

Carta Trámite

4 de febrero de 2020

A: Todos los Proveedores Contratados por First Medical Health Plan, Inc. para el Plan Vital, Región Única y Población Vital-X (Virtual)

Re: Carta Normativa 19-1209 de la Administración de Seguros de Salud de Puerto Rico, relacionada al Acceso a servicios para beneficiarios con Condición Renal Crónica (Estadio 5) y Post-trasplantados

Estimado(a) Proveedor(a):

Reciba un cordial saludo de parte de First Medical Health Plan, Inc.

Adjunto a este comunicado encontrará la Carta Normativa 19-1209 de la Administración de Seguros de Salud de Puerto Rico (ASES), emitida el 9 de diciembre de 2019.

A través de este comunicado, la ASES informa que los beneficiarios con Condición Renal Crónica: Estadio 5 que estén registrados en Cubierta Especial, no necesitan referidos para recibir servicios de especialistas o subespecialistas. Además, no requieren contrafirmas del médico en las órdenes de medicamentos, pruebas de laboratorios o estudios.

Cada beneficiario paciente de la Condición Renal Crónica: Etapa 5, debe estar registrado e identificado en la Cubierta Especial para tener libre acceso a especialistas y subespecialistas de la Red de Proveedores de First Medical Health Plan, Inc. (FMHP).

Es requerido otorgar la Cubierta Especial a los pacientes post-trasplantados del Plan Vital, cuando los certifique un especialista, su médico primario o sean identificados en un registro para el acceso a su cuidado médico sin necesidad de referidos y a medicamentos sin la contrafirma del médico primario.

Se adjunta el instrumento para la certificación del registro y los criterios médicos que deben ser provistos por el médico primario y/o especialista certificando el diagnóstico del beneficiario.

- La certificación diagnóstica y la fecha del trasplante.
- El plan de tratamiento para el paciente con las fechas de inicio
- Los medicamentos específicos, dosis y vía de administración para inmunosupresores.

La cubierta será efectiva a partir de la fecha en que se complete el registro y mantendrá su vigencia mientras el beneficiario continúe activo en el Plan Vital.

Es importante que lea detenidamente la Carta Normativa 19-1209 y que se familiarice con las aclaraciones impartidas por la ASES.

Si usted tiene alguna pregunta relacionada a este comunicado y/o necesita información adicional, siéntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802 de lunes a viernes de 7:00 a.m. a 7:00 p.m. También puede acceder a www.firstmedicalvital.com.

Cordialmente,

Departamento de Cumplimiento
First Medical Health Plan, Inc.



Carta Normativa 19-1209

9 de diciembre de 2019

- A:** Organizaciones de Cuidado Dirigido (MCO) contratadas por el Plan de Salud del Gobierno de PR (PSG) Vital; Administradores del Beneficio de Farmacia (PBM); Farmacias; Médicos Primarios (PCP); Grupos Médicos Primarios (GMP) y Proveedores Participantes
- Re:** Acceso a servicios para beneficiarios con Condición Renal Crónica (Estadio 5) y Post-transplantados

A continuación, se aclaran aspectos relacionados a la cubierta especial de beneficiarios con condición renal crónica: Estadio 5 y Post-transplantados.

Enfermedad Renal Crónica: Estadio 5 /Diálisis y Post-transplantados

Los beneficiarios registrados en cubierta especial bajo la cubierta de Enfermedad Renal Crónica (Estadio 5) no necesitan referidos para recibir servicios de especialistas o subespecialistas, ni tampoco requieren contrafirmas del médico primario en las órdenes de medicamentos, pruebas de laboratorios, estudios o referidos para tener acceso a servicios de especialistas y subespecialistas.

Estos beneficiarios tienen libre acceso a especialistas y subespecialistas para el manejo del su cuidado médico siempre que estos proveedores sean parte de la red contratada por el MCO. Además, es imperativo que estos pacientes estén debidamente registrados e identificados en la cubierta especial por el MCO lo que permite el despacho de medicamentos sin necesidad de contrafirma del médico primario.

Beneficiarios Post-Trasplantados

Es requerido que los MCOs otorguen la cubierta especial a los pacientes post trasplantados, una vez sean certificados por el especialista o médico primario e identificados en un registro para el acceso a su cuidado médico y medicamentos sin necesidad de referidos o contrafirma del médico primario.

Se incluye el instrumento para la certificación del registro y los criterios médicos que deben ser provisto por el médico primario y/o especialista certificando el diagnóstico del beneficiario.

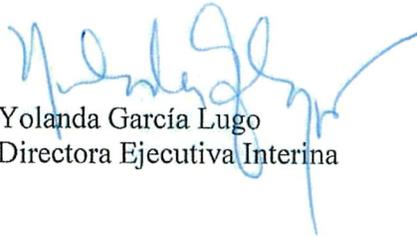
- Certificación diagnóstica de trasplante y fecha del trasplante

- El plan de tratamiento para el paciente con las fechas de inicio y
- Medicamentos específicos, dosis y vía de administración para inmunosupresores

La efectividad de la cubierta comenzará a partir de la fecha en que se complete el registro y se mantendrá vigente mientras el beneficiario continúe activo en Plan Vital.

Es requerido que los MCO's y el Administrador del Beneficio de Farmacia (PBM por sus siglas en inglés) orienten a todo el personal administrativo y sus respectivas redes de proveedores.

Cordialmente,



Yolanda García Lugo
Directora Ejecutiva Interina

Special Coverage

Attachment 7

Version 10.1.18



Mandated and Uniform Protocol for Conditions Included in Special Coverage

Initiation:

Any primary or specialist physician who have evaluated a patient may submit a request for Register subject to having available all required documentation for said condition. The insurer shall make a determination of approval or denial of registration and inform this decision in writing to the insured and the physician requesting the registration. If the physician requesting the registry is not the primary physician of the insured, the insurer shall send a copy of the determination to the primary care physician. The insurance company will make a final determination on the application for special coverage in a 72-hour period, after receiving the complete documentation as required by this Protocol for each condition.

Once a Provider supplies all the required information for the Contractor to process a registration and the Contractor processes such information, Special Coverage shall take effect retroactively as of the date the Provider reaches a diagnosis, including documentation of test results, for any condition included in Special Coverage. In case Information is submitted to the Contractor after the diagnosis was reached, coverage can be made retroactive up to sixty (60) Calendar Days before the date on which Provider submitted the registration request. (Contract Section 7.7.5)

Reactivation: Any insured who have lost eligibility for PSG for over one year period, will be required a new certification by the primary care physician that evidence current treatment plan to be reactivated in the special coverage. Any insured that loses its eligibility for a period less than 12 months, will be register without documents or additional certifications, unless there is any other limit for the specific condition.

Risk allocation*: the distribution of the special coverage between insurer and primary medical groups risk is defined in the following table. The same may be modify at the request of the insurance company subject to prior review and approval by ASES.

Note: Covered medications are those included in the pharmacy benefit and ASES drug formulary (FMC).

Special Condition	Definitive diagnosis criteria for inclusion in the coverage	Special Coverage Effectiveness and Duration	Services included in Special Coverage	Risk Allocation*
1. Aplastic Anemia	1-Diagnosis certification by a hematologist/oncologist with treatment plan 2- Evidence of: <ol style="list-style-type: none"> Absolute Neutrophils Count Platelets Counts Reticulocytes Counts Results of bone Marrow aspiration or biopsy 	Effectiveness = From the date of the diagnosis by the hematologist/oncologist or date the biopsy was performed if its reading establishes the definitive diagnosis. Duration= Special coverage will begin from the date the definitive diagnosis is established. Special cover will be in effect as long as the insured is eligible in the PSG	<ol style="list-style-type: none"> All hospital services, emergency room or medical specialist services provided with primary diagnosis of Aplastic Anemia. All medical services provided or ordered by the hematologist/oncologist Medication prescribed by the oncologist/ hematologist and specific to treat the condition. 	Insurer: Medical services and medications as defined for the special coverage condition in this document. GMP/PCP: Will receive the monthly capitation corresponding to the insured.
2. Rheumatoid Arthritis	1-Diagnosis certification by the rheumatologist in accordance with the criteria established by the American College of Rheumatology. (The insurance company will provide a sheet with the criteria and treatment plan to be fill by the specialist.) 2-Evidence of laboratory tests:	Effectiveness = From the date of the diagnosis by the rheumatologist. Duration = Special cover will be in effect as long as the insured is eligible in the PSG	<ol style="list-style-type: none"> All hospital services, emergency room or medical specialist services provided with primary diagnosis of Rheumatoid Arthritis. All medical services provided or ordered by the rheumatologist. Medication prescribed by the rheumatologist and specific to treat the 	Insurer: Medical services and medications as defined for the special coverage condition in this document. GMP/PCP – Will receive the monthly capitation corresponding to the insured.

	<p>ESR, ANA Test, CRP, RA Factor.</p> <p>3- Evidence of relevant radiologic studies</p> <p>4-Evidence of treatment with a DMARD medication.</p>		<p>condition, including DMARD.</p>	
<p>4. Autism</p> <p>a. Provisional Coverage</p>	<p>a. Certification of risk by the primary care physician and evidence of the screening tool utilized.</p>	<p>Provisional Special Coverage:</p> <p>a. Effectiveness: If the risk of developing the condition is confirm using the instruments established in the Protocol of Autism from the Department of Health, the primary care physician will complete the registration form for provisional special coverage and send it to the insurer. Once the provisional special coverage for autism is activate, a referral or authorization from the primary care physician to access the services of a qualified provider for the diagnostic evaluation process will not be required.</p> <p>Duration: The provisional coverage will last for six months. If the evaluation process is not completed, the provisional coverage may be renew for six additional</p>	<p>Provisional Special Coverage:</p> <p>a. Diagnostic evaluation according to the Protocol of the Dept. of Health that includes family history, development and health, interview with tutors on the skills, behavior, communication and social interactions of the person, observation of the conduct of the person in interaction with others and own age play and socialization activities and the results of the most recent version of at least one instrument to document current behaviors.</p>	<p>a. Insurer – All services rendered by providers qualified for diagnostic evaluation.</p> <p>GMP/PCP – Will receive the monthly capitation corresponding to the insured.</p>

<p>b. Permanent Special Coverage</p>	<p>b.1. Diagnosis certification by a clinical psychologist, school psychologist, counselor psychologist, neurologist, psychiatrist or a pediatrician development specialist. Professionals should have training or experience in the area of Autism, as required by the Protocol of Autism from the Department of Health of PR.</p> <p>b. 2 Evidence of the relevant screening tests according to the Protocol of Autism from the Department of Health of PR.</p>	<p>months.</p> <p>b. Effectiveness: From the date of the diagnosis certification by one of the listed professionals, the effective date will be the earliest certification date.</p> <p>Duration: Special coverage will be valid, provided the insured eligibility to the PSG, until 21 years of age. After 21 years, to continue in the special coverage, a certification by a neurologist or psychiatrist establishing the need for the condition management and treatment as an adult is required.</p>	<p>b. Medical services rendered or ordered by the psychiatrist, psychologist, neurologist, or any other qualified provider according to the Protocol of Autism from the Department of Health of PR will not require referral from the primary physician. Medicines for the specific management of the condition, prescribed by a qualified provider, will not require PCP authorization.</p>	<p>b. Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP – Will receive the monthly capitation corresponding to the insured.</p>
<p>5. Cancer</p>	<p>1. Diagnostic certification with stage, by a hematologist/ oncologist or specialist physician in charge of the management of the condition, treatment plan with estimated start and</p>	<p>Effectiveness = from the date of certification of the diagnosis by the hematologist/oncologist or the biopsy date if its results establishes the definitive diagnosis.</p>	<p>1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of Cancer.</p> <p>2-All medical services provided or ordered by the</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p>

	<p>completion dates. The insurer shall provide a specific form to be used as the Registry Application and Cancer Certification to be completed by the specialist.</p> <p>2-Evidence of diagnosis by biopsy result.</p> <p>3- In cases where the diagnosis cannot be confirmed by a pathology study, evidence of diagnostic studies of CT, MRI, PET Scan, ultrasonography supporting diagnosis or stage will be taken into consideration.</p>	<p>Duration = until the end of active treatment of the condition with radiotherapy or chemotherapy. All insured will receive a certification of registration until the date in which the insured meets their surgical treatment, chemotherapy and/or radiation therapy. The insured will have the benefit of covered visits to his oncologist/hematologist to a maximum of one year. At the end of the year, if needed, the hematologist/oncologist may perform a request for extension of registration documenting the condition stage and the treatment plan for next year. A temporary register up to a maximum of 30 days shall be granted to receive documentation on the Cancer Registration Extension form provided by the insurer. If this process is not completed, the insured will automatically lose its registration for special coverage.</p> <p>In cases of prostate cancer,</p>	<p>hematologist/oncologist. .</p> <p>3- Medications prescribed by the hematologist/oncologist specific to treat the cancer condition.</p>	<p>GMP/PCP -- Will receive the monthly capitation corresponding to the insured.</p>
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		<p>treatment with hormonal chemotherapy will qualify the member to continue active in the cancer registry. Their visits to the urologist and medical orders and treatment ordered by this specialist (urologist) will be cover.</p> <p>In the cases of breast cancer, once active treatment with radiotherapy and chemotherapy ends, they will no longer remain in the registry. However, patients receiving treatment with anti-estrogens will continue being consider under cancer special coverage.</p>		
6. Skin Cancer: Carcinoma IN SITU	- Positive Biopsy Report	<p>Effectiveness: Special coverage in skin cancer and carcinoma in situ will only apply to the surgery day.</p> <p>Duration: the day or days for surgical removal and all services on said day and any other radiotherapy treatment used any time.</p>	Surgical removal and all related services on said day and any other subsequent radiotherapy/chemotherapy treatment.	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP – – Will receive the monthly capitation corresponding</p>

				to the insured.
7. Skin Cancer such as Invasive Melanoma or squamous cells with evidence of metastasis.	<ul style="list-style-type: none"> - Positive biopsy or pathology - Special studies like CT Scan, MRI, Sonogram - Registry certification completed by a dermatologist or a hematologist/oncologist. 	<p>Effectiveness: From the date the diagnosis is established.</p> <p>Duration = until the end of the active treatment of the condition with radiotherapy or chemotherapy. All insured will receive a certification of registration for up to a year. At the end of the year, if needed, the dermatologist or hematologist/oncologist may request an extension of registration documenting the condition stage and the treatment plan for next year. A temporary register up to a maximum of 30 days shall be granted to receive documentation on the Cancer Registration Extension form provided by the insurer. If this process is not completed, the insured will automatically lose its registration for special coverage.</p>	<p>1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of indicated Skin Cancer.</p> <p>2-All medical services provided or ordered by the dermatologist or hematologist/oncologist.</p> <p>3- Medications prescribed by the dermatologist or hematologist/oncologist specific to treat the cancer condition.</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>

<p>8. Chronic Renal Disease</p> <p>Level 1 and 2</p> <p>Level 3 and 4</p>	<p>The Glomerular Filtration Rate (GFR) is used. Evidence of recent results of Creatinine in blood and age, sex and race of the insured.</p> <p>Level 1: GFR over 90, ICD-10-N18.1 Level 2: GFR between 60 to 89, ICD-10-N18.2</p> <p>Level 3: GFR between 30 to 59, ICD-10-N18.3 Level 4: GFR between 15 to 29, ICD-10-N18.4</p>	<p>Level 1 and 2: Does not qualify for registry under special coverage.</p> <p>Level 3 and 4: Qualifies for special coverage registry.</p> <p>Effectiveness: From the date the diagnosis is established.</p> <p>Duration = As long as the insured is eligible in the PSG.</p>	<p>GMP/PCP: Levels 1 and 2 are total risk of GMP.</p> <p>Level 3 and 4-The insurer assumes the nephrologist visits (without referrals), renal laboratory and diagnostic studies ordered by this specialist, peripheral vascular studies to document hemodialysis access and drugs ordered by the nephrologist, related to the condition and limited to immunosuppressants, erythrocytes stimulants, Megace, renal antidotes and systemic corticosteroids</p>	<p>GMP/PCP: Levels 1 and 2 are total risk of GMP.</p> <p>Level 3 and 4: Insurer: All medical services provided or ordered by nephrologist from the date of effectiveness of the coverage. Additionally including: -insertion of catheters for dialysis - surgeries for arteriovenous (AV) fistulas -Administration of hematopoietic agents - blood transfusions GMP/PCP Level 3 and 4: Will receive the monthly capitation corresponding</p>
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<p>Level 5</p>	<p>Level 5: GFR less than 15 ICD-10-N18.5 ICD-10-N18.6 (ESRD)</p>	<p>Effectiveness: From the date the diagnosis is established.</p> <p>Duration = As long as the insured is eligible in the PSG</p>	<p>Level 5-All services covered by the PSG as long as the insured is active in the Special Coverage Registry.</p>	<p>to the insured.</p> <p>Level 5: Insurer: Once the registration for chronic kidney condition is authorized, the insured received a notice by mail, indicating the changes in the coverage or the change of the GMP to one of the Renal-GMP (Dialysis Center).</p> <p>The change of GMP will be effective the month in which the change request is done. From this moment, the monthly capitation to the GMP for this insured is discontinued.</p> <p>The risk of the services received by the insured prior to the exchange of GMP or registration of the insured will be at the risk of the GMP, except those dealing directly with dialysis. Outpatient services, except emergency, provided to the insured in the Renal</p>
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				<p>GMP have to be coordinated by the nephrologist, who will become the primary physician of the insured.</p> <p>GMP/PCP: Level 5 – Will not receive monthly capitation for the insured.</p>
8. Scleroderma	<p>1. Diagnosis certification by the rheumatologist including signs and symptoms supporting the diagnosis.</p> <p>2. Evidence of a positive ANA Test > or equal to 1:80 dil</p> <p>3. Positive skin biopsy</p> <p>The insurer will develop a Registry form for this condition to be completed by the specialist certifying the condition, the criteria used to establish the diagnosis and the treatment plan.</p>	<p>Effectiveness: From the diagnosis certification date by the rheumatologist.</p> <p>Duration = As long as the insured is eligible in the PSG</p>	<p>1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of Scleroderma.</p> <p>2. All medical services provided or ordered by the rheumatologist.</p> <p>3. Medication prescribed by the rheumatologist and specific to treat the condition.</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>
9. Multiple Sclerosis (MS) and Amiotrophic Lateral Sclerosis (ALS)	<p>1. Certification of the diagnosis by a neurologist confirming condition and plan of treatment</p> <p>2. Evidence of relevant</p>	<p>Effectiveness: From the date a definitive diagnosis is certified and a treatment plan is established by the neurologist.</p> <p>Duration = As long as the</p>	<p>1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of MS or ALS.</p> <p>2. All medical services provided</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p>

	diagnostic studies performed to reach diagnosis such as: MRIs, EMG, Evoked potentials, NCS, lumbar puncture, Genetic studies, etc.	insured is eligible in the PSG	or ordered by the neurologist. 3. Medication prescribed by the neurologist and specific to treat the condition.	GMP/PCP: Will receive the monthly capitation corresponding to the insured.
10. Cystic Fibrosis	1. Sweat test 2. Evidence of treatments 3. Diagnosis certification by a pneumologist.	Effectiveness: From the date a definitive diagnosis is certified and a treatment plan is established by the pneumologist. Duration = As long as the insured is eligible in the PSG	All services covered by the PSG as long as the insured is active in the Special Coverage Registry.	Insurer- All medically necessary services cover by the PSG. GMP/PCP: Monthly capitation does not apply for this insured.
11. Hemophilia	1. Certification of diagnosis by a hematologist 2. Evidence of relevant studies and test	Effectiveness: From the date a definitive diagnosis is certified and a treatment plan is established by a hematologist. Duration = As long as the insured is eligible in the PSG	1- All hospital services, emergency room or medical specialist services provided with a diagnosis of hemophilia. 2-All medical services provided by the hematologist. 3-Medications prescribed by the hematologist specifics to treat the condition and anti-hemophilic drugs administered to the insured.	Insurer: Medical services and medications as defined for the special coverage condition in this document. GMP/PCP: Will receive the monthly capitation corresponding to the insured.

<p>12. Leprosy</p>	<p>1. Evidence of skin biopsy result 2. Infection positive cultures 3. Diagnosis certification by an infectologist or a dermatologist.</p>	<p>Effectiveness = starts from the date of certification, which establishes the definitive diagnosis by the infectious disease specialist or a dermatologist.</p> <p>Duration= It ends when the treatment is complete.</p>	<p>1. All hospital services, emergency room or specialist, cultures, and biopsies of follow-up, provided with a diagnosis of leprosy. (ICD-10 A30) 2. All medical services provided by the infectious disease specialist or dermatologist. 3. Medications prescribed by the infectious disease specialist or dermatologist.</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>
<p>13. Systemic Lupus Erythematosus (SLE)</p>	<p>1-Diagnosis certification by a rheumatologist with evidence of the following tests: ANA Test, DS-DNA, Anti Sm y Anti Phospholipids.</p>	<p>Effectiveness = from the date of certification establishing the definitive diagnosis by the rheumatologist</p> <p>Duration = As long as the insured is eligible in the PSG</p>	<p>1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of SLE. 2. All medical services provided or ordered by the rheumatologist. 3. Medication prescribed by the rheumatologist and specific to treat the condition of SLE.</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>

<p>14. Children with Special Health Needs</p>	<p>Complete the Registration Form for children with special health care needs by the primary care physician with evidence of the condition according to the list of diagnoses included by ASES as an attachment to the contract, entitled "Conditions to include patients in the Register of Children with Special Health Needs", revision of June 2015. Medical evidence will consist of relevant laboratories or tests, evidence of current treatment, diagnosis certifications by specialist physicians consulted and others.</p>	<p>Effectiveness= From the diagnosis certification date</p> <p>Duration = depends on whether the condition is temporary or permanent. The case manager will determine based on the Protocol established by the insurer the Registry duration, provided that the insured is under 21 years old.</p>	<p>As defined in the Conditions List revised on June 2015.</p>	<p>Refer to the listing of diagnosis codes of the conditions for Children with Special Needs Registry.</p>
<p>15. Obstetric</p>	<p>Obstretic Registry Form Certification of pregnancy by the obstretic gynecologist</p>	<p>Effectiveness: After registration, a certification of the special coverage will be mail to the insured.</p> <p>Duration: Registration will be effective since the estimated day of conception according to certification provided by the obstetrician and will continue to be effective until 56 days after the delivery date, provided this occur after the</p>	<p>All services covered by the PSG as long as the insured is active in the Special Coverage Registry.</p> <p>Sterilization: Sterilization carried out in a separate admission, after childbirth or caesarean section, will be responsibility of the primary medical group, therefore it will require referral from the PCP</p> <p>Newborn: newborn children will</p>	<p>Insurer: All cover medical services and medications as long as the insured is active under this special coverage category.</p> <p>GMP/PCP: Will not receive monthly capitation for the insured.</p> <p>Newborn: per capita</p>

		20th week. If pregnancy ends in miscarriage before week 20, will only granted 30 days after the event.	<p>be cover as long as the mother have eligibility for the PSG, and until the Obstetrics Registration in in effect (56 days of the date of birth) at risk of the insurance company.</p> <p>Under the Obstetric Registry coverage, the assistance of the pediatrician during delivery by caesarean section or high risk and routine care for the newborn in the hospital (nursery room) are part of the obstetrics special coverage.</p>	payment shall be paid for the newborn once the mother is out of the registration or the newborn is certified by the mother, whichever occurs first.
16. Tuberculosis (Tb)	<p>Pneumologist Certification with treatment plan and evidence of:</p> <ol style="list-style-type: none"> 1- Tb test result 2- Chest radiology findings 3- Samples of sputum or bronchial wash for Acid-Fast Basillus (AFB) and culture for Mycobacterium tuberculosis. 4- Biopsies of the affected area, if applicable. 5- HIV test results 	<p>Effectiveness = from the date of certification establishing the definitive diagnosis by the pneumologist.</p> <p>Duration: Coverage will be variable, depending on the duration of the treatment, which can fluctuate between six (6) months to (1) year, depending on the plan of treatment certified by the pulmonologist. After the first year, if the patient requires continuing treatment, a re-</p>	<p>-Medical services related to the condition, follow-up, complications, complications of the diagnostic procedure and treatment shall be at the risk of the insurer from the date of effectiveness of the special coverage.</p> <p>-Special coverage includes medications to treat or control the special condition or conditions that may arise as part of diagnostic studies performed or from complications of the disease.</p>	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>

		evaluation of the case by the pulmonologist will be requested and according to the new plan of treatment, special coverage may be extended.	-Chest radiology for follow up until the treatment is completed will be responsibility of the insurer. Department of Health of PR covers: <ul style="list-style-type: none"> - Tuberculin - Culture - Bronchial washing - Medical treatment 	
17. HIV/AIDS	Evidence of the result of any of the following laboratories; 1-Western Blot positive 2- positive HIV Viral load 3- positive 4th generation test with validation of the subtypes of antibody or Antigen for acute infection. The registration may be requested by one of the following providers: <ul style="list-style-type: none"> -Primary Care Physician -HIV/AIDS Clinics Physician -VIH/AIDS Clinics Case Manager 	Effectiveness = from the date of certification establishing the definitive diagnosis Duration = As long as the insured is eligible in the PSG	1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of HIV/AIDS. 2-All medical services provided or ordered by HIV/AID treaters. 3- Medications prescribed by the HIV/AID treaters specific to treat the HIV/AID condition.	Insurer: Medical services and medications as defined for the special coverage condition in this document. GMP/PCP – Will receive the monthly capitation corresponding to the insured.

<p>18. Adults with phenylketonuria (PKU)</p>	<p>When the special coverage is a continuation to the coverage under children with special conditions, once the beneficiary reaches age 21, no additional evidence is required. The evidence that qualifies he/she as a child, serves the purpose for the continuation of coverage under the category of adult PKU.</p> <p>If it is not a continuation of coverage, the registry has to be request by the geneticist and shall include a treatment history and evidence of the result of the genetic study.</p>	<p>Effectiveness: it is a continuation of the registry under children with special conditions, after the beneficiary reaches age 21.</p> <p>Duration = As long as the insured is eligible in the PSG</p>	<ol style="list-style-type: none"> 1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of PKU. 2. All medical services provided or ordered by the geneticist. 3. Medication prescribed by the geneticist and specific to treat the condition of PKU. 	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>
<p>19. Pulmonary Hypertension</p>	<p>Diagnosis certification and treatment plan by the Pneumologist or Cardiologist and evidence of supporting test(s).</p>	<p>Effectiveness = from the date of certification establishing the definitive diagnosis by the pneumologist or cardiologist.</p> <p>Duration = As long as the insured is eligible in the PSG</p>	<ol style="list-style-type: none"> 1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of Pulmonary Hypertension or its complications. 2. All medical services provided or ordered by the pneumologist or cardiologist to treat the condition or its complications. 3. Medication prescribed by pneumologist or cardiologist to treat the condition or its complications. 	<p>Insurer: Medical services and medications as defined for the special coverage condition in this document.</p> <p>GMP/PCP: Will receive the monthly capitation corresponding to the insured.</p>

Physical Special Conditions Registry

I. Beneficiary Information												
Beneficiary Name:	Age:	PMG Number:										
Beneficiary Identification Number:												
II. Brief Clinical History												
(Please document the conditions according to the applicable criteria)												
Mark	Diagnostic	Mandatory Accompanying Information										
	End-stage Renal Disease (ESRD)	<p>The calculation will be made on the basis of the estimated glomerular filtration rate (GRF). Recent results are required for: _____ Serum creatinine</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Level 1</td> <td>GRF in excess of 90 ml/min/1.73m²</td> </tr> <tr> <td>Level 2</td> <td>GRF in excess of 60-89 m/min/1.73m²</td> </tr> <tr> <td>Level 3</td> <td>Moderate (GRF between 30 - 59ml/min/1.73m²</td> </tr> <tr> <td>Level 4</td> <td>Severe (GRF between 15 y 29ml/min/1.73m²</td> </tr> <tr> <td>Level 5</td> <td>End- Stage (ESRD) (GRF<15ml/min/1.73m² ESRD - Confirmation by Dialysis Center</td> </tr> </table>	Level 1	GRF in excess of 90 ml/min/1.73m ²	Level 2	GRF in excess of 60-89 m/min/1.73m ²	Level 3	Moderate (GRF between 30 - 59ml/min/1.73m ²	Level 4	Severe (GRF between 15 y 29ml/min/1.73m ²	Level 5	End- Stage (ESRD) (GRF<15ml/min/1.73m ² ESRD - Confirmation by Dialysis Center
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	HIV-AIDS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <td colspan="2" style="text-align: center;">Certification of registration by primary healthcare physician or HIV clinic specialist, with evidence of:</td> </tr> <tr> <td style="width: 60%;">1. Positive Western Blot (positive IFA Immunofluorescent Antibody Assay),</td> <td style="width: 40%;">2. CD4 Test</td> </tr> <tr> <td colspan="2">Evidence of Opportunistic Diseases</td> </tr> </table>	Certification of registration by primary healthcare physician or HIV clinic specialist, with evidence of:		1. Positive Western Blot (positive IFA Immunofluorescent Antibody Assay),	2. CD4 Test	Evidence of Opportunistic Diseases					
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		<ul style="list-style-type: none"> • Candidiasis • Cervical Cancer (invasive) • Coccidioidomycosis, Cryptococcosis, Cryptosporidiosis • Illness caused by Cytomegalovirus • Encephalopathy (related to HIV) • Herpes Simplex (severe infection) • Histoplasmosis • Isosporiasis • Kaposi's sarcoma 	<ul style="list-style-type: none"> • Lymphoma (certain types) • Mycobacterium avium complex • Pneumonia caused by Pneumocystis carinii/jiroveci • Progressive Multifocal Leukoencephalopathy (PML) • Septicemia caused by salmonella (recurrent) • Cerebral toxoplasmosis • Tuberculosis • Emaciation Syndrome • Pneumonia (recurrent)
	Systemic Lupus Erythematosus	Certification of diagnosis by a Rheumatologist with the following laboratory evidence: ANA Test, DS-DNA, Anti-Sm and Antiphospholipid antibodies.	
	Cystic Fibrosis	1. Sweat test	2. Treatment Evidence
		3. Certification of diagnosis by a Pneumology Physician confirming the condition	
	Hemophilia	1. Hematologist's assessment &- tx. plan <ul style="list-style-type: none"> a) Severe: Factor levels VIII<1% b) Moderate: Factor levels VIII<1%-5% c) Mild: Factor levels VIII 5-25% with symptoms of severe bleeding. 	2. Clotting Factor levels <ul style="list-style-type: none"> a) Patients with severe Hemophilia A and B. b) Patients with severe Hemophilia A and B with the presence of inhibitors.
		Moderate Hemophilia A and B with the presence of inhibitors <ol style="list-style-type: none"> 1. Results of clotting factor levels 2. Certification of diagnosis by a Hematologist or Hemophilia Clinics, confirming the condition. 	
	Multiple Sclerosis and Amyotrophic Lateral Sclerosis	Revised McDonald criteria: The diagnosis is confirmed when there is a combination of:	
		<ol style="list-style-type: none"> 1. Two (2) distinct episodes of neurological symptoms verifiable by a Neurologist. 2. Symptoms that indicate an injury or lesion in more than one area of the Central Nervous System, abnormal MRI and laboratory findings consistent with Multiple Sclerosis (MS) 3. Absence of other disease or condition that could be the source of the symptomatology or laboratory findings. 	
		Condition that could be the source of the symptomatology or laboratory findings.	

		1. Result of brain MRI	2 Result of lumbar puncture	3. Certification of diagnosis by a neurologist confirming the condition and treatment.
	Rheumatoid Arthritis	1. Diagnostic certification by a Rheumatologist with evidence of at least 4 out of the 7 criteria established by the American College of Rheumatology. <ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary signs and symptoms <input type="checkbox"/> Morning numbness <input type="checkbox"/> Swelling of soft tissue of three or more joints <input type="checkbox"/> Swelling of the joints <input type="checkbox"/> Symmetrical Arthritis <input type="checkbox"/> Presences of nodules <input type="checkbox"/> Positive test for rheumatoid factor 2. Laboratory tests <input type="checkbox"/> ESR; <input type="checkbox"/> ANA Test; <input type="checkbox"/> CRP; 3. Treatment evidence with a DMARD drug		
	Scleroderma	1. Evidence of positive ANA Test results > or equal to 1.80 [dil] 2. Results of positive skin biopsy 3. Certification of diagnosis by a Rheumatologist confirming the condition.		
The specialist certification must establish that the diagnosis meets at least one (1) major criteria or two (2) minor criteria (with reference to the College of Rheumatology)				
Major Criteria (1):		Minor Criteria (2):		
	Leprosy	1. Evidence of Skin Biopsy result	2. Positive infection culture	3. Certification of diagnosis by an Infectologist or Dermatologist confirming condition.
	Tuberculosis	Certification by a Respiratory Physician with treatment plan and evidence of:		
		1.Result of the Tuberculin test 2.Chest X-ray (infiltrates, cavities, consolidation, hilar lymphatic nodules, disseminated nodules, miliary [sic]).		

		<p>3.Sputum samples for AFB and culture for M. tuberculosis or Bronchoalveolar Lavage if patient unable to expectorate.</p> <p>4.Biopsies of the affected site, if applicable.</p> <p>5.Result of HIV Test</p>
	<p>Aplastic Anemia</p>	<p>1.Hematologic Assessment:</p> <p>a.Absolute Neutrophil Count <500/mm³ b. Platelets <20,000/mm³</p> <p>c. Reticulocytes < 1% d. Results of Bone Marrow aspiration and/or biopsy</p> <p>e. Diagnostic certification by a Hematologist/Oncologist</p>
	<p>Autism</p>	<p>A. Provisional Special Coverage: The provisional coverage will last for six months. If the evaluation process is not completed, the provisional coverage may be renew for six additional month. (Mark what screening tools where used for evaluation)</p> <ul style="list-style-type: none"> <input type="checkbox"/> <16 months – Ages & Stages Questionnaires: Social Emotional-2 (ASQ-SE-2) or Communication Symbolic Behavior Scales -Developmental Profile (CSBS-DP) <input type="checkbox"/> 16-30 months – Modified Checklist for Autism in Toddlers: Revised Follow-Up (M-CHAT R/F) <input type="checkbox"/> 31-66 months – Ages & Stages Questionnaire-Social Emotional-2 (ASQ-SE-2) <input type="checkbox"/> ≥48 months – Social Communication Questionnaire (SCQ mental age > 2 years) Communication & Symbolic Behavior Scales Developmental Profile (CSBS-DP) <input type="checkbox"/> 67 months-11 years – Childhood Asperger Syndrome Test (CAST) <input type="checkbox"/> > 11 years – Australian Scale for Asperger Syndrome (ASAS) <p>(See, Protocol of Autism from the Department of Health)</p> <p>B. Permanent Special Coverage: For <u>permanent registration</u> is required any of the following:</p> <p>Diagnosis certification by a:</p> <ul style="list-style-type: none"> • Clinical Psychologist, • School Psychologist, • Counselor Psychologist, • Neurologist, • Psychiatrist, • Pediatric developmental specialist. <p>Professionals should have training or experience in the area of Autism, as required by the Protocol of Autism from the Department of Health of PR.</p>

	Post-Transplant Cases (Heart, Liver, Lung, Bone Marrow)	1. Certification by specialist with evidence of the transplant and Care Plan; 2. Immunosuppressant therapy used; 3. ¿Medicare Coverage? Part A ____ Part B ____ Parts A y B____				
	Cases of Adults with Phenylketonuria (PKU)	1. The registry must be completed by PCP or Geneticist.	2. Include treatment history	3. Include evidence of genetic study results.		
	Pulmonary Hypertension	1. Diagnosis certification and treatment plan by the Pneumologist or Cardiologist and evidence of supporting test(s).	1. All hospital services, emergency room or medical specialist services provided with primary diagnosis of Pulmonary Hypertension or its complications. 2. All medical services provided or ordered by the pneumologist or cardiologist to treat the condition or its complications.	1. Medication prescribed by pneumologist or cardiologist to treat the condition or its complications		
		Doses		Physician Name:		
				Physician Signature:		
				Specialty:	Telephone Number:	
				License	Fax Number	

				NPI
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