



GOVERNMENT OF PUERTO RICO  
Office of the Commissioner of Insurance

March 16, 2020

**RULING LETTER NO. CN-2020-268-D**

**TO ALL HEALTH INSURANCE ORGANIZATIONS OR INSURERS THAT WRITE HEALTH INSURANCE IN PUERTO RICO, THEIR PHARMACY BENEFIT ADMINISTRATORS, UTILIZATION REVIEW ORGANIZATIONS, AND OTHER AGENTS OR THIRD-PARTY ADMINISTRATORS**

**RE: PAYMENT OF PREMIUMS, MANAGEMENT OF DISPENSING OF MEDICATION, OUT-OF-NETWORK PROVIDERS, PRE-AUTHORIZATIONS, REFERRALS AND CLAIMS FROM SUPPLIERS, POLICYHOLDERS, AND SUBSCRIBERS**

On March 15, 2020, the Governor of Puerto Rico, Honorable Wanda Vázquez-Garced, issued Executive Order 2020-023, ordering the closure of government and commercial operations until March 30, 2020, with the exception of essential services, as a control and prevention measure against coronavirus contagion (COVID-19). In the light of that executive order, and in accordance with the powers and authority conferred on the Commissioner of Insurance under the provisions of Section 2.030 of the Insurance Code, we issue the following guidelines:

**Grace Period for Payment of Premiums** – Health insurance organizations or insurers that write health insurance must provide a grace period of not less than thirty (30) days for the payment of premiums. This ruling does not entail a waiver of the payment of the premium. Likewise, in cases of payment of premiums through direct debit or checking accounts, payment of penalties for insufficient funds will be waived. This guideline does not prevent voluntary payment agreements with policyholders and subscribers.

**Dispensing of medications-** Health insurance organizations or insurers that write insurance with pharmacy coverage must suspend any requirements used for the management of dispensing medications, (excluding controlled medications), medical services and/or treatment contained in the pharmacy coverage or health services benefits to which the covered or insured person is entitled based on the coverage of his or her health insurance plan.

This includes suspension of waiting time for refills, suspension of prescription requirements for extended drug therapy, suspension of drug pre-authorization requirements, step-by-step therapy requirements, limitation requirements by medical specialty, and limitation requirements on the amount of medications, among others.

You are advised that the insurer or the PBM, as the case may be, shall be liable for payment for claims submitted by a pharmacist or a holder of a medical device permit with respect to the payment or reimbursement of medicines dispensed or dispatched, under a request for a refill, or the device, during the emergency period, in accordance with the provisions of Act No. 274-2018.



**Out-of-network providers** – Health insurance organizations or insurers that write health insurance must allow access to health services through non-participating or non-contracted providers, without applying penalties or restrictions. A claim will be subject to processing for payment when it is for services rendered by a provider, "whether a participating or non-participating provider" of the insurer or health insurance organization, for health care services (including both physical and mental conditions), whether or not they are emergency services, provided that they are covered by the health insurance of the covered or insured person, and the provider after providing the service submits the information required by the insurer or health insurance organization to process the payment of the claim. The review to determine whether the information on the complaining provider's clinical record corresponds to the health care services listed in the claim will be carried out retrospectively, after the health care service has been provided.

**Pre-authorizations and referrals** - Health insurance organizations or insurers that write health insurance must suspend the requirements for pre-authorizations, referrals, or medical need reviews. This includes all health services provided in the coverage, including medical equipment.

**Term for Filing Claims** –Health insurance organizations or insurers that write health insurance shall extend the applicable terms for the providers to file payment claims for health services rendered or received.

The guidelines set forth herein shall apply from March 15, 2020 until the date on which the state of emergency ends or the Insurance Commissioner suspends its effect, whichever comes first.

Strict compliance with the guidelines set forth herein is required. Failure to comply with those guidelines will result in the imposition of severe penalties.

Very truly yours,

Rafael Cestero-Lopategui, CIC  
Chief Deputy Commissioner of Insurance