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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



Center for Medicaid and CHIP Services

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 charlotte.amponsah@cms.hhs.gov.

Sincerely,



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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)		1. TRANSMITTAL NUMBER PR-20-0008	2. STATE Puerto Rico
TO: REGIONAL ADMINISTRATOR Centers for Medicare & Medicaid Services (CMS) Department of Health and Human Services (HHS)		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE June 1, 2020	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1905 (a) of the Social Security Act 42 CFR Part 440		7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> (3 quarters) \$ <u>12,540,945</u> b. FFY <u>2021</u> \$ <u>25,721,979</u> See Actuarial Certification for SPA PR-20-0001.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 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) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO LUZ E. CRUZ-ROMERO EXECUTIVE DIRECTOR PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184	
13. TYPE NAME Luz E. Cruz-Romero			
14. TITLE EXECUTIVE DIRECTOR			
15. DATE SUBMITTED June 29, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED June 29, 2020		18. DATE APPROVED July 21, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2020		20. SIGNATURE REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2020.07.27 12:37:06 -05'00'	
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: PUERTO RICOMETHODS 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 MG	Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
		17.50%	17.50%	18.00%

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

TN No.: PR-20-0008

Approval Date: July 21, 2020Effective Date: June 1, 2020

Supersedes: PR-20-0001