



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER INSURANCE

Fermín M. Contreras Gómez  
Commissioner of Insurance

July 7, 2003

**CIRCULAR LETTER NO. : C-ES-7-1696 -2003**

**TO ALL DOMESTIC INSURERS AND HEALTH SERVICES ORGANIZATIONS  
AUTHORIZED TO WRITE HEALTH INSURANCE IN PUERTO RICO**

**RE: Information on the adult population insured under a health care plan; the number of persons diagnosed with scleroderma and the number of persons diagnosed with systemic lupus erythematosus in Puerto Rico in 2002.**

Dear Sirs and Madams:

The Department of Health of Puerto Rico is gathering information on the adult population insured under a `health care plan; the number of persons diagnosed with scleroderma, and the number of personas diagnosed with systemic lupus erythematosus in Puerto Rico in 2002. For this purpose, the Department has requested the collaboration of the Office of the Commissioner of Insurance, hereinafter "the OCI," to obtain this statistical information from domestic insurers and health services organizations that are authorized to write health insurance in Puerto Rico.

We are therefore requesting that you provide us with the following information:

- (1) Form 2.105 - **Number of men and women** 18 years old or older, insured under a `health care plan in Puerto Rico as of December 31, 2002.

- (2) Form 2.106 - **Number of persons** diagnosed in Puerto Rico as of December 31, 2002 with:
- (i) Scleroderma (Codes ICD-9: 710.1 and ICD-10: L94.0 and L94.1);
  - (ii) Systemic lupus erythematosus (Codes ICD-9: 710.0 and ICD-10: M32.0 to M32.9).

All insurers and health services organizations notified by this letter are required to submit the aforementioned forms to this Office **no later than July 29, 2003**, in hard copy and on the diskette enclosed with this Circular Letter (3<sup>1</sup>/<sub>2</sub>" floppy disk).

Follow these instructions for the electronic format:

1. Use the diskette **enclosed with this Circular Letter** and open file Form 2.105 and Form 2.106;
2. Complete the forms and record the data on the diskette;
3. Verify that the forms are recorded on the diskette, along with the hard copy and submit them in a single package no later than the deadline.

If you have any questions about this request, please contact the Statistics Office of the OCI, at 787-722-8686, extensions 2249, 2281 or 2214.

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

Very truly yours,

SIGNED

Fermín Contreras-Gómez  
Commissioner of Insurance

Enclosures



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER INSURANCE

FORM 2.105: NUMBER OF MEN AND WOMEN 18 YEARS OLD OR OLDER WHO HAVE HEALTH INSURANCE IN PUERTO RICO  
AS OF DECEMBER 31, 2002.

NAIC COMPANY CODE: \_\_\_\_\_

NAME: \_\_\_\_\_

Adults, 18 or older*	Covered by Private Insurance**	Covered by Insurance for Government Employees	Covered by Reforma	Total
<b>Men</b>				
<b>Women</b>				

\*Code assigned by the *National Association of Insurance Commissioner (NAIC)*. See list included in *Worksheet NAIC\_Codes*

\*\*Includes health insurance of private groups and direct payments (*excludes foreign insurers*).

\*\*\* Includes group health insurance of government employees (excluding Reforma)

\_\_\_\_\_  
Signature of the Representative of the Insurer or Organization

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name in Printed Letters

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Position

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER INSURANCE

FORM 2.106: NUMBER OF PERSONS DIAGNOSED WITH SCLERODERMA (CODE ICD-9: 710.1 AND ICD-10: L94.0 AND L94.1)  
AND NUMBER OF PERSONS DIAGNOSED WITH SYSTEMIC LUPUS ERYTHEMATOSUS (CODE ICD-9: 710.0 AND ICD-10: M32.0 TO M32.9)  
IN PUERTO RICO AS OF DECEMBER 31, 2002.

NAIC COMPANY CODE: \_\_\_\_\_

NAME: \_\_\_\_\_

NUMBER OF PERSONS DIAGNOSED WITH			
SCLERODERMA		SYSTEMIC LUPUS ERYTHEMATOSUS	

\*Code assigned by the *National Association of Insurance Commissioner (NAIC)*. See list included in *Worksheet NAIC\_Codes*

\*\*Includes health insurance of private groups and direct payments (*excludes foreign insurers*).

\*\*\* Includes group health insurance of government employees (excluding Reforma)

\_\_\_\_\_  
Signature of the Representative of the Insurer or Organization

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name in Printed Letters

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Position

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date