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State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) # **24-0013**

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



November 27, 2024

Dinorah Collazo
Medicaid Director
Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 24-0013

Dear Medicaid Director Collazo:

The Centers for Medicare & Medicaid Services (CMS) reviewed Puerto Rico's State Plan Amendment (SPA) 24-0013, received in CMS OneMac on September 26, 2024. This SPA proposes an update on the general limitations, lab, and family planning services.

Based on the information provided and consistent with regulation at 42 CFR 440, we are pleased to inform you that SPA 24-0013 is approved with an effective date of July 1, 2024. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the revised signed CMS-179 form and the pages approved for incorporation into Puerto Rico's state plan. If you have any questions regarding this amendment, please contact Ivelisse Salce at 212-616-2411 or via email at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Roxanna K. Rosario Serrano, Puerto Rico Department of Health
Nicole McKnight, Medicaid & CHIP Operations Group, CMS
Ricardo Holligan, Financial Management Group, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>3</u>	2. STATE Puerto Rico
	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 EFFECTIVE DATE July 1, 2024	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO CONSIDERED AS NEW PLAN AMENDMENT

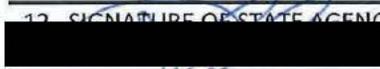
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 440	7. FEDERAL BUDGET IMPACT a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Description for Attachment 3.1-A, p. 1-4, 6 Description for Attachment 3.1-B, p. 1-4, 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Description for Attachment 3.1-A, p. 1-4, 6 Description for Attachment 3.1-B, p. 1-4, 6

Clarifications and updates to general limitations, lab, and family planning services.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Designated to the State Medicaid Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
13. TYPE NAME Dinorah Collazo Ortiz	
14. TITLE Executive Medicaid Director	
15. DATE SUBMITTED 9/26/2024	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>09/26/2024</u>	18. DATE APPROVED <u>11/25/2024</u>
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/2024</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

General Limitations and Exclusions

The following General Limitations and Exclusions apply to all services not just inpatient or outpatient services:

- a. Services covered by any other insurer or party, including the Automobile Accident Compensation Fund (ACAA) and Workers' Compensation, that has the primary responsibility (other party liability).
- b. Services and/or materials provided solely for the convenience or comfort of the beneficiary or their family/caregivers when it is not medically necessary.
- c. Hospitalization solely for services that can be rendered in an ambulatory setting.
- d. Admission of patients to hospitals for diagnostic purposes only.
- e. Services rendered by close family members of the beneficiary (parents, offspring, siblings, grandparents, grandchildren, or spouses).
- f. Cosmetic or experimental surgery and treatment, solely to correct defects in the physical appearance, excluding also hospitalization, medical surgical services and complications associated with this procedure, regardless of other medical justification, except as required by any federal or Puerto Rico law or regulation. Breast reconstruction after a mastectomy and surgical procedures that are determined to be medically necessary to treat morbid obesity shall not be regarded as cosmetic procedures.
- g. Services, diagnostics tests and/or treatments ordered and/or provided by naturopaths, naturists; and iridologists, as well as sports medicine, musical therapy, acupuncture, and natural medicine.
- h. Ambulatory setting use of fetal monitor except in high-risk pregnancies as deemed medically necessary with prior authorization.
- i. Abortion services for medically necessary abortions only when the pregnancy was the result of rape or incest, or the pregnant person suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the person in danger of death unless an abortion is performed.
- j. Services for epidural anesthesia (except for Caesarean sections)

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 14-008

Approval Date: 11/25/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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- k. Services that are not reasonable nor required according to the accepted standards of medical practice or services provided in excess of those normally required for the prevention, diagnosis, and treatment of a disease, injury or dysfunction of the organic system or pregnancy.
- l. Custodial, rest or convalescence services, in cases where the acute medical condition requiring inpatient care is under control or in irreversible terminal cases except when provided as part of a hospice benefit.
- m. Expenses incurred in payments made by beneficiaries to participating providers that according to the terms of the program the beneficiary was not supposed to pay.
- n. Services ordered and/or rendered by non-participating providers, except in cases of emergencies/immediate need or previously authorized by the MCO.
- o. Services received outside of the territorial limits of the Commonwealth of Puerto Rico, except for emergency or prior authorized services received in the United States.
- p. Expenses incurred for the treatment of conditions, resulting from procedures or benefits not covered under this Program. Maintenance prescriptions and required laboratories for the continuity of a stable health condition, as well as any emergencies that could result after the referred procedures, are covered.
- q. Procedures with the purpose of changing the sex of the beneficiary.

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 03-001A

Approval Date: 11/25/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

VACATED

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 03-001A

Approval Date: 11/25/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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VACATED

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 20-0001

Approval Date: **11/25/2024**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

3. Other laboratory and X-ray services.

Lab tests and X-rays are covered, but certain special procedures and tests are provided subject to benefits included under the plan's special coverage and medical necessity criteria. Lab tests performed outside of Puerto Rico require prior authorization. A physician or other licensed practitioner must recommend lab and x-ray services within the scope of his or her practice under Puerto Rico law. One sonogram per trimester is covered without prior authorization; additional sonograms may be covered with prior authorization. No 3D or 4D sonograms are covered.

4.c. Family Planning Services: The coverage benefits of the Puerto Rico Medicaid and CHIP Programs provide the following Family Planning Services: (i) education and counseling, (ii) pregnancy testing, (iii) infertility assessment, (iv) sterilization services in accordance with 42 CFR 441.200 subpart F, (v) laboratory services, (vi) FDA (Food and Drug Administration) approved contraceptive medication in accordance with Attachment 3.1-A, item 12 prescription drugs, and (vii) cost and insertion/removal of non-oral products, such as long acting reversible contraceptives (LARC).

Tuboplasties, vasovasectomies, and any other procedures or services to return the ability to procreate are excluded.

5.a. Physician services in the patient's home are provided based on medical necessity.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
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Description of Limitations and Exclusions

General Limitations and exclusions related to services for medically needy beneficiaries are the same as those related to services for categorically needy beneficiaries.

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 14-008

Approval Date: 11/25/2024

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VACATED

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 14-008

Approval Date: 11/25/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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VACATED

Transmittal No.: 24-0013

Effective Date: July 1, 2024

Supersedes TN No.: 03-001-A

Approval Date: 11/25/2024

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

3. Other laboratory and X-ray services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.

4.c. Family Planning Services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries

5.a. Physician services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.