



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

July 10, 2013

CIRCULAR LETTER NO.: CC-2013-1832-D

TO ALL HEALTH INSURANCE ORGANIZATIONS, LIMITED HEALTH SERVICES ORGANIZATIONS OR INSURERS THAT WRITE MEDICAL INSURANCE IN PUERTO RICO OTHER THAN MEDICARE ADVANTAGE OR MEDICARE SUPPLEMENTARY PLANS

ADOPTION OF THE NEW PUERTO RICO HEALTH INSURANCE CODE, FILING REQUIREMENTS, AND STANDARD FORMS

A new Puerto Rico Health Insurance Code (CSSPR) has been enacted through the approval of Public Law No. 194 on August 29, 2011 (hereinafter, "Public Law 194"), as amended. The CSSPR vests the Commissioner of Insurance with the power to issue ruling and circular letters for the purpose of clarifying standards and ensuring an orderly implementation of the provisions of the Law. Under this authority, we are issuing this circular letter to notify the forms and applications to be used by our licensees to comply with the new filing requirements and applications set forth in this Code.

I. Management of Prescription Drugs - Chapter 4

Chapter 4 on the management of prescription drugs sets forth the standards for developing, maintaining, and managing the prescription drug formularies and other procedures established by health insurance organizations and insurers.

In particular, Section 4.050 provides that all health insurance organizations or insurers that provide prescription drugs benefits and manage those benefits by using a formulary or any other procedure will establish one or more pharmacy and therapeutics committees, as may be deemed appropriate, to develop, maintain, and manage those formularies and related procedures. For the purpose of verifying compliance with this Section, as of March 31 of each year all health insurance organizations and insurers shall complete and have available for examination and inspection by the Commissioner a

Compliance Certification from the Pharmacy and Therapeutics Committee, Form CSS-AS-04-001 enclosed as Appendix A of this letter.

Furthermore, Section 4.070 requires all health insurance organizations and insurers that provide prescription drugs benefits using a formulary or mechanisms to limit dosage or management procedures, including step therapy, shall establish and maintain a procedure for requesting medical exceptions in writing, when the person who issues the prescription has determined that the prescribed drug is necessary for the treatment of the patient's condition. As part of this procedure, the health insurance organization or insurer may require the patient, or the patient's personal representative, to provide a written request from the person that issues the prescription. The request form that health insurance organizations or insurers will use for this purpose is Form CSS-AS-04-002, enclosed as Appendix B.

Finally, Section 4.080(B) requires all health insurance organizations and insurers to maintain records of all requests for medical exceptions received during the previous calendar year. For the purpose of verifying compliance with this section, all health insurance organizations and insurers as of March 31, 2013, shall have completed the form titled Report on Requests for Medical Exceptions, Form CSS-AS-04-003, provided as Appendix C of this letter, and have it available for examination and inspection when requested by the Commissioner. In the case of requests for medical exceptions that are denied, the reasons for the denial shall be specified in a separate document as well as the provisions of the contract on which the denial was based.

II. Availability of Medical Insurance for Small and Medium Businesses

According to Section 8.030 of the Health Insurance Code, all small and medium business (SMB) employers will be evaluated annually for the purpose of determining continued eligibility. In view of the above, and for the purpose of strictly complying with the definition of SMB, all health insurance organizations or insurers are required to complete the form titled Certification on Eligibility of SMB Plans, Form CSS-AS-08-001, included as Appendix D of this letter, and keep the form available for examination and inspection by the Commissioner.

Likewise, Section 8.050(E)(1) requires all health insurance organizations to submit an actuarial certification showing compliance with the provisions of Chapter 8 of the Health Insurance Code, certifying that the rating methods are actuarially reasonable, and that the rates are developed according to actuarial standards and principles and the laws of Puerto Rico. This certification shall set forth, among other things, that the rates were developed according to Actuarial Standards of Practice (ASOPs); that the rates for identical groups only vary according to the plan design and do not reflect differences due to the nature of the groups that are to select health plans; that they are adequate for financing the benefits and associated administrative expenses; they are not excessive

and are reasonable with regard to the benefits; that the rates were developed based on an adjusted community rating; and the adjusted community rating may only vary by geographical area, family composition, age, and tobacco use. The certification shall be signed by a qualified actuary and be filed with the Office of the Commissioner of Insurance (“OCI”) on or before September 1, 2013 and thereafter on March 31 of each year. Please send the certification by regular mail to the Actuarial Analysis Division.

Furthermore, as set forth in Section 8.080, health insurance organizations and insurers that offer coverage to SMB employers will provide a certification of creditable coverage from the time when the person ceases to be covered by other health insurance or has coverage under a continuation provision according to COBRA and if the covered person under a continuation provision of COBRA, when the person ceases to be covered by that provision. To ensure the uniformity of the certification of creditable coverage, all health insurance organizations are required to use Form CSS-AS-08-002, enclosed as Appendix E of this letter.

As a transition measure, Sections 8.100(A)(1) and (2) require that all health insurance organizations and insurers that wish to continue offering medical insurance to SMB employers file with the Commissioner a notice including the information specified in those sections of the law. This information shall be filed on or before September 1, 2013, using forms CSS-AS-08-003 and CSS-AS-08-003 (2), enclosed as Appendix F(1) and F(2) of this communication. The requested information shall be filed on a CD using Excel software, with no protection of any kind that would prevent the OCI from using the CD. Please send the requested information by regular mail to the Actuarial Analysis Division.

III. Protection of the Health Information

Under Section 14.060 of the Health Insurance Code, all health insurance organizations and insurers will have written policies, standards, and procedures for the management of the Health Information. Therefore, you are advised that such written documents shall be available at the principal place of business of the Health Insurance organization, for examination and inspection by the Commissioner upon request.

IV. Limited Health Services Organizations

Under Section 16.060 of the Puerto Rico Health Insurance Code, limited health services organizations operating in Puerto Rico without a certificate of authority, shall file an Application for Authorization within ninety (90) days of the effective date of this chapter as provided in Section 16.040 of the Code.

In view of the fact that ninety (90) days have elapsed since the effective date of this chapter, a term of sixty (60) days from the date of this Ruling Letter is being granted so

that all limited health services organizations that operate in Puerto Rico may file an Application for Authorization with this Office. The Application for Authorization for Limited Health Services Organizations should be used for this purpose, as well as the list of documents that should be included with the application, Forms CSS-AF-16-001 and CSS-AF-16-001(2). See Appendix G.

V. Evaluation and Improvement of Quality of the Health Insurance Organizations or Insurers

Section 20.050 of the Health Insurance Code requires establishing a system for evaluating the quality of health care services provided to covered individuals for the kinds of coordinated care plans offered by health insurance organizations and insurers. Therefore, all health insurance organizations and insurers are required to set forth in writing the system designed for this purpose and keep such available for examination and inspection by the Commissioner upon request.

Likewise, Section 20.080 of the Health Insurance Code requires that all health insurance organizations and insurers provide the Commissioner with an annual certification of their quality evaluation and improvement programs, as well as certifying that the materials they furnish for providers and consumers comply with the requirements of Chapter 20 of the Code. Form CSS-AS-20-001, enclosed as Appendix H of this letter, should be used for the certification of compliance with the quality of service requirements. As of March 31 of every year, the certification must be completed and signed by a senior officer of the Health Insurance organization, certifying compliance with Chapter 20 requirements, and the certification must be kept available for examination and inspection by the Commissioner, upon request.

VI. Internal Complaint Procedures of the Health Insurance Organizations or Insurers

Under the provisions of Section 22.060(B) of the Health Insurance Code, and for the purpose of verifying compliance with the provisions of Sections 22.080(A), 22.090(A)(1), and 22.100(A) of the Code, all health insurance organizations that write health insurance in Puerto Rico must establish the following written procedures and keep a copy available for examination and inspection by the Commissioner:

- Procedures for ordinary review of complaints not related to an adverse determination, including all of the forms used to process such complaints.
- Procedures for voluntary reviews, including all of the forms used to process such reviews.
- Procedures for expedited review of urgent care, including the forms to process such reviews.

For the purpose of ensuring compliance with these provisions all health insurance organizations and insurers are required to complete as of March 31 of each year a certification of compliance with review procedures, Form CSS-I-22-001, included as Appendix I of this communication. The certification shall be available for examination and inspection by the Commissioner, upon request.

It should be remembered that any substantial modification of these written procedures should be supported and evidenced as provided in Chapter 22.

VII. Utilization Review and Determination of Benefits

Under Section 24.070 of the Health Insurance Code, all health insurance organizations shall implement in writing a utilization review program, describing all of the utilization review activities and procedures. This document, along with a report summarizing the utilization review program activities shall be available for examination and inspection by the Commissioner. These documents must also comply with the provisions of Chapter 24 of the Insurance Code.

VIII. Sufficiency of Provider Networks for Coordinated Care Plans

Section 26.050 establishes that all health insurance organizations and insurers that offer coordinated care plans shall maintain a network constituted by a sufficient number and variety of providers to guarantee that all of the services will remain accessible to the covered individuals. Therefore, a coordinated care access plan must be filed with the Commissioner for evaluation and approval, in compliance with the requirements set forth in Chapter 26 of the Health Insurance Code for each and every coordinated care plan offered in Puerto Rico. These access plans shall be filed with the OCI on or before September 1, 2013.

Furthermore, Section 26.060 requires that health insurance organizations and insurers establish a mechanism for notifying participating providers of the specific health care services for which they will be responsible, including all limitations or conditions for providing such services. In addition, this Section establishes the standards that are necessary for regulating the creation and maintenance of provider networks and for ensuring that quality health care services are provided adequately and in an accessible manner under the coordinated care plan. Accordingly, all health insurance organizations and insurers that offer coordinated care plans shall keep the provider selection criteria available for examination and inspection by the Commissioner. Health insurance organizations and insurers will be responsible for notifying the participating providers of their responsibilities with regard to the applicable programs and administrative policies.

Likewise, Section 26.080 establishes the necessary standards for regulating compliance of the Health Insurance organizations and insurers with regard to model contracts that they will use with their participating providers and intermediaries.¹ Under the provisions of this Section of the law, all health insurance organizations and insurers that offer coordinated care plans shall keep available the model contract that will be used with their participating providers and intermediaries, for inspection, evaluation, and determination of the Commissioner upon request. Any substantial change in the contract that could affect any of the provisions of Chapter 26 of the Health Insurance Code or any associated Regulation, will also be subject to evaluation and determination by this Office.

IX. Independent External Review

The Puerto Rico Health Insurance Code acknowledges the right of covered individuals to request independent review of any adverse decision made by health insurance organizations and insurers. To this effect, an independent external review mechanism must be established. For the purpose of compliance with the implementation of the independent external review mechanism, the OCI has established the following guidelines:

1. Selection and notification of the external review process by the health insurance organizations or insurers.

Health insurance organizations and insurers have the option to choose one of the following external review processes:

- a. The independent external review process established by the Office of the Commissioner of Insurance;
- b. The independent external review process established by the US Department of Health; or
- c. Contracting private independent review entities.

Under Section 28.050(A)(2), all health insurance organizations and insurers must inform the Commissioner of the independent external review mechanism that has been selected. This determination must be reported to our office on or before September 1, 2013, in a written communication sent by mail to the attention of the Investigations Division.

¹ "Intermediary" means a person who is authorized to negotiate and execute contracts with the health insurance organization, on behalf of individual health care providers or of health care provider networks. Section 26.030(A) of the Puerto Rico Health Insurance Code

In the case of the Health Insurance organizations that have decided to contract private independent review entities, they must also advise the Commissioner of the name and the credentials of the contracted entities.

2. Notification to covered individuals by the health insurance organizations or insurers of the right to request external review.

Section 28.050(A)(1) of the Code requires health insurance organizations and insurers to notify covered individuals who have been affected by an adverse determination, a final adverse determination or a cancellation of coverage of the person's right to request an external review of such determination. Likewise, Section 28.050(A)(2) provides that specific language must be used in the notice. To this effect one of the forms for notifying denial and the disclosure of the independent external review procedure, included as Appendix J of this letter, Form CSS-I-28-001, CSS-I-28-001(2) or CSS-I-28-001(3), must be used, as may be applicable for the external review method selected by the organization or insurer.

3. Documents that health insurance organizations or insurers should provide to covered individuals to initiate external review processes

Under Section 28.050(B)(3), health insurance organizations and insurers shall provide covered individuals that have been affected by an adverse determination, a final adverse determination or the cancellation of coverage, with a copy of the available form for requesting the external review, as well as the documents to authorize the health insurance organization, the insurer and the external review entity to obtain and disclose protected medical information under HIPAA. To comply with all of the requirements provided in the Health Insurance Code on the External Review Process, the following forms must be used:

- a. Request for Independent External Review, Form CSS-I-28-002. (See Appendix K);
- b. Authorization for the Use and Disclosure of Protected Health Information - Health Insurance Organization and Insurer, Form CSS-I-28-003. (See Appendix L); and
- c. Authorization for the Use and Disclosure of Protected Health Information - Independent External Review Entity, Form CSS-I-28-004. (See Appendix M).

Under Section 28.180 it is also required that the policies, certificates, brochures, summary of coverage or any other evidence of coverage, include language on the disclosure of the external review procedure. For this purpose, the following language

should be used as a model when the insurer has decided to use the independent review process through the Office of the Commissioner of Insurance.

DISCLOSURE OF THE EXTERNAL REVIEW PROCEDURES

All policies, certificates, brochures, summary of coverage or any other evidence of coverage shall include in their provisions the following language:

RIGHT TO REQUEST INDEPENDENT EXTERNAL REVIEW

All covered individuals who have received an adverse determination or a final adverse determination, including cases of cancellation of coverage have the right to file a request for external review with the Commissioner of Insurance of Puerto Rico.

The external review may be filed on the form established for this purpose at the Office of the Commissioner of Insurance:

Street Address	Mailing Address
GAM Tower Building	B5 C/Tabonuco Suite 216
Urb. Caparra Industrial Park	PMB 356
2 Tabonuco Street	Guaynabo, PR 00968-3029
Suite 400 (4th) floor	
Guaynabo, PR	

The external review is available when an adverse determination or a final adverse determination is based on health need, appropriateness, the place where the health care service is provided, the level of effectiveness of the service or the cancellation of coverage. Authorization is required from the covered person for the disclosure of the necessary and relevant health information that must be reviewed in order to make a decision about the external review.

The covered person will pay a nominal fee of no more than \$25.00 for each external review requested, and it is further provided that the cost for the same covered person may not exceed \$75.00 per policy year.

For additional information please contact the Office of the Commissioner of Insurance of Puerto Rico

Phone (787) 304-8686
Toll-free 1-888-722-8686

All health insurance organizations or insurers must make the necessary arrangements so that all persons who in any manner intervene in the matters or affairs contained in this circular letter may have knowledge of the guidelines set forth herein.

Strict compliance with the provisions of this Circular Letter is required.

Cordially yours,

SIGNED

Ángela Weyne-Roig
Commissioner of Insurance



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX A

CERTIFICATION OF COMPLIANCE OF THE PHARMACY AND THERAPEUTICS COMMITTEE
(SECTION 4.050)

I, _____ Compliance Officer of _____, health insurance organization or insurer certify the following:

- a) We are a health insurance organization or insurer that provides prescription drugs benefits coverage;
- b) These benefits are managed by using a formulary or other procedure;
- c) We have a Pharmacy and Therapeutics Committee to develop, maintain, and manage the formulary and related procedures as required in Section 4.050(A);
- d) We have not We have retained third parties to perform the functions of the Pharmacy and Therapeutics Committee. We acknowledge and accept our responsibility to the Commissioner for any non-compliance of violations to Chapter 4 of the Puerto Rico Health Insurance Code that the Pharmacy and Therapeutics Committee may incur.
- e) The Pharmacy and Therapeutics Committee does not participate in, nor will it participate in the future, the process of determining benefits that may have been established or may be established in the future by the health insurance organization for prescription drugs;
- f) The Pharmacy and Therapeutics Committee has established or will establish disclosure policies and requirements to identify possible conflicts of interest between the committee members and the developers or manufacturers of prescription drugs;
- g) No member of the Pharmacy and Therapeutics Committee has or may have any relationship or interest, whether financial or of any other kind, with the developers or manufacturers of the prescription drugs;
- h) The Pharmacy and Therapeutics Committee has adopted in writing the procedures for evaluating the safety and efficacy of drugs to be included in the formulary, for drugs for off-label use, and for considering and implementing updates and changes in the formulary or management procedure under Section 4.050.
- i) The Pharmacy and Therapeutics Committee will evaluate new prescription drugs approved by the Food and Drug Administration (FDA) within no more than ninety (90) days, counted from the date of approval notified by the FDA; and
- j) The Pharmacy and Therapeutics Committee will issue a decision as to whether it will include the new prescription drug in the formulary no later than within ninety (90) days from the date on which the prescription drug enters the market.

IN WITNESS WHEREOF: I sign this Certification in _____ Puerto Rico, this ____ day of _____, 20____.

Signature of the Compliance Officer: _____

Phone: _____ Email: _____

Form: CSS-AS-04-001

REQUEST FOR MEDICAL EXCEPTION

Name of the Patient and Personal Representative (if applicable): _____

Contract No. _____ Group No. : _____

Approval is requested for:

- A drug not included in the formulary
- Continued coverage for a drug that will be discontinued from the formulary
- Exception to a drug management procedure (e.g., step therapy)
- Exception to a limited dosage procedure.

Reasons for requesting the medical exception:

- There is no clinically acceptable drug in the formulary to treat the patient's condition.
- The drug that would be used according to step therapy is ineffective for the condition or the patient, it will probably harm the patient or the patient was already at a more advanced level under other medical insurance.
- The available dosage of the drug will probably be ineffective for the condition or the patient.

Brief history of the patient:

Primary diagnosis related to the requested prescription drug (include code and description):

Description of the medical need for the drug for which the exception is being requested:

Name of the Person issuing the Prescription

Provider # (NPI)

Signature

Date



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX C

REPORT ON REQUESTS FOR MEDICAL EXCEPTIONS

Name of the Health Insurance Organization or Insurer: _____

Year: _____

Medical Exceptions	Total Number	Accepted Requests	Denied Requests *	Denied Requests Resulting in Complaints
Requests for Medical Exceptions				
Number of Requests Related to Drug not in the Formulary				
Number of Requests Related to Drug Subject to Step Therapy				
Number of Requests Related to Limitations on Drug Dosage				
Number of Requests Related to Discontinuation of Drug from the Formulary				

*With regard to denials, on a separate sheet list the name of the drug, condition of the covered person, and reason for the denial.

Name

Date

Signature

Email

Position

Telephone

Form: CSS-AS-04-003



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

LOGO AND NAME OF THE
HEALTH INSURANCE ORGANIZATION

Appendix D

CERTIFICATION OF ELIGIBILITY OF SMB - PLANS SECTION 8.030

I, _____ Compliance Officer of _____
_____ certify that all small and medium business (SMB)
employers to which medical insurance has been issued comply with the following:

1. Having employed during at least fifty (50) percent of the business days of the previous calendar year at least two (2), but not more than fifty (50), employees.
2. In determining the number of eligible employees, affiliated companies or that may be eligible to file a combined tax return s in Puerto Rico were considered to be a single employer.
3. After the medical insurance was issued, the size of the group of the small and medium business (SMB) employer is determined annually to establish continuity of eligibility.
4. Any small and medium business (SMB) employer to which medical insurance has been issued pays for part or all of the premiums or the benefits, or reimburses the eligible employee for a part of the premium.

IN WITNESS WHEREOF: I sign this Certificate of Compliance in _____ Puerto Rico, this
____ day of _____, _____

Signature

Telephone Number: _____ Email: _____

Form: CSS-AS-08-001



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

NAME AND LOGO OF THE DE HEALTH
INSURANCE ORGANIZATION OR INSURER

APPENDIX E

CERTIFICATION OF CREDITABLE COVERAGE

Date

We certify that _____, was covered by health care
(Name of the covered person)

Insurance provided by _____, under contract number
(Health Insurance Organization)

_____ for the following

periods of time:_____.

The applicable waiting period, if any, is:

If you need additional information you may contact our Customer Service Center at

_____.

Signature

Name of the Representative (please print)

Position

Form: CSS-AS-08-002



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

REPORT ON HEALTH INSURANCE ISSUED TO SMB EMPLOYER

APPENDIX F(1)

Health Insurance Organization or Insurer _____

Date on which the SMB Employer Health Care Insurance began to be Offered, Marketed or Administered	Name of SMB Employer	Model, Identification Number or Name of the Health Care Insurance	Classification of Health Care Insurance (Mark an X in the applicable space)			Number of Insureds ²	Rate ³	Basis for Determining Rate ⁴	Net Premium ⁵
			General Use	Exclusive	Administration Contract ¹				

¹Indicate whether the health care insurance has any kind of stop loss coverage.

²Include principal insureds or enrollees and dependents for each applicable category, i.e., individual, partner, family, etc.

³Itemize the rates for each applicable category of principal insured or enrollee and dependents for each category, i.e., individual, partner, family, etc.

⁴For example, age, geographical area, credit, claim experience, etc.

⁵The information on net premium shall be based on the last calendar year.

Form: CSS-AS-08-003



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX (F2)

HEALTH INSURANCE ORGANIZATION _____

Name of PYMES Employer	Each Covered Services	Deductible, Copay, and Coinsurance Applicable to Each Covered Service	Limitation, Condition or Exclusion Applicable to Each Covered Service	Additional Limitations, Conditions or Exclusions (If applicable)



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX G

APPLICATION FOR AUTHORIZATION FOR
LIMITED HEALTH SERVICES ORGANIZATIONS

(Date of Filing) _____

Dear Mr./Ms. Commissioner:

Under the provisions of Chapter 16 of the Puerto Rico Health Insurance Code on behalf of the organization described below we are requesting a certificate of authority to operate as a limited health services organization. The documents required in Section 16.030 of the Code, and listed in this application are enclosed herewith.

Name of the entity _____

EIN _____ Telephone Number _____

Address _____

Kind (corporation, mutual, association, partnership, etc.) _____

Date of organization or incorporation _____

Certificate Number (if any) _____

(Signature of the authorized Official or
representative of the organization)

AFFIDAVIT NO. _____

There appeared before me _____, (name, marital
status, profession and capacity of the appearance, and a resident of...)
_____ who I attest to having identified by
_____, who swears to and signs this document. IN
WITNESS WHEREOF, this ___ day of _____, _____, in the city of
_____.

Notary Public

Form: CSS-AF-16-001



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX G

**DOCUMENTS TO BE INCLUDED WITH THE APPLICATION FOR A CERTIFICATE OF
AUTHORITY FOR LIMITED HEALTH SERVICES ORGANIZATIONS**

(NOTE: All documents must be filed in duplicate except that those required in Items 9 and B should be filed in triplicate

- _____ 1. A duly certified copy of the constitutive or organizational document, if any, and their amendments.
- _____ 2. Copy of the corporate by-laws or regulations that govern the internal affairs of the organization.
- _____ 3. Corporate seal and logo to be used in communications.
- _____ 4. List of the names, addresses, official positions, and biographical information of the persons responsible for the internal affairs of the Organization, including the members of the board of directors, board of trustees, executive committee or any governing board or administrative committee, principal officers and all persons or entities who own ten (10) percent or more of the voting stock of the organization or who have the right to acquire such, as well as partners or members of a partnership or association. (Include for each of such persons: resumes, certificate of police record, credit report, compiled financial statement, and certificate of filing of a bankruptcy petition from the U.S. Bankruptcy Court).
- _____ 5. An organizational chart or a statement describing the organization; its facilities, staff, and limited health services that will be offered, showing that they are sufficient to provide the contracted services
- _____ 6. Copy of any contract used or to be used between the organization and the providers for providing limited health services.
- _____ 7. Copy of any contract used or to be used between the organization and the persons named in above paragraph (4).
- _____ 8. Copy of any contract used or to be used between the organization and any person to perform administrative and enrollment functions, investment management, and subcontracting of limited health services provided to covered individuals.

Form: CSS-AF-16-001(2)

- _____9. Copy of any group contract and any kind of evidence of coverage that will be issued to each covered individual.
- _____10. The most recent audited financial statements of the organization, audited by independent CPAs.
- _____11. Copy of the financial plan of the organization, including projections for the next three (3) years, indicating operational capital and other sources of funds, and contingency provisions.
- _____12. Description of the proposed market method.
- _____13. Power of attorney for any organization not domiciled in Puerto Rico, designating the Commissioner and the Commissioner's successors in office as the attorney in fact to receive service of process in any legal action that may arise against the organization in Puerto Rico.
- _____14. Description of the procedure for handling enrollee complaints, in compliance with Section 16.130 and Chapters 22 and 28 of the Puerto Rico Insurance Code.
- _____15. A description of the procedures for quality evaluation for the services and for utilization review, in compliance with Chapters 20 and 24 of the Puerto Rico Insurance Code.
- _____16. A description of the form in which the applicant organization will comply with Section 16.180 of the Puerto Rico Health Insurance Code, with regard to protection against insolvency.
- _____17. Filing fees in the amount of \$300 for the application in a certified check made out to the Secretary of the Treasury.
- _____18. Certified check made out to the Secretary of the Treasury in the amount of \$5,000.00 for certificate of authority fees.
- _____19. A deposit for protection against insolvency, in the amount of \$600,000 in eligible assets, as provided in Section 8.020 of the Puerto Rico Insurance Code.
- _____20. Rates to be used in the limited health services plan including the actuarial study with a certification by a qualified actuary as required in Section 16.100 of the Puerto Rico Health Insurance Code.



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

LOGO OF THE HEALTH INSURANCE ORGANIZATION
OR INSURER

APPENDIX H

**CERTIFICATION OF COMPLIANCE
WITH SERVICE QUALITY REQUIREMENTS**

I, _____ Executive Officer of the health insurance organization or insurer _____ certify that the quality evaluation program for health care services provided to covered individuals for the kinds of coordinated care plans designed and established in our organization, fully comply with the requirements of Chapter 20 of the Puerto Rico Health Insurance Code. I further certify that the material that is furnished to providers and consumers related to this quality evaluation program for services complies with the requirements provided in said chapter.

IN WITNESS WHEREOF: I sign this certification in _____ Puerto Rico, this ____ day of _____ of 2_____.

Signature

Telephone number: _____ Email Address: _____

Form: CSS-AS-20-001



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

LOGO OF THE ENTITY

APPENDIX I

CERTIFICATION OF COMPLIANCE WITH COMPLAINT PROCEDURES

I, _____ Compliance Officer of _____ certify
the following:

1. Written procedures for reviewing complaints have been established and are maintained for each health insurance that we offer.
2. The policies, certificates, offering brochures, summaries of coverage, manuals or any other evidence of coverage, provided to covered individuals, including a description of the complaint procedure as required in Section 22.060.
3. The description of the complaint procedures set forth in the documents mentioned in paragraph 2 advises the covered persons of the right to contact the Office of the Commissioner of Insurance of Puerto Rico or the Office of the Patients' Advocate at any time to obtain assistance, including the telephone number and address of the Commissioner and the Patients' Advocate.

IN WITNESS WHEREOF I sign this Certification this ____ day of _____, ____ in
_____, Puerto Rico.

Signature

Telephone Number: _____ Email: _____

Form:CSS-I-22-001



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX J(1)

**Notification of Denial and Disclosure of the Independent External Review Process through
the Office of the Commissioner of Insurance**

Date _____

Covered person _____

Address _____

Address _____

Number of claim: _____

Number of Contract: _____

Health Service claimed: _____

Reason for denial: _____

Dear _____:

We have denied your request for health care services, course of treatment or payment for such. You have the right to a review of this denial by health professionals who are independent from ___ (insurer) _____, when the determination was based on health need, appropriateness, the place where the health care service is provided or the level of efficacy of the service. To request the review, you must submit a request for independent external review to the Office of the Commissioner of Insurance, within 120 days, to be counted from the date of the notification of this letter. For more information, you may contact the Office of the Commissioner of Insurance at (787) 304-8686 ext. _____.

Very truly yours,

Signature _____

Name _____

Position _____

Form: CSS-I-2-001



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX J(2)

**Notification of Denial and Disclosure of the Independent External Review Process
Conducted by Independent Reviewing Entities**

Date _____

Covered person _____

Address _____

Address _____

Number of claim: _____

Number of Contract: _____

Health Service Claimed: _____

Reason for denial: _____

Dear _____:

We have denied your request for health care services, course of treatment or payment for such. You have the right to a review of this denial by health professionals who are independent from (insurer) , when the determination was based on health need, appropriateness, the place where the health care service is provided or the level of efficacy of the service. To request the review, you must submit a request for independent external review to one of the following independent external entities:

Entity	Street Address	Telephone Number

The request for external review must be submitted within 120 days, to be counted from the date of the notification of this letter. For more information, you should directly contact the entity that you selected from the list.

Very truly yours,

Signature _____

Name _____

Position _____

Form: CSS-I-28-001(2)

**Notification of Denial and Disclosure of the Independent External Review Process
Conducted under the Review System of the US Department of Health**

Date

Covered person

Address

Address

Number of claim: _____

Number of Contract: _____

Health Service Claimed: _____

Reason for Denial: _____

Dear _____:

We have denied your request for health care services, course of treatment or payment for such. You have the right to a review of this denial by health professionals who are independent from (insurer), when the determination was based on health need, appropriateness, the place where the health care service is provided or the level of efficacy of the service. To request the review, you must submit a request for independent external review to (entity responsible for the review process at the US Department of Health), within 120 days, to be counted from the date of the notification of this letter. For more information, you should contact the (entity responsible for the review process at the US Department of Health) at _____ ext. _____.

Very truly yours,



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Date _____

APPENDIX K

REQUEST FOR INDEPENDENT EXTERNAL REVIEW

I. Information of the Applicant:

Name of the Applicant: _____

Mailing Address: _____

Telephone Numbers:

Home: _____ Work: _____

Cell: _____ Email: _____

II. Information on Health Insurance

Health Insurance Organization or Insurer _____

Principal Insured or Enrollee _____

Number of Contract _____ Group: _____

III. Kind of External Review (*please select one*)

- Ordinary External Review
- Expedited External Review
- For Experimental or Investigative Treatment

IV. Type of Determination:

- Adverse
- Final Adverse
- Cancellation of Coverage

V. Subject of the External Review: (*Identify the Insurer or Health Insurance Organization*)

I am requesting review of the decision made on claim no. _____

which was denied for the following reason: _____

VI. Description of the controversy: (*Be concise, limit yourself to the indicated kind of determination*)

VII. Authorization of Contact:

I authorize _____, (personal or family relationship) _____
telephone number _____, to receive information on my request.

I CERTIFY that the information stated above is correct, and that the description of the controversy adequately represents my position on the determination that I am seeking to have reviewed.

Signature of the Applicant

Reminder to Applicant:

As a requirement for initiating the external review that you are requesting, you will need to complete, sign, and submit the enclosed Use and Disclosure Authorizations. Furthermore, you have the right to submit the medical documentation that you may deem necessary for the evaluation of your request. This request, along with the enclosed authorizations must be submitted to (_____), within 120 days, to be counted from the date of the notification of the adverse determination to be reviewed.



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX L

**AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION BY A
HEALTH INSURANCE ORGANIZATION**

Affected person: _____
Principal Insured or Enrollee (if not the affected person): _____
Number of Contract: _____
Number of Claim: _____

I _____, of legal age, and a resident of _____, Puerto Rico, hereby authorize _____ (name of the Health Insurance organization or insurer), to deliver, share and/or disclose medical information that may be held in the files related to the aforementioned claim, which has been denied. (Name of the health insurance organization) may deliver, share and/or disclose a physical or electronic copy of said information, as may be more convenient.

I hereby waive any legal provision that may prohibit or limit the disclosure of information being authorized herein and I also release (name of insurer or health insurance organization) from any liability due to providing the requested information to the corresponding external review entity.

I also accept that the aforementioned information may be provided upon the delivery of a photocopy of this Authorization, and I acknowledge that said copy will be as valid as the original.

IN WITNESS WHEREOF, I sign this authorization in _____, Puerto Rico this ____ day of _____ 20____.

Name (Please print) Signature

If the information requested pertains to another person or a minor, please complete the following section. If you are appearing as a representative of the person whose information is being requested, you must provide documentation that evidences your legal authority. (For example: an authorization form, power of attorney, guardianship documents, Court Order or Letters of Administration).

Legal Representative Signature of the Legal Representative

Name in print

Relationship of the Legal Representative Date

Form: CSS-I-28-003



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

APPENDIX M

AUTHORIZATION FOR THE USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION BY AN
INDEPENDENT EXTERNAL REVIEW ENTITY

Affected Person: _____
Principal Insured or Enrollee (if not the affected person): _____
Number of Contract: _____
Number of claim: _____

I _____, of legal age, and a resident of _____, Puerto Rico, hereby authorize the designated external review entity _____, hereinafter "the Entity", to request, share and/or disclose such medical information as it may deem necessary to evaluate the request for external review related to the aforementioned claim, which was denied. The Entity may deliver, share, and/or disclose a physical or electronic copy of said information, as may be more convenient.

I hereby waive any legal provision that may prohibit or limit the disclosure of information being authorized herein and I also release the Entity of any liability for requesting, sharing, and/or disclosing to other natural or legal persons, the requested information for purposes exclusively related to the requested external review.

I also accept that the aforementioned information may be provided upon the delivery of a photocopy of this Authorization, and I acknowledge that said copy will be as valid as the original.

In witness whereof I sign this authorization in _____, Puerto Rico this ____ day of _____, ____.

Name in print

Signature

If the information requested pertains to another person or a minor, please complete the following section. If you are appearing as a representative of the person whose information is being requested, you must provide documentation that evidences your legal authority. (For example: an authorization form, power of attorney, guardianship documents, Court Order or Letters of Administration).

Legal Representative
Printed Name

Signature of the Legal Representative

Relationship of the Legal Representative

Date
Form: CSS-I-28-004