PUERTO RICO DEPARTMENT OF HEALTH
MEDICAID PROGRAM

PUERTO RICO MEDICAID STATE PLAN

MAY 2019
PUERTO RICO MEDICAID STATE PLAN
SECTION 3
SERVICES: GENERAL PROVISIONS

MAYO 2019
SECTION 3 - SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services ........................................ 19
3.2 Coordination of Medicaid with Medicare Part B .................................. 29
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases ................................................. 30
3.4 Special Requirements Applicable to Sterilization Procedures .................. 31
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries ............................................. 31a
3.6 Ambulatory Prenatal Care for Pregnant Women during Presumptive Eligibility Period ............................................. 31b
Citation
42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

3.1 Amount, Duration, and Scope of Services

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(i) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

X Not applicable. Nurse-midwives are not authorized to practice in this State.
Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
Attachment 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

NOT APPLICABLE
This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

(i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

(ii) Prenatal care and delivery services for pregnant women.

Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.
Amount, Duration, and Scope of Services:

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

(i) Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140, 440.150, Subpart B,
442.441, Subpart C
1902(a)(20) and (21) of the Act

(vii) Services in an institution for mental diseases for individuals over age 65.

(viii) Services in an intermediate care facility for the mentally retarded.
(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1902(e)(9) of Act

(x) Respiratory care services are provided to the ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act

(xi) Home and Community Care for the Functionally Disabled Elderly Individuals as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

(a)(3) Other Special Groups: Qualified Medicare Beneficiaries

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10)(E)(ii) and 1905(e) of the Act

(a)(4)(i) Other Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

Not Applicable
3.1 Amount, Duration, and Scope of Services (continued)

(a)(4)(ii) Other Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

Not Applicable

Sec. 245A(h) of the Immigration and Nationality Act

(a)(5) Limited Coverage for Certain Aliens

(i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

(A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;

(B) Are children under 18 years of age; or

(C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.**

42 CFR 440.240 and 440.250

(i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.

(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.

(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

(iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

TN # 03-04 
Supersedes TN # 92-2 

Effective Date 08/13/03 
Approval Date 02/24/03
Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Commonwealth of Puerto Rico

Citation  3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

(1) Home health services are provided to all categorically needy individuals 21 years of age or over.

☐ Yes

☒ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

(2) Home health services are provided to all categorically needy individuals under 21 years of age.

☐ Yes

(3) Home health services are provided to the medically needy:

☐ Yes, to all

☒ Yes, to individuals age 21 or over; SNF services are provided

☐ Yes, to individuals under age 21; SNF services are provided

☐ No; SNF services are not provided

☐ Not applicable; the medically needy are not included under this plan

TN # 80-7
Supersedes
TN # 76-70

Approval Date 2/26/80 Effective Date 4/1/80
The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).
The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.
The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.
IZ - Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at Attachment 3.1-E.

☐ - No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ - Not applicable. The conditions in the first sentence do not apply.

1903 (i) (1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures
Organ transplant procedures are provided.

☐ - No.

☒ - Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at Attachment 3.1-E.
3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who:

(1) Are medically dependent on a ventilator for life support at least six hours per day;

(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

\[
\text{L/}_{10} \text{ days (the maximum number of inpatient days allowed under the State plan)};
\]

(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

(4) Have adequate social support services to be cared for at home; and

(5) Wish to be cared for at home.

\( / / \) Yes. The requirements of section 1902(e)(9) of the Act are met.

\( / / \) Not applicable. These services are not included in the plan.
Puerto Rico

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(B)(i) and 1905(p)(1) of the Act

(1) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

Part A Part B

The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

Not Applicable
Qualified Disabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

Specified Low-Income Medicare Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.
The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

Not Applicable

Citation

1843(b) and 1905(a) of the Act and 42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

- Individuals receiving title II or Railroad Retirement benefits.

- Medically needy individuals (FIP is not available for this group).

(2) Other Health Insurance

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).
Supplement 1 to ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in section 3.2(a)(1)(iv), payment is made as follows:

- For the entire range of services available under Medicare Part B.
- Only for the amount, duration, and scope of services otherwise available under this plan.

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

Not Applicable
The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases

Medicaid is provided for individuals 65 years of age or older who are patients in institutions for mental diseases.

☐ Yes. The requirements of 42 CFR Part 441, Subpart C, and 42 CFR 431.620(c) and (d) are met.

☒ Not applicable. Medicaid is not provided to aged individuals in such institutions under this plan.
3.4 **Special Requirements Applicable to Sterilization Procedures**

All requirements of 42 CFR Part 441, Subpart F are met.
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries

(a) The Medicaid agency pays for all of the costs of the following Medicare cost sharing expenses for qualified Medicare beneficiaries described in section 1905(p) of the Act:

1. Premiums under Medicare Part B and, if applicable, premiums for hospital insurance under Part A;

2. Deductibles and coinsurance amounts under Medicare Part A and Part B; and

3. Premiums for enrollment in an eligible HMO.

(b) The Medicaid agency uses the following methods to provide cost sharing specified under item 3.5(a) above:

Buy-in agreements with the Secretary of HHS;

Group premium payment arrangements entered into with the Social Security Administration;

Payment of deductibles and coinsurance costs;

Group premium payment arrangements entered into with eligible HMOs.
3.6 Ambulatory Prenatal Care for Pregnant Women During Presumptive Eligibility Period

Ambulatory prenatal care for pregnant women is provided under the plan during a presumptive eligibility period if the care is furnished by a qualified provider in accordance with the requirements of section 1920 of the Act.

Yes. The requirements of section 1920 of the Act are met.

Not applicable. Medicaid is not provided to this group under the plan.