

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 20-0009**

This file contains the following documents in the order listed:

- 1) Approval letter
- 2) CMS-179 form
- 3) Approved SPA pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



**Medicaid and CHIP Operations Group**

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September 11, 2020

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

Dear Ms. Cruz,

We have completed our review of the submission of Puerto Rico State Plan Amendment (SPA) 20-0009 which was received in our office on June 29, 2020. This amendment allows Puerto Rico to comply with federal regulation 42 CFR Part 455, Subpart E.

Based on the information provided and consistent with the regulation 42 CFR Part 455, Subpart E, we are pleased to inform you that PR SPA 20-0009 was approved on August 17, 2020, with an effective date of April 27, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation in to Puerto Rico's state plan are enclosed.


CMS appreciates the significant amount of work your staff dedicated to this state plan amendment. If you have any questions concerning this SPA, please contact Ivelisse M. Salce at (212) 616-2411 or [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov)

Sincerely,

James G Scott, Director  
Division of Program Operations

Enclosure

cc: Michael Cimmino

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES (CMS)</b>	1. TRANSMITTAL NUMBER <b>PR-20-0009</b>	2. STATE <b>Puerto Rico</b>
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (SSA) (Medicaid)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare & Medicaid Services (CMS) Department of Health and Human Services (HHS)	4. PROPOSED EFFECTIVE DATE <b>April 27, 2020</b>	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 455, Subpart E	7. FEDERAL BUDGET IMPACT a. FFY      2020 (2 quarters)      \$ <u>4,843,525.50</u> a. FFY      2021      \$ <u>4,961,050.43</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.46	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.46	
10. SUBJECT OF AMENDMENT <b>Provider Screening and Enrollment - Provider Enrollment Portal</b>		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Puerto Rico Medicaid Program Puerto Rico Department of Health PO Box 70184 San Juan, P.R. 00936-8184	
13. TYPE NAME Luz E. Cruz Romero, MBA		
14. TITLE Executive Director		
15. DATE SUBMITTED June 29, 2020		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED <b>06/29/2020</b>	18. DATE APPROVED <b>08/17/2020</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>04/27/2020</b>	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director, Division of Program Operations Medicaid and CHIP Operations Group</b>	
23. REMARKS		

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 Part 455, Subpart E	<p>PROVIDER SCREENING</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.410	<p>ENROLLMENT AND SCREENING OF PROVIDERS</p> <p><input checked="" type="checkbox"/> Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.412	<p>VERIFICATION OF PROVIDER LICENSES</p> <p><input checked="" type="checkbox"/> 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.</p>

Transmittal No.: PR-20-0009

Effective Date: April 27, 2020

Supersedes TN No.: 12-004

Approval Date: 08/17/2020

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

**4.46 Provider Screening and Enrollment**

Citation	
442 CFR sec. 455.414	<p>REVALIDATION OF ENROLLMENT</p> <p><input checked="" type="checkbox"/> Assures that providers will be revalidated regardless of provider type at least every 5 years.</p>
442 CFR sec. 455.416	<p>TERMINATION OR DENIAL OF ENROLLMENT</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.420	<p>REACTIVATION OF PROVIDER ENROLLMENT</p> <p><input checked="" type="checkbox"/> Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.</p>
442 CFR sec. 455.422	<p>APPEAL RIGHTS</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.432	<p>SITE VISITS</p> <p><input checked="" type="checkbox"/> Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.</p>

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STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

**4.46 Provider Screening and Enrollment**

Citation	
442 CFR sec. 455.434	<p>CRIMINAL BACKGROUND CHECKS</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.436	<p>FEDERAL DATABASE CHECKS</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.440	<p>NATIONAL PROVIDER IDENTIFIER</p> <p><input checked="" type="checkbox"/> 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.</p>
442 CFR sec. 455.450	<p>SCREENING LEVELS FOR MEDICAID PROVIDERS</p> <p><input checked="" type="checkbox"/> 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.</p>

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

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**4.46 Provider Screening and Enrollment**

Citation	
442 CFR sec. 455.460	APPLICATION FEE  <input checked="" type="checkbox"/> 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.
442 CFR sec. 455.470	TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS  <input checked="" type="checkbox"/> 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.

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Effective Date: April 27, 2020

Supersedes TN No.: 12-004

Approval Date: **08/17/2020**