DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Jacob K. Javits Federal Building 26 Federal Plaza Room 37-100 New York, New York 10278-0063



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PAM NIVEL CENTRAL

September 6, 2012

Walter R. Dobek-Barreiro, Acting Executive Director Puerto Rico Medicaid Program Puerto Rico Department of Health P.O. Box 70184 San Juan, Puerto Rico 00935-8184

Dear Mr. Dobek-Barreiro:

We have completed our review of Puerto Rico State Plan Amendment submittal 12-002, "Requirements for Third Parties Liability to provide coverage, eligibility and claims data to the Medicaid Program" (Supplement to Attachment 4.22) and find it acceptable for incorporation into Puerto Rico's Medicaid Plan, effective April 1, 2012). Enclosed please find copies of State Plan Amendment 12-002 and Form CMS-179.

Please note that as discussed, we have replaced the original pages submitted with the pages submitted to our office via e-mail on July 24, 2012.

If you have any questions or wish to discuss this further, please contact Patricia Ryan of my staff at 212-616-2436.

Sineerely,

Michael Melendez

Associate Regional Administrator

Division of Medicaid and Children's Health

Enclosures

	1. TRANSMITTAL NUMBER	2	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 2 - 0 0		Puerto Rico
STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFECTIVE DATE April 1, 2012		
5. TYPE OF PLAN MATERIAL (Check One)		K-	7
	CONSIDERED AS NEW PLAN		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	IENDMENT (Separate transmittal for	each am	endment)
6. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(25)(I)	7. FEDERAL BUDGET IMPACT a. FFY 2011 b. FFY 2012		0
8.PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT	9.PAGE NUMBER OF THE SUPER		PLAN SECTION
Supplement to Attachment 4.23 EE REMARKS BELOW	OR ATTACHMENT (If Applicable		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10.SUBJECT OF AMENDMENT Requirements for Third Parties Liability to provide coverage,	eligibility, and claims data to the Med	licaid Pr	ogram.
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12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	[10 mg 1]	marine al.
Maddelle	PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184		
13.TYPE NAME			
Walter R. Dobek-Barreiro 14,TITLE			
ACTING EXECUTIVE DIRECTOR	Press, Jak Service Zer		44-4-7
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17. DATE RECEIVED		0 6	2012
	O – ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICE	PAT	SAGONAL CONTRACTOR CONTRACTOR
19. EFECTIVE DATE OF APPROVED MATERIAL April 1, 2012	Tal forder	SK,	
21, TYPED NAME Michael Melendez	21. TITUE Associate Reg Division of Medicaio		
23, REMARKS ** By means of this SPA, Puerto Rico has used the comply with the requirements of Section 6035 of the Section 1902(a)(25) of the Social Security Act enhadron third party resources that are legally responsible.	e Deficit Reduction Act. This ncing States' ability to identi	s provi. fy and	sion amended to obtain payment
FORM CMS-179 (07/92) Instru	ictions on Back		g as " " was

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SUPPLEMENT TO ATTACHMENT 4.22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(A)(25)(I) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(I) of the Social Security Act.

TN# _12-	12-002	Effective Date:	APR 0 1 2012
		Approval Date:	SEP 0 6 2012