



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

December 21, 2007

CIRCULAR LETTER NO.: 2007-1787-PP

TO ALL HEALTH SERVICES ORGANIZATIONS AND ALL DISABILITY INSURERS
UNDERWRITING HEALTH INSURANCE IN PUERTO RICO

**DEADLINE FOR FILING ANNUAL REPORTS ON COMPLAINTS REGARDING TIMELY
PAYMENT**

Dear Sirs and Madams:

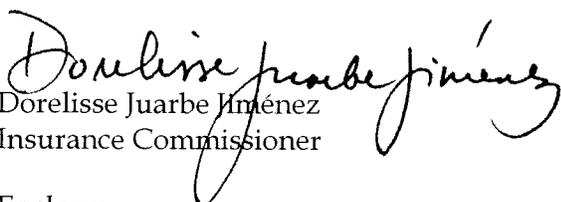
Pursuant to Article 11 of Rule 73 of the Puerto Rico Insurance Code, all insurers authorized to offer health care plans in Puerto Rico and all health services organizations are required to establish an internal administrative procedure to resolve complaints that includes the appointment of a Complaint Committee.

Therefore, all insurers authorized to offer health care plans in Puerto Rico and all health services organizations shall file annually a report with the Insurance Commissioner showing the data gathered regarding the complaint system on timely payment of claims for health services provided by Participating Providers.

We hereby order all disability insurers (that underwrite health care plans in Puerto Rico) and all health services organizations to file said report with this Office no later than the **30th of March of each year**. You are advised that even disability insurers and health services organizations that do not receive any complaints regarding timely payment of claims during the year shall file a Negative Report to said effect

The forms for filing said report, which for March 30, 2008, shall show complaint activity for calendar years 2006 and 2007, will be available on the OIC Web page at www.ocs.gobierno.pr. Further to this Circular Letter, the report must be filed on March 30 of each year.

Cordially yours,


Dorelisse Juarbe Jiménez
Insurance Commissioner

Enclosure

Commonwealth of Puerto Rico
OFFICE OF THE INSURANCE COMMISSIONER
Guaynabo, Puerto Rico

TIMELY PAYMENT UNIT
COMPLAINT REPORT FOR _____ (Year)

Pursuant to Article 11 of Rule 73 of the Puerto Rico Insurance Code, all insurers authorized to offer health care plans in Puerto Rico or health care organizations are required to provide an internal administrative complaint resolution procedure that includes the appointment of a Complaints Committee. An annual report showing complaint activity during the previous year is required,

(If the space provided is insufficient for any information item in this report, please use the back of each of these page and identify appropriately the question to which the answer refers.)

Name of the Insurer or
Health Services
Organization :

Address :

Telephone number :

Date of authorization :

1. Describe the complaint procedure used by the Insurer or Organization.

2. With regard to the complaints received during the year covered in this report state the:

- a) Number of complaints received _____
- b) Number of complaints processed _____
- c) Number of complaints denied _____

3. State the number de complaints received during the year and the time taken to resolve each complaint, to be counted from the date on which each complaint was filed. In addition, attach to this Report a duly identified list of the Providers that filed a complaint, showing the name, address and telephone number of the complainants.

Type of Provider	Time				
	0-30	30-60	60-90	90-120	120 or more
Physicians					
Specialists					
Sub-specialists					
Dentists					
Laboratories					
Hospitals					
Pharmacies					

4. State the basic reasons for the complaints and frequency (number) of each reason.

Reasons	Frequency				
	0-30	30-60	60-90	90-120	120 or more
Failure to pay claim					
Payment after fifty (50) days					
Adjustments and lack of payment of claim					
Erroneous denial					
Lack of payment after denial					
Failure to pay interest					
Late payment of interest					
Others					

5. With regard to the members of the Complaints Committee state:

Complaints Committee Member:

- a) Name : _____
- b) Address : _____

- c) Telephone number : _____
- d) Place of employment : _____
- e) Social Security Number : _____
- f) Time in the position

Complaints Committee Member:

- a) Name : _____
- b) Address : _____

- c) Telephone number : _____
- d) Place of employment : _____
- e) Social Security Number : _____
- f) Time in the position

Complaints Committee Member:

- a) Name : _____
- b) Address : _____

- c) Telephone number : _____
- d) Place of employment : _____
- e) Social Security Number : _____
- f) Time in the position

Complaints Committee Member:

- a) Name : _____
- b) Address : _____
- c) Telephone number : _____
- d) Social Security Number : _____
- e) Time in the position

6. Describe the procedure used to select Complaints Committee members and define the term established for the appointment.

7. Indicate the number of times the Committee met for the year covered by this report:
_____.

We certify that the above information is correct and describes faithfully all complaint activity of the Insurer or Organization during the year covered by this report.

Name of the Chairman of the Complaints Committee

Signature

Date

Name of the President of the Insurer or Organization

Signature

Date

Name of the Secretary of the Insurer or Organization

Signature

Date