TRANSMITTAL AND MOTICE OF ADDROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 2 — 0 0 4 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	7.1 1 0010
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2012
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 AM	ENDMENT (Separate transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT
Section 1930 of the Social Security Act	a. FFY 2012 \$ 0
42CFR Part 455 Subpart E	b. FFY 2013 \$ 0
8.PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT	9.PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)
Attachment 4.46 **SEE REMARKS BELOW	New
	IVEW
10 SUBJECT OF AMENDMENT	
Provider Screening and Enrollment	
11 COVEDNOOLS DELINEAR (C)	
11.GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
(NYNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
12, SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO
novacor	PUERTO RICO MEDICAID PROGRAM
13.TYPE NAME WALTER DOBEK	PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184
14.TITLE	SAN JUAN PR 00936-8184
EXECUTIVE DIRECTOR	0.000 d2d i
July 10, 2012	
FOR REGIONAL OFFICE USE ONLY	
	18. DATE APPROVED
	September 25, 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFECTIVE DATE OF APPROVED MATERIAL July 01, 2012	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	21. TITLE Associate Regional Administrator
Michael Melendez	Division of Medicaid and State Operations
23. REMARKS	
Puerto Rico has a one-hundred percent risk-based, managed care system. The MCEs perform credentialing of all the	
providers and the Commonwealth does not subject	
providers enrolled with the MCEs to any additional	
screenings.	
FORM CMS-179 (07/92) Instruct	tions on Back