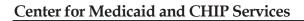
Table of Contents

State/Territory Name: PUERTO RICO

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages





Disabled and Elderly Health Programs Group

July 21, 2020

Luz E. Cruz Romero Medicaid Director Puerto Rico Medicaid Program Puerto Rico Department of Health P.O. Box 70184 San Juan, PR 00936-8184

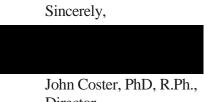
Dear Ms. Romero:

The CMS Division of Pharmacy team has reviewed Puerto Rico's State Plan Amendment (SPA) 20-0008 received in the CMS Division of Program Operations on June 29, 2020. This SPA proposes to allow Puerto Rico to cover MAVYRET, a Hepatitis C drug, through their fee-for-service (FFS) program with the following reimbursement rates:

Independent Pharmacies	AWP -17.50%	\$2.50 dispensing fee
Hospital and CDT Pharmacies	AWP -17.50%	\$2.50 dispensing fee
National Chain Pharmacies	AWP -18%	\$1.75 dispensing fee

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0008 is approved with an effective date of June 1, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Puerto Rico's state plan will be forwarded by the CMS Division of Program Operations.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or <u>charlotte.amponsah@cms.hhs.gov</u>.



John Coster, PhD, R.Ph., Director Division of Pharmacy

cc: James G. Scott, Division Director, CMS Division of Program Operations Ivelisse Salce, CMS Division of Program Operations - East Branch

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193
CENTERS FOR MEDICARE & MEDICARD SERVICES		i
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER	2. STATE
STATE PLAN MATERIAL	PR-20-0008	Puerto Rico
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)	3. PROGRAM IDENTIFICATION:	
	Title XIX of the Social Security Act	(Medicaid)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFECTIVE DATE	
Centers for Medicare & Medicaid Services (CMS)	June 1, 2020	
Department of Health and Human Services (HHS)		
5. TYPE OF PLAN MATERIAL (Check One)		
	ONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AN		ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Section 1905 (a) of the Social Security Act	a. FFY 2020 (3 quarters)	\$ 12,540,945
42 CFR Part 440	b. FFY <u>2021</u>	\$ 25,721,979
	See Actuarial Certification for SPA	PR-20-0001.
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSED	DED PLAN SECTION OR
ATTACHMENT	ATTACHMENT (If Applicable)	
Attachment 4.19-B, page 1a	Attachment 4.19-B, page 1a	
10. SUBJECT OF AMENDMENT		
Hepatitis C Covered Drug: Reimbursement	to the Pharmacy Providers	
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS S	SPECIFIED
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	L	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
	LUZ E. CRUZ-ROMERO	
13. TYPE NAME/)	EXECUTIVE DIRECTOR	
Luz E. Cruz-Romero	PUERTO RICO MEDICAID PROGR	
14. TITLE	PUERTO RICO DEPARTMENT OF	HEALTH
EXECUTIVE DIRECTOR	PO BOX 70184	
15. DATE SUBMITTED	SAN JUAN PR 00936-8184	
June 29, 2020		
FOR REGION	AL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED	
June 29, 2020	July 21, 2020	
PLAN APPROVED	O – ONE COPY ATTACHED	
19. EFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATUR REGIONAL OFFIC	
h		gitally signed by James G. Scott -S
June 1, 2020		ate: 2020.07.27 12:37:06 -05'00'
21. TYPED NAME	22. TITLE	
James G. Scott	Director, Division of Program O	perations
23. REMARKS		
FORM CMS-179 (07/92)	Instructions on Back	-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: <u>PUERTO RICO</u>

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICES

5. Dental Services:

Limited to services provided in public facilities, including contract facilities. Reimbursement as part of an all-inclusive out-patient hospital or clinic rates.

6. Prescribed Drugs and Medical and Supplies: Reimbursement on the basis of an all-inclusive out-patient hospital or clinic rates.

Hepatitis C Covered Drug:

The reimbursement to the pharmacy providers is based on Average Wholesale Price (AWP) – Discount Fee plus dispensing fee.

Drug Name	GPI Name	Average Wholesale Price (AWP) – Discount Fee		
Mavyret	GLECAPREVIR- PIBRENTASVIR TAB 100-40	Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
	MG	17.50%	17.50%	18.00%

Drug Name	GPI Name	Dispensing Fee		
Mavyret	GLECAPREVIR- PIBRENTASVIR TAB 100-40	Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
	MG	\$2.50	\$2.50	\$1.75

7. Clinical Services:

Reasonable cost as specified in Federal Regulation 42 CFR 250.30 (B) (3) (ii). There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.