



GOVERNMENT OF PUERTO RICO
Office of the Commissioner of Insurance

March 11, 2020

RULING LETTER NO. CN-2020-265-D

TO ALL HEALTH SERVICES ORGANIZATIONS AND INSURERS THAT WRITE HEALTH INSURANCE PLANS IN PUERTO RICO UNDER THE HEALTH INSURANCE CODE OF PUERTO RICO

RE: GUIDELINES WITH REGARD TO CORONAVIRUS (COVID-19)

Dear Sirs and Madams:

The coronavirus (COVID-19), which originated in Wuhan, China, has been declared a public health emergency of international importance by the World Health Organization (WHO). Today, March 11, 2020, the WHO categorized COVID-19 as a pandemic making it very clear that timely action is needed to fight the propagation of this virus and prevent contagion.

Given this situation, the Office of the Commissioner of Insurance of Puerto Rico (“OCI”) through this ruling letter is setting forth the guidelines to be followed by health services organizations and insurers that write commercial health insurance, to ensure timely access to health services that are necessary to provide diagnosis and treatment for COVID-19.

As provided in subsection (d)(1) of Section 2.050 of the Health Insurance Code of Puerto Rico, 26 L.P.R.A. § 9005(d)(1), laboratory, X y-ray, and diagnostic test services are part of the required Essential Health Benefits, EHBs, in health insurance coverage. Therefore, it is provided that all health service organizations and insurers that write commercial health insurance plans shall provide coverage for COVID-19 diagnostic tests, as may be ordered according to medical judgment and subject to the terms for deductibles or copayments that are applicable to laboratory coverage in the health insurance plan or policy of the insured.

Subsection (d)(1) of Section 2.050 of the Health Insurance Code of Puerto Rico, *supra*, also establishes that emergency services and hospitalization are part of these requirements for Essential Health Benefits (EHBs) in health insurance coverage, so that hospital and emergency services that are necessary according to medical opinion shall be provided free of any requirement for pre-authorizations, referrals, or any other utilization review procedure and pre-determination for services.

Likewise, all health services organizations and insurers that write commercial health insurance shall follow the following guidelines:

- Inform their insured regarding the providers that are available for them to visit to obtain medical attention. This information shall be available on their websites and customer service telephone lines.

- Take the necessary action to keep a provider network available with sufficient capacity to serve a sudden increase in the need for medical attention due to COVID-19. In the event of a lack of sufficient providers or not having specialized providers to address the particular needs of an insured, they must allow access to out-of-network providers.
- Provide coverage for emergency health services without prior authorization, regardless of whether or not the provider is a network participant.
- Provide coverage free of any out-of-pocket cost (copayments, deductibles, or coinsurance), for immunization against COVID-19, if in the future such a vaccine against COVID-19 may arise, for which there is a recommendation by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, CDC.
- Waive pre-authorizations or scaled treatment requirements when according to medical opinion out-of-formulary medication is recommended to treat any health condition associated with COVID-19.

You are advised that failure to comply with the aforementioned guidelines will entail the imposition of sanctions.

Very truly yours,

Rafael Cestero-Lopategui, CIC Chief
Deputy Commissioner