

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

---

October 5, 2012

Walter R. Dobek-Barriero, Acting Executive Director  
Puerto Rico Medicaid Program  
Office of Economic Assistance to the Medically Indigent  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, Puerto Rico 00936-8184

Dear Mr. Dobek-Barriero:

We have completed our review of the Puerto Rico State Plan Amendment submittal 12-004, "Provider Screening and Enrollment," (inclusive of the cover page citing Puerto Rico's exemption to this requirement) and find it acceptable for incorporation into the Medicaid State Plan with an effective date of July 1, 2012. Enclosed please find copies of the approved pages for State Plan Amendment 12-004 and a signed CMS-179 Form.

If you have any questions please contact Dominique Mathurin of my staff at 212-616-2422.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Melendez". The signature is written in a cursive style with some loops and flourishes. A horizontal line extends from the end of the signature across the page.

Michael Melendez  
Associate Regional Director  
Division of Medicaid and Children's Health

CC: Dominique Mathurin  
Michael Berger  
Ricardo Holligan  
Luz Cruz

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1</u> <u>2</u> <u>0</u> <u>0</u> <u>4</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, 2012	
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		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION <del>Section 1930 of the Social Security Act</del> <b>42 CFR Part 455 Subpart E</b>	7. FEDERAL BUDGET IMPACT a. FFY     2012                                \$ 0 b. FFY     2013                                \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHEMENT  Attachment 4.46 <b>**SEE REMARKS BELOW</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  New	

10 SUBJECT OF AMENDMENT Provider Screening and Enrollment
--

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 PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
13. TYPE NAME WALTER DOBEK	
14. TITLE EXECUTIVE DIRECTOR	
July 10, 2012	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED  September 25, 2012

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 01, 2012</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Michael Melendez</b>	21. TITLE <b>Associate Regional Administrator Division of Medicaid and State Operations</b>
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.	

**OFFICIAL**

NOT APPLICABLE

Attachment 4.46

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Commonwealth of Puerto Rico

**4.46 Provider Screening and Enrollment**

Citation

1902(a)(77)  
1902(a)(39)  
1902(kk);  
P.L. 111-148 and  
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455  
Subpart E

**PROVIDER SCREENING**

\_\_\_\_\_ Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

442 CFR 455.410

**ENROLLMENT AND SCREENING OF PROVIDERS**

\_\_\_\_\_ Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

\_\_\_\_\_ Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

**VERIFICATION OF PROVIDER LICENSES**

\_\_\_\_\_ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

**REVALIDATION OF ENROLLMENT**

\_\_\_\_\_ Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

**TERMINATION OR DENIAL OF ENROLLMENT**

\_\_\_\_\_ Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

**REACTIVATION OF PROVIDER ENROLLMENT**

\_\_\_\_\_ Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

42 CFR 455.422

**APPEAL RIGHTS**

\_\_\_\_\_ Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

TN# 12 -

Effective Date: JUL 0 1 2012

Approval Date: SEP 2 5 2012

**OFFICIAL**

NOT APPLICABLE

Attachment 4.46

- 42 CFR 455.432 SITE VISITS  
\_\_\_\_\_ Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS  
\_\_\_\_\_ Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS  
\_\_\_\_\_ Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER  
\_\_\_\_\_ Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS  
\_\_\_\_\_ Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlines in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.
- 42 CFR 455.460 APPLICATION FEE  
\_\_\_\_\_ Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.
- 42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS  
\_\_\_\_\_ Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries’ access to medical assistance.



July 10, 2012

Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza, Room 37-100  
New York, NY 10278

Dear Ms. Mathurin:

Thank you for your comments on Puerto Rico's provider screening and enrollment state plan amendment (the "SPA") and for the opportunity to provide clarification. Puerto Rico's Medicaid program is a managed care system that is one-hundred percent (100%) risk-based. The managed care entities perform credentialing of all of the providers and, therefore, the Commonwealth does not subject providers enrolled with managed care entities to any additional screenings. Puerto Rico has made note of this on CMS HCFA-179 form in the remarks section.

It is my hope that the clarification provided eliminates any questions or concerns from CMS regarding the SPA. Please do not hesitate to contact me with any other questions or comments.

Sincerely,

Walter R. Dobek-Bareiro  
Acting Director

c: Doretha Howard

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

---

October 5, 2012

Walter R. Dobek-Barriero, Acting Executive Director  
Puerto Rico Medicaid Program  
Office of Economic Assistance to the Medically Indigent  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, Puerto Rico 00936-8184

Dear Mr. Dobek-Barriero:

We have completed our review of the Puerto Rico State Plan Amendment submittal 12-004, "Provider Screening and Enrollment," (inclusive of the cover page citing Puerto Rico's exemption to this requirement) and find it acceptable for incorporation into the Medicaid State Plan with an effective date of July 1, 2012. Enclosed please find copies of the approved pages for State Plan Amendment 12-004 and a signed CMS-179 Form.

If you have any questions please contact Dominique Mathurin of my staff at 212-616-2422.

Sincerely,

Michael Melendez  
Associate Regional Director  
Division of Medicaid and Children's Health

CC: Dominique Mathurin  
Michael Berger  
Ricardo Holligan  
Luz Cruz

Enclosure

*DM 10/5/12*  
*KS 10/5/2012*  
*[Signature] 10/9/12*



Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
26 Federal Plaza Room 3800  
New York, N.Y. 10278



**Memorandum**

To: Dominique Mathurin

From: Maribel Lopez

Date: September 25, 2012

Subject: NY  NJ  PR  VI  SPA # 12-004

Date Received in ROII: July 10, 2012 FAXED  FED EX  OTHER

**Subject of Amendment: Exception from Provider Screening and Enrollment**

The attached State Plan Amendment (SPA) request requires your analysis and recommendation for approval, disapproval, withdrawal or modification. Please route a copy of correspondence to CO/the State to me for Status of Plan updating and filing.

Copy to CO  (YES IF CHECKED only in the case of 4.19A and 4.19D Institutional).

Copy of this form to :  
Branch Chief, Geographic Area  
FILE

**STATE PLAN ANALYSIS**

APPROVED  X   
(Check if yes)

Effective date only if different from date on CMS-179: same 07/01/2012  
Pen and ink change was made to the CMS 179 Section 6.

**PLEASE LIST APPROVED PAGES BELOW AND ATTACH PAGES TO THIS FORM:**

42 CFR part 455 Subpart E

RECOMMENDATION:

APPROVABLE AS SUBMITTED \_\_\_\_\_  
APPROVABLE WITH REVISIONS  X  \_\_\_\_\_  
NOT APPROVABLE \_\_\_\_\_

  
Analyst Signature of Approval

## **OS Notification**

**Title/Plan Number:** Puerto Rico 12-004 - Provider Screening and Enrolment.

**Type of Action:** State Plan Amendment

**Required Date for State Notification:** The 90<sup>th</sup> day will be on October 11, 2012; however, we would like to notify the State as soon as possible.

**Fiscal Impact:** There is no fiscal impact associated with this State Plan Amendment.

**Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment:**  
N/A

**Number of Potential Newly Eligible People:** N/A    **Or    Eligibility Simplification:**  
N/A

**Provider Payment Increase:** N/A

**Delivery System Innovation:** No

**Number of People Losing Medicaid Eligibility:** None

**Reduces Benefits:** No

**Detail:** Section 6401(a) of the Affordable Care Act, as amended by section 10603 of the Affordable Care Act, amends section 1866(j) of the Social Security Act (the Act) adds a new paragraph “(2) Provider Screening.” Section 1866(j)(2)(A) of the Act requires the Secretary, in consultation with the Department of Health and Human Services’ Office of the Inspector General, to establish procedures under which screening is conducted with respect to providers of medical or other items or services and suppliers under Medicare, Medicaid, and CHIP.

CMS implemented these requirements with Federal regulations in 42 CFR Part 455 subpart E that require that all participating providers be screened according to their categorical risk level, upon initial enrollment and upon re-enrollment or revalidation of enrollment. In addition, section 455.410 requires that all ordering and referring physicians or other professionals providing services under the State plan or under a waiver of the Plan be enrolled as participating providers.

The new enrollment requirements for ordering and referring providers do not apply in a risk-based managed care environment, *i.e., if a physician is ordering or referring services for a Medicaid beneficiary in a risk-based managed care plan, the provider enrollment requirements are not applicable to that ordering or referring physician.*



To that end, Puerto Rico (PR) has submitted documentation indicating that their Medicaid program is a managed care system is one hundred percent (100%) risk based. The managed care entities in PR perform credentialing of all providers and the Commonwealth does not subject enrolled providers to any additional screenings. Consequently, the above cited Federal requirements, do not apply to PR.

The submitted documents have been reviewed by the regional office and this Office of Secretary Notification is being submitted with a recommendation for approval.

Other considerations: Tribal consultation not required. This SPA has no Recovery Act implications. This is a routine matter. No call to the governor is recommended.

CMS Contact: CO Analyst: Michael Berger	410-786-4104
RO Analyst: Dominique Mathurin	212-616-2410
ARA: Michael Melendez	212-616-2430

## Mathurin, Dominique (CMS/CMCHO)

---

**From:** Holligan, Ricardo E. (CMS/NC)  
**Sent:** Monday, October 01, 2012 10:55 AM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Subject:** FW: OSNS Approved 09/25

Ricardo Holligan  
Centers for Medicare and Medicaid Services  
New York Division of Medicaid and Children's Health  
26 Federal Plaza, Room 37 100  
New York, NY 10278  
email: ricardo.holligan@cms.hhs.gov  
office: 212-616-2424 BB:917-647-9766 fax:443-380-5122

**From:** CMS OSN  
**Sent:** Wednesday, September 26, 2012 10:12 AM  
**To:** Payne, Candice J. (CMS/CMCS); CMS OSN  
**Cc:** Pratt, Theresa A. (CMS/CMCS); Hentz, Cynthia J. (CMS/CMCS); CMS R5DMCHOP2; Allen, Richard C. (CMS/CMCHO); Bosstick, Suzanne R. (CMS/CMCS); Brown, Carolyn D. (CMS/CMCHO); Couch, Thomas R. (CMS/SC); Crystal, Frances C. (CMS/CMCS); Easley, Marguerite (CMS/CMCHO); Egan, Roseanne (CMS/CMHPO); Fan, Kristin A. (CMS/CMCS); Farrell, Billy B. (CMS/SC); Farris, James R. (CMS/CQISCO); Fico, Joseph A. (CMS/WC); Franklin, Shantell L. (CMS/CMCHO); Freund, Alan F. (CMS/CMCHO); Garner, Angela D. (CMS/CMCS); Garner, Jackie S. (CMS/CMCHO); Hain, Ginni M. (CMS/CMCS); Hatcher, Karen S. (CMS/MC); Hughes, Ruth A. (CMS/CMCHO); John, Abraham (CMS/CMCS); Johnson, Verlon (CMS/OA); Kahn, Mary M. (CMS/OPE); Lee, Hye Sun (CMS/CMCHO); Marks, Marsha L. (CMS/SC); Mccloy, Tamara M. (CMS/CMHPO); McGreal, Richard R. (CMS/NC); Meacham, David L. (CMS/WC); Melendez, Michael (CMS/CMCHO); Mertel, Jan E. (CMS/WC); Meyers, Anna C. (CMS/CMCS); Mirach, Harry A. (CMS/CMCHO); Nagle, Gloria (CMS/CMCHO); Noonan, Darlene F. (CMS/CMCHO); OConnor, Nancy B. (CMS/CMHPO); Poisal, Kathryn J. (CMS/CMCS); Pratt, Theresa A. (CMS/CMCS); Reed, Larry L. (CMS/CMCS); Reed, Maria R. (CMS/CMCS); Scott, James G. (CMS/CMCHO); Smith, Carrie A. (CMS/CMCS); Strauss, Richard (CMS/CMCS); Tarantino, Jan V. (CMS/OCSQ); Tavener, Linda A. (CMS/CMCS); Truman, Joel S. (CMS/CPI); Wilson, Derrick A. (CMS/OC); Holligan, Ricardo E. (CMS/NC); Khan, Farooq A. (CMS/OSORA); Turner, Trudy J. (CMS/WC); Boston, Beverly A. (CMS/CMCS); Nose, Stephen (CMS/WC); Allen, Richard C. (CMS/CMCHO); Holly, Mary V. (CMS/CMCHO); Grano, Nancy E. (CMS/NC); Garner, Angela D. (CMS/CMCS); Keller, Betty S. (CMS/CMCS); Hoang, Dzung A. (CMS/CMCHO); Holmes, William J. (CMS/WC); Corrdry, Mary C. (CMS/CMCS); Riddle, Cynthia A. (CMS/CMCHO); Peverly, Carol J. (CMS/CMCHO); McCarthy, Daniel P. (CMS/CMCS); Marchioni, Mary A. (CMS/WC); Gerhardt, Christine R. (CMS/CMCS); Heffron, Dianne E. (CMS/CMCS); Klimon, Nancy L. (CMS/CMCS); Gerrits, Diane T. (CMS/CCIIO); Randle, Ronetta D. (CMS/CMCS); Boben, Paul J. (CMS/CMCS); Harris, Melissa L. (CMS/CMCS); Chen, Jenny C. (CMS/CMCHO); Jones, Mary B. (CMS/WC); Hicks, Daphne D. (CMS/CMCS); Taube, Angela B. (CMS/CMCS); Mills, Stephen C. (CMS/CMCHO); Williamson, Barbara (CMS/CMCHO); Weidler, Timothy A. (CMS/MC); Hughes, Ruth A. (CMS/CMCHO); Watchorn, Marge L. (CMS/CMCS); Dobson, Camille (CMS/CMCS); Holt, Kathryn (CMS/CMCHO); McCarthy, Julie (CMS/CMCHO); Gilbert, Rosario G. (CMS/SC); Moore, Tonya A. (CMS/CMCS); Corbin, Angela T. (CMS/CMCS); CMS SPA\_Waivers\_Seattle\_R10; Gillette, Nicole (CMS/CMCS); Anthony, Jodie M. (CMS/CMCS); Proper, Cindy M. (CMS/CMCS); Taube, Angela B. (CMS/CMCS); Tankersley, Michael (CMS/CMCS); Ker, Kara (CMS/CMCS); Mikow, Asher S. (CMS/CMCS); McCarthy, Robert D. (CMS/CMCHO); Feild, Rosemary A. (CMS/NC); Fine, Joseph L. (CMS/CMCS); Chickering, Maria (CMS/CDMCHO); Kaufman, Nicole L. (CMS/CMCS); Straley, Kyle (CMS/CMCHO); Garza, Maria I. (CMS/WC); Joyce, Tannisse L. (CMS/MC); McGreal, Richard R. (CMS/NC); Glaze, Jackie L. (CMS/CMCHO); Johnson, Verlon (CMS/OA); Brooks, Bill D. (CMS/CMCHO); Scott, James G. (CMS/CMCHO); Allen, Richard C. (CMS/CMCHO); Nagle, Gloria (CMS/CMCHO); Jensen, Richard (CMS/CMMI); Nablo, Linda (CMS/CMCS); Lillie-Blanton, Marsha D. (CMS/CMCS); Hain, Ginni M. (CMS/CMCS); Lollar, Ralph F. (CMS/CMCS); Reed, Larry L. (CMS/CMCS); Pratt, Theresa A. (CMS/CMCS); Olin, Elaine M. (CMS/CMCS); Freeze, Janet G. (CMS/CMCS); Heffron, Dianne E. (CMS/CMCS); Wachino, Victoria A. (CMS/CMCS); Reed, Maria R. (CMS/CMCS); Ryan, Jennifer (CMS/CMCS); Jensen, Richard (CMS/CMMI); Lillie-Blanton,

Marsha D. (CMS/CMCS); Edwards, Barbara C. (CMS/CMCS); Burnett, Jennifer (CMS/CMCS); Williams, John H. (CMS/CMCS); Gorman, James L. (CMS/CMCS); Hulbert, Melissa S. (CMS/CMCS); Perkins, Ronald W. (CMS/CMCS); DaSilva, Gilson F. (CMS/CMCHO); Novo, Don (CMS/CMCHO); Guhl, John R. (CMS/CMCHO); Mccullough, Francis T. (CMS/CMCHO); Cooley, Mark S. (CMS/CMCS); Siler-Price, Mara (CMS/CMCHO); Schmidt, Donna W. (CMS/OIS); Strom, Mandy L. (CMS/MC); Ambrosini, Ellen M. (CMS/CMCS); Sciulli, Margherita R. (CMS/CMCS); Kirchner, Nancy (CMS/CMCS); Wolfsfeld, Lynn (CMS/CMCHO); Washington, Deborah A. (CMS/CMCHO); Cunningham, Andrea (CMS/CMCHO); Smith, Falecia M.(CMS/CMCS); Kosherzenko, Margaret H. (CMS/CMCHO); Clark, Lawrence M. (CMS/CMCS); Dillon, Kristin L. (CMS/CMCHO); Friedrich, Charles A. (CMS/MC); Brown-Palsgrove, Heather (CMS/CMCHO); Rania, Shelley M. (CMS/CMCHO); Savage, Courtenay (CMS/CMCHO); Campbell, Leslie N. (CMS/CMCHO); Song, Catherine (CMS/CMCHO); Beasley, Michelle (CMS/CMCHO); Brown, Twana F. (CMS/CMCHO); Ford, Eowyn (CMS/OA); Porter, Sandra (CMS/CMCHO); Taylor, Michelle (CMS/CMCHO); Toback, Keri (CMS/CMCHO); Roberts, Shantrina D. (CMS/CMCHO); Ashkeboussi, Leila (CMS/OSORA); Mannix, Norma J. (CMS/CMCS); Irving, Darlene (CMS/CMCHO)

**Subject:** OSNS Approved 09/25

CMCS OCD approves the following OSNs.

MD 0265.R04.01  
MO SPA 12-02  
TX SPA 12-05  
MO SPA 12-14  
PR SPA 12-004  
VA SPA 11-16  
WY SPA 12-003  
SC SPA 12-015  
NV SPA 11-018

## **Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Berger, Michael L. (CMS/CMCS)  
**Sent:** Friday, August 17, 2012 5:12 PM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Subject:** RE: PR 12-004

Dominique,

The OSN is okay with me.

Michael Berger  
410-786-4104  
Centers for Medicare and Medicaid Services  
Center for Medicaid and CHIP Services  
Data and Systems Group  
Division of State Systems

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Wednesday, August 15, 2012 5:14 PM  
**To:** Berger, Michael L. (CMS/CMCS)  
**Cc:** Holligan, Ricardo E. (CMS/NC); Melendez, Michael (CMS/CMCHO)  
**Subject:** PR 12-004

Good afternoon all,

I am sending the draft OSN for the PR SPA for your review and comments while I wait for them to get back to me on the 179 issue.

Please let me know if this acceptable .

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

## **Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Luz E. Cruz <lecruz@salud.gov.pr>  
**Sent:** Thursday, August 16, 2012 9:48 AM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek; Berger, Michael L. (CMS/CMCS)  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good morning:

Please, do the correction as you suggest.

Thank you,

*Luz E. (Nildy) Cruz Romero, MBA*

Directora de Operaciones / Normas y Procedimientos  
Programa Medicaid - Departamento de Salud  
(787) 765-4154 - (787) 765-4061 Directos  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.**  
*Eugenio María de Hostos*



**Por favor, considere el ambiente antes de imprimir este mensaje.**

**NOTA DE CONFIDENCIALIDAD:** Este correo electrónico y sus anejos pueden contener información privilegiada y confidencial para uso del(os) recipiente(s) intencionado(s). Si usted no es el recipiente intencionado de este mensaje, esta debidamente notificado de que ha recibido por error esta comunicación y que toda revisión, retransmisión, divulgación, diseminación, distribución o reproducción, sea oral u a través de cualquier otro medio, de ella o su contenido esta prohibido. Si usted ha recibido esta comunicación por error, favor de notificar al Programa Medicaid inmediatamente vía telefónica at (787) 765-1230 ext. 6032 y destruya todas las copias de esta comunicación y cualesquiera documentación anejada.

**From:** Mathurin, Dominique (CMS/CMCHO) [mailto: Dominique.Mathurin@cms.hhs.gov]  
**Sent:** Wednesday, August 15, 2012 5:09 PM  
**To:** Luz E. Cruz  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek; Berger, Michael L. (CMS/CMCS)  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good afternoon Luz,

I have reviewed and am ready to recommend the SPA cited above for approval. However, one minor detail needs to be corrected. Section 6 of the 179 form has the wrong citation. It currently says section 1930 of the Social Security Act. I should say 42CFR Part 455 Subpart E.

I am suggesting a pen and ink change to the form by our office to reflect the correct citation.

Please advise if you concur with this at your earliest convenience so that I can move forward with processing the SPA.

## **Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Thursday, August 16, 2012 3:10 PM  
**To:** Berger, Michael L. (CMS/CMCS)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER SCREENING AND ENROLLMENT 12-004

Good afternoon,

Luz has agreed to a pen and ink change to the 179 and we are ready to move forward with the OSN.

Let me know if you would like any corrections to the draft I sent yesterday so that I can finalize it.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Luz E. Cruz [leacruz@salud.gov.pr]  
**Sent:** Thursday, August 16, 2012 9:47 AM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek; Berger, Michael L. (CMS/CMCS)  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good morning:

Please, do the correction as you suggest.

Thank you,

*Luz E. (Nildy) Cruz Romero, MBA*  
Directora de Operaciones / Normas y Procedimientos  
Programa Medicaid - Departamento de Salud  
(787) 765-4154 - (787) 765-4061 Directos  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[leacruz@salud.gov.pr](mailto:leacruz@salud.gov.pr)

El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.  
*Eugenio María de Hostos*

**Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Wednesday, July 11, 2012 2:07 PM  
**To:** Luz E. Cruz; Walter Dobek  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

Good afternoon Luz,

We cannot enter the SPA in our system until we receive the new CMS-179 form.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Hentz, Cynthia J. (CMS/CMCS)  
**Sent:** Wednesday, July 11, 2012 9:08 AM  
**To:** Holligan, Ricardo E. (CMS/NC); CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Agreed. Thanks, Cin

**From:** Holligan, Ricardo E. (CMS/NC)  
**Sent:** Wednesday, July 11, 2012 9:07 AM  
**To:** CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Hentz, Cynthia J. (CMS/CMCS)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Let wait until they submit a correct 179.

Ricardo Holligan  
Centers for Medicare and Medicaid Services  
New York Division of Medicaid and Children's Health  
26 Federal Plaza, Room 37-100  
New York, NY 10278

**From:** CMS SPA  
**Sent:** Wednesday, July 11, 2012 7:36 AM

**To:** CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Hentz, Cynthia J. (CMS/CMCS)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Please advise if you still want this assigned in CO I'm inclined to wait for Puerto Rico to respond with a new 179. Please advise. Thanks, Cin

**From:** CMS SPA\_Waivers\_NewYork\_R02  
**Sent:** Tuesday, July 10, 2012 4:16 PM  
**To:** CMS SPA; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Tuesday, July 10, 2012 4:15:28 PM  
**To:** Luz E. Cruz; CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek; Howard, Doretha (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001  
**Auto forwarded by a Rule**

Good afternoon Luz,

Thank you for your submission. Upon initial review, the Provider Screening and Enrollment SPA has been submitted as instructed in the e-mail dated June 21, 2012. However, section 1 of the CMS-179 form contains the SPA number assigned to the Hospital Acquired Preventable Conditions SPA and the submitted document is incorrectly named.

Consequently, a new CMS-179 form will have to be submitted with the corrected SPA number.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Luz E. Cruz [<mailto:lecruz@salud.gov.pr>]  
**Sent:** Tuesday, July 10, 2012 3:40 PM  
**To:** CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek  
**Subject:** PROVIDER PREVENTABLE CONDITIONS 12-001



*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures

Medicaid Program - PR Department of Health

(787) 765-4154 - (787) 765-4061 Direct

(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax

[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**The educated citizen for life is one that can better serve their fellowmen.**

*Eugenio Maria de Hostos*



**Please, consider the environment before printing this message.**

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.

**Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Tuesday, July 10, 2012 4:15 PM  
**To:** Luz E. Cruz; CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek; Howard, Doretha (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Good afternoon Luz.

Thank you for your submission. Upon initial review, the Provider Screening and Enrollment SPA has been submitted as instructed in the e-mail dated June 21, 2012. However, section 1 of the CMS-179 form contains the SPA number assigned to the Hospital Acquired Preventable Conditions SPA and the submitted document is incorrectly named.

Consequently, a new CMS-179 form will have to be submitted with the corrected SPA number.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Luz E. Cruz [<mailto:lecruz@salud.gov.pr>]  
**Sent:** Tuesday, July 10, 2012 3:40 PM  
**To:** CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek  
**Subject:** PROVIDER PREVENTABLE CONDITIONS 12-001

*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures  
Medicaid Program - PR Department of Health  
(787) 765-4154 - (787) 765-4061 Direct  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

The educated citizen for life is one that can better serve their fellowmen.  
*Eugenio Maria de Hostos*



Please, consider the environment before printing this message.

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.

**Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Tuesday, July 10, 2012 5:29 PM  
**To:** Luz E. Cruz  
**Cc:** Walter Dobek  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Hi Luz,

You can send it to me for now.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel. 212-616-2422*

**From:** Luz E. Cruz [<mailto:lecruz@salud.gov.pr>]  
**Sent:** Tuesday, July 10, 2012 4:30 PM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Walter Dobek  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Hi Dominique:

What you mean is we already sent a SPA with the same transmittal number?

If that is, the correction needs to be send through the SPA Mailbox? or can we send it to you directly?

*Luz*

**From:** Mathurin, Dominique (CMS/CMCHO) [<mailto:Dominique.Mathurin@cms.hhs.gov>]  
**Sent:** Tuesday, July 10, 2012 4:15 PM  
**To:** Luz E. Cruz; CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek; Howard, Doretha (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Good afternoon Luz,

Thank you for your submission. Upon initial review, the Provider Screening and Enrollment SPA has been submitted as instructed in the e-mail dated June 21, 2012. However, section 1 of the CMS-179 form contains the SPA number assigned to the Hospital Acquired Preventable Conditions SPA and the submitted document is incorrectly named.

Consequently, a new CMS-179 form will have to be submitted with the corrected SPA number.

Thank You

*Dominique Mathurin*  
*Centers for Medicare & Medicaid Services*  
*Division of Medicaid and Children's Health Operations*  
*26 Federal Plaza Room 37-100*  
*New York, New York 10278*  
*Tel. 212-616-2422*

**From:** Luz E. Cruz [<mailto:lecruz@salud.gov.pr>]

**Sent:** Tuesday, July 10, 2012 3:40 PM

**To:** CMS SPA\_Waivers\_NewYork\_R02

**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek

**Subject:** PROVIDER PREVENTABLE CONDITIONS 12-001

*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures

Medicaid Program - PR Department of Health

(787) 765-4154 - (787) 765-4061 Direct

(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax

[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**The educated citizen for life is one that can better serve their fellowmen.**

*Eugenio Maria de Hostos*



**Please, consider the environment before printing this message.**

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.

**Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Thursday, July 12, 2012 1:16 PM  
**To:** Luz E. Cruz  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Hi Luz,

What is the proposed effective date for this SPA?

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

**From:** Luz E. Cruz [mailto:[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)]  
**Sent:** Wednesday, July 11, 2012 2:31 PM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** PROVIDER SCREENING AND ENROLLMENT 12-004

Hi Dominique:

Attached you will find the Provider Screening and Enrollment SPA, with the correction.

*Luz E. (Nildy) Cruz Romero, MBA*

Directora Interina de Operaciones / Normas y Procedimientos  
Programa Medicaid - Departamento de Salud  
(787) 765-4154 - (787) 765-4061 Directos  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.**  
*Eugenio María de Hostos*



**Por favor, considere el ambiente antes de imprimir este mensaje.**

**NOTA DE CONFIDENCIALIDAD:** Este correo electrónico y sus anejos pueden contener información privilegiada y confidencial para uso del(os) recipiente(s) intencionado(s). Si usted no es el recipiente intencionado de este mensaje, esta debidamente notificado de que ha recibido por error esta comunicación y que toda revisión, retransmisión, divulgación, diseminación, distribución o reproducción, sea oral u a través de cualquier otro medio, de ella o su contenido esta prohibido. Si usted ha recibido esta comunicación por error, favor de notificar al Programa Medicaid inmediatamente vía telefónica at (787) 765-1230 ext. 6032 y destruya todas las copias de esta comunicación y cualesquiera documentación anejada.

**From:** Mathurin, Dominique (CMS/CMCHO) [mailto: Dominique.Mathurin@cms.hhs.gov]  
**Sent:** Wednesday, July 11, 2012 2:07 PM  
**To:** Luz E. Cruz; Walter Dobek  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

Good afternoon Luz,

We cannot enter the SPA in our system until we receive the new CMS-179 form.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Hentz, Cynthia J. (CMS/CMCS)  
**Sent:** Wednesday, July 11, 2012 9:08 AM  
**To:** Holligan, Ricardo E. (CMS/NC); CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Agreed. Thanks, Cin

---

**From:** Holligan, Ricardo E. (CMS/NC)  
**Sent:** Wednesday, July 11, 2012 9:07 AM  
**To:** CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Hentz, Cynthia J. (CMS/CMCS)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Let wait until they submit a correct 179.

Ricardo Holligan  
Centers for Medicare and Medicaid Services  
New York Division of Medicaid and Children's Health  
26 Federal Plaza, Room 37-100  
New York, NY 10278

**From:** CMS SPA  
**Sent:** Wednesday, July 11, 2012 7:36 AM  
**To:** CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Hentz, Cynthia J. (CMS/CMCS)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Please advise if you still want this assigned in CO. I'm inclined to wait for Puerto Rico to respond with a new 179. Please advise. Thanks, Cin

**From:** CMS SPA\_Waivers\_NewYork\_R02  
**Sent:** Tuesday, July 10, 2012 4:16 PM  
**To:** CMS SPA; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

-----  
**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Tuesday, July 10, 2012 4:15:28 PM  
**To:** Luz E. Cruz; CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek; Howard, Doretha (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001  
**Auto forwarded by a Rule**

Good afternoon Luz,

Thank you for your submission. Upon initial review, the Provider Screening and Enrollment SPA has been submitted as instructed in the e-mail dated June 21, 2012. However, section 1 of the CMS-179 form contains the SPA number assigned to the Hospital Acquired Preventable Conditions SPA and the submitted document is incorrectly named

Consequently, a new CMS-179 form will have to be submitted with the corrected SPA number.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

**From:** Luz E. Cruz [mailto:leacruz@salud.gov.pr]  
**Sent:** Tuesday, July 10, 2012 3:40 PM  
**To:** CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek  
**Subject:** PROVIDER PREVENTABLE CONDITIONS 12-001



*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures

Medicaid Program - PR Department of Health

(787) 765-4154 - (787) 765-4061 Direct

(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax

[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

The educated citizen for life is one that can better serve their fellowmen.

*Eugenio Maria de Hostos*



Please, consider the environment before printing this message.

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.

**Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Friday, July 13, 2012 10:58 AM  
**To:** Luz E. Cruz  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good morning Luz,

Thank you for your submission. There is one more thing: Can you please put not applicable at the top of each page of the pre-print?

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

**From:** Luz E. Cruz [mailto:[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)]  
**Sent:** Friday, July 13, 2012 8:02 AM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

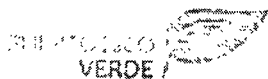
Good morning:

It will be July 1, 2012.

*Luz E. (Nildy) Cruz Romero, MBA*

Directora Interina de Operaciones / Normas y Procedimientos  
Programa Medicaid - Departamento de Salud  
(787) 765-4154 - (787) 765-4061 Directos  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.**  
*Eugenio María de Hostos*



Por favor, considere el ambiente antes de imprimir este mensaje.

**NOTA DE CONFIDENCIALIDAD:** Este correo electrónico y sus anejos pueden contener información privilegiada y confidencial para uso del(os) recipiente(s) intencionado(s). Si usted no es el recipiente intencionado de este mensaje, esta debidamente notificado de que ha recibido por error esta comunicación y que toda revisión, retransmisión, divulgación, diseminación, distribución o reproducción, sea oral u a través de cualquier otro medio, de ella o su contenido esta prohibido. Si usted ha recibido esta

comunicación por error, favor de notificar al Programa Medicaid inmediatamente vía telefónica at (787) 765-1230 ext. 6032 y destruya todas las copias de esta comunicación y cualesquiera documentación anejada.

**From:** Mathurin, Dominique (CMS/CMCHO) [mailto: Dominique.Mathurin@cms.hhs.gov]  
**Sent:** Thursday, July 12, 2012 1:16 PM  
**To:** Luz E. Cruz  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Hi Luz,

What is the proposed effective date for this SPA?

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

**From:** Luz E. Cruz [mailto: leacruz@salud.gov.pr]  
**Sent:** Wednesday, July 11, 2012 2:31 PM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** PROVIDER SCREENING AND ENROLLMENT 12-004

Hi Dominique:

Attached you will find the Provider Screening and Enrollment SPA, with the correction.

*Luz E. (Nildy) Cruz Romero, MBA*

Directora Interina de Operaciones / Normas y Procedimientos  
Programa Medicaid - Departamento de Salud  
(787) 765-4154 - (787) 765-4061 Directos  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[leacruz@salud.gov.pr](mailto:leacruz@salud.gov.pr)

**El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.**

*Eugenio María de Hostos*



**Por favor, considere el ambiente antes de imprimir este mensaje.**

**NOTA DE CONFIDENCIALIDAD:** Este correo electrónico y sus anejos pueden contener información privilegiada y confidencial para uso del(os) recipiente(s) intencionado(s). Si usted no es el recipiente intencionado de este mensaje, esta debidamente notificado de

que ha recibido por error esta comunicación y que toda revisión, retransmisión, divulgación, diseminación, distribución o reproducción, sea oral u a través de cualquier otro medio, de ella o su contenido esta prohibido. Si usted ha recibido esta comunicación por error, favor de notificar al Programa Medicaid inmediatamente vía telefónica at (787) 765-1230 ext. 6032 y destruya todas las copias de esta comunicación y cualesquiera documentación anejada.

---

**From:** Mathurin, Dominique (CMS/CMCHO) [mailto: Dominique.Mathurin@cms.hhs.gov]  
**Sent:** Wednesday, July 11, 2012 2:07 PM  
**To:** Luz E. Cruz; Walter Dobek  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

Good afternoon Luz,

We cannot enter the SPA in our system until we receive the new CMS-179 form.

Thank You.

*Dominique Mathurin*  
*Centers for Medicare & Medicaid Services*  
*Division of Medicaid and Children's Health Operations*  
*26 Federal Plaza Room 37-100*  
*New York New York 10278*  
*Tel 212-616-2422*

---

**From:** Hentz, Cynthia J. (CMS/CMCS)  
**Sent:** Wednesday, July 11, 2012 9:08 AM  
**To:** Holligan, Ricardo E. (CMS/NC); CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Agreed. Thanks, Cin

---

**From:** Holligan, Ricardo E. (CMS/NC)  
**Sent:** Wednesday, July 11, 2012 9:07 AM  
**To:** CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Hentz, Cynthia J. (CMS/CMCS)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Let wait until they submit a correct 179.

Ricardo Holligan  
Centers for Medicare and Medicaid Services  
New York Division of Medicaid and Children's Health  
26 Federal Plaza, Room 37-100  
New York, NY 10278

**From:** CMS SPA

**Sent:** Wednesday, July 11, 2012 7:36 AM

**To:** CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Mathurin, Dominique (CMS/CMCHO)

**Cc:** Hentz, Cynthia J. (CMS/CMCS)

**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Please advise if you still want this assigned in CO. I'm inclined to wait for Puerto Rico to respond with a new 179. Please advise. Thanks, Cin

**From:** CMS SPA\_Waivers\_NewYork\_R02

**Sent:** Tuesday, July 10, 2012 4:16 PM

**To:** CMS SPA; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)

**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

-----  
**From:** Mathurin, Dominique (CMS/CMCHO)

**Sent:** Tuesday, July 10, 2012 4:15:28 PM

**To:** Luz E. Cruz; CMS SPA\_Waivers\_NewYork\_R02

**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO);

Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek;

Howard, Doretha (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)

**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

**Auto forwarded by a Rule**

Good afternoon Luz,

Thank you for your submission. Upon initial review, the Provider Screening and Enrollment SPA has been submitted as instructed in the e-mail dated June 21, 2012. However, section 1 of the CMS-179 form contains the SPA number assigned to the Hospital Acquired Preventable Conditions SPA and the submitted document is incorrectly named.

Consequently, a new CMS-179 form will have to be submitted with the corrected SPA number.

Thank You

*Dominique Mathurin*

*Centers for Medicare & Medicaid Services*

*Division of Medicaid and Children's Health Operations*

*26 Federal Plaza Room 37-100*

*New York, New York 10278*

*Tel 212-616-2422*

-----  
**From:** Luz E. Cruz [mailto:leacruz@salud.gov.pr]

**Sent:** Tuesday, July 10, 2012 3:40 PM

**To:** CMS SPA\_Waivers\_NewYork\_R02

**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek

**Subject:** PROVIDER PREVENTABLE CONDITIONS 12-001

*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures

Medicaid Program - PR Department of Health

(787) 765-4154 - (787) 765-4061 Direct

(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax

[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**The educated citizen for life is one that can better serve their fellowmen.**

*Eugenio Maria de Hostos*



**Please, consider the environment before printing this message.**

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.

## **Mathurin, Dominique (CMS/CMCHO)**

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Wednesday, August 15, 2012 5:09 PM  
**To:** Luz E. Cruz  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek; Berger, Michael L. (CMS/CMCS)  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good afternoon Luz,

I have reviewed and am ready to recommend the SPA cited above for approval. However, one minor detail needs to be corrected. Section 6 of the 179 form has the wrong citation. It currently says section 1930 of the Social Security Act. I should say 42CFR Part 455 Subpart E.

I am suggesting a pen and ink change to the form by our office to reflect the correct citation.

Please advise if you concur with this at your earliest convenience so that I can move forward with processing the SPA.

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Luz E. Cruz [mailto:[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)]  
**Sent:** Friday, July 13, 2012 2:50 PM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Hi:

I put the "Not Applicable" .

Please, let me know if you need any other information from us.

Have a nice weekend,

*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures  
Medicaid Program - PR Department of Health

(787) 765-4154 - (787) 765-4061 Direct  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

The educated citizen for life is one that can better serve their fellowmen.  
*Eugenio Maria de Hostos*



Please, consider the environment before printing this message.

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.

**From:** Mathurin, Dominique (CMS/CMCHO) [<mailto:Dominique.Mathurin@cms.hhs.gov>]  
**Sent:** Friday, July 13, 2012 10:58 AM  
**To:** Luz E. Cruz  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good morning Luz,

Thank you for your submission. There is one more thing: Can you please put not applicable at the top of each page of the pre-print?

Thank You.

*Dominique Mathurin*  
*Centers for Medicare & Medicaid Services*  
*Division of Medicaid and Children's Health Operations*  
*26 Federal Plaza Room 37-100*  
*New York, New York 10278*  
*Tel 212-616-2422*

**From:** Luz E. Cruz [<mailto:lecruz@salud.gov.pr>]  
**Sent:** Friday, July 13, 2012 8:02 AM  
**To:** Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek  
**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Good morning:

It will be July 1, 2012.

*Luz E. (Nildy) Cruz Romero, MBA*

Directora Interina de Operaciones / Normas y Procedimientos  
Programa Medicaid - Departamento de Salud  
(787) 765-4154 - (787) 765-4061 Directos  
(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax  
[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)



El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.

*Eugenio María de Hostos*



Por favor, considere el ambiente antes de imprimir este mensaje.

**NOTA DE CONFIDENCIALIDAD:** Este correo electrónico y sus anejos pueden contener información privilegiada y confidencial para uso del(os) recipiente(s) intencionado(s). Si usted no es el recipiente intencionado de este mensaje, esta debidamente notificado de que ha recibido por error esta comunicación y que toda revisión, retransmisión, divulgación, disseminación, distribución o reproducción, sea oral u a través de cualquier otro medio, de ella o su contenido esta prohibido. Si usted ha recibido esta comunicación por error, favor de notificar al Programa Medicaid inmediatamente vía telefónica at (787) 765-1230 ext. 6032 y destruya todas las copias de esta comunicación y cualesquiera documentación anejada.

---

**From:** Mathurin, Dominique (CMS/CMCHO) [mailto: Dominique.Mathurin@cms.hhs.gov]

**Sent:** Thursday, July 12, 2012 1:16 PM

**To:** Luz E. Cruz

**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek

**Subject:** RE: PROVIDER SCREENING AND ENROLLMENT 12-004

Hi Luz.

What is the proposed effective date for this SPA?

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

---

**From:** Luz E. Cruz [mailto: leacruz@salud.gov.pr]

**Sent:** Wednesday, July 11, 2012 2:31 PM

**To:** Mathurin, Dominique (CMS/CMCHO)

**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Walter Dobek

**Subject:** PROVIDER SCREENING AND ENROLLMENT 12-004

Hi Dominique:

Attached you will find the Provider Screening and Enrollment SPA, with the correction.

*Luz E. (Nildy) Cruz Romero, MBA*

Directora Interina de Operaciones / Normas y Procedimientos

Programa Medicaid - Departamento de Salud

(787) 765-4154 - (787) 765-4061 Directos

(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax

[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

El ciudadano más educado para la vida es el que puede servir mejor a sus semejantes.

*Eugenio María de Hostos*



Por favor, considere el ambiente antes de imprimir este mensaje.

**NOTA DE CONFIDENCIALIDAD:** Este correo electrónico y sus anejos pueden contener información privilegiada y confidencial para uso del(os) recipiente(s) intencionado(s). Si usted no es el recipiente intencionado de este mensaje, esta debidamente notificado de que ha recibido por error esta comunicación y que toda revisión, retransmisión, divulgación, diseminación, distribución o reproducción, sea oral u a través de cualquier otro medio, de ella o su contenido esta prohibido. Si usted ha recibido esta comunicación por error, favor de notificar al Programa Medicaid inmediatamente vía telefónica at (787) 765-1230 ext. 6032 y destruya todas las copias de esta comunicación y cualesquiera documentación anejada.

**From:** Mathurin, Dominique (CMS/CMCHO) [mailto: Dominique.Mathurin@cms.hhs.gov]

**Sent:** Wednesday, July 11, 2012 2:07 PM

**To:** Luz E. Cruz; Walter Dobek

**Cc:** Melendez, Michael (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)

**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

Good afternoon Luz,

We cannot enter the SPA in our system until we receive the new CMS-179 form.

Thank You.

*Dominique Mathurin*

*Centers for Medicare & Medicaid Services*

*Division of Medicaid and Children's Health Operations*

*26 Federal Plaza Room 37-100*

*New York, New York 10278*

*Tel. 212-616-2422*

---

**From:** Hentz, Cynthia J. (CMS/CMCS)

**Sent:** Wednesday, July 11, 2012 9:08 AM

**To:** Holligan, Ricardo E. (CMS/NC); CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)

**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Agreed. Thanks, Cin

**From:** Holligan, Ricardo E. (CMS/NC)

**Sent:** Wednesday, July 11, 2012 9:07 AM

**To:** CMS SPA; CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Mathurin, Dominique (CMS/CMCHO)

**Cc:** Hentz, Cynthia J. (CMS/CMCS)

**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Let wait until they submit a correct 179.

Ricardo Holligan  
Centers for Medicare and Medicaid Services  
New York Division of Medicaid and Children's Health  
26 Federal Plaza, Room 37-100  
New York, NY 10278

---

**From:** CMS SPA  
**Sent:** Wednesday, July 11, 2012 7:36 AM  
**To:** CMS SPA\_Waivers\_NewYork\_R02; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC); Mathurin, Dominique (CMS/CMCHO)  
**Cc:** Hentz, Cynthia J. (CMS/CMCS)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001

Please advise if you still want this assigned in CO. I'm inclined to wait for Puerto Rico to respond with a new 179. Please advise. Thanks, Cin

---

**From:** CMS SPA\_Waivers\_NewYork\_R02  
**Sent:** Tuesday, July 10, 2012 4:16 PM  
**To:** CMS SPA; Guhl, John R. (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** FW: PROVIDER PREVENTABLE CONDITIONS 12-001

---

**From:** Mathurin, Dominique (CMS/CMCHO)  
**Sent:** Tuesday, July 10, 2012 4:15:28 PM  
**To:** Luz E. Cruz; CMS SPA\_Waivers\_NewYork\_R02  
**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie, Osborne, Jessica M; Walter Dobek; Howard, Doretha (CMS/CMCHO); Holligan, Ricardo E. (CMS/NC)  
**Subject:** RE: PROVIDER PREVENTABLE CONDITIONS 12-001  
**Auto forwarded by a Rule**

Good afternoon Luz,

Thank you for your submission. Upon initial review, the Provider Screening and Enrollment SPA has been submitted as instructed in the e-mail dated June 21, 2012. However, section 1 of the CMS-179 form contains the SPA number assigned to the Hospital Acquired Preventable Conditions SPA and the submitted document is incorrectly named

Consequently, a new CMS-179 form will have to be submitted with the corrected SPA number

Thank You.

*Dominique Mathurin  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza Room 37-100  
New York, New York 10278  
Tel 212-616-2422*

**From:** Luz E. Cruz [mailto:lecruz@salud.gov.pr]

**Sent:** Tuesday, July 10, 2012 3:40 PM

**To:** CMS SPA\_Waivers\_NewYork\_R02

**Cc:** Melendez, Michael (CMS/CMCHO); Peralta, Rosa Esther (CMS/CMCHO); Lasowski, Bill; Kurlanzik, Stefanie; Osborne, Jessica M; Walter Dobek

**Subject:** PROVIDER PREVENTABLE CONDITIONS 12-001

*Luz E. Cruz-Romero, MBA*

Acting Director of Operations / Standards and Procedures

Medicaid Program - PR Department of Health

(787) 765-4154 - (787) 765-4061 Direct

(787) 765-1230 Ext. 6024 / (787) 250-0990 Fax

[lecruz@salud.gov.pr](mailto:lecruz@salud.gov.pr)

**The educated citizen for life is one that can better serve their fellowmen.**

*Eugenio Maria de Hostos*



**Please, consider the environment before printing this message**

**CONFIDENTIALITY NOTICE:** This e-mail communication and any attachments may contain confidential and privileged information for the use of the intended recipient(s). If you are not the intended recipient of this message, you are hereby notified that you have received this communication in error and that any review, retransmission, disclosure, dissemination, distribution or reproduction, whether orally or through any other media, of it or its contents is prohibited. If you have received this communication in error, please notify Medicaid Program immediately by telephone at (787) 765-1230 ext. 6032 and destroy all copies of this communication and any associated attachments.