### **Table of Contents**

State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 15-0002

This file contains the following documents in the order listed:

1) CMS Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Templates

Department of Health & Human Services Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



#### DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

September 11, 2015

Ricardo A. Colon Padilla, CPA Medicaid Director Puerto Rico Medicaid Program Puerto Rico Department of Health P.O. Box 70184 San Juan, Puerto Rico 70184

Dear Mr. Colon:

We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 15-0002 which was received in our office on June 30, 2015 and find it acceptable for incorporation into Puerto Rico's Medicaid State Plan. This SPA is expanding Puerto Rico coverage benefits to include immunization services to all Medicaid beneficiaries ages 19-20 effective April 1, 2015.

Please note that the approval date of this SPA is September 11, 2015 with and effective date of April 1, 2015. Copy of the approved State Plan pages and the signed CMS-179 are enclosed.

If you have any questions, please contact Ivelisse M. Salce at (212) 616-2411.

Sincerely,

/s/

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

Cc. Lindsey Wilde Sheri Gaskins

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB No. 0938-0193			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER PR-15-002	2. STATE Puerto Rico		
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)			
TO: REGIONAL ADMINISTRATOR  Centers for Medicare & Medicaid Services (CMS)  Department ff Health and Human Services (HHS)	4. PROPOSED EFECTIVE DATE April 1, 2015			
5. TYPE OF PLAN MATERIAL (Check One)  NEW STATE PLAN  AMENDMENT TO	CONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION Section 1928(c)(2)(C)(ii) of the Social Security Act (SSA) Section 4106 of the Affordable Care Act (ACA)		\$ <u>38,547</u> \$ <u>77,440</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT State Plan page 66 (b) Description for Attachment 3.1-A, page 12 Description for Attachment 3.1-B, pages 12	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) State Plan page 66 (b) Description for Attachment 3.1-A, page 12 Description for Attachment 3.1-B, page 12			
10. SUBJECT OF AMENDMENT  To Provide Coverage for Immunizations for Children	Ages 19-20.			
11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMEN COMMENTS OF GOVERNOR'S OFFICE ENCLOS NO REPLY RECEIVED WITHIN 45 DAYS OF SUB	ED	PECIFIED		
12. SIGNATURÉ OF STATE AGENCY OFFICIAL	16. RETURN TO PUERTO RICO MEDICAID PR PUERTO RICO DEPARTMENT			
13. TYPÉ NAME RICARDO A. COLÓN-PADILLA, CPA	PO BOX 70184 SAN JUAN PR 00936-8184			
14. TITLE EXECUTIVE DIRECTOR				
15. DATE SUBMITTED June 30, 2015				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED	18. DATE APPROVED September 11,	2015		
	– ONE COPY ATTACHED			
19. EFECTIVE DATE OF APPROVED MATERIAL  April 01, 2015	20. SIGNATURE OF REGIONAL O	FFICIAL		
21. TYPED NAME Michael Melendez	22. TITLE Division of Medicaid and Children's Health			
23. REMARKS				
ORM CMS-179 (07/92) Instructions on Back				

Revision:

HCFA-PM-94-8 (MB)

October 1994

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

Citation		
	9 (m) Me	edicaid Reimbursement for Administration of Vaccines under
	the	Pediatric Immunization Program
1928(c)(2)(C)(ii) of the Act		A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928 (c) (2) (C) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows. The State:
		☐ Sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
		Is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
		☐ Sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
		☐ Is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.
		The State pays the following rate for the administration of a vaccine:
		Not applicable, see note that follows.
1923 of the Act	(iii	) Medicaid beneficiary access to immunizations is assured through the following methodology:
		The Puerto Rico Department of Health provides vaccines to children ages 0-18 through the Children's Immunization
		Program. The coverage benefits of the Puerto Rico
		Medicaid Program also include immunizations for Medicaid beneficiaries' ages 19-20. Each managed care organization
		(MCO), contracted by the State, will contract with
		immunization providers, duly certified by the Puerto Rico
		Department of Health, to provide the immunization services.
Transmittal No.: 15-0	002	Effective Date: April 1, 2015
Supersedes TN No.:	95-2	Approval Date: September 11, 2015

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE / TERRITORY: <u>COMMONWEALTH OF PUERTO</u> RICO

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

#### **Description of Limitation**

#### 13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by a qualified health professional including eye tests, hearing test, nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, and immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all beneficiaries based on medical necessity criteria established by the State.

All immunizations will be provided for children to age 21 and those necessary according to age, gender, and health condition of the beneficiary, including but not limited to influenza and pneumonia vaccines for beneficiaries over 65 years and vaccines for children and adults with high risk conditions such as pulmonary, renal, diabetes, and heart disease, among others. The Puerto Rico Department of Health provides vaccines to children ages 0-18 through the Children's Immunization Program. The coverage benefits of the Puerto Rico Medicaid Program also include immunizations for Medicaid beneficiaries' ages 19-20. Each managed care organization (MCO), contracted by the State, will contract with immunization providers, duly certified by the Puerto Rico Department of Health, to provide the immunization services. Immunizations will be administered without any charge or deductibles.

Counseling in physical health, oral health, and nutrition will be provided in accordance with the preventive service benefit to address the individual needs of the beneficiaries based on their health conditions.

Transmittal No.: 15-002 Effective Date: April 1, 2015
Supersedes TN No.: 03-001-A Approval Date: September 11, 2015

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

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

Description of Limitation

#### 13c. Preventive services

A comprehensive annual health evaluation for each beneficiary, to be performed by a qualified health professional including eye tests, hearing test, nutritional screening and evaluation, laboratories and all other exams and diagnostic tests, and immunizations commensurate with age, gender, and physical condition of the beneficiary. This annual evaluation complements the services for children and adolescents to be provided accordingly with the periodicity schedules published by the American Academy of Pediatrics and EPSDT under Title XIX of the Medicaid program. Follow-up visits will be provided to all beneficiaries based on medical necessity criteria established by the State.

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Transmittal No.: 15-002 Effective Date: April 1, 2015

Supersedes TN No.: 03-001-A Approval Date: September 11, 2015