



GOVERNMENT OF PUERTO RICO  
Office of the Commissioner of Insurance

September 28, 2017

**NORMATIVE LETTER NO. CN-2017-221-D**

**TO ALL HEALTH MAINTENANCE ORGANIZATION AND INSURERS LICENSED TO WRITE HEALTH INSURANCE IN PUERTO RICO, THEIR PHARMACY BENEFITS ADMINISTRATORS, UTILIZATION REVIEW ORGANIZATION AND OTHER AGENTS OR THIRD-PARTY ADMINISTRATORS, AND HEALTH SERVICE PROVIDERS**

**RE: HURRICANE MARIA – PREMIUM PAYMENTS, MANAGEMENT OF PRESCRIPTION MEDICATION COVERAGE, OUT OF NETWORK PROVIDERS, PREAUTHORIZATIONS, PROVIDER REFERRALS AND CLAIMS, INSURERS AND SUBSCRIBERS**

On September 17th, 2017, the Governor of Puerto Rico, Hon. Ricardo A. Rosselló Nevarez, decreed Executive Order No. OE-2017-047 declaring a state of emergency for Puerto Rico, as a consequence of the imminent impact of Hurricane Maria. Due to the damages caused by the Hurricane, many insureds and subscribers (“policyholders”) are unable to meet the requirements of their healthcare plan when requesting coverage or services. Likewise, many healthcare providers and policyholders are impeded or unable to comply with the corresponding claim-filing requirements for services rendered or received.

It is the opinion of the Office of the Commissioner of Insurance (henceforth, “OCI”) that, given the present situation and during the state of emergency, health maintenance organizations and insurers authorized to write or underwrite health insurance (henceforth, “health insurers”) should not apply penalties or restrictions to policyholders the moment they request or obtain healthcare services from a provider, whether such services are an emergency or not. Moreover, it is the position of the OCI that during the state of emergency, health maintenance organizations and health insurers must extend the applicable terms for healthcare provider and policyholders to file claims for healthcare services provided or received.

**Premium payment grace period**– In response to the state of emergency, defaults in premium payments will not be cause for the cancellation of a policy or insurance contract or denial of healthcare services. It is our position that health maintenance organizations and health insurers should not cancel the healthcare coverage because of lack of premium payments and must continue to offer the services provided in their coverage. The aforementioned directive is not intended to mean or imply an exemption or forgiveness of premiums. Also, in regard to direct debit or checking account payment of premiums, health maintenance organizations and insurers authorized to write health insurance must waive any penalties applicable due to insufficient funds. Health maintenance organizations and health insurers are encouraged to work with policyholders in the collection of premiums, including voluntary payment plans.



**Prescription drug dispensing and healthcare treatment and services**– Health maintenance organizations and health insurers that provide pharmaceutical or prescription medication coverage should suspend any requirement used when managing prescription drug dispensing or healthcare treatment or services; including, but not limited to, treatment of chronic or acute conditions of the patient. This includes suspension of waiting time to obtain refills, suspension of extended release of drug dispensing, suspension of drug preauthorization requirements, step therapy requirements, medical specialist limitation, and quantity limitation of drugs, among others. It is encouraged that drug dispensing clearance be authorized for up to ninety (90) days from refilled.

**Out of network providers**– The OCI orders all health maintenance organizations and health insurers to allow policyholders access to emergency healthcare services from non-participating or non-employed providers, without applying penalties or restrictions.

**Preauthorizations and referrals**– The OCI orders all health maintenance organizations and health insurers to waive contractual restrictions that require preauthorization and referral requirements, or medical necessity reviews. This includes all healthcare services covered in the policy; including, but not limited to, medical equipment, chemotherapy treatment, infusion treatment, and dialysis.

**Claim filing deadlines**– The OCI orders all health maintenance organizations and health insurers to extend the claim-filing deadline applicable to healthcare providers or policyholders for payment of services rendered or received.

The orders, directives and guidelines established herein shall be in full force from the effective date of this Normative Letter, until the date on which the state of emergency ends or the Commissioner of Insurance determines otherwise, whichever occurs first.

Strict compliance with the aforesaid provisions is hereby required. Non-compliance with the aforesaid provisions will carry the imposition of severe sanctions.

Sincerely,

SIGNATURE

Javier Rivera Ríos, LUCTF  
Commissioner of Insurance

**THIS IS NOT A CERTIFIED TRANSLATION**

**If any inconsistencies in translation and/or interpretation arise between the Spanish version and the English version of this document, the Spanish version will supersede the English version.**