



DEPARTMENT OF HEALTH & HUMAN SERVICES



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

June 5, 2008

07.1107

Wendy Matos, Ph.D.
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

Dear Dr. Matos:

We have completed our review of Puerto Rico's State Plan amendment (SPA) submittal 08-001, Cooperation with Medicaid Integrity Program Effort, and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective January 1, 2008. Enclosed are copies of SPA 08-001 and the signed copy of the HCFA-179.

The pages originally submitted by Puerto Rico have been replaced by the revised pages submitted via fax on June 5, 2008.

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

Sincerely,


Sue Kelly

Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 8 - 0 0 1

2. STATE:

Puerto Rico

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

REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2008

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)

5. FEDERAL STATUTE/REGULATION CITATION:

1902 (a)(69) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ N/A

6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**SEE REMARKS

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

SUBJECT OF AMENDMENT:

4.43 Cooperation with Medicaid Integrity Program Effort

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:
Secretary of Health

SIGNATURE OF STATE AGENCY OFFICIAL:

TYPED NAME:

Rosa Pérez Perdomo, MD, PHD, MPH

TITLE:

Secretary of Health

DATE SUBMITTED:

May 16, 2008

16. RETURN TO:

Wendy Matos Negrón, PhD
Executive Director
Medicaid Program
PO Box 70184
San Juan, PR 00936-8184

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

June 05, 2008

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 01, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator
Division of Medicaid & State Operations

REMARKS:

Originally submitted pages 4.43 Cooperation with Medicaid Integrity Program Effort and HCFA 179 Form received in CMS NYRO on May 16, 2008, has been replaced with revised pages submitted by Puerto Rico state via fax on June 05, 2008.

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