

PUERTO RICO DEPARTMENT OF HEALTH
MEDICAID PROGRAM

PUERTO RICO MEDICAID STATE PLAN

MAY 2019

PUERTO RICO DEPARTMENT OF HEALTH
MEDICAID PROGRAM

**PUERTO RICO MEDICAID STATE PLAN
SECTION 1
SINGLE STATE AGENCY ORGANIZATION**

MAYO 2019

OFFICIAL

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: Puerto Rico

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TN No. 88-1
Supersedes
TN No. ---

AT 80-38

Approval Date OCT 20 1988

Effective Date 4/1/88

HCFA ID: 1002P/0010P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of Health of
Puerto Rico

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN # 74-7
Supersedes
TN # 74-1

Approval Date 2/6/75 Effective Date 4/4/74

on: HCEA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

tation
tergovernmental
operation Act
1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

Not applicable. Waivers are no longer in effect.

Not applicable. No waivers have ever been granted.

~~74-7~~

edes

~~74-1~~

Approval Date 2/6/75 Effective Date 1/1/74

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

Territory: Puerto Rico

Citation

42 CFR 431.10 1.1(d) Responsibility for determinations of eligibility for Medicaid under this plan is carried out as follows:

| <u>Agency</u> | <u>Coverage Group(s)</u> |
|---------------|--------------------------|
|---------------|--------------------------|

There is a written agreement relating to these determinations between the agency named in paragraph 1.1(a) and the agency administering or supervising the administration of the State plan approved under title I or XVI of the Social Security Act. The agreement defines the relationships and respective responsibilities of the agencies.

XI Not applicable. The agency named in paragraph 1.1(a) has responsibility for all such determinations.

TN No. 92-2
Supersedes
TN No. 76-9

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7984E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR 431.10
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

76-9
Supersedes
IN 74-7

Approval Date 12/17/76 Effective Date 12/3/76

Division: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Medical Assistance Program has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

24-2
Sersedes
24-1

Approval Date 4/5/74 Effective Date 7/24/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # 74-2
Supersedes
TN # 74-1

Approval Date 11/5/74 Effective Date 7/24/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: [Puerto Rico]

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

 x The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

TN # 03-10
Supersedes TN # 74-1

Effective Date 08/13/03
Approval Date ~~FEB 24 2004~~

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: Puerto Rico

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-6
 Supersedes
 TN No. **New**

Approval Date NOV 15 1994

Effective Date JUL 1 - 1994

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: Puerto Rico

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 94-6 Approval Date NOV 15 1994 Effective Date JUL 1 - 1994
Supersedes
TN No. **New**