DEPARTMENT OF HEALTH & HUMAN SERVICES

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Region II
Federal Building
26 Federal Plaza
New York, NY 10278

March 21, 2011

Miguel Negron Rivera
Executive Director
Office of Economic Assistance to the Medically Indigent
Commonwealth of Puerto Rico
Department of Health
P.O. Box 70184
San Juan, Puerto Rico 00936-8184

Dear Mr. Rivera:

We have completed our review of Puerto Rico's State Plan amendment (SPA) submittal 10-002, "Cost Sharing", and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective October 1, 2010. The revised pages submitted to CMS on March 10, 2011 (via e-mail) replace the pages originally submitted. Enclosed are copies of SPA 10-002 and the signed copy of the HCFA-179.

If you have any questions, please contact Doretha Howard at (212) 616-2425.

Sincerely,

Michael Melendez
Acting Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 10-002	2. STATE: Puerto Rico
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID): Title XIX Social Security Act - Medicaid	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2010

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE 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: 42 CFR 447.50 447.60	7. FEDERAL BUDGET IMPACT a. FFY N/A $ _____ b. FFY _____ $ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Substitute this page with the new page Attachment 4.18A Pages 1, 2, 3 and 4 Attachment 4.18C Pages 2, 2a and 3 **** SEE REMARKS**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

10. SUBJECT OF AMENDMENT

Cost Sharing

11. GOVERNOR'S REVIEW *(Check One)*

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

Executive Director
Puerto Rico Medicaid Program

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/ Miguel Negrón Rivera	16. RETURN TO Miguel Negrón-Rivera Executive Director Puerto Rico Medicaid Program Puerto Rico Department of Health PO Box 70184 San Juan, PR 00936=8184
13. TYPED NAME: Miguel Negron-Rivera	
14. TITLE: Executive Director	
15. DATE SUBMITTED: March 9, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED: MAR 21 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 1 0 2010	20. SIGNATURE OF REGIONAL OFFICIAL: Michael Melendez
21. TYPED NAME: **Michael Melendez**	22. TITLE: **Acting Associate Regional Administrator Division of Medicaid and State Operations**

23. REMARKS

Originally submitted plan pages were replaced with new plan pages per State's e-mail of 03/10/2011.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

A. The following charges are imposed on all categorically needy for services in accordance with section 1916 of the Social Security Act and 42 CFR 447.50 – 447.60.

Service	010 (0-50% of poverty)	011 (51-100% of poverty)
Hospital		
Admission	$0	$3
Non-emergency visit to a hospital emergency room	$0	$1
Ambulatory Visits To:		
Primary Care Physician (PCP)	$0	$1
Specialist	$0	$1
Sub-Specialist	$0	$1
Other Services		
High-tech laboratories	$0	.50¢
Clinical Laboratories	$0	.50¢
X-Rays	$0	.50¢
Special Diagnostic Tests	$0	$1
Therapy – Physical	$0	$1
Therapy – Occupational	$0	$1
Dental		
Preventative & Restorative (Adult)	$0	$1
Pharmacy		
Generic (Adult)	$0	.50¢
Brand (Adult)	$0	.50¢

*

Co-payments do not apply to any service provided to MiSalud managed care plan enrollees by a provider in the Preferred Provider Network. The Preferred Provider Network is a subset of providers within the General Network, which provides services to enrollees free of cost-sharing or a requirement for referrals to obtain services. There is no Preferred Provider Network offered for Dental or Pharmacy services so everyone is subject to copays for these services as stated in the above table. The enrollee is not required to use the Preferred Provider Network. If the enrollee chooses to access services from a provider in the General Network, but not the Preferred Provider Network, the co-payments listed above apply.

Co-payments do not apply to the following population segments and services, as required by and defined in section 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b). The Basis for determining the amounts to be charged is in according with 42 CFR 447.54.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Commonwealth of Puerto Rico

010	011
0-50%	51-100%

*See attached Income Table (Attachment4.18-A, Page 2a), which identifies the co-payment charges for the applicable family size and income level.

B. The method used to collect the co-payments charges for categorically needy individuals:

_X_. Providers are responsible for collecting the cost sharing charges from individuals.
___ The agency reimburses providers the full Medicaid rate for services and collects the co-payment charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Individuals are identified through the insurance identification cards as explained in D below. Also, if a categorically needy expresses to the provider his/her inability to pay the established co-payments at the moment of service, such service is not denied.

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in sections 1916(a) and (j) of the Social Security Act, and 42 CFR 447.53(b) are described below:

Enrollees will have co-payment amounts coded in their identification card. Also, information on when co-payments are enforced and how to dispute them are included in the member handbook given to them when they subscribe to their insurance company.

A statement will be included in both the member handbook and the provider manual that an Indian, as defined in 42 CFR 447.50, who is either currently receiving services,or has ever received an item or service furnished by an Indian Health Service (IHS) or an I/T/U (Indian tribe, Tribal Organization, or Urban Indian Organization), or through a contract health services referral in any State, is exempt from all cost sharing.

Providers will use the identification card to identify those clients who should pay a co-payment. Excluded population are identified in the system and coded accordingly. This information is sent to the insurance companies for identification and card production.

All contracted entities are instructed to program their claims adjudication systems to validate cost sharing. This includes verification that cost sharing amounts collected are appropriate to the population group of the beneficiary and that cost sharing is not applied in the cases of excluded services.

All contracted entities must informed their contracted providers about cost sharing rules and the excluded service and amounts; and the prohibition of service denial if client is unable to meet the cost sharing amount. The following methods will be used by contracted entities:
1. Providers manual and information bulletins, which are distributed to all providers
2. Provider newsletters
3. Other provider forums as available.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

A. The following charges are imposed on all medically needy for services in accordance with section 1916 of the Social Security Act and 42 CFR 447.50 – 447.60.

Service	010	011
Hospital		
Admission	$0	$3
Non-emergency visit to a hospital emergency room	$0	$1
Ambulatory Visits To:		
Primary Care Physician (PCP)	$0	$1
Specialist	$0	$1
Sub-Specialist	$0	$1
Other Services		
High-tech laboratories	$0	.50¢
Clinical Laboratories	$0	.50¢
X-Rays	$0	.50¢
Special Diagnostic Tests	$0	$1
Therapy – Physical	$0	$1
Therapy – Occupational	$0	$1
Dental		
Preventative & Restorative	$0	$1
Pharmacy		
Generic	$0	.50¢
Brand	$0	.50¢

Co-payments do not apply to any service provided to MiSalud managed care plan enrollees by a provider in the Preferred Provider Network. The Preferred Provider Network is a subset of providers within the General Network, which provides services to enrollees free of cost-sharing or a requirement for referrals to obtain services. There is no Preferred Provider Network available for Dental or pharmacy services so everyone is subject to copays for these services as stated in the table above. The enrollee is not required to use the Preferred Provider Network. If the enrollee chooses to access services from a provider in the General Network, but not the Preferred Provider Network, the co-payments listed above apply.

Co-payments do not apply to the following population segments and services, as required by and defined in sections 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b). Basis for determining the amounts to be charged is in according to 42 CFR 447.54.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

E. Cumulative maximums on charges

_X_ State policy does not provide for cumulative maximums

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

010	011
0-50%	51-100%

*See attached Income Table (Attachment 4.18-C, Page 2a), which identifies the co-payment charges for the applicable family size and income level.

A. The method used to collect the co-payments charges for medically needy individuals:

_X_. Providers are responsible for collecting the cost sharing charges from individuals.
___ The agency reimburses providers the full Medicaid rate for services and collects the co-payment charges from individuals.

B. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Individuals are identified through the insurance identification cards as explained in D below. Also, if a medically needy individual expresses to the provider his/her inability to pay the established co-payments at the moment of service, such service is not denied.

C. The procedures for implementing and enforcing the exclusions from cost sharing contained in sections 1916(a) and (j) of the Social Security Act, and 42 CFR 447.53(b) are described below:

Enrollees will have co-payment amounts coded in their identification card. Also, information on when co-payments are enforced and how to dispute them are included in the member handbook given to them when they subscribe to their insurance company.

A statement will be included in both the member handbook and the provider manual that an Indian, as defined in 42 CFR 447.50, who is either currently receiving services,or has ever received an item or service furnished by an Indian Health Service (IHS) or an I/T/U (Indian tribe, Tribal Organization, or Urban Indian Organization), or through a contract health services referral in any State, is exempt from all cost sharing.

Providers will use the identification card to identify those clients who should pay co-payment. Excluded population are identified in the system and coded accordingly. This information is sent to the insurance companies for identification and card production.

All contracted entities are instructed to program their claims adjudication systems to validate cost sharing. This includes verification that cost sharing amounts collected are appropriate to the population group of the beneficiary and that cost sharing is not applied in the cases of excluded services.

All contracted entities must informed their contracted providers about cost sharing rules and the excluded service and amounts; and the prohibition of service denial if client is unable to meet the cost sharing amount. The following methods will be used by contracted entities:

1. Providers manual and information bulletins, which are distributed to all providers
2. Provider newsletters
3. Other provider forums as available.

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All contracted entities will provide orientation to beneficiaries as to their obligations and rights with regard to cost sharing, using the following methods:

1. Enrollment orientation
2. Beneficiary Manuel
3. Other Beneficiary forums as available

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

Members in Family Group	Income Limit for Medicaid	Puerto Rico Poverty Level 0-50% (Coverage Code 010)	Puerto Rico Poverty Level 51-100% (Coverage Code 011)
		Copayments $0	Copayments $0.50 – $3.00
1	$400.00	0-$200	$201-$400
2	$495.00	0-$248	$249-$495
3	$590.00	0-$295	$296-$590
4	$685.00	0-$343	$344-$685
5	$780.00	0-$390	$391-$780
6	$875.00	0-$438	$439-$875
7	$970.00	0-$485	$486-$970
8	$1,065.00	0-$533	$534-$1,065
9	$1,160.00	0-$580	$581-$1,160
10	$1,255.00	0-$628	$629-$1,255
11	$1,350.00	0-$675	$676-$1,350
12	$1,445.00	0-$723	$724-$1,445
13	$1,540.00	0-$770	$771-$1,540
14	$1,635.00	0-$818	$819-$1,635
15	$1,730.00	0-$865	$866-$1,730

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

D. Cumulative maximums on charges

_X_ State policy does not provide for cumulative maximums