



DEPARTMENT OF HEALTH & HUMAN SERVICES



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

September 11, 2009

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

SEP 23 09 NIPKZ:33 4/4  
PAM NIVEL CENTRAL

~~WNR~~  
COPY to ASES  
9/25/09  
COPY State Plan

Dear Mr. Rivera:

We have completed our review of Puerto Rico's State Plan amendment (SPA) submittal 07-002, "Recipient Cost Sharing and Similar Charges", and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective October 1, 2007. The revised pages submitted to CMS on August 31, 2009 (via e-mail) replace the pages originally submitted. In addition, Puerto Rico has agreed to the changes on Form CMS-179 box 8 to include "Attachment 4.18A, page 2a, and Attachment 4.18C, page 2c" and box 9 to include all of the pages from box 8 with the exception of pages Attachment 4.18A, page 2a and Attachment 4.18C, page 2c. Enclosed are copies of SPA 07-002 and the signed copy of the HCFA-179.

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

Sincerely,

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

0 7 - 0 0 2

2. STATE

Puerto Rico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

Title XIX of the Social Security Act-Medica

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/01/2007

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.51 - 447.60

7. FEDERAL BUDGET IMPACT

a. FFY n/a \$

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Pages 54, 55, 56, 56a, 56b, 56c, 56d  
56e, 56f

Attachment 4.18A, pages 1, 2, 3

Attachment 4.18C, pages 1, 2, 3

Attachment 4.18A, page 2a

Attachment 4.18C, page 2c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Pages 54, 55, 56, 56a, 56b, 56c, 56d, 56e, 56f

Attachment 4.18A, pages 1, 2, 3

Attachment 4.18C, pages 1, 2, 3

**SEE REMARKS**

10. SUBJECT OF AMENDMENT

4,18 Recipient Cost Sharing and Similar Charges

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED Director Medicaid Program

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Miguel Negron-Rivera

14. TITLE

Executive Director

15. DATE SUBMITTED

August 24, 2009

16. RETURN TO

Miguel Negron-Rivera

Executive Director

Medicaid Program - PR Department of Health

PO BOX 70184

San Juan, PR 00936-8184

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

SEP 11 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

OCT 01 2007

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Michael Melendez

22. TITLE

Acting Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS

The revised pages (54 through 56f, attachment 4.18A, pages 1, 2, 2a, 3, Attachment 4.18c, pages 1, 2, 2a, 3) Replaces the pages originally submitted.

Puerto Rico has agreed to the changes on CMS Form 179 box 8 to include Attachment 4.18A, page 2a & Attachment 4.18 C, page 2c & box 9 to include all of the pages from box 8 with the exception of pages Attachment 4.18A, page 2a & Attachment 4.18C, page 2c.

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

**OFFICIAL**

OMB No.: 0938-

State/Territory: [Puerto Rico]

- |   |                                   |   |
|---|-----------------------------------|---|
| <p><u>Citation</u><br/>42 CFR 447.51<br/>through 447.58</p> <p>1916(a) and (b)<br/>of the Act</p> | <p>4.18</p> <p>(a)</p> <p>(b)</p> | <p><u>Recipient Cost Sharing and Similar Charges</u></p> <p>Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and co-payments do not exceed the maximum allowable charges under 42 CFR 447.54.</p> <p>Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(l) of the Act) under the plan:</p> <p>(1) No enrollment fee, premium, or similar charge is imposed under the plan.</p> <p>(2) No deductible, coinsurance, co-payment, or similar charge is imposed under the plan for the following:</p> <p>(i) Services to individuals under age 18, or under-</p> <p style="padding-left: 40px;"><input type="checkbox"/> Age 19</p> <p style="padding-left: 40px;"><input type="checkbox"/> Age 20</p> <p style="padding-left: 40px;"><input type="checkbox"/> Age 21</p> <p>Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply is listed below, if applicable.</p> <p>(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.</p> |
|---|-----------------------------------|---|

TN # 07-002  
Supersedes TN # 03-05

Effective Date OCT 01 2007  
Approval Date SEP 11 2009

State/Territory: \_\_\_\_\_ [Puerto Rico]

Citation        4.1 8(b)(2)        (Continued)

42 CFR 447.51        (iii)    All services furnished to pregnant women.  
through  
447.58

[ ]        Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv)        Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v)        Emergency services if the services meet the requirements in 42 CFR 447 .53(b)(4).

(vi)        Family planning services and supplies furnished to individuals of childbearing age.

(vii)        Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108        [X]        Managed care enrollees are charged deductibles, coinsurance rates, and co payments in an amount equal to the State Plan service cost-sharing.

42 CFR 447.60        [ ]        Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,        (viii)        Services furnished to an individual receiving hospice care, as defined in section 1905(o) of P.L. 99-272, the Act. (Section 9505)

TN # 07002  
Supersedes TN # 03-05

Effective Date             
Approval Date OCT 01 2007  
SPP 11 2000

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

**OFFICIAL**

OMB No.: 0938-

State/Territory:                     [Puerto Rico]                    

Citation      4.18(b)      (Continued)

42 CFR 447.51  
through  
447.58

(3) Unless a waiver under the 42 CFR 431.55 (g) applies, nominal deductible, coinsurance, co-payments, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed

(ii) Charges apply to services furnished to the following age groups:

18 or older

19 or older

20 or older

21 or older

Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN # 07-002  
Supersedes TN # 92-02

Effective Date OCT 01 2007  
Approval Date SEP 11 2009

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No.: 0938-

**OFFICIAL**

State/Territory: \_\_\_\_\_ [Puerto Rico]

Citation 4.18(b) (3) (Continued)

42 CFR 447.51  
447.58

(iii) For the categorically needy and qualified Medicare beneficiaries, Attachment 4.18.A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge is imposed on each service;
- (C) Amount(s) and basis for determining the charge(s);
- (D) Method used to collect the charge (s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447 .53(b) and
- (G) Cumulative maximum that applies to all deductible, coinsurance or co-payment charges imposed on a specified time period.

(X) Not applicable. There is no maximum.

TN # 07-002  
Supersedes TN # 92-02

Effective Date OCT 0 1 2007  
Approval Date SEP 1 1 2009

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

**OFFICIAL**

OMB No.: 0938-

State/Territory: \_\_\_\_\_ [Puerto Rico]

Citation

1916 (c) of the 4.18(b)(4)  
Act

( ) A monthly premium is imposed on pregnant women and infants who are covered under Section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150% percent of federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. Attachment 4.18-D specifies the method the States uses for determining the premium and the use criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.

1902 (a)(52) 4.18 (b)(5)  
And 1925 (b)  
Of the Act

( ) For families receiving extended benefits during a second 6 months period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.

1916 (d) of 4.18 (b)(6)  
The Act

( ) A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902 (a)(10)(E) (ii) of the Act and whose income exceeds 150% (but does not exceed 200%) of the Federal Poverty Level applicable to a family of the size involved. The requirements of section 1916 (d) of the Act are met. Attachment 4.18-E specifies the method and standards the State uses for determining the premium.

TN # 07-002  
Supersedes TN # 92-02

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(BPD)

OMB No.: 0938-

State/Territory: \_\_\_\_\_ [Puerto Rico] \_\_\_\_\_

**OFFICIAL**

Citation      4.18 (c)      (X)      Individuals are covered as medically needy under the plan

42 CFR 447.51  
Through 447.58

- (1)      ( )      An enrollment fee, premium or similar charge is imposed. Attachment 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in the 42 CFR 447.52 (b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
- (2)      No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
- (i)      Services to the individuals under age 18 or under:
- ( )      age 19
- ( )      age 20
- ( )      age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable.

TN # 07-002  
Supersedes TN # 92-02

Effective Date OCT 01 2007  
Approval Date SEP 11 2009



Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No.: 0938-

**OFFICIAL**State/Territory: Puerto RicoCitation

4.18 (c) (2)

Continued

42 CFR 447.51  
Through 447.58

- (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy
- (iii) All services furnished to pregnant women.
  - ( ) Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
- (iv) Services furnished to any individual who is an inpatient in a hospital, long term care facility, or any other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
- (v) Emergency services if the services meet the requirements in section 42 CFR 447.53 (b) (4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.
- (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act
- (viii) Services furnished by a managed care organization, health insuring organization, or prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.
  - Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.
  - Managed care enrollees are not charged deductibles, coinsurance rates and copayments.

1916 of the Act P.L. 99-272  
P.L. 99-272 (Section 9505)

42 CFR 438.108  
42 CFR 447.60

TN # 07-002  
Supersedes TN # 92-02

Effective Date OCT 01 2007  
Approval Date SEP 11 2009

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No.: 0938-

**OFFICIAL**

State/Territory: \_\_\_\_\_ [Puerto Rico] \_\_\_\_\_

Citation

4.18 (c) (3)

Unless a waiver under 42 CFR 431.55 (g) applies, nominal deductible, coinsurance, co-payment, or similar charges are imposed on services that are not excluded from such charges under item (b) (2) above.

42 CFR 447.51  
through 447.58

( ) Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

18 or older:

19 or older:

20 or older:

21 or older:

Reasonable categories of individual who are 18 years of age, but not under 21, to whom charges apply are listed below, if applicable.

TN #

07-002  
Supersedes TN # 92-02

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

OMB No.: 0938-

**OFFICIAL**

State/Territory: \_\_\_\_\_ [Puerto Rico] \_\_\_\_\_

Citation 4.18 (c) (3)

(Continued)

447.51 through  
447.58

- (iii) For the medically needy, and other optional, Attachment 4.18 C specifies the:
- (A) Service(s) for the charge(s) is applied;
  - (B) Nature of the charge is imposed on each service;
  - (C) Amount(s) of and basis for determining the charge(s);
  - (D) Method used to collect the charge(s);
  - (E) Basis for determining whether an individual is unable to pay the charge(s); and the means by which such an individual is identified to providers;
  - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b); and
  - (G) Cumulative maximum that applies to all deductible, coinsurance, or co-payment charges imposed on a family during a specified time period.

(X) Not applicable. There is no maximum.

TN #

07-002  
Supersedes TN # 92-02Effective 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**OFFICIAL**

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

CO-PAYS <sup>1</sup>		
Service	Coverage Code	
	010	011
<b>HOSPITAL</b>		
Admission	\$0	\$3
<b>EMERGENCY ROOM (ER)</b>		
Emergency Room (ER) Visit	\$0	\$1
<b>AMBULATORY VISITS TO</b>		
Primary Care Physician (PCP)	\$0	\$1
Specialist	\$0	\$1
Sub-Specialist	\$0	\$1
<b>OTHER SERVICES</b>		
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
<b>DENTAL</b>		
Preventive & Restorative	\$0	\$1
<b>PHARMACY</b>		
Generic	\$0	50¢
Brand	\$0	50¢

<sup>1</sup> 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:

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

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

Individuals are identified through the insurance identification cards as explained in D below. 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 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 2007  
Approval Date SEP 11 2009

## 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

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

## 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 <sup>1</sup>		
Service	Coverage Code	
	010	011
<b>HOSPITAL</b>		
Admission	\$0	\$3
<b>EMERGENCY ROOM (ER)</b>		
Emergency Room (ER) Visit	\$0	\$1
<b>AMBULATORY VISITS TO</b>		
Primary Care Physician (PCP)	\$0	\$1
Specialist	\$0	\$1
Sub-Specialist	\$0	\$1
<b>OTHER SERVICES</b>		
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
<b>DENTAL</b>		
Preventive & Restorative	\$0	\$1
<b>PHARMACY</b>		
Generic	\$0	50¢
Brand	\$0	50¢

<sup>1</sup> 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

**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 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**

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~~