

GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
ESSENTIAL HEALTH BENEFIT AND PREVENTIVE SERVICES CHECKLIST

ATTACHMENT 6
REVISED 2018

COMPANY:
FORM(S) NUMBER:
SERFF TRACKING NUMBER:
MARKET TYPE

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Large Group | <input type="checkbox"/> Bonafide Association- Small Group |
| <input type="checkbox"/> Any Size Group | <input type="checkbox"/> Small Group | <input type="checkbox"/> Bonafide Association- Large Group |

Benefit	Description	Please specify location (Form/Page/Paragraph/ Other) of complying provision/language * <u>or attach explanation for a N/A response **</u>	FOR OFFICIAL USE ONLY
Essential Health Benefits			
Air ambulance	Covered, No limits. Out of area air ambulance coverage is not covered.		
Allergy tests	(50) Test per contract year, per enrollee ¹ . Vaccines not covered.		
Bariatric Surgery	Subject to preauthorization. It must be covered the payment of (1) of the types of the bariatric surgery per enrollee for life in Puerto Rico, if the services are available. The types of bariatric surgery that may be covered are the following: gastric bypass, adjustable band or sleeve gastrectomy. Coverage is available only to a diagnostic of morbid obesity. Morbid obesity means is the excess fat in the body determined by a body mass index (BMI) greater or equal to 35. The enrollee may have to meet a waiting period of 12 months before the benefit is covered, unless the physician certifies that the enrollee's life is in imminent danger. The facility must have accreditation from the Joint Commission and one of two entities; the American College of Surgeon or the American Society for Metabolic and Bariatric Surgery. Surgeries to remove excess skin (commonly known as flaps) are not covered, unless the physician certifies that it is necessary to remove excess skin, since it affects the functionality of a limb or body part.		
Biophysical profile	(1) Procedure per pregnancy.		
Chiropractic Care	(20) Physical therapies or manipulations covered under a combined limit per contract year, per enrollee.		
Contraceptive methods	Covered, No limits.		
Cryo-surgery of the uterus	(1) procedure per year, per enrollee.		

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Delivery and All Inpatient Services for Maternity Care	Delivery of baby (48) hour minimum length for vaginal delivery and (96) for cesarean delivery. Covered for main enrollee, spouse and dependent daughter.		
Dental Check-Up for Children	Dental checkup and cleanings, (2) per contract year, per enrollee every (6) months. Bitewings and periapicals no more than one set every 3 years.		
Diagnostic Test (X-Ray and Lab Work)	No Limits. The reproduction of X-Rays must be covered. Laboratories related to infertility problems are covered, as long as the same are laboratories covered in the contract.		
Dialysis and Hemodialysis	(90) Days. Services related to any type of dialysis or hemodialysis, as well as services for any complication that may arise and their corresponding hospital or medical-surgical services. Will be covered for the first (90) days from: a) the date in which the enrollee became eligible for the contract during the first time or, b) the date in which he/she received the first dialysis and hemodialysis. This will apply when subsequent dialysis or hemodialysis are related to the same clinical conditions. These services must be covered for inpatient and outpatient services.		
Durable Medical Equipment	Covered with a preauthorization. Rental or purchase of oxygen and necessary equipment for its administration/wheelchair/hospital bed. Mechanical respirators and ventilators are covered without limits, as required by Law No. 62 - 2015 to enrollees under age of (21). Those who have started treatment as minors and meet (21) years and received medical services or receive home care will continue to receive these services after (21) years of age. Coverage include also the following benefits: technological equipment necessary to enable the enrollee to stay alive; at least one daily shift of (8) hours of skilled nursing services with expertise in respiratory therapy or respiratory therapy specialists with expertise in nursing; supply that involve the management of the technological equipment; physical and occupational therapy.		

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Emergency Room Services	No Limits. No preauthorization or waiting period required. Emergency services for out-network providers cannot be covered through reimbursement. Limitations indicating that the emergency service must be received during the first 24 hours are not accepted. Carriers with emergency telephone lines that offers waiver or a lower copayment or coinsurance if the enrollee calls to such line cannot make any difference between an in-network or out-network provider.		
Emergency Transportation/ Ambulance	Services requested through the 9-1-1 Emergency System, must be covered and paid directly to the provider . Other transportation services (i.e. transportation between institutions) are covered by reimbursement up to \$80 per trip.		
Eye Glasses for Children	(1) pair of glasses (lenses and frames per year, per enrollee), supplemented using FEDVIP. Low Vision coverage - Glasses for enrollees until age (21). (1) pair per contract year per enrollee within the contracted collection, including high-powered glasses to enrollees with significant loss of vision, but do not have totally blind. Also covers one item per year, per enrollee, visual aids (prescription lenses, telescopes single or double lens) to enrollees up to age (21) with significant loss of vision, but do not have totally blind. Services related to Eye glasses cannot be provided through reimbursement, discounts or allowance.		
Gastrointestinal endoscopies	Covered, No Limits.		
Habilitation Services	(20) Physical therapies or manipulations covered under a combined limit, per year. Services limited to physical therapies, except for those covered under home health care services.		
Home Health Care Services	(40) physical, occupational and speech therapy under a combined limit, per contract year per enrollee. Covered only if they begin 14 days after the enrollee's discharge from hospital of at least (3) days and if they are provided for the same condition by he/she was admitted.		
Imaging (CT/PET Scans, MRIs)	For PET & PET/CT, (1) Per contract year, per enrollee. For MRI & CT, (1) Per anatomical region, per contract year, per enrollee.		

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Inpatient Hospital Services (e.g., Hospital Stay)	Excludes services for personal comfort and or custodial services. Hospitalizations for services or procedures that may be performed in an outpatient services are not covered.		
Inpatient Physician and Surgical Services	Covered, No Limits.		
Intra-articular injections	(12) Injections per contract year, per enrollee, up to (2) daily injections.		
Invasive cardiovascular, non-invasive cardiovascular procedures and tests	Electromyograms covered up to (2) procedures per year, per enrollee.		
Lithotripsy	Covered, No limits		
Mental/Behavioral Health Inpatient Services	Residential treatment outside service area is not covered. No limit in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Mental/Behavioral Health Outpatient Services	No limit in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
MRA	Covered, No limits.		
Nerve conduction velocity tests	(2) Procedures per contract year, per enrollee.		
Neurological tests and procedures	Covered, No limits.		
Nuclear medicine tests	Covered, No Limits.		
Nutritionist services	(4) visits Per contract year, per enrollee. Limited to morbid, renal and diabetes conditions. Covered by reimbursement up to \$20 per visit.		

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Oral, Intravenously, Injectable or Intrathecal chemotherapy	Covered, No Limits. Antineoplastic agents cannot be excluded from the basic coverage. These services must be covered for inpatient and outpatient services.		
Orthognathic surgery	Expenses related for materials are excluded.		
Other Practitioner Office Visit (Nurse, Physician Assistant)	Non physician professionals or doctors in odontology including nurse and physician assistant, except those required by local law such as: podiatrist, audiologist, optometrist, clinical psychologists and chiropractors.		
Out of area coverage (US)	Services are covered for emergency cases, or cases that required equipment, treatment and facilities not available in Puerto Rico. Services are subject to preauthorization, except for an emergency. Elective treatments, not considered as an emergency, are not covered by this contract unless there is an equipment, treatment or facility not available in Puerto Rico. Rates to be paid are the usual and customary (UCR) rate of the geographical area in which the services are provided.		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Services rendered in an outpatient facility that may be performed in physician's office are not covered.		
Outpatient Rehabilitation Services	(20) Physical therapies or manipulations covered under a combined limit per contract year, per enrollee. Services not covered include occupational, speech and language therapies, prosthetics and implants, orthopedics and orthotic devices, cardiac rehabilitation. Occupational, speech and language therapies must be covered for autism condition and for home health care services. Services limited to physical therapies, except for those covered under home health care benefit.		

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Outpatient Surgery Physician/Surgical Services	Excludes: Cosmetic surgery, oral surgery that is dental in origin, except those as a result of an accident, mammoplasty (except those required for patients after a breast cancer mastectomy), septoplasty, blepharoplasty, rinoseptoplasty, procedures to re- establish the ability to procreate, organ transplant procedures, other than the specified in the transplant services benefit (other organ transplant may be covered as an optional benefit), induced abortion, experimental procedures, skin tags removal, ptosis repair, nail excisions, scalenotomy, lasik and other surgical procedures to correct refractive defects, surgical assistance services, intravenous analgesia services or analgesia administered though inhalation at the physician or dentist's office, services for the treatment of the temporomandibular articulation syndrome, excision of granulomas or radicular cysts originated by infection in the tooth pulp; services to correct the vertical dimension or occlusion, removal of exostosis (mandibular or maxillary).		
Polysomnography	(1) Type of test per lifetime, per enrollee.		
Prenatal and Postnatal Care	Covered for main enrollee, spouse and dependent daughter.		
Preventive Care/Screening/Immunization	Preventive care that meets recommendations described below, as established by the USPSTF.		
Primary Care Visit to Treat an Injury or Illness	Covered, No Limits.		
Radiation therapy	Covered, No Limits. This service must be covered for inpatient and outpatient services.		
Routine Dental Services (Adult)	Dental checkup and cleaning (2) per contract year, per enrollee every (6) months. Bitewings and periapicals no more that one set every (3) years. Optional coverage; Orthodontic, Periodontics, Endodontic, prosthetic dental services, Full mouth reconstructions, Fluoride treatment covered to enrollees under age (19) and Root canal only to anterior and posterior teeth.		
Routine Eye Exam (Adult)	Refraction exam is covered (1) per year, per enrollee.		
Routine Eye Exam (Children)	(1) Visit per year, per enrollee supplemented using FEDVIP.		
Routine Foot Care	Covered, No Limits.		

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Skilled Nursing Facility	Covered only if begin (14) days after enrollee's discharge from hospital of at least (3) days and if the service is provided for the same condition by he/she was admitted. Minimum of (120) days.		
Specialist Visit	Covered, No Limits.		
Sterilization	Covered, No Limits.		
Substance Abuse Disorder Inpatient Services	No limits in accordance to the Mental Health Parity Act. Include Detox and Residential treatment services. Residential treatment outside service area is not covered. Partials are included: (2) partial hospital days equivalent to (1) regular day. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Expenses for services resulting from the administration of an employer drug detection program are not covered. However, after the enrollee's participation in any treatment related to a positive outcome in the employer drug detention program, he/she is eligible for treatment under the contract. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Substance Abuse Disorder Outpatient Services	No limits in accordance to the Mental Health Parity Act. Limitations indicating that these services must be received or coordinate through an specific company or program are not accepted. Expenses for services resulting from the administration of an employer drug detection program are not covered. However, after the enrollee's participation in any treatment related to a positive outcome in the employer drug detention program, he/she is eligible for treatment under the contract. Language indicating that the emergency services must be received during the first 24 hours is not accepted. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		

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Transplant Services	Benefit covers skin, bone and corneal transplants. Coverage extends to charges directly related to the transplant service, including care prior to surgery, post-surgery care and treatment in respect of immunosuppressive drugs. Services are covered only through participating providers. Pre authorization is required. This benefit will be covered 100% in Puerto Rico and should not be available through reimbursement.		
Tympanometry	(1) Per contract year, per enrollee.		
Urgent Care Centers or Facilities	No Limits. No preauthorization or waiting period required.		
Generic Drugs	Subject to a Drug List. Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Non-Preferred Brand Drugs	Subject to a Drug List. Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Preferred Brand Drugs	Subject to a Drug List. Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		

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Specialty Drugs	Subject to a Drug List. Generics as a first option. Some medications may require preauthorization, age limits, quantity limits, specialty limits and/or step therapy. Drugs related to mental health conditions cannot include limitations indicating that a specific drug must be prescribe by a psychiatrist or neurologist. Not all the drugs related to mental/behavioral health conditions can be manage through a specialty limit.		
Covered Preventive Services for Adults (NO COST SHARING IS APPLICABLE) **ADULTS PREVENTIVE SERVICES MUST BE INCLUDED IN THE SAME ORDER AND DESCRIPTION ESTABLISHED IN THIS CHECKLIST**			
Abdominal Aortic Aneurysm	(1) time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged (65) to (75) who have ever smoked.		
Abnormal Blood Glucose and Type 2 Diabetes Mellitus	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged (40) to (70) years who are overweight or obese. Clinicians should offer, or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. Screening for diabetes type 2 in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than (135/80) mm Hg.		
Alcohol Misuse	Screening and behavioral counseling. The USPSTF recommends that clinicians screen adults aged (18) years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.		
Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged (50) to (59) years who have a (10)% or greater (10) year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least (10) years, and are willing to take low-dose aspirin daily for at least (10) years		
Colorectal Cancer	The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, colonoscopy or serology tests, in adults, starting at age (50) years and continuing until age (75) years. The risks and benefits of these screening methods vary.		

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Depression	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.		
Falls prevention in older adults: exercise or physical therapy	The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.		
Falls prevention in older adults: vitamin D	The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls		
Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.		
Hepatitis B virus infection: screening nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection		
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering (1) time screening for HCV infection to adults born between 1945 and 1965.		
High Blood Pressure	Screening for high blood pressure in adults age (18) years and older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.		
Human Immunodeficiency Virus (HIV) Screening: nonpregnant adolescents and adults	Clinicians screening for HIV infection in adolescents and adults ages (15) to (65) years. Younger adolescents and older adults who are at increased risk should also be screened. As required by Law 45-2016 one HIV test a year as part of the routine studies for any medical evaluation, except for pregnant women to which apply the requirements of the USPSTF.		
Immunization	Vaccines for adults-doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella. Catch ups must be covered.		

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Lung cancer screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults ages (55) to (80) years who have a (30) pack-year smoking history and currently smoke or have quit within the past (15) years. Screening should be discontinued once a person has not smoked for (15) years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.		
Obesity	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of (30) kg/m ² or higher to intensive, multicomponent behavioral interventions		
Sexually Transmitted Infection (STI)	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).		
Skin Cancer: Counseling	The USPSTF recommends counseling children, adolescents, and young adults aged (10) to (24) years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.		
Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose of statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages (40) to (75) years; 2) they have (1) or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated (10) year risk of a cardiovascular event of (10)% or greater. Identification of dyslipidemia and calculation of (10) year CVD event risk requires universal lipids screening in adults ages (40) to (75) years		
Syphilis Infection in Nonpregnant Adults and Adolescents	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.		

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Tobacco Smoking cessation and Medication: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco. For those who uses tobacco cessation products, the health plan must cover the dispatch of FDA approved medication for smoke cessation for (90) consecutive days in one intent and until (2) intents per year. The recommendation does not established any difference on the medication for smoke cessation tier. Therefore, if the formulary include the drug no cost sharing can be applied regardless the specific tier.		
Tuberculosis latent infection screening: adults	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk		
Covered Preventive Services for Women, Including Pregnant (NO COST SHARING IS APPLICABLE) **WOMEN PREVENTIVE SERVICES MUST BE INCLUDED IN THE SAME ORDER AND DESCRIPTION ESTABLISHED IN THIS CHECKLIST**			
Bacteriuria	Screening for asymptomatic bacteriuria with urine culture for pregnant women at (12) to (16) weeks of gestation or at the first prenatal visit, if later.		
BRCA-Related Cancer: Risk Assessment and Genetic Counseling/Testing	The USPSTF recommends that primary care providers screen women who have family with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.		
Breast Cancer Screening	Screening mammography for women, with or without clinical breast examination, every (1) to (2) years for women age (40) years and older. The USPSTF recommends biennial screening mammography for women aged (50) to (74) years.		
Breast Cancer: Medication for risk reduction	Counseling for women at higher risk. The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk- reducing medications, such as tamoxifen or raloxifene.		

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Breastfeeding	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs access to breastfeeding equipment and supplies, in conjunction with each birth. THE USPSTF recommends providing intervention during pregnancy and after birth to support breastfeeding. No monetary limits apply. Breastfeeding equipment and supplies cannot be provided through reimbursement or in the optional Major Medical coverage.		
Cervical Cancer Screening	The USPSTF recommends screening for cervical cancer in women ages (21) to (65) years with cytology (Pap smear) every (3) years or, for women ages (30) to (65) years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every (5) years.		
Chlamydia and Gonorrhea: Screening	The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women age (24) years or younger and in older women who are at increased risk for infection.		
Contraception	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity as prescribed. Any device insertion and removal of contraceptive methods is covered. Contraceptives methods cannot be provided through reimbursement. The Health Insurance Code of Puerto Rico, neither the federal applicable law, established any difference in contraceptive tiers. Therefore, if the formulary include the contraceptive, no cost sharing can be applied regardless the specific tier.		
Folic Acid	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing (0.4) to (0.8) mg (400 to 800µg) of folic acid.		
Gestational Diabetes Mellitus	Screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after (24) weeks of gestation and those at high risk of developing gestational diabetes.		
Hepatitis B	Screening for hepatitis B virus infection for pregnant women at their first prenatal visit.		

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Human Immunodeficiency Virus (HIV) Screening: Pregnant Women	Clinicians should screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. Regarding pregnant women, all carriers are required to cover, with no cost-sharing requirements, with regard to the following tests included in the most recent recommendations of the USPSTF: 1) A first HIV test during the first trimester of pregnancy at the first prenatal visit, and 2) A second test during the third trimester of pregnancy (between the (28) and (34) weeks of pregnancy.		
Human Papilloma virus (HPV) DNA Test	High-risk human papillomavirus DNA testing in women with normal cytology results. Screening should begin at (30) years of age and should occur no more frequently than every (3) years.		
Intimate Partner Violence Screening:: Women of childbearing age	The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.		
Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: Preventive Medication	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after (12) weeks of gestation in women who are at high risk for preeclampsia.		
Osteoporosis	Screening for osteoporosis in women age (65) years and older and in younger women whose fracture risk is equal to or greater than that of a (65) year old white woman who has no additional risk factors.		
Preeclampsia: Screening	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.		
Rh (D) Incompatibility	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy- related care. Also, the USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)- negative women at (24)-(28) weeks gestation, unless the biological father is known to be Rh (D)-negative.		
Syphilis Infection in Pregnancy: Screening	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.		

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Tobacco Smoking cessation	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.		
Well-woman visits	Well-woman preventive care visit annually (depending on the woman's health status, health needs and other risk factors) for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. This well-woman visit should, where appropriate, include other preventive services listed. If the clinician determines that a patient requires additional well-woman visits, the additional visits must be provided without cost sharing.		
Covered Preventive Services for Children (NO COST SHARING IS APPLICABLE) **CHILDREN PREVENTIVE SERVICES MUST BE INCLUDED IN THE SAME ORDER AND DESCRIPTION ESTABLISHED IN THIS CHECKLIST**			
Alcohol Misuse	Screening and counseling. The USPSTF recommends that clinicians screen adults aged (18) years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.		
Anemia/Iron	Supplements of iron for children ages (4) months to (21) years at risk for anemia.		
Autism Spectrum Disorder Screening	Screening for children at (12) and (36) months.		
Behavioral	Assessment for children of all ages. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (17) years.		
Cervical Dysplasia	Screening for sexually active females.		
Dental Caries in Children from Birth Through Age 5 Years: Screening	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age (6) months for children whose water supply is deficient in fluoride. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.		
Depression	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged (12) to (18) years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.		

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Developmental Screening and Surveillance	Screening for children under age (3), and surveillance throughout childhood.		
Dyslipidemia	Screening for children at higher risk of lipid disorders. Ages: (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (16) years.		
Hearing	Screening for hearing loss all newborns infants.		
Height, Weight and Body Mass Index	Measurements for children. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (17) years.		
Hepatitis B screening nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection		
High Blood Pressure	The USPSTF recommends screening for high blood pressure in adults age (18) years and older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.		
Human Immunodeficiency Virus (HIV) Infection in Nonpregnant Adolescents and Adults	Clinicians screening for HIV infection in adolescents and adults ages (15) to (65) years. Younger adolescents and older adults who are at increased risk should also be screened. As required by Law 45-2016 one HIV test a year as part of the routine studies for any medical evaluation, except for pregnant women to which apply the requirements of the USPSTF.		
Hypothyroidism	Screening for congenital hypothyroidism in newborns.		
Immunization	Vaccines for children from birth to age (21), doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella. Catch ups must be covered. HPV vaccination beginning at age (9) years for children and youth with any history of sexual abuse or assault who have not initiated or complete the (3) doses series (ACIP recommendation).		
Lead	This USPSTF recommendation addresses screening for elevated blood lead levels in children aged (1) to (6) years who are both at average and increased risk, and in asymptomatic pregnant women.		

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Medical History	For all children throughout development Ages: (0) to (21) years.		
Obesity in children and adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents (6) years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.		
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication	Preventive medication for the USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum (Gonorrhea).		
Oral Health	Risk assessment for young children. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years.		
Phenylketonuria (PKU)	Screening for this genetic disorder (PKU) in newborns.		
Sexually Transmitted Infection (STI)	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).		
Sickle Cell Disease (Hemoglobinopathies)	Screening for sickle cell disease in newborns.		
Skin Cancer: Counseling	The U.S. Preventive Services Task Force (USPSTF) recommends counseling children, adolescents, and young adults aged (10) to (24) years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.		
Syphilis Infection in Nonpregnant Adults and Adolescents	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.		
Tobacco use in children and adolescents	The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.		
Tobacco, Alcohol or Drug Use	Screening children (11) to (21) years of age.		
Tuberculosis	Testing for children at higher risk of tuberculosis. Ages: (0) to (11) months, (1) to (4) years, (5) to (10) years, (11) to (14) years, (15) to (21) years.		
Visual acuity screening: children	The USPSTF recommends vision screening for all children at least once in all children between the ages of (3) and (5) years, to detect the presence of amblyopia or its risk factors.		

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CERTIFICATION

I _____ have reviewed or supervised the preparation of the above checklist and certify that the forms(s) and/or drug formulary is (are) in compliance with all of the applicable requirements of the Essential Health Benefit Benchmark for Puerto Rico¹ and the recommendations of the USPSTF. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of this checklist.

Signature: _____

Date: _____

¹ As modified or interpreted by HHS from time to time.

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