



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER INSURANCE**

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IN ANSWERING  
PLEASE REFER TO:

June 13, 2003

**CIRCULAR LETTER NO.: C-E-6-1693-2003**

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

**RE: Information on children 0 to 14 years old hospitalized for non-intentional and non-fatal injuries and children 8 to 9 years old that received protective sealant treatment during 2002.**

Dear Sirs and Madams:

The Department of Health of Puerto Rico is gathering information on different aspects of the health of children and adolescents that are covered by health insurance, including the Reforma plan. 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 authorized to write health insurance in Puerto Rico.

Accordingly, we are requesting that you provide us with the following information:

- (1) Form 2.101 - Hospitalizations for non-intentional and non-fatal injuries (Code ICD-9: 800 through 897):
  - (i) **Number of children** between the ages of 0 **and 14**;
  - (ii) **Number of admissions** covered.
  
- (2) Form 2.102 - Hospitalizations for non-intentional and non-fatal injuries (Code ICD-9: 900 al 999):
  - (i) **Number of children** between the ages of 0 **and 14**;
  - (ii) **Number of admissions** covered.

- (3) Form 2.103 - Hospitalizations for non-intentional and non-fatal injuries (Code ICD-9: E800 through E949, ICD-10: VO1 through X59):
  - (i) **Number of children** between the ages of **0 and 14**;
  - (ii) **Number of admissions** covered.
  
- (4) Form 2.104 - Treatments with protective sealants on one or more permanent molars (Code CDT-3: procedure D-1351):
  - (i) **Number of children** between **8 and 9 years old**;
  - (ii) **Number of treatments** covered.

All insurers and health services organizations being notified herein are required to submit these forms to this Office, **no later than June 23, 2003**, in hard copy and on the diskette enclosed with this Circular Letter (3 1/2" floppy disk).

Follow these instructions for the electronic format:

1. Use the diskette enclosed with this **Circular Letter** and open the files for Form 2.101 to Form 2.104;
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 regarding this request, please contact Ms. Xiomara A. Rodríguez, Chief Statistician of the Statistics Division of this Office, at 787-722-8686, extension 2249 or 2281.

Strict compliance with the provisions of this Circular Letter is required and failure to comply with such will entail the imposition of sanctions.

Very truly yours,

SIGNED

Dorelisse Juarbe-Jiménez  
Assistant Commissioner of Insurance

Enclosures

Enclosure 1



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER INSURANCE**

**FORM 2.101: NUMBER OF CHILDREN BETWEEN THE AGES OF 0 AND 14 THAT WERE HOSPITALIZED DUE TO A NON-INTENTIONAL AND NON-FATAL INJURY (CODES ICD9: 800-897) AND NUMBER OF ADMISSIONS COVERED FOR THOSE IN PUERTO RICO, FROM JANUARY 1 TO DECEMBER 31, 2002**

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

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

Ages	Number of Children Hospitalized				Number of Admissions Covered			
	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by Reforma	Total	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by Reforma	Total
0 to 14								

\*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

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Email

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

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

\_\_\_\_\_  
Position

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date

Enclosure 2



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER INSURANCE**

**FORM 2.102: NUMBER OF CHILDREN BETWEEN THE AGES OF 0 AND 14 THAT WERE HOSPITALIZED DUE TO A NON-INTENTIONAL AND NON-FATAL INJURY (CODES ICD9: 900-999) AND NUMBER OF ADMISSIONS COVERED FOR THOSE IN PUERTO RICO, FROM JANUARY 1 TO DECEMBER 31, 2002**

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

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

Ages	Number of Children Hospitalized				Number of Admissions Covered			
	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by la Reforma	Total	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by la Reforma	Total
0 to 14								

\*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)

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Signature of the Representative of the Insurer or Organization

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Email

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Name in Printed Letters

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

\_\_\_\_\_  
Position

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date

PO Box 8330 • San Juan, Puerto Rico 00910-8330

Tel. (787) 722-8686 • Fax (787) 722-4400

[www.ocs.gobierno.pr](http://www.ocs.gobierno.pr)

Enclosure 3



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER INSURANCE**

**FORM 2.103: NUMBER OF CHILDREN BETWEEN THE AGES OF 0 AND 14 THAT WERE HOSPITALIZED DUE TO A NON-INTENTIONAL AND NON-FATAL INJURY (CODES ICD9: E800 THROUGH E949; ICD10: VO1 THROUGH X59) AND NUMBER OF ADMISSIONS COVERED FOR THOSE IN PUERTO RICO, FROM JANUARY 1 TO DECEMBER 31, 2002**

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

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

Ages	Number of Children Hospitalized				Number of Admissions Covered			
	Covered by Private Insurance**	Covered by Government Employee Insurance****	Covered by la Reforma	Total	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by Reforma	Total
0 to 14								

\*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

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Date

Enclosure 4



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER INSURANCE**

**FORM 2.104: NUMBER OF CHILDREN BETWEEN THE AGES OF 8 AND 9 WHO RECEIVED PROTECTIVE SEALANT TREATMENT ON AT LEAST ONE PERMANENT MOLAR (CDT-3: D1351)  
 AND NUMBER OF TREATMENTS COVERED BY THIS PROCEDURE IN PUERTO RICO  
 FROM JANUARY 1 TO DECEMBER 31, 2002**

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

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

Ages	Number of Children				Number of Treatments Covered			
	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by Reforma	Total	Covered by Private Insurance**	Covered by Government Employee Insurance***	Covered by Reforma	Total
<b>8 to 9</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

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

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

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Email

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Telephone No.

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Fax