00	0-\$248	\$249-\$495
3	\$590.00	0-\$295	\$296-\$590
4	\$685.00	0-\$343	\$344-\$685
5	\$780.00	0-\$390	\$391-\$780
6	\$875.00	0-\$438	\$439-\$875
7	\$970.00	0-\$485	\$486-\$970
8	\$1,065.00	0-\$533	\$534-\$1,065
9	\$1,160.00	0-\$580	\$581-\$1,160
10	\$1,255.00	0-\$628	\$629-\$1,255
11	\$1,350.00	0-\$675	\$676-\$1,350
12	\$1,445.00	0-\$723	\$724-\$1,445
13	\$1,540.00	0-\$770	\$771-\$1,540
14	\$1,635.00	0-\$818	\$819-\$1,635
15	\$1,730.00	0-\$865	\$866-\$1,730

Fdg/06/30/2009

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 Supersedes TN _____ Effective Date OCT 01 2007

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

X State policy does not provide for cumulative maximums.

TN # 07-002
Supersedes TN # 85-6

Effective Date OCT 01 2007
Approval Date SEP 11 2009

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Copay.	
N/A			

TN No. 85-6
 Supersedes
 TN No. 74-1

Approval Date JUL 9 1986

Effective Date APR 1 1986

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

B. The method used to collect cost sharing charges for categorically needy individuals:

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

The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

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

N/A

TN No. 85-6
Supersedes
TN No. NEW

Approval Date JUL 9 1986

Effective Date APR 1 1986

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

N/A

E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 85-6
Supersedes

Approval Date JUL. 9 1986
Date _____

Effective
APR. 1 1986

TN No. NEW

HCFA ID: 0053C/0061E

COMMON OF PUERTO RICO Substitute Attachment 4.18-D
 MONTHLY CHARGES TO MEDICALLY NEEDY PATIENTS
 (PROPOSED)

Family Size	Public Assistance (1) Eligibility Level	GROSS ANNUAL FAMILY INCOME			
		Premium	Gross Income	Premium	Gross Income
1	0- \$700	0	\$701 - \$1,800	\$1.00	\$1,801-\$2,500
2	0- \$1,000	0	1001- 1,800	1.00	1,801-3,200
3	0- \$1,400	0	1401- 3,600	1.00	3,601-3,800
4	0- \$1,600	0	1601- 3,600	1.00	3,601-4,400
5	0- \$1,900	0	1901- 4,200	1.00	4,201-5,000
6	0- \$2,200	0	2,201- 4,200	1.00	4,201-5,600
7	0- \$2,500	0	2,501- 4,200	1.00	4,201-6,200
8 or 9	0- \$3,000	0	3,001- 4,400	1.00	4,401-6,800
10+	0- \$3,700	0	3,701- 5,500	1.00	5,501-8,000*

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* Or maximum Eligibility level as per eligibility table.

(1). Rounded upward to nearest 100th.

Note: Premium could be payed annually or on monthly installments.

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

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MSA-PI-74-6
February 28, 1974

Attachment 4.18-B
Page 2

State Commonwealth of Puerto Rico

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

Non-payment does not affect eligibility

Effect is as described below:

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

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

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

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

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OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

TN# 11-003
Supersedes TN# 10-002

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

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

X State policy does not provide for cumulative maximums

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

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

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

Co-payments do not apply to any service provided to MiSalud managed care plan enrollees by a provider in the Preferred Provider Network. The Preferred Provider Network is a subset of providers within the General Network, which provides services to enrollees free of cost-sharing or a requirement for referrals to obtain services. There is no Preferred Provider Network available for Dental or pharmacy services so everyone is subject to copays for these services as stated in the table above. The enrollee is not required to use the Preferred Provider Network. If the enrollee chooses to access services from a provider in the General Network, but not the Preferred Provider Network, the co-payments listed above apply.

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

TN# 10-002
Supersedes TN# 07-002

Effective Date: 10/1/10
Approval Date: MAR 21 2011

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

010	011
0-50%	51-100%

*See attached Income Table (Attachment 4.18-C, Page 2a), which identifies the co-payment charges for the applicable family size and income level.

A. The method used to collect the co-payments charges for medically needy individuals:

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

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

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

Individuals are identified through the insurance identification cards as explained in D below. Also, if a medically needy individual expresses to the provider his/her inability to pay the established co-payments at the moment of service, such service is not denied.

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

Enrollees will have co-payment amounts coded in their identification card. Also, information on when co-payments are enforced and how to dispute them are included in the member handbook given to them when they subscribe to their insurance company.

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

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

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

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

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

TN 10-002 Approval Date MAR 21 2011
 Supersedes TN 07-002 Effective Date 10/1/10

OFFICIAL

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

1. Enrollment orientation
2. Beneficiary Manuel
3. Other Beneficiary forums as available

TN# 10-002
Supersedes TN# 07-002

Effective Date: 10/1/10
Approval Date: ~~MAR~~ 2 1 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

Members in Family Group	Income Limit for Medicaid	Puerto Rico Poverty Level 0-50% (Coverage Code 010)	Puerto Rico Poverty Level 51-100% (Coverage Code 011)
		Copayments \$0	Copayments \$0.50 -- \$3.00
1	\$400.00	0-\$200	\$201-\$400
2	\$495.00	0-\$248	\$249-\$495
3	\$590.00	0-\$295	\$296-\$590
4	\$685.00	0-\$343	\$344-\$685
5	\$780.00	0-\$390	\$391-\$780
6	\$875.00	0-\$438	\$439-\$875
7	\$970.00	0-\$485	\$486-\$970
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12	\$1,445.00	0-\$723	\$724-\$1,445
13	\$1,540.00	0-\$770	\$771-\$1,540
14	\$1,635.00	0-\$818	\$819-\$1,635
15	\$1,730.00	0-\$865	\$866-\$1,730

TN# 10-002
Supersedes TN# 07-002

Effective Date: 10/1/10
Approval Date: _____

MAR 21 2011

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

D. Cumulative maximums on charges

State policy does not provide for cumulative maximums

TN# 10-002
Supersedes TN# 07-002

Effective Date: 10/1/10
Approval Date: _____

MAR 21 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico**OFFICIAL**

A. The following charges are imposed on all medically needy for services

CO-PAYS ¹		
Service	Coverage Code	
	010	011
HOSPITAL		
Admission	\$0	\$3
EMERGENCY ROOM (ER)		
Emergency Room (ER) Visit	\$0	\$1
AMBULATORY VISITS TO		
Primary Care Physician (PCP)	\$0	\$1
Specialist	\$0	\$1
Sub-Specialist	\$0	\$1
OTHER SERVICES		
High-Tech Laboratories	\$0	50¢
Clinical Laboratories	\$0	50¢
X-Rays	\$0	50¢
Special Diagnostic Tests	\$0	\$1
Therapy – Physical	\$0	\$1
Therapy – Occupational	\$0	\$1
DENTAL		
Preventive & Restorative	\$0	\$1
PHARMACY		
Generic	\$0	50¢
Brand	\$0	50¢

¹ Co-pays do not apply to the following population segments and services, as required by and defined in 42 CFR 447.53(b). Basis for determination of amounts to be charge are according to 42 CFR 447.54.

TN #

Supersedes TN # 85-6

07-002

Effective Date

Approval Date

OCT 01 2007**SEP 11 2009**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Commonwealth of Puerto Rico

OFFICIAL

Coverage Code	Puerto Rico Poverty Level *
010	0 to 50%
011	51 to 100%

* See attached Income Table (Attachment 4.18-C, Page 2c), which identifies the co-payment charges for the applicable family size and income level.

F. The method used to collect the co-payments charges for medically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals

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

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

Individuals are identified through the insurance identification cards as explained in D below. Also, if a medically needy individual expresses to the provider his/her inability to pay the established co-payments at the moment of service, such services is not denied.

H. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

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

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

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

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

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

1. Enrollment orientation
2. Beneficiary Manual
3. Other Beneficiary forums as available.

TN # 07-002
Supersedes TN # 85-6

Effective Date OCT 01 2002
Approval Date SEP 11 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

OFFICIAL

MEMBERS IN FAMILY GROUP	INCOME LIMIT FOR MEDICAID	Puerto Rico Poverty Level 0-50% (Coverage Code 010)	Puerto Rico Poverty Level 51-100% (Coverage Code 011)
		\$0 Copayments	Copayments from \$0.50 to \$3.00
1	\$400.00	0-\$200	\$201-\$400
2	\$495.00	0-\$248	\$249-\$495
3	\$590.00	0-\$295	\$296-\$590
4	\$685.00	0-\$343	\$344-\$685
5	\$780.00	0-\$390	\$391-\$780
6	\$875.00	0-\$438	\$439-\$875
7	\$970.00	0-\$485	\$486-\$970
8	\$1,065.00	0-\$533	\$534-\$1,065
9	\$1,160.00	0-\$580	\$581-\$1,160
10	\$1,255.00	0-\$628	\$629-\$1,255
11	\$1,350.00	0-\$675	\$676-\$1,350
12	\$1,445.00	0-\$723	\$724-\$1,445
13	\$1,540.00	0-\$770	\$771-\$1,540
14	\$1,635.00	0-\$818	\$819-\$1,635
15	\$1,730.00	0-\$865	\$866-\$1,730

Fdg/06/30/2009

TN 07-002 Approval Date SEP 11 2009
 Supersedes TN _____ Effective Date OCT 01 2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

OFFICIAL

A. Cumulative maximums on charges

X State policy does not provide for cumulative maximums.

TN # 07-002
Supersedes TN # 85-6

Effective Date OCT 01 2007
Approval Date ~~SEP 11 2009~~

Attachment 4.18c
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

A. The following charges are imposed on the medically needy for services:

Service	Deduct. Type of Charge Coins. Copay.	Amount and Basis for Determination
N/A		

OFFICIAL

TN No. 25-6 Approval Date JUL 9 1986 Effective Date APR 1 1986
 Supersedes
 TN No. NEW HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

B. The method used to collect cost sharing charges for medically needy individuals:

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

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

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

N/A

TN No. 85-6
Supersedes
TN No. NEW

Approval Date JUL. 9 1986

Effective Date APR. 1 1986

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Puerto Rico

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

N/A

TN No. 85-6

Supersedes

TN No. NEW + 74-1

Approval Date JUL. 9 1986

Effective Date APR. 1 1986

HCFA ID: 0053C/0061E

OFFICIAL

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

ATTACHMENT 4.18-D
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Premiums Imposed on Low Income Pregnant Women and Infants

- A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

Not Applicable

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

Not Applicable

*Description provided on attachment.

TN No. 92-1
Superseded **New** Approval Date APR 8 1992 Effective Date JUL 1 1991
TN No. New HCFA ID: 7986E

OFFICIAL

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

ATTACHMENT 4.18-D
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XI OF THE SOCIAL SECURITY ACT
State/Territory: Puerto Rico

C. State or local funds under other programs are used to pay for premiums:
 Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

Not Applicable

*Description provided on attachment.

TN No. 92-1
Supersedes New Approval Date APR 8 1992 Effective Date JUL 1 1991
TN No. New HCFA ID: 7986E

OFFICIAL

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

ATTACHMENT 4.18-E
Page 1
OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

Not Applicable

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

Not Applicable

*Description provided on attachment.

TN No. 92-1
Supersedes Now Approval Date APR 8 1992 Effective Date JUL 1 1991
TN No. Now HCFA ID: 7986E

OFFICIAL

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

ATTACHMENT 4.18-E
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Puerto Rico

C. State or local funds under other programs are used to pay for premiums:

Yes

No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

Not Applicable

*Description provided on attachment.

TN No.

90-1

Supersedes

TN No.

New

Approval Date

APR 8 1992

Effective Date

JUL 1 1991

HCFA ID: 7986E

STATE: COMMONWEALTH OF PUERTO RICO

OFFICIAL

Methods and Standards for Establishing Payments of Reasonable Costs of Inpatient Hospital Services.

General Statements:

Inpatient hospital services are limited to those rendered in public facilities including contract facilities.

Medicaid will not pay for services with inappropriate level of care.

Claims are processed by State Agency.

Prospective Rate Determination:

An all inclusive simple prospective per-diem reimbursement rate for inpatient hospital services will be established. The system still use the Medicare audited cost reports as the base for Medicaid rates.

Base Year:

The base year for 1985 and subsequent year Medicaid rates will be the individual hospitals Medicare TEFRA base year.

Inflation Factor:

PRDOH, using TEFRA base year rates as base period will increase such rates by 100% of the published TEFRA increase as an inflation factor. Compatibility with Puerto Rico health care costs was the determining factor in reaching the decision to use the TEFRA increase.

Allowable Costs:

The Medicare definition of allowable cost, plus other Medicaid costs such as Professional Services including Group Practice Contracts, Intern and Residents and Nursery costs shall be used to establish Medicaid Inpatient Costs.

TN 91-2 Approval Date NOV 7 1991

Supersedes TN 84-4 Effective Date JUN 1 1991

OFFICIAL

Rates Appeals Procedure;

Due to unique characteristic of our Medicaid Program where all participating providers are public facilities or contracted hospitals, the rates appeals procedure is not a significant part of our methods and standards for setting rates. Nevertheless, any provider of inpatient services may request a review of their rate in the event that the provider encounters extraordinary circumstances or a change in the case mix as described in federal regulations placing a ceiling in the rate of hospital cost increases.

Upper Limits:

The necessary mechanism for insuring that the lower of costs or changes will be paid according to 42 CFR 447-271 and Medicare cost limits will be applied as per 42CFR 405.463.

Hospitals which serve disproportionate number of low income patients:

All participating hospitals, public and contract operated, serve a large number of low income patients, and none disproportionately so.

PR has no DSH program, by statute

Determination of Patient Days:

Patient Days-unit which stands for services rendered to an inpatient for a 24 hour interval. The standard to be used in calculating this unit are as follows:

- a. The 24 hour interval between the census-taking hour on two consecutive days.
- b. Admission day count as a patient day, but not so the discharge day or the day of death.
- c. Total patient day for a specific day will be that day census plus one additional day for each patient that is admitted and discharged or deceased on the same day.
- d. A patient day must never be divided or reported as a fraction day.
- e. In Puerto Rico, three newborn patient days equal to one adult patient day.

Assurance for change of Ownership (DEFRA 2314)

In Puerto Rico, only Government owned or contracted hospitals are paid to provide services to Medicaid eligibles. Consequently, a change of ownership would become a private hospital which would not receive any

84-4 superseded NEW

Approval Date SEP. 30 1988

Effective Date OCT. 1 1984

OFFICIAL

payment for Medicaid Eligibles. In the case of contracted hospitals, while a transfer of plant and equipment takes place, the transfer is valid only for the duration of the contract and does not involve reevaluation of assets.

Therefore, it is hereby assured that payments to hospitals in Puerto Rico under the Medicaid Program will not be increased solely as a result of change of ownership.

84-4
supersedes
NEW

Approval Date SEP. 30 1986

Effective Date OCT. 1 1984

PUERTO RICO STATE PLAN

OMB No: 0938-1136
CMS Form: CMS-10364

Attachment 4.19 A
Page 4

Citation

42 CFR 447, 434, 438, AND 1902 (a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payments under Section 4.19 A of this State Plan.

- X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement surgery or hip replacement surgery in pediatric and obstetric patients.

Other Provider Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19 A of this state Plan.

- X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

___ Additional Other Provider-Preventable Conditions Identified below

Effective May 2, 2013, reimbursement for inpatient hospital services shall be based on the Provider Preventable Conditions (PPC) policy defined in 42 CFR 447.26.

Provider Preventable Conditions are defined as two distinct categories: Health Care Acquired Conditions (HCAC) and Other Provider Preventable Conditions (OPPC).

In Puerto Rico, managed care entities and third party administrators' contract with provider and pay provider; there is no fee for service program. The managed care entities and third party administrators shall exclude payment for diagnoses not present on admission for any HCAC. The managed care entities and third party administrators shall report to Puerto Rico on the occurrence of HCACs, OPPCs and the corresponding reductions in payment on a [monthly] basis.

No payment shall be made for inpatient services for OPPCs. OPPCs include the three Medicare National Coverage Determinations: wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure on the wrong patient.

No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by the provider.

Reductions in provider payment may be limited to the extent that the following apply:

- i. The identified PPC(s) would otherwise result in an increase in payment.
- ii. The Territory can reasonably isolate for non-payment the portion of the payment directly related to treatment for, and related to, PPC(s)

Non-payment of PPCs shall not prevent access to services for Medicaid beneficiaries.

TN No: 12-001

Supersedes TN No: NEW Approval Date: MAY 15 2013 Effective Date: May 2, 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Commonwealth of Puerto RicoMethods and Standards for Establishing Payment Rates for each of the other Types of Care or Services

- 1a. Outpatient hospital services: Reasonable cost as specified in federal Reg. 250.30 (B) (3) (ii). There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.
- 1b. Rural Health Clinics:
- "Provider clinics" will be reimbursed on the basis of the principles specified in the Medicare regulations located at 42-CFR-405 Part D.
- "Non-provider clinics" will be paid for each ambulatory service, other than rural health clinic services, at rates or charges established by the State, subject to the upper limits specific in 42-CFR-447.321. Rural health clinic services will be paid at the Medicare reimbursement rate per visit, as specified in 42-CFR-405-2426, - 405-2429.
- c. Federally Qualified Health Care Centers
These will be reimbursed based upon the principles specified in the Medicare regulations at 42 CFR 405.
2. Other laboratory and X-ray services-
- Reimbursement on basis of an all-inclusive out-patient hospital or clinic rates.
3. Skilled nursing home services-
- Limited to services provided in public facilities.
No FFP presently claimed for these services.
4. Physicians' Services
- a) Physicians and other practitioners on salary in clinics and other organized systems-Actual cost included in the clinic fee.
- b) Private practitioners: will be paid according to a standard fee regulated by the Secretary of Health.
5. Dental Services-
- Limited to services provided in public facilities including contract facilities. Reimbursement as part of an all inclusive out-patient hospital or clinic rate.
6. Prescribed drugs and medical supplies-

90-2

SEP 07 1990

Supersedes 84-3

APR 01 1990

Reimbursement on basis of an all inclusive out-patient hospital or clinic rate.

7. Clinic Services

Reasonable cost as specified in Federal Reg. 250.30 (B) (3) (ii). There is an all inclusive rate for services provided in governmental medical installations including contract facilities.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: COMMONWEALTH OF PUERTO RICO

Payment Rates for Obstetrical and Pediatric Services are in accord with Section 6402 of the Omnibus Budget Reconciliation Act of 1989. (P.L. 101-239)

All Medicaid services are furnished through public facilities, and all public facilities furnish services. There are no true fee-for service payment rates. However, obstetrical and pediatric services (furnished through the public system) are available to Medicaid recipients to the same extent that they are available to the general population.

TN 90-2
Supersedes TN NEW

Approval Date SEP 07 1990
Effective Date APR 01 1990

OFFICIAL

STATE PLAN UNDER THE SOCIAL SECURITY ACT
STATE Commonwealth of Puerto Rico

Methodology to Establish a Prospective Payment System (PPS) for Federally Qualified Health Centers and Rural Health Centers in accordance with the Benefits Improvement and Protection Act of 2000 (BIPA)

The Medicaid State Agency will determine the total costs of the Medicaid covered services furnished by the FQHCs/RHCs during fiscal years 1999 and 2000 and divide these costs by the total number of visits made to the FQHC/RHC by Federally matchable Medicaid beneficiaries. The resulting quotient will be the FQHC/RHC prospective payment rate (PPS) for 2001. This PPS rate will be updated annually in accordance with the Medicare Economic index (MEI) as published by the Centers for Medicare and Medicaid Services. PPS rates will also be adjusted for a change in the scope of services. A change in the scope of services is defined as a change in the type, intensity, duration and/or amount of services.

For new providers (entities first qualifying as FQHC/RHC after December 31, 2000), interim PPS rates will be calculated. These rates will be subject to final settlements through December 31 of the initial and second year of the FQHC/RHC's existence. New FQHC/RHC's rate years will be calendar years, thus the initial year may represent less than a full year of operation. The interim PPS encounter rate will be the Commonwealthwide average PPS encounter rate. After the first two years, the PPS encounter rate will be based on the average of the first two years' encounter rates, as determined at final settlement, adjusted by the MEI and any changes in scope of services.

TN

02-01

Approved date

APR 08 2003

Supersedes TN

New
new

Effective date

JUL 01 2002

STATE PLAN UNDER THE SOCIAL SECURITY ACT
STATE Commonwealth of Puerto Rico

OFFICIAL

Methodology for Wrap around payments to Federally Qualified Health Centers/Rural Health Centers (FOHC/RHC)

Wrap around payments to Federally Qualified Health Centers and Rural Health Centers serving Federally matched Medicaid beneficiaries in managed care plans will be made on a quarterly basis. Effective for managed care encounters provided on or after January 1, 2001, the amount of the wrap around will be calculated based on the FQHC/RHC PPS encounter rate. The FQHC/RHC will receive 100% of the difference between what it would have received under PPS and the revenues received from the managed care organization for services rendered to Federally matchable Medicaid beneficiaries. In the event that the revenues received from the managed care organization are equal to or in excess of what the FQHC/RHC would have received under PPS, no wrap around payment will be made. In the event that the Medicaid Agency erroneously overpays the FQHC/RHC (e.g., makes a wrap around payment when none was due), the provider must reimburse the Commonwealth for the amount of the overpayment within 90 days of being notified of the overpayment.

TN **02-01**

Supercedes TN **New** new

Approved date **APR 08 2003**

Effective date **JUL 01 2002**

8. Family Planning Services-

No reimbursement with FFP

9. Early and Periodic Screening, Diagnosis, and Treatment of Conditions Found-

Reimbursement either as out-patient clinic or inpatient hospital services on the basis of an all inclusive rate, except for screening services for which no FFP is presently claimed.

11. Transportation

Ambulance provided and reimbursed as part of all inclusive rate.
Other, provided but not reimbursed with FFP.

12. Home Health Services-

No reimbursement with FFP.

13a. Physical Therapy and related services

Limited to services provided in certain public facilities including contract facilities.
Reimbursement on basis of all inclusive outpatient or clinic rate.

13b. Occupational therapy

Limited to services provided in certain public facilities including contract facilities.
Reimbursement on the basis of all inclusive outpatient or clinic rate.

13c. Speech, hearing, and related services-

Limited to services provided in certain public facilities including contract facilities.
Reimbursement on the basis of an all inclusive outpatient or clinic rate.

14. Other diagnostic, etc.-

Limited to services provided in public facilities including contract facilities. Reimbursement on basis of all inclusive outpatient or clinic rate.

TN # 843
supersedes
TN #848

approval date MAY 24 1985
effective date OCT 1 1984

OFFICIAL

15. Emergency Hospital Services-

Limited to services provided on an outpatient basis in public facilities including contract facilities. Reimbursement on basis of all inclusive outpatient or clinic rate.

OFFICIAL

PUERTO RICO STATE PLAN

OMB No: 0938-1136
CMS Form: CMS-10364

Attachment 4.19 B
Page 4

Citation

42 CFR 447, 434, 438, AND 1902 (a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19 B of this State Plan.

Wrong surgical or other Invasive procedure performed on a patient; surgical or other Invasive procedure performed on the wrong body part; surgical or other Invasive procedure performed on the wrong patient.

Additional Other Provider-Preventable Conditions Identified below

Effective May 2, 2013 reimbursement for non-Institutional services shall be based on the Provider Preventable Conditions (PPC) policy defined in 42 CFR 447.26.

In Puerto Rico, managed care entities and third party administrators' contract with provider and pay provider; there is no fee for service program. The managed care entities and third party administrators shall exclude payment for diagnoses not present on admission for any HCAC. The managed care entities and third party administrators shall report to Puerto Rico on the occurrence of HCACs, OPPCs and the corresponding reductions in payment on a [monthly] basis.

No payment shall be made for services for OPPCs. OPPC in one category of PPC as identified by the Centers for Medicare & Medicaid Services and apply broadly to any health care setting where an OPPC may occur. OPPCs include the three Medicare National Coverage Determinations: wrong surgical or other Invasive procedure performed on a patient; surgical or other Invasive procedure performed on the wrong body part; surgical or other Invasive procedure performed on the wrong patient.

No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by the provider.

Reductions in provider payment may be limited to the extent that the following apply:

- I. The identified PPC(s) would otherwise result in an increase in payment.
- II. The Territory can reasonably isolate for non-payment the portion of the payment directly related to treatment for, and related to, the PPC(s)

Non-payment of PPCs shall not prevent access to services for Medicaid beneficiaries.

TN No: 12-001

Supersedes TN No: NEW Approval Date: MAY 15 2013 Effective Date: May 2, 2013

OFFICIAL

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

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."

3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".

4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).

Not Applicable

TN No. 92-1 Approval Date APR 8 1992 Effective Date JUL 1 1991
Supersedes _____
TN No. **New** HCFA ID: 7982E

OFFICIAL

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

Supplement 1 to ATTACHMENT 4.19-B
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs: Part A ___ Deductibles ___ Coinsurance

Part B ___ Deductibles ___ Coinsurance

Other Part A ___ Deductibles ___ Coinsurance

Medicaid

Recipients

Part B ___ Deductibles ___ Coinsurance

Dual Part A ___ Deductibles ___ Coinsurance

Eligible

(QMB Plus)

Part B ___ Deductibles ___ Coinsurance

Not Applicable

TN No. 92-1
Superseded **New** Approval Date APR 8 1992 Effective Date JUL 1 1991
TN No. New

HCFA ID: 7982E

OFFICIAL

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

Supplement 1 to ATTACHMENT 4.19-B
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Not Applicable

TN No. 92-1
Superseded New Approval Date APR 8 1992 Effective Date JUL 1 1991
TN No. New

HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State Commonwealth of Puerto Rico

No claims are being made for Federal matching for patients receiving nursing home services.

St. P.R. Tr. 11/12/76 Incorp. 12/17/76 Effective 12/31/76

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of COMMONWEALTH OF PUERTO RICO

The definition of a claim for purposes of meeting the requirements of 42 CFR 447.45 is as follows:

for all services covered Under State Plan;
A Bill for Services.

~~P.R. Incorp. 9/28/79 Incorp. 11/9/79 10-1-79~~

74-1

OFFICE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Commonwealth of Puerto Rico

Conditions for Direct Payment for Physicians and Dentists Services.

Not applicable. No direct payments are made under Title XIX.

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

OFFICIAL

SUPPLEMENT TO ATTACHMENT 4.22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(A)(25)(I) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(I) of the Social Security Act.

TN# 12-002

Effective Date: APR 01 2012
Approval Date: SEP 06 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Requirements for Third Party Liability -
Identifying Liable Resources

1. The agency will perform matches specified in 42 CFR 433.138 (d) (1) on a monthly basis, in 433.138 (d) (3) on a continuing basis, and does not yet perform the matches in 433.138 (d) (4).
2. The agency follows on all match results immediately, but never later than 45 days. The information is then included in the master file.
3. At the time these matches are operationalized, the information will be added to the master file at once, but not later than 45 days. Since the provider of services is also the agency, new information on all other potential payers is immediately incorporated.
4. Since the agency is the provider, such services are identified upon admission and no claim is generated if there is another available payor. If new information regarding other payers is uncovered it is added in the file immediately, but never later than 45 days.

OFFICIAL

TN No. 88-3

Supersedes

TN No. 84-3

Approval Date OCT 20 1988

Effective Date 4/1/88

HCFA ID: 1076P/0019P

(ATT. 4.22 A PAGE 1 & 2)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Requirements for Third Party Liability -
Payment of Claims

Puerto Rico has established methods through which provides have to screen first for TPL payments where third party liability is known to exist, prior to submitting claims to Medicaid.

In the scarce cases where Medicaid has to seek third party reimbursement, input will be accepted in any amount offered.

In determining pursue of recovery for the Medicaid Program, the following threshold figures are used:

Source of recovery	Amount
(a) Insurance such as:	
1. Blue Cross	\$500
2. Triple S	\$500
3. Other Health Insurance	\$500
4. Tort Liability	\$500

Recovery in cases which fall below these figures will not be sought because pursuit of reimbursement has proven not to be cost effective.

OFFICIAL

TN No. 88-3

Supersedes

TN No. NEW

Approval Date

OCT 20 1987

Effective Date

HCFA ID: 1076P/0019P

OFFICIAL

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

ATTACHMENT 4.22-C
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

Citation	Condition or Requirement
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans

Not Applicable

TN No. 92-8 Supersedes Approval Date OCT 14 1992 Effective Date JUL 1 1992
TN No. New HCFA ID: 7985E

State/Territory: Puerto Rico

Citation

Sanctions for Psychiatric Hospitals

1902(y)(1),
1902(y)(2)(A),
and Section
1902(y)(3)
of the Act
(P.L. 101-508,
Section 4755(a)(2))

1902(y)(1)(A)
of the Act

1902(y)(1)(B)
of the Act

1902(y)(2)(A)
of the Act

- (a) The State assures that the requirements of section 1902(y)(1), section 1902(y)(2)(A), and section 1902(y)(3) of the Act are met concerning sanctions for psychiatric hospitals that do not meet the requirements of participation when the hospital's deficiencies immediately jeopardize the health and safety of its patients or do not immediately jeopardize the health and safety of its patients.
- (b) The State terminates the hospital's participation under the State plan when the State determines that the hospital does not meet the requirements for a psychiatric hospital and further finds that the hospital's deficiencies immediately jeopardize the health and safety of its patients.
- (c) When the State determines that the hospital does not meet the requirements for a psychiatric hospital and further finds that the hospital's deficiencies do not immediately jeopardize the health and safety of its patients, the State may:
1. terminate the hospital's participation under the State plan; or
 2. provide that no payment will be made under the State plan with respect to any individual admitted to such hospital after the effective date of the finding; or
 3. terminate the hospital's participation under the State plan and provide that no payment will be made under the State plan with respect to any individual admitted to such hospital after the effective date of the finding.
- (d) When the psychiatric hospital described in (c) above has not complied with the requirements for a psychiatric hospital within 3 months after the date the hospital is found to be out of compliance with such requirements, the State shall provide that no payment will be made under the State plan with respect to any individual admitted to such hospital after the end of such 3-month period.

Not Applicable

TN No. 93-
Supersedes
TN No. **New**

Approval Date JAN 11 1994

Effective Date JUL 1 - 1993

State: [Puerto Rico]CitationSanctions for MCOs and PCCMs1932(e)
42 CFR 438.726

- (a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:

Pursuant to the terms and conditions of Commonwealth's Law 72 of November 7, 1993 and the existing Cooperative Agreement with the Department of Health, the Puerto Rico Health Administration (PRHIA) monitors violations for actions and failures as specified under 42CFR Part I 438 in accordance with the process and procedures set forth on the MCOs and PIHPs contracts and through the Plan Compliance Program's work plan, which serves as an instrumental tool for all programmatic and contract provisions monitoring.

Intermediate Sanctions: The PRHIA may impose intermediate sanctions to MCOs and PIHPs if they engage in any of the practices as set forth:

- (1) Fails to substantially provide medically necessary services to enrollees under this contract;
- (2) Imposes on enrollees premiums and charges in excess of the ones permitted under this contract;
- (3) Discriminates among enrollees on the basis of their health status or requirements for health care (such as terminating an enrollment or refusing to reenroll) except as permitted under the Program or engages in practices to discourage enrollment by recipients whose medical condition or history indicates need for substantial medical services;
- (4) Misrepresents or falsifies information that is furnished to CMS, to the PRHIA, to an enrollee, potential enrollee or provider of services;
- (5) Distributes, directly or indirectly through any agent, independent contractor, marketing material not approved by the PRHIA, or that contains false or misleading information;
- (6) Fails to comply with the requirements for physician incentive plans in section 1876 (i) (8) of the Social Security Act, and at 42 CFR 417.479, or fails to submit to the PRHIA its physician incentive plans as requested in 42 CFR 438.6(h);
- (7) Has violated any other applicable requirements of section 1903(m) or 1932 of the Social Security Act and any implementing regulations.

TN # 03-12
Supersedes TN # New **New**

Effective Date 08/13/03
Approval Date 02/24/04

State: [Puerto Rico]

Types of intermediate sanctions the PRHIA may impose:

The following types of intermediate sanctions may be imposed: Civil monetary penalties, termination, temporary management and granting enrollees the right to terminate enrollment without cause and notifying the affected enrollees of their right to disenroll; suspension of all new enrollment, including default enrollment after effective date of a sanction; suspension of payment for enrollees after the effective date of the sanction and until CMS is satisfied that the reason for imposition of the sanction no longer exists and is not likely to recur and temporary management.

Sanctions for MCOs and PCCMs

Civil Monetary Penalties(CMP) amounts thresholds are the following:

- (i) Between (\$500) to a maximum of (\$25,000) dollars for each determination of failure to provide services; misrepresentation or false statements to enrollees, potential enrollees or health care providers; failure to comply with physician incentive plan requirements; or marketing violations; or engages in behavior contrary to any requirements of section 1903(m) and 1932 of the Social Security Act and any implementing regulations;
 - (ii) A maximum (\$100,000) for each determination of discrimination, or misrepresentation, or false statements to CMS or the PRHIA pursuant to 438 CFR 704(b) (2);
 - (iii) A maximum (\$15,000) per incident up to a maximum of \$100,000 for each enrollee that was not enrolled because of a discriminatory practice;
 - (iv) A maximum (\$25,000), or double amount of excess charges, whichever is greater, for charging premiums or charges in excess of amounts permitted under Medicaid regulations.
- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management:

Special Rule: Temporary management only if it finds that egregiously or repeatedly behavior have been engaged in any of the stated practices on paragraph (a) of this article; or places a substantial risk on the health of enrollees; or engages in behavior contrary to any requirements of sections 1903(m) and 1932 of Title XIX, or there is a need to assure the health and safety of enrollees during an orderly termination, reorganization of the MCO, or while improvements are being made to correct violations. When imposing temporary management PRHIA must permit enrollees the right to terminate enrollment without cause, as described in 42 CFR 438.702(a) (3) and must notify enrollees of their right to disenroll.

TN # 03-12
 Supersedes TN # New [New]

Effective Date 08/13/03
 Approval Date 02/24/04

State: [Puerto Rico]

- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

— Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.

TN # 03-12
Supersedes TN # New **New**

Effective Date 08/13/03
Approval Date 02/24/04

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

4.32 Income and Eligibility Verification System

The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. (Section 1137 of the Act and 42 CFR 435.940 through 435.960)

(c) ATTACHMENT 4.32-A describes in accordance with 42 CFR 435.948(a)(6) the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

TN# 12-003

Effective Date: APR 01 2012
Approval Date: SEP 20 2012

Revision: HCFA-PM-86-9 (BERC)
MAY 1986

OFFICIAL

ATTACHMENT 4.32-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: PUERTO RICO

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

TN No. 86-2
Supersedes
TN No. NEW

Approval Date MAR. 17 1987

Effective Date SEP. 5 1986

HCFA ID: 0124P/0002P

OFFICIAL

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

ATTACHMENT 4.33-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHOD FOR ISSUANCE OF MEDICAID ELIGIBILITY CARDS
TO HOMELESS INDIVIDUALS

Cards are not mailed to recipients, they are issued
at interview at the local eligibility unit.

TN No. 88-1
Supersedes
TN No. NEW

Approval Date 10/20/89

Effective Date 4/1/88

HCFA ID: 1080P/0020P

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

CRITERIA FOR THE APPLICATION OF SPECIFIED REMEDIES FOR
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES
(When and how each remedy is applied, the amounts of any fines,
and the severity of the remedies)

At present, we are not paying skilled nursing facilities.

Puerto Rico will indicate compliance with skilled nursing
facilities requirements at the future, when and if they are
developed.

TN 90-1

Approval Date

1/2/1990

Supersedes TN NEW

Effective Date

Revision: HCFA-PH-90-2 (BPD)
JANUARY 1990

ATTACHMENT 4-35-8
Page 1
OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

ALTERNATIVE REMEDIES TO SPECIFIED REMEDIES FOR
SKILLED NURSING AND INTERMEDIATE
CARE FACILITIES

At the time and if Puerto Rico establishes a skilled nursing facility, we will present the alternatives to specified remedies.

TN 90-1

Approval Date: AUG 22 1990

Supersedes TN NEW

APR 01 1990

OFFICIAL

Revision: HCFA-PM-91- 10

(BPD)

ATTACHMENT 4.38
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

TN No. 92-10

Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID:

OFFICIAL

Revision: HCFA-PM-91-10

(BPD)

ATTACHMENT 4.38A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

1992

TN No. 92-10

Supersedes

TN No.

New

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Puerto Rico

DEFINITION OF SPECIALIZED SERVICES

Not Applicable

TN No. PR 93-3
Supersede **New** Approval Date JAN 12 1994 Effective Date JUL 1 - 1993
TN No.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Puerto Rico

CATEGORICAL DETERMINATIONS

Not Applicable

TN No. PR 93-3
Supersedes New Approval Date JAN 12 1994 Effective Date JUL 9 1993
TN No. New

OFFICIAL

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

Attachment 4.40-A
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Survey and Certification Education Program

The State has in effect the following survey and certification periodic educational program for the staff and residents (and their representatives) of nursing facilities in order to present current regulations, procedures, and policies.

Not Applicable

TN No. 92-6
Superseded
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

Attachment 4.40-B
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for the Investigation of Allegations of Resident Neglect
and Abuse and Misappropriation of Resident Property

The State has in effect the following process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide or a resident in a nursing facility or by another individual used by the facility in providing services to such a resident.

Not Applicable

TN No. 92-6

Supersedes

TN No.

New

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

OFFICIAL

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

Attachment 4.40-C

Page 1

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Procedures for Scheduling and Conduct of Standard Surveys

The State has in effect the following procedures for the scheduling and conduct of standard surveys to assure that it has taken all reasonable steps to avoid giving notice.

Not Applicable

TN No. 92-6

Supersedes

TN No.

New

Approval Date

OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

OFFICIAL

Revision: HCFA-PM-92-3
APRIL 1992

(HSQB)

Attachment 4.40-D
Page 1
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Programs to Measure and Reduce Inconsistency

The State has in effect the following programs to measure and reduce inconsistency in the application of survey results among surveyors.

Not Applicable

TN No. 92-0
Supersedes
TN No. **New**

Approval Date OCT 14 1992

Effective Date JUL 1 1992

HCFA ID: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

Not Applicable

TN No. 92-6
Supersedes
TN No.

New

Approval Date OCT 14, 1992

Effective Date JUL 1 1992

HCFA ID: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

METHODOLOGY FOR THE IMPLEMENTATION OF THE
EMPLOYEE EDUCATION ABOUT FALSE CLAIMS ACT

OFFICIAL

The Department of Health, as the Single State Agency, instructs its sub-grantee, the Puerto Rico Health Insurance Administration (ASES), to require all contracted entities, no later than June 15, 2010; to provide evidence of compliance with Section 1902(a)(68) of the Social Security Act. For calendar years 2007, 2008 and 2009, all entities who in federal fiscal years (FFY) 2006, 2007 and 2008 met the \$5,000,000 dollar annual threshold, attest certifying to the fact that they were in compliance with Section 1902(a)(68) of the Social Security Act.

For subsequent years beginning with calendar year 2010, the Puerto Rico Health Insurance Administration, on behalf of the Single State Agency, will require that all contracted entities who meet the \$5,000,000 dollar threshold as of September 30th, provide the items listed below no later than December 30, of each year as evidence of compliance with Section 1902(a)(68) of the Social Security Act. Contracted entities who fail to comply with these requirements will be fined by the ASES.

- a) Acknowledgment of Compliance with Section 1902(a)(68) of the Social Security Act.
- b) Copy of Policies and Procedure developed to comply with Section 1902(a)(68) of the Social Security Act. A copy of the employee handbook should also be provided if the contracted entity has an employee handbook.

The ASES will provide the Single State Agency a copy of each document listed above from each contracted entity who meets the requirements.

TN No. 07-12
Supersedes _____
TN No. _____

Approval Date APR 16 2010 Effective Date JAN 01 2007

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

4.46 Provider Screening and Enrollment

Citation

1902(a)(77)
1902(a)(39)
1902(kk);
P.L. 111-148 and
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455
Subpart E

PROVIDER SCREENING

_____ Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

442 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

_____ Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

_____ Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

_____ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

_____ Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

_____ Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

_____ Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

42 CFR 455.422

APPEAL RIGHTS

_____ Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

OFFICIAL

NOT APPLICABLE

Attachment 4.46

- 42 CFR 455.432 SITE VISITS
_____ Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS
_____ Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS
_____ Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
_____ Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS
_____ Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlines in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.460 APPLICATION FEE
_____ Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS
_____ Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

SECTION 5 – Personnel Administration

5.1 Standards of Personnel Administration

5.2 RESERVED

**5.3 Training Programs; Sub professional and
Volunteer Programs**

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

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

State Commonwealth of Puerto Rico

SECTION 5 PERSONNEL ADMINISTRATION

Citation

42 CFR 432.10 (a)
AT-78-90
AT-79-23
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

TN # 77-6
Supersedes
TN # 76-7

Approval Date 10/13/77 Effective Date 7/1/77

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

State Commonwealth of Puerto Rico

5.2 [Reserved]

TN # _____
Supersedes _____
TN # _____

Approval Date _____

Effective Date _____

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

State Commonwealth of Puerto Rico

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

TN # 78-1
Supersedes
TN # 77-6

Approval Date 4/6/78 Effective Date 2/22/78

SECTION 6 – Financial Administration

6.1 Fiscal Policies and Accountability

6.2 Cost Allocation

6.3 State Financial Participation

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

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

State Commonwealth of Puerto Rico

SECTION 6 FINANCIAL ADMINISTRATION

Citation
42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

TN # 74-1
Supersedes
TN # —

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

Revision: HCFA-AT-81- (BPP)

State Puerto Rico

Citation
42 CFR 433.34
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN # 52-5
Supersedes
TN # 76-8

Approval Date 1/7/83

Effective Date 10/4/82

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

State Commonwealth of Puerto Rico

Citation
42 CFR 433.33
AT-79-29
AT-80-34

6.3 State Financial Participation

- (a) State funds are used in both assistance and administration.
- State funds are used to pay all of the non-Federal share of total expenditures under the plan.
- There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.
- (b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

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 433.33
AT-79-29
AT-80-34

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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

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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

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TN # 74-1
Supersedes
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Approval Date 10/15/74 Effective Date 4/1/74

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

State Commonwealth of Puerto Rico

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42 CFR 433.33
AT-79-29
AT-80-34

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TN # 74-1
Supersedes
TN #

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

SECTION 7 – General Provisions

- 7.1 Plan Amendments**
- 7.2 Nondiscrimination**
- 7.3 Maintenance of AFDC Effort**
- 7.4 State Governor's Review**

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

OMB No. 0938-

State/Territory: Puerto Rico

SECTION 7 - GENERAL PROVISIONS

Citation 7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. 92-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
 Supersedes
 TN No. 74-1

HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: Puerto Rico

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

TN No. 92-2
Supersedes 79-2 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
TN No. 79-2

HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: Puerto Rico

Citation 7.3 Maintenance of AFDC Efforts

1902(c) of
the Act

The State agency has in effect under its approved AFDC plan payment levels that are equal to or more than the AFDC payment levels in effect on May 1, 1988.

TN No. 92-2
Supersedes 77-9 Approval Date MAY 1 1992 Effective Date JAN 1 - 1992
TN No. 77-9

HCFA ID: 7982E

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

OMB No. 0938-

State/Territory: Puerto Rico

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Not applicable. The Governor--

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Health
(Designated Single State Agency)

Date: 3 March 1992

José E. Soler Zapata, M.D.
(Signature)

Secretary of Health
(Title)

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

HCFA ID: 7982E

LIST OF ATTACHMENTS THE SECTION 7

NO.

Title of Attachments

Ref. List of Attachments Official
Approval May 1, 1992

7.2-A

**Methods of Administration – Civil
Rights (Title VI)**

74-1

OFFICIAL

State: Commonwealth of Puerto Rico

Methods of Administration: Civil Rights

The Civil Rights of all persons in need of services under Title XIX are protected by the Bill of Rights of the constitutions of the United States and of the Commonwealth of Puerto Rico.

Article II, of the Constitution of the Commonwealth of Puerto Rico defines the specific rights of citizens.

St. PR Tr. 6/20/74 Incorp. 10/15/74 Effective 4/1/74