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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 24-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form
- 4) Decision Memo

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

March 11, 2025

Luz E. Cruz Romero

Medicaid Director

Department of Health

P.O. Box 70184

San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 24-0014

Dear Director Cruz:

The Centers for Medicare & Medicaid Services (CMS) reviewed your State Plan Amendment submitted on December 16, 2024, under transmittal number TN 24-0014. The amendment includes clarifications and updates to the Prepaid Inpatient Health Plan and fraud detection language.

This letter informs you that Puerto Rico's Medicaid State Plan Amendment, TN 24-0014, was approved on March 11, 2025, and will be effective on October 1, 2024. Enclosed are copies of Form CMS-179 and the approved State Plan Amendment pages that should be incorporated into the Puerto Rico State Plan.


If you have any questions, please contact Ivelisse Salce at (212) 616-2411 or Ivelisse.Salce@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Peter Leonis

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 24-0014	2. STATE Puerto Rico
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
	4. PROPOSED EFFECTIVE DATE October 1, 2024	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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 § 438 (PIHP) SSA 1902(a)(64) (Fraud Detection)	7. FEDERAL BUDGET IMPACT a. FFY 2024 \$ 0 b. FFY 2025 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT Section 4.23 p. 71 Section 4.5a p. 36c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4.23 p. 71 NEW	
10. SUBJECT OF AMENDMENT Clarifications and updates to Prepaid Inpatient Health Plan, and fraud detection language.		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="checkbox"/> Other, As Specified <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO LUZ E. CRUZ-ROMERO INTERIM EXECUTIVE DIRECTOR PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184	
13. TYPE NAME LUZ E. CRUZ-ROMERO		
14. TITLE INTERIM EXECUTIVE DIRECTOR		
15. DATE SUBMITTED DECEMBER 16, 2024		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 12/16/2024	18. DATE APPROVED 03/11/2025	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2024	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Ruth A. Hughes	21. TITLE Acting Director, Division of Program Operations	
23. REMARKS		

State/Territory: Puerto Rico

Citation
Section 1902(a)(64) of
the Social Security Act
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compiles data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

State/Territory: Puerto Rico
Citation

4.23 Use of Contracts

42 CFR 434.4
FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR 48 Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

☒ a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

☐ a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

☐ a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2

☐ Not applicable