



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

June 10, 2020

Luz E. Cruz Romero
Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Dear Ms. Romero:

The CMS Division of Pharmacy team has reviewed Puerto Rico's State Plan Amendment (SPA) 20-0001 received in the CMS Division of Program Operations on March 17, 2020. This SPA proposes to allow Puerto Rico to cover MAVYRET, a Hepatitis C drug, through their fee-for-service (FFS) program with the following reimbursement rates:

Independent Pharmacies	AWP -14%	\$2.50 dispensing fee
Hospital and CDT Pharmacies	AWP -15%	\$2.50 dispensing fee
National Chain Pharmacies	AWP -18%	\$1.75 dispensing fee

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0001 is approved with an effective date of March 16, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Puerto Rico's state plan will be forwarded by the CMS Division of Program Operations.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,

/s/

John Coster, PhD, R.Ph.,
Director
Division of Pharmacy

cc: James G. Scott, Division Director, CMS Division of Program Operations
Ivelisse Salce, CMS Division of Program Operations - East Branch

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)	1. TRANSMITTAL NUMBER PR-20-0001	2. STATE PUERTO RICO
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare & Medicaid Services (CMS) Department of Health and Human Services (HHS)	4. PROPOSED EFFECTIVE DATE March 16, 2020	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO 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 Section 1905 (a) of the Social Security Act 42 CFR Part 440	7. FEDERAL BUDGET IMPACT a. FFY <u>2020 (3 quarters)</u> \$ <u>12,540,945</u> b. FFY <u>2021</u> \$ <u>25,721,979</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Description for Attachment 3.1-A, pages 4 to 4-a Description for Attachment 3.1-B, pages 4 to 4-a Attachment 4.19-B, page 1 and page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Description for Attachment 3.1-A, page 4 Description for Attachment 3.1-B, page 4 Attachment 4.19-B, page 1 and page 1a
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10. SUBJECT OF AMENDMENT
To Provide and Describe Hepatitis C Benefits and Limitations

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO LUZ E. CRUZ-ROMERO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
13. TYPE NAME LUZ E. CRUZ-ROMERO	
14. TITLE EXECUTIVE DIRECTOR	
15. DATE SUBMITTED MARCH 17, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED MARCH 17, 2020	18. DATE APPROVED JUNE 10, 2020
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL MARCH 16, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME JAMES G. SCOTT	22. TITLE DIRECTOR, DIVISION OF PROGRAM OPERATIONS
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

Description of Limitations

- ee. Services received outside of the territorial limits of the Commonwealth of Puerto Rico, except for emergency services received in the United States.
- ff. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this Program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result after the referred procedures, are covered.
- gg. Travel expenses, even when ordered by the primary care physician or participating provider are excluded.
- hh. Eyeglasses, lenses, and hearing aids are excluded, except for beneficiaries under age 21 when it is medically necessary and approved through a prior authorization process.
- ii. Acupuncture services are excluded.
- jj. Rent or purchase of wheelchair or any other vehicle (motor and/or electric) or expenses for the repair or alteration of these vehicles.
- kk. Procedures with the purpose of changing the sex of the beneficiary.
- ll. Treatment services for infertility and/or related to conception by artificial means.
- mm. Hepatitis C
Puerto Rico is covering Hepatitis C drugs in the fee-for-service program as outlined in the Puerto Rico provider manual.

TN No.: PR-20-0001 Approval Date: June 10, 2020 Effective Date: March 16, 2020

Supersedes: PR-15-0004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

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

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

Limitations on inpatient services:

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

TN No.: PR-20-0001 Approval Date: June 10, 2020 Effective Date: March 16, 2020

Supersedes: PR-15-0004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

Description of Limitations

- ee. Services received outside of the territorial limits of the Commonwealth of Puerto Rico, except for emergency services received in the United States.
- ff. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this Program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies which could result after the referred procedures, are covered.
- gg. Travel expenses, even when ordered by the primary care physician or participating provider are excluded.
- hh. Eyeglasses, lenses, and hearing aids are excluded, except for beneficiaries under age 21 when it is medically necessary and approved through a prior authorization process.
- ii. Acupuncture services are excluded.
- jj. Rent or purchase of wheelchair or any other vehicle (motor and/or electric) or expenses for the repair or alteration of these vehicles.
- kk. Procedures with the purpose of changing the sex of the beneficiary.
- ll. Treatment services for infertility and/or related to conception by artificial means.
- mm. Hepatitis C
Puerto Rico is covering Hepatitis C drugs in the fee-for-service program as outlined in the Puerto Rico provider manual.

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Supersedes: PR-15-0004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

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

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

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

Limitations on inpatient services:

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

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Supersedes: PR-15-0004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: 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 regulation 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, 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.
- 1c. 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-Rays Services:
Reimbursement on the 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. Physician’s Services:
 - a. Physicians and other practitioners on salary in clinics and other organized systems.
Actual cost included in the clinical fee.
 - b. Private practitioners will be paid according to a standard fee regulated by the Secretary of Health.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICOMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER
TYPES OF CARE OR SERVICES

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 rates.

6. Prescribed Drugs and Medical and Supplies:

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

Hepatitis C Covered Drug:

The reimbursement to the pharmacy providers is based on Average Wholesale Price (AWP) – Discount Fee plus dispensing fee.

Drug Name	GPI Name	Average Wholesale Price (AWP) – Discount Fee		
Mavyret	GLECAPREVIR- PIBRENTASVIR TAB 100-40 MG	Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
		14%	15%	18%

Drug Name	GPI Name	Dispensing Fee		
Mavyret	GLECAPREVIR- PIBRENTASVIR TAB 100-40 MG	Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
		\$2.50	\$2.50	\$1.75

7. Clinical Services:

Reasonable cost as specified in Federal Regulation 42 CFR 250.30 (B) (3) (ii).

There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.

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