

Puerto Rico Health Insurance
Administration



BENEFICIARY MANUAL



First **MEDICAL**
HEALTH PLAN, INC.



ASES
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

09-22-030E

ADMINISTRACIÓN DE
SEGUROS DE SALUD
DE PUERTO RICO

ASES



Dear Enrollee:

We present to you the Enrollee Handbook that explains the services and benefits you have through the Vital Health Plan. We invite you to read it to learn in detail about the medical, hospital and drug benefits you are entitled to through the Vital Plan.

If you require a copy with larger letters or braille, for visually impaired people, in another language or an audio CD, you can request a free copy of your health plan.

Your plan can help you answer any questions you have about your health care, ID card, benefit coverage, and contracted health care provider network.

It is important that we have your personal information up to date and your address. If your information has changed, you should contact the Medicaid Program at the call center at 787-641-4224. Remember to attend eligibility appointments so you can stay enrolled receiving the benefits of the Vital Health Plan.

You can also contact the Government Health Plan free of charge at 1-800-981-2737, 1-833-253-7721, (TTY) 787-474-3389 and 1-888-984-0128.

At ASES, we are committed to serving you as you deserve.

Cordially,

Edna Y. Marín Ramos, MA
Executive Director



Table of Contents

Table of contents	2
Who can i call for assistance?	4
What information can i find online?.....	4
Your right to Privacy (HIPAA)	5
Do you need help understanding this guide?.....	5
Do you need help talking to your insurer or reading what they send you?	5
PART 1: Getting Started.....	6
How do i enroll the Vital Plan?	6
What if i have a newborn?	6
How can i keep my Vital Plan benefits?.....	6
How do i choose a plan?	6
Can i change my Insurance Company?.....	7
Learn about the Transition of Care process.....	7
Can my membership with First Medical Stop?.....	8
How do i report changes?.....	9
Your plan Vital membership card.....	10
PART 2: Your primary care physician and other doctors	11
What should I do to see my PCP?	12
What if i have a medical emergency and need care after my PCP Office closes?	12
Can i change my PCP?	13
What happens after i ask for the change?	14
What about other doctors or providers i need to see?	14
Can i receive transportation to get to the health care appointments visits?	16
PART 3: Services Vital pays for	17
General Information	17
Dental Services	18
Mental Health, Alcohol and Drug Abuse Services	18
Pharmacy Services.....	19
Non-covered services.....	19
PART 4: Will i have to pay to get health care services?.....	21
Copay charts	21
PART 5: Special Programs	24
Special Coverage	24

Special Coverage for HIV-AIDS.....	26
Care Management.....	28
PART 6: For your Protection	28
Your Rights.....	28
Your right to Privacy (HIPAA)	29
Your Responsibilities	29
Advance Directives.....	30
Fraud and Abuse.....	30
PART 7: Complaints and Appeals.....	31
Need to make a complaint about your care?	31
What happens if my complaint isn't fixed?.....	32
What is an appeal?.....	32
What will happen when First Medical gets the appeal?	33
What can i do if i don't agree with the decision?.....	33
Can i keep getting services during my appeal or hearing?	34
PART 8: How Vital Plan works with other health insurance	34
How Vital Plan works with Medicare?.....	34
How Vital Plan works with other insurance?	35
How Vital Plan works if you are a public employee or retiree?	36
How Vital Plan works if you are a member of Puerto Rico Police Department	36
Definitions	37

**Centers for the Prevention and Treatment of Communicable Diseases
(CPTET, for its Spanish Acronym)**

ARECIBO	(787) 878-7895 Fax. (787) 881-5773 Fax. (787) 878-8288 Tel. (787) 879-3168	Former District Old Hospital-Dr. Cayetano Coll y Toste, Carretera 129 hacia Lares
		PO Box 140370 Arecibo, PR 00614
BAYAMON	(787) 787-5151 Ext. 2224, 2475 (787) 787-5154 Fax. (787) 778-1209 (787) 787-4211	Old Health Center "Antigua Casa de Salud"- Hosp. Regional Bayamón Dr. Ramón Ruíz Arnaud Ave. Laurel Santa Juanita, Bayamón. PR 00956
CAGUAS CLINICA SATELITE	(787) 653-0550 Ext. 1142, 1150 Fax (787) 746-2898 (787) 744-8645	Hospital San Juan Bautista PO Box 8548 Caguas. PR 00726-8548
HUMACAO CLINICA SATELITE	(787) 285-5660	CDT de Humacao Dr. Jorge Franceshi Calle Sergio Peña Almodóvar, Esq. Flor Gerena Humacao, Puerto Rico 00791
CAROLINA CLETS	(787) 757-1800 Ext. 454, 459 Fax (787) 765-5105	Hospital UPR Dr. Federico Trilla Carr 3, Km. 8.3 P.O Box 6021 Carolina, PR 00984-6021
SAN JUAN CLETS	(787) 754-8118 (787) 754-8128 (787) 754-8127	Calle Teniente Cesar L Gonzalez San Juan 00927 Puerto Rico P. O. Box 70184 San Juan, PR 00936-8523
FAJARDO	(787) 801-1992 (787) 801-1995	Calle San Rafael # 55 Fajardo, PR 00738
MAYAGÜEZ	(787) 834-2115 (787) 834-2118	Centro Médico de Mayagüez Hospital Ramón Emeterio Betances Carr. # 2, Suite 6 Mayagüez, PR 00680
PONCE	(787) 842-0948 (787) 842-2000	Departamento de Salud- Región Ponce Antiguo Hosp. Distrito Ponce- Dr. José Gándara State Road 14, Bo. Machuelo Ponce, PR 00731
CENTRAL OFFICE	(787) 765-2929 Ext. 4026, 4027 Fax (787) 274-5523	Antiguo Hospital Psiquiatría Pabellón 1, Primer piso, 4ta. Puerta - Terrenos de Centro Médico. Río Piedras P.O. Box 70184 San Juan, PR 00936

Care Management

Some people with high needs and special conditions can receive Care Management. If you are eligible for the Care Management Program, nurses, social workers, and dietitians are available to help you create a plan for your care. Your team will review your care plan with you at least once a year, if your health needs change, or if you ask for a review.

You can ask for help through this program by calling First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805. Your doctor, your family, your hospital may also ask about the program.

Part 6: For your Protection

Your Rights

You have the right to:

- x Be treated with respect and in a dignified way.
- x Get written information from your First Medical in English and Spanish and translated into any other language. You also have the right to get written information in an alternative format. Afterwards, you have the right to get all future written information in that same format or language, unless you tell First Medical otherwise.
- x Get information about First Medical, health care facilities, health care professionals, health services covered, and how to access services.
- x Choose a Primary Medical Group, your PCP, and other doctors and providers within your Preferred Provider Network.
- x Choose a dentist and a pharmacy among your plan's networks.
- x Contact your doctors when you want to and in private.
- x Get medically necessary care that is right for you, when you need it. This includes getting emergency services, 24 hours a day, 7 days a week.
- x Be told in an easy-to-understand way about your care and all the different kinds of treatment that could work for you, no matter what they cost or even if they aren't covered.
- x Help to make decisions about your health care. You can turn down care.
- x Ask for a second opinion for a diagnosis or treatment plan.
- x Make an Advanced Directive. Look at Part 6 of this guide for more information.
- x Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience, or revenge.
- x Ask for and get information about your medical records as the federal and state laws say. You can see your medical records, get copies of your medical records, and ask to correct your medical records if they are wrong.
- x File a complaint or an appeal about your plan or your care. Look at Part 7 of this guide for more information. The complaint can be filed in your plan's Service Office or in the Patient Advocate office.

- x Get services without being treated in a different way because of race, color, birthplace, language, sex, age, religion, or disability. You have a right to file a complaint if you think you have been treated unfairly. If you complain or appeal, you have the right to keep getting care without fear of bad treatment from your plan, providers, or Vital Plan.
- x Choose an Authorized Representative to be involved in making decisions.
- x Provide informed consent.
- x Only must pay the amounts for services listed in Part 4 of this guide. You cannot be charged more than those amounts.
- x Be free from harassment by your Insurer, First Medical or its Network Providers with respect to contractual disputes between the plan and its providers.

Your Right to Privacy (HIPAA)

Your health information is private. The law says ASES and First Medical must protect your information. ASES and First Medical can share your information about treatment, to pay for your health claims, and to run the program. But we cannot share your information with others unless you give us permission.

If you want to know more about what information we have, how we can share it, or what to do if you do not want your information shared with certain people, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Your Responsibilities

You have the responsibility to:

- x Understand the information in your handbook and other documents that First Medical sends you.
- x Give your doctors your health records and let them know about any changes in your health so they can take care of you.
- x Follow your doctor's instructions. If you cannot follow your doctor's instructions, let them know.
- x Let your doctor know if you do not understand something.
- x Help make decisions about your health care.
- x Communicate your Advance Directive so your doctors know how you want to be treated if you are too sick to say so.
- x Treat your health care provider and First Medical staff with respect and dignity.
- x Let First Medical know if you have other insurance that may pay for your health care.
- x Let ASES know if you become aware of a case of Fraud and Abuse at Plan Vital.

Advance Directives

Advance Directives are your written wishes about what you want to happen if you are too sick to say so. The written document that states your Advance Directive is called an Advance Directive about Medical Treatment. You can use either word: Advance Directive or Advance Medical Treatment Advance Directive.

Your doctor can give you information on how to make an Advance Directive. If you are in the hospital, the hospital staff can also give you information about Advance Directives. You can also call the Office of the Ombudsman for the Elderly at 787-721-6121. They have free information about Advance Directives.

A Power of Attorney is a document that allows you to name another person to make medical decisions for you. This person can only make decisions if you are too sick to make your own decisions. He or she can speak your wishes for you if you are unable to speak for yourself. Your illness may be temporary. You do not have to fill out these papers for an Advance Directive or a Power of Attorney. It is your choice. You may want to talk to a lawyer or a friend before you fill out these papers. For all these papers to be legal, you need to have a lawyer to see you sign the document. Instead of a lawyer, you could also have your doctor and two additional witnesses watch you sign the form. The two additional witnesses must be of legal age and cannot be related to you by blood or marriage.

Once the papers are signed by everyone, this is your rule about what you want to happen if you become too ill to be able to say so. The Directive stays that way unless you change your mind. These papers will only be used if you become too sick to be able to say what you want to happen. If you can still think for yourself, you can decide about your medical care yourself.

Give a copy of the papers to your PCP and family members so they will know what you want to happen to you if you are too sick to say.

If you feel that First Medical or your doctors are not following your wishes, or if you have a complaint, you have the right to call the Vital Plan Call Center at 1-800-981-2737 or the Puerto Rico Office of the Patient Advocate at 1-800-981-0031. The call is free.

Fraud and Abuse

Unfortunately, there may be a time when you see Fraud or Abuse related to the Vital Plan. Some examples are:

- x A person lies about facts to get or keep Vital Plan coverage.
- x A doctor's bills you or makes you pay cash for covered services.
- x A person uses another person's Vital Plan Card.
- x A doctor bills for services you did not receive.
- x A person sells or gives drugs to another person.

If you know about a possible case of Fraud or Abuse, you must tell us. You can call First Medical, the Patient Advocate's Office or ASES. You do not need to tell us your name; we will keep your information private. You will not lose your Vital Plan coverage if you report Fraud or Abuse.

For more information, you can visit the ASES website at www.planVitalpr.com. There is a form on the website that you can use to make your report. The First Medical website also has more information.

You can also help prevent Fraud and Abuse. Here are some things you can do:

- x Don't give your Vital Plan Card to anyone else.
- x Know your Vital Plan benefits.
- x Keep records of your doctor's visits, lab tests and medication. Make sure you do not receive repeated services.
- x Make sure your information is correct on the form before you sign it.
- x Request and review the quarterly summary of services you receive. You can request a summary of services directly from First Medical.

Compliance Program

Compliance with applicable laws and regulations plays a critical role in the healthcare industry. First Medical Health Plan, Inc. is committed to implementing a comprehensive and effective Compliance Program in compliance with federal and state laws and regulations applicable to the healthcare industry and the relevant and applicable requirements established by the Centers for Medicare and Medicaid Services, the Office of Inspector General and ASES, among others.

The First Medical Health Plan, Inc. Compliance Program reflects our unwavering commitment to the highest standards of corporate conduct and integrity. The main objective of the Compliance Program is to ensure compliance with all the requirements of the health industry, identify risk areas, prevent fraud, misuse and abuse, eradicate unethical behaviors and optimize operational functions, improving the quality of health services. If you need a copy of the Compliance Program, please feel free to contact the Customer Service Department at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805, Monday through Friday from 7:00 a.m. to 7:00 p.m. First Medical will send you the Compliance Program free of charge within five (5) business days of receipt of your request.

Part 7: Complaints and Appeals

Need to make a complaint about your care?

If you are unhappy with the care you are getting, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Tell them you need to file a complaint. You can also visit First Medical Service Offices. You can file a complaint at any time.

Your doctor, a family member or your representative can file a grievance with you if you give them permission to do so. You also have the right to call the Office of the Patient Advocate to file a complaint. Their number is 1-800-981-0031. You may also file a complaint with ASES. Their number is 1-800-981-2737. No one can hurt you if you file a complaint.

First Medical has seventy-two (72) hours to answer your complaint. If they cannot resolve your complaint quickly, it will become a "grievance". In this case, First Medical has up to ninety (90) days to solve it but must decide faster if it is important to your health. First Medical must tell you how the complaint was resolved.

What happens if my complaint isn't fixed?

If your plan does not fix your complaint, you can ask for an administrative hearing, where you can tell a judge about the issue.

What is an appeal?

If your doctors or your plan decide something about your care that you don't agree with, you can file an appeal. When you appeal, you're asking your plan to take another look at a mistake you think was made.

If First Medical denies, reduces, limits, suspends, or terminates your health care services, they will send you a letter in the mail. The letter will have information such as:

- x What decision they made
- x Why did they make that decision.
- x How to file an appeal

If you disagree with the decision, you can file an appeal. **You have sixty (60) days from the date of the letter to file an appeal.** Your doctor or your authorized representative can file the appeal for you if you authorize them to do so.

There are many ways to file an appeal. You can:

- x Call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.
- x Visit any First Medical Service Office.
- x Mail your appeal to:

First Medical Health Plan, Inc.
Grievances and Appeals Department – FM Vital
PO Box 195079
San Juan, PR 00919-5079

What will happen when First Medical gets the appeal?

Your appeal will be reviewed by a team of experts who have not been involved in the subject of your appeal. First Medical will decide within 30 days. If you have an emergency and your insurer agrees that you should have one, you can ask for an expedited or fast appeal.

You, your doctor, or your representative can request an expedited appeal by calling First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805, or visit any of our First Medical Service Offices, or write a letter to:

**First Medical Health Plan, Inc.
Grievances and Appeals Department
P.O. Box 195079
San Juan, PR 00919-5079**

What can I do if I don't agree with the decision?

If you are not satisfied with First Medical's decision about a complaint or appeal, you can ask for an Administrative Hearing. At an Administrative Hearing you can tell an Official Examiner about a mistake you think First Medical made. You have one hundred twenty (120) days from the date of First Medical's decision to request an Administrative Hearing with ASES.

For more information or to request an Administrative Hearing:

Calling the Plan Vital call center at:	1-800-981-2737 TTY-474-3389
Writing ASES at:	ASES PO Box 195661 San Juan, PR 00919-5661
Sending a fax to ASES at:	787-474-3346

Before the Administrative Hearing, you and your representative may ask to see the documents and records that First Medical will use and must give you access to those documents and records free of charge.

During the Administrative Hearing, you can give facts and proof about your health and medical care. A Hearing Officer will listen to everyone's point of view. At the Administrative Hearing, you can speak for yourself, or you can bring someone else to speak for you, such as a friend or a lawyer.

The Hearing Officer will decide your case within ninety (90) days. If you need a quick decision, the Hearing Officer will decide your case within seventy-two (72) hours.

If you disagree with the Examiner's decision, you may file an appeal to the Puerto Rico Court of Appeals. More information on how to file an appeal will be in the papers you receive after the Administrative Hearing.

Can I keep getting services during my appeal or hearing?

If you are already getting services, you may be able to keep getting services during your appeal or Administrative Hearing. To keep getting services, all these things must be true:

- x You file the appeal within sixty (60) calendar days of the date in the letter from First Medical.
- x You ask to keep getting services by the date your care will stop or change or within ten (10) calendar days of the date on First Medical's letter (whichever is later).
- x You say in your appeal that you want to keep getting services during the appeal.
- x The appeal is for the type and amount of care you have been getting that has been stopped or changed.
- x You have a doctor's order for the services (if one is needed).
- x The services are covered by the Vital Plan.

If you continue to receive services during your appeal or Administrative Hearing and you lose, you may have to pay First Medical for the services you received during the appeal or Administrative Hearing process.

To continue getting services during your appeal or Administrative Hearing, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Part 8: How vital works with other health insurance?

How Vital Plan works with Medicare?

If you have Medicare, your Vital Plan coverage works differently. Medicare is health insurance for people over age sixty-five (65), and for some people of any age who Social Security says are disabled. People with end-stage renal disease can also have Medicare.

These are the different parts of Medicare:

- x **Part A** is for hospitalization, skilled nursing facility care, home health care, and hospice care.

- x **Part B** is for your doctor's services and outpatient care.
- x **Part D** is for prescription drugs.

There are also other ways to have Medicare. These are called Medicare Health Plans (these plans are sometimes called Medicare Part C). These plans put all of Parts A, B, and D together for you in one plan. To learn more about Medicare, call them at 1-800-633-4227. It's a free call. If you have Medicare, Vital Plan coverage works differently:

Your Medicare is your first (primary) insurance. Hospitals, doctors, and other health care providers will bill Medicare first.

The Vital Plan is your second (secondary) insurance. After your providers bill Medicare, they will also bill the Vital Plan.

- x If you have Medicare Part A:

The Vital Plan will pay once you have reached the limit of what Medicare pays.

The Vital Plan will not pay for your Part A deductibles.

You will pay a copayment for services depending on the type of Vital Plan coverage you have. Please see the copayment schedule on page twenty-one (21) for more information.

- x If you have Medicare Part A and Part B:

Plan Vital will pay for your pharmacy and dental services.

The Vital Plan will not pay for your Part A deductibles.

The Vital Plan will pay for your Part B deductibles and copayments.

- x If you have Medicare Part C:

You have the option to choose a Platinum Plan, which will cover services that your Medicare health plan does not cover.

How Vital Plan works with other Insurance?

If you have other health insurance, your other insurance is your first (primary) insurance. Hospitals, doctors, and other health care providers will bill your other insurance first. The Vital Plan is your secondary insurance. After your providers bill your other insurance, they will bill the Vital Plan.

If you have other health insurance, you must let First Medical, and the Medicaid Program know. Call the Medicaid Program and First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 to let them know.

When you go to your health care visits, take your Vital Plan ID card and your other insurance ID card.

When you go to your health care visits, bring your Plan Vital Member card and your member cards for your other insurance.

How Vital Plan works if you are a public employee or retiree?

If you are a public employee or a retiree of the Government of Puerto Rico, you may choose the Vital Plan as your health insurance. Your employer will pay ASES, and you will pay the difference, if any.

You can also visit your local Medicaid Office to see if you are eligible for the Vital Plan for other reasons. If you are eligible for the Vital Plan for other reasons, you will not have to pay the difference, if any. If you and your spouse are public employees or retirees of the Government of Puerto Rico, you can apply for the Vital Plan together. This is called "Joint Enrollment".

If, at any time, you lose eligibility for the Vital Plan, you can enroll in the Vital Plan in the ELA Puro group. This way, you can continue to receive your Vital Plan benefits until you can get insurance through your job. You don't have to continue as ELA Puro - it's your choice!

If you get other health insurance from your job, you must cancel your Vital Plan benefits before enrolling in the other health insurance. Visit your local Medicaid Office to cancel your Vital Plan benefits.

The change will be effective on the first day of the next month after you cancel your benefits. If you do not cancel your benefits, you will have to pay part of the premium cost for the new insurance you enroll in.

How Vital Plan works if you are a member of the Police Department of Puerto Rico?

Members of the Puerto Rico Police Department, their spouses and children may also enroll in the Vital Plan. The Puerto Rico Police Department will pay.

If you are a member of the Puerto Rico Police Department, you must visit your local Medicaid Office to enroll in the Vital Plan.

If a member of the Puerto Rico Police Department dies, his or her widow(er) can continue to receive Vital Plan benefits until he or she remarries. Children may continue to receive Vital Plan benefits until age twenty-six (26).

Definitions

Appeal: A request from the beneficiary for the review of a decision. It is a formal request made by the beneficiary, his authorized representative or provider, acting on behalf of the beneficiary with the consent of the beneficiary, to reconsider a decision in the case that the beneficiary does not agree.

Authorization: A written document through which a person freely and voluntarily authorizes another person or provider to represent him/her for medical or treatment purposes or to initiate an action such as a grievance. It may also be used to end a previous authorization.

Benefits: The health care services covered under Plan Vital.

Beneficiary (Enrollee): A person who, after being certified as eligible under the Medicaid program, has completed the enrollment process with the plan and for whom the plan has issued the Member card that identifies the person as a Plan Vital Beneficiary.

CHIP: *Children Health Insurance Program*, a federal program that provides medical services to low-income children aged 21 and under, through plans qualified to offer coverage under this program.

Commonwealth Population: Individuals, regardless of age, who meet State eligibility standards established by the Puerto Rico Medicaid Program but do not qualify for Medicaid or CHIP.

Complaint: An expression of dissatisfaction about any issue that is not an Adverse Benefit Determination that is resolved at the point of contact instead of having to file a Grievance.

Coordinated Care: Is the service provided to Beneficiaries by doctors who are part of the preferred network of providers in your Primary Medical Group. The PCP is the leading provider of services and is responsible for periodically evaluate your health and coordinate all medical services you need.

Copayment: Money you need to pay at the time of service.

Covered Services: Services and benefits included in Plan Vital.

ELA Puro: An option available to public employees so they can maintain medical coverage when they lose eligibility in the Medicaid Program and the enrollment for other plans contracted under Law 95 has ended. This coverage is the same as the coverage of Plan Vital.

Emergency Medical Condition: A medical problem so serious that you must seek care right away to avoid severe harm.

Emergency Services: Treatment of an emergency medical condition to keep it from getting worse.

Enrollment Counselor: An individual or entity that performs choice counseling, or enrollment activities, or both.

Grievance: A formal claim made by the Beneficiary in writing, by telephone or by visiting your plan or the Health Advocate Office, regarding an expression of dissatisfaction about any matter that is not an Adverse Benefits Determination.

HIPAA (Health Insurance Portability and Accountability Act): The law that includes regulations for establishing safe electronic health records that will protect the privacy of a person's medical information and prevent the misuse of this information.

High-Cost High Needs Program: A specialized program of coordinated care for Beneficiaries with specific conditions that require additional management due to the cost or elevated needs associated with the condition.

Hospital: A facility that provides medical-surgical services to patients.

Insurer (plan): The company contracted with ASES to provide your medical services under Plan Vital.

Medical Record: Detailed collection of data and information on the treatment and care the patient receives from a health professional.

Medically Necessary: Services related to (i) the prevention, diagnosis, and treatment of health impairments; (ii) the ability to achieve age-appropriate growth and development; or (iii) the ability to attain, maintain, or regain functional capacity. Additionally, the necessary medical services must be:

- x Appropriate and consistent with the diagnosis of the treating provider and not getting it could adversely affect your medical condition.
- x Compatible with the standards of acceptable medical practice in the community.
- x Provided in a safe, appropriate, and cost-effective setting given the nature of the diagnosis and the severity of the symptoms.
- x Not provided solely for your convenience or the convenience of the Provider or Hospital;
and
- x Not primarily custodial care (for example, foster care).

For a service to be Medically Necessary, there must be no other effective and more conservative or substantially less costly treatment, service, or setting available.

Medicaid: Program that provides health insurance for people with low or no income and limited resources, according to federal regulations.

Primary Care Physician (PCP): A licensed medical doctor (MD) who is a provider and who, within the scope of practice and in accordance with Puerto Rico Certification and licensure requirements, is responsible for providing all required primary care to beneficiaries. The PCP is responsible for determining services required by beneficiaries, provides continuity of care, and provides referrals for beneficiaries when Medically Necessary. A PCP may be a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician.

Patient: Person receiving treatment for his mental and physical health.

Prescription: Original written order issued by a duly licensed health professional, ordering the dispensing of a product, or formula.

Preferred Provider Network: Health professionals duly licensed to practice medicine in Puerto Rico contracted by your plan for the beneficiary to use as the first option. Beneficiaries can access these providers without referral or co-payments if they belong to their Primary Medical Group.

Primary Medical Group: Health professionals grouped to contract with your plan to provide health services under a Coordinated Care model.

Prior-Authorization: Permission your plan grants in writing to you, at the request of the PCP, specialist, or sub-specialist, to obtain a specialized service.

Referral: Written authorization a PCP gives to a beneficiary to receive services from a specialist, sub-specialist, or facility outside the preferred network of the Primary Medical Group.

Specialist: A health professional licensed to practice medicine and surgery in Puerto Rico that provides specialized medical and complementary services to primary physicians. This category includes: Cardiologists, endocrinologists, neurologists, surgeons, radiologists, psychiatrists, ophthalmologists, nephrologists, urologists, physiatrists, orthopedists, and other physicians not included in the definition of PCP.

Second Opinion: Additional consultation the beneficiary makes to another physician with the same medical specialty to receive or confirm that the initially recommended medical procedure is the treatment indicated for his condition.

Treatment: To provide, coordinate or manage health care and related services offered by health care providers.

¿Ayuda con su Plan de Salud del Gobierno?



ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO



Línea libre de cargos

1-800-981-2737

TTY 787-474-3389