November 16, 2017

CIRCULAR LETTER NO.: CC-2017-1918-D

TO ALL HEALTH INSURANCE ORGANIZATIONS OR INSURERS THAT ARE AUTHORIZED TO WRITE HEALTH INSURANCE IN PUERTO RICO, PHARMACY BENEFITS ADMINISTRATORS, REVIEW ORGANIZATIONS, THIRD-PARTY ADMINISTRATORS, AND HEALTH SERVICES PROVIDERS

NOTE TO CLARIFY PROVISIONS OF RULING LETTER NUMBER CN-2017-221-D

Dear Sirs and Madams:

On September 28, 2017, the Office of the Commissioner of Insurance (hereinafter, "OCI") issued Ruling Letter Number CN-2017-221-D, to ensure that persons covered or insured under private health insurance have access to health care services for as long as the emergency period caused by the impact of Hurricane María in Puerto Rico persists. Recently we have received concerns and questions from some sectors of the health insurance industry and different sectors of health care service providers regarding the scope of the provisions of that Ruling Letter, which we find necessary to clarify in this circular letter.

It must be clarified that nothing provided in Ruling Letter CN-2017-221-D may be interpreted in any sense or manner to require an insurer or health insurance organization to provide coverage for prescription medication, treatment or health services that the health insurance of the covered or insured person categorically does not cover. The suspension of the pre-authorization, referral, service utilization review for dispensing medication, and medical services or treatment processes established in Ruling Letter CN-2017-221-D, only includes prescribed medications (excluding controlled medications), services and/or medical treatment contained in pharmacy coverage or health services benefits that the covered or insured person is entitled to under the person's health insurance coverage.

Pursuant to Ruling Letter CN-2017-221-D, it should be clarified that claims will be processed for payment when they are for services rendered by a provider, "whether or not it is a participating provider" of the insurer or health insurance organization, for health care services (including physical and mental conditions), whether or not in emergency services[1], provided they are covered by the health insurance of the covered or insured person, and the provider after rendering the service submits the information required by the insurer or health insurance organization for processing the payment of the claim. The review to determine whether or not the information in the clinical record of the provider that has filed the claim pertains to the health

[1] See second paragraph of Ruling Letter CN-2017-221-D.

care services set forth in the claim shall be retrospective, that is to say, after the health care service was provided.

Finally, it should be noted that the guidelines established in Ruling Letter Number CN-2017-221-D will continue to be in effect until the OCI notifies the date of expiration. You are advised that failure to comply with the guidelines established in Ruling Letter Number CN-2017-221-D will entail the imposition of administrative sanctions.

Very truly yours,

Javier Rivera-Ríos, LUTCF
Commissioner of Insurance