	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 2 - 0 0	2 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	4. PROPOSED EFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	April 1, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One)		
	CONSIDERED AS NEW PLAN	MAMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM		ich amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Section 1902(a)(25)(I)	a. FFY 2011	\$ 0
	b. FFY 2012	\$ 0
8.PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT	9.PAGE NUMBER OF THE SUPERSON OR ATTACHMENT (If Applicable)	EDED PLAN SECTION
Supplement to Attachment 4.23 REMARKS BELOW	ON MINERAL (II Applicable)	
10.SUBJECT OF AMENDMENT Requirements for Third Parties Liability to provide coverage,	eligibility, and claims data to the Medic	caid Program.
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	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
Madalle	PUERTO RICO MEDICAID PROGRAM	
13.TYPE NAME	PUERTO RICO DEPARTMENT OF HEALTH	
Walter R. Dobek-Barreiro	PO BOX 70184	
14.TITLE	SAN JUAN PR 00936-8184	
ACTING EXECUTIVE DIRECTOR		
15. DATE SUBMITTED		
June 25, 2012		
FOR REGION	AL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED SEP	0 6 2012
PLAN APPROVED	ONE COPY ATTACHED	
19. EFECTIVE DATE OF APPROVED MATERIAL April 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL	
21, TYPED NAME Michael Melendez	21. TITUE Associate Regio Division of Medicaid a	nal Administrator nd State Operations
23. REMARKS *By means of this SPA, Puerto Rico has used the		