



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

IN REPLYING
PLEASE REFER TO

July 24, 2002

CIRCULAR LETTER NO.: C-AV-07-1658-2002

TO ALL INSURERS, HEALTH SERVICES ORGANIZATIONS, AND NON-PROFIT ASSOCIATIONS THAT WRITE HEALTH INSURANCE IN PUERTO RICO

Amendments to Public Law No. 296, September 1, 2000

On July 6, 2001, this Office issued Ruling Letter No. N-AV-7-8- 2001, notifying the approval of Public Law No. 296 on September 1, 2000, and the requirement of including in any basic coverage of a health insurance plan the services provided in that law.

Specifically, you were required to modify, by means of a rider, all policies or evidence of coverage to include as part of the basic coverage the medical evaluation required in that law, without any cost other than the premium that was originally established and to provide reliable proof of having complied with the requirements of that Ruling Letter. In cases where there is existing coverage, a certification to that effect was required, instead of a rider. Two forms were enclosed in the Ruling Letter: one for children from 0 to 9 years old and another for young people between 10 and 21 years old, in which the content of the medical evaluation is established and the screening tests as required by the law.

Currently, the House of Representatives is evaluating House Bill 2287, dated March 13, 2002, the purpose of which is to amend certain provisions of said Public Law 296 and add new sections. The purpose of one of the amendments is that the medical evaluation required in the law include a medical history, a full medical examination, including a psychosocial evaluation, hearing and vision screening, basic laboratory tests, other screenings according to the age of the child, and not merely the act of filling out a form. The amendment also proposes to

require that the child be referred to a dentist and that the dentist provide the child with guidance according to the stage of the child's growth and development. The primary physician shall fill out all sections of a form to report the findings of the annual physical and psychosocial examination required or all students at the beginning of the school year.

The House of Representatives has requested statistical information from our Office regarding the impact, if any, that including in basic coverage the medical evaluation would have on health insurance plans as required by the law as amended by this House Bill.

Under the provisions of this law, and under the authority vested in us in Section 2.030 of the Puerto Rico Insurance Code, 26 L.P.R.A. sec. 203, we are requiring all insurers, health services organizations, and non-profit associations that write health insurance in Puerto Rico to submit within the next thirty (30) days, to be counted from the date of this ruling letter, an actuarial study the impact, if any, of the implementation of Public Law No. 296 with the proposed amendments on the cost of a health insurance plan.

All insurers, health services organizations, and non-profit associations are required to comply strictly with the provisions of this Ruling Letter.

Very truly yours,

SIGNED

Fermín M. Contreras-Gómez
Commissioner of Insurance

Enclosures

Conservation Act Form –2nd Page 0-9

The following tests will only be done for patients with a risk for developing the condition.

Screening	Risk evaluated during past year?		Test performed?		Result	
	Yes	No	Yes	No	Normal (1)	Abnormal (2)
Cholesterol						
Glucose						
Speech problem						

II. Psychosocial Screening * *(To be done according to the level of development and age of the patient.)

TO COMPLETE THIS PART YOU MAY USE THE GUIDE SUGGESTED BY THE DEPARTMENT OF HEALTH AS A REFERENCE.

Area or Aspect of Screening	Was screening done?	
	Yes (1)	No (2)
1. Behavior:		
2. Suicidal Behavior		
3. Cognitive		
4. Emotional / Affective:		
5. Social:		
6. Was there a referral to mental health services?	Yes (1)	No (2)
7. If there was a referral to mental health services, to whom was the referral?		
8. Observations and/or Recommendations:		

I sign this to certify that the information provided is correct:

Name of Physician (in print)

Signature and License No.

Date

Any person who discloses the information contained herein without proper authorization will be penalized according to the laws of the Commonwealth of Puerto Rico.

NPB 4/01

Suggested Guide for Psychosocial Screening ages 0-9:

Area or Aspect of Screening	Screening done?			Result		Comments
	Yes	No	N/A	Within the expected	Suspected difficulty	
I. Conduct						Was there a referral? Yes___ No ___ Observations / Recommendations:
1. Follows rules of the home.						
2. Follows school rules.						
3. Respects authority.						
4. Controls impulses.						
5. Tolerates frustration.						
6. Attends school regularly.						
7. Cares for personal hygiene.						
8. Respects private property.						
9. Sleeps easily.						
10. Sleeps all night.						
11. Has good eating habits.						
12. Cares for belongings						
13. Does homework.						
14. Controls sphincter.						
15. Presents adequate management of fears or worries.						
16. Presents coherent and age-appropriate behavior.						
II. Suicidal Conduct				Yes	No	Was there a referral? Yes___ No ___ Observations / Recommendations:
1. Ideas at present.						
2. Threats						
3. Previous attempts (Number)						
4. Recent attempts						
5. Present plan						
6. Previous history						
7. Family history						

Conservation Act Form – 4th page- 0-9

Suggested Guide for Psychosocial Screening for Ages 0-9: (continued)

Area or Aspect of Screening	Was screening done?			Result		Comments
	Yes	No	N/A	Within the expected	Suspected Difficulty	
III. Cognitive						Was there a referral?
1. Presents appropriate contact with reality.						Yes ___ No ___
2. Cognitive level the same as development						Observations / Recommendations:
3. Coherent and organized thoughts.						
4. Can concentrate easily.						
5. Recognizes the consequence of own acts.						
6. Academic progress.						
7. Learning.						
IV. Emotional/Affective						Was there a referral?
1. Presents self-assurance.						Yes ___ No ___
2. Healthy self-esteem.						Observations / Recommendations:
3. Seems secure with family.						
4. Appears to be a happy child.						
5. Expresses feelings appropriately.						
6. Feels accepted by peers.						
7. Presents appropriate affect for the situation.						
V. Social						Was there a referral?
1. Presents friend-making skills..						Yes ___ No ___
2. Presents communication skills.						Observations / Recommendations:
3. Presents skills for resolving conflicts with other children.						
4. Has significant others.						
5. Is involved in recreational and social activities with other children.						
VI. Use of ATOD						Was there a referral? Yes ___ No ___
1. Use of cigarettes.						Observations / Recommendations:
2. Use of Alcohol.						
3. Use of Controlled Substances.						

Social Security No. of the Student

Name of Physician in Print

Signature and License No..

Date

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The following tests will only be done for patients with a risk for developing the condition.

Screening	Risk evaluated during past year?		Test performed?		Result	
	Yes	No	Yes	No	Normal (1)	Abnormal (2)
Cholesterol						
Glucose						
Pap Smear						
Chlamydia						
HIV						

II. Psychosocial Screening * *(To be done according to the level of development and age of the patient.)

TO COMPLETE THIS PART YOU MAY USE THE GUIDE SUGGESTED BY THE DEPARTMENT OF HEALTH AS A REFERENCE.

Area or Aspect of Screening	Was screening done?	
	Yes (1)	No (2)
1. Behavior:		
2. Suicidal Behavior		
3. Cognitive		
4. Emotional / Affective:		
5. Social:		
6. ATOD use:		
7. Was there a referral to mental health services?	Yes (1)	No (2)
8. If there was a referral to mental health services, to whom was the referral?		
9. Observations and/or Recommendations:		

I sign this to certify that the information provided is correct:

Name of Physician (in print)

Signature and License No.

Date

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Suggested Guide for Psychosocial Screening ages 10-21:

Area or Aspect of Screening	Screening done?			Result		Comments
	Yes	No	N/A	Within the expected	Suspected difficulty	
I. Conduct						Was there a referral? Yes___ No ___ Observations / Recommendations:
1. Follows rules of the home.						
2. Follows school rules.						
3. Respects authority.						
4. Controls impulses.						
5. Tolerates frustration.						
6. Attends school regularly.						
7. Cares for personal hygiene.						
8. Respects private property.						
9. Sleeps easily.						
10. Sleeps all night.						
11. Has good eating habits.						
12. Presents adequate management of fears or worries.						
13. Presents coherent and age-appropriate behavior.						
Sexual Conduct:						
14. Practices sexual abstinence						
15. Uses contraceptives						
16. History of pregnancies						
17. STD History						
18. History of sexual abuse						
II. Suicidal Conduct				Yes	No	Was there a referral? Yes___ No ___ Observations / Recommendations:
1. Ideas at present.						
2. Threats						
3. Previous attempts (Number)						
4. Recent attempts						
5. Present plan						
6. Previous history						
7. Family history						

Suggested Guide for Psychosocial Screening for Ages 10-21: (continuation)

Area or Aspect of Screening	Was screening done?			Result		Comments
	Yes	No	N/A	Within the expected	Suspected Difficulty	
III. Cognitive						Was there a referral? Yes ___ No ___ Observations / Recommendations:
1. Presents appropriate contact with reality.						
2. Cognitive level the same as development level.						
3. Coherent and organized thoughts.						
4. Can concentrate easily.						
5. Recognizes the consequence of own acts.						
6. Academic progress.						
7. Learning.						
IV. Emotional/Affective						Was there a referral? Yes ___ No ___ Observations / Recommendations:
1. Presents self-assurance.						
2. Healthy self-esteem.						
3. Seems secure with family.						
4. Appears to be a happy child.						
5. Expresses feelings appropriately.						
6. Feels accepted by peers.						
7. Presents appropriate affect for the situation.						
V. Social						Was there a referral? Yes ___ No ___ Observations / Recommendations:
1. Presents friend-making skills..						
2. Presents communication skills.						
3. Presents skills for resolving conflicts with other children.						
4. Has significant others.						
5. Is involved in recreational and social activities with other children.						
VI. Use of ATOD (Alcohol, tobacco, other drugs)						Was there a referral? Yes ___ No ___ Observations / Recommendations:
1. Use of cigarettes.						
2. Use of Alcohol.						
3. Use of Controlled Substances.						

Social Security No. of the Student

Name of Physician in Print

Signature and License No.

Date

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