GOBIERNO DE PUERTO RICO
Administración de Seguros de Salud

Hon. Ricardo A. Rosselló Nevárez
Gobernador

Sra. Angela M. Ávila Marrero
Directora Ejecutiva

Carta Normativa 19-0424

24 de abril de 2019

A: **Organizaciones de Manejo Coordinado de Salud (MCO's), Administrador del Beneficio de Farmacia (PBM), Grupos Médicos Primarios (GMP) y Proveedores Participantes del Plan Vital**

Asunto: **FORMULARIO DE PREAUTORIZACIÓN ESTANDARIZADO**

El Plan Vital requiere que las Organizaciones de Manejo de Cuido (MCO por sus siglas en inglés), contratadas provean acceso a servicios a través de su red de proveedores en toda la isla. Reconociendo el impacto al proveedor de servicios que es parte de la red en diferentes MCOs, la Administración de Seguros de Salud (ASES) tiene el objetivo de estandarizar formularios y/o procesos que son requeridos como parte de la administración de la cubierta de beneficios.

Incluimos el "Formulario de Preautorizaciones" que deberá ser utilizado y distribuido a la red de proveedores de todos los MCOs. El proceso o mecanismo para el manejo de este formulario establecido por cada MCO no tiene cambios.

El periodo de implementación será hasta el 30 de junio de 2019. Previo a esta fecha, los proveedores deberán recibir este nuevo formulario para la continuidad de los servicios de nuestros beneficiarios del plan Vital. Durante el periodo de implementación se deben honrar tanto los formularios corrientes, como el nuevo formulario.

Cordialmente,

Yolanda García Lugo
Subdirectora Ejecutiva

c Milagros Soto, Directora Interina
Oficina de Planificación, Calidad y Asuntos Clínicos

Vital
Salud en tus manos
GOBIERNO DE PUERTO RICO

TIPO DE SERVICIO

☐ ELECTIVO/NO URGENTE ☐ EXPEDITO/URGENTE**

FORMULARIO DE PREAUTORIZACIONES

☐ First MEDICAL HEALTH PLAN INC. ☐ MMM MULTIHEALTH ☐ PSM PLAN DE SALUD MENONITA ☐ MOLINA HEALTHCARE ☐ TRIPLE-S SALUD

SECCION I INFORMACION DEL BENEFICIARIO

APELLIDO PATERNO	APELLIDO MATERNO	NOMBRE	INICIAL	NUMERO DE CONTRATO	FECHA DE CUBIERTA* MES / DIA / AÑO

TIENE OTRO SEGURO MEDICO? ☐ SI ☐ NO	NOMBRE DEL SEGURO	NUMERO DE CONTRATO DEL OTRO SEGURO	FECHA DE EFECTIVIDAD MES / DIA / AÑO	GRUPO MEDICO

GENERO ☐ F ☐ M	FECHA DE NACIMIENTO MES / DIA / AÑO	EDAD	NUMERO DE TELEFONO O CELULAR	NUMERO ALTERNO	NUMERO DE FAX

DIRECCION FISICA	MUNICIPIO	ZIP CODE	CORREO ELECTRONICO

DIRECCION POSTAL	MUNICIPIO	ZIP CODE	FIRMA DEL PACIENTE

SECCION II INFORMACION DEL PROVEEDOR QUE SOLICITA

NOMBRE DEL PROVEEDOR (En letra de molde)	NUMERO DE LICENCIA	NPI	ESPECIALIDAD	TELEFONO OFICINA

FIRMA DEL PROVEEDOR	CORREO ELECTRONICO	FECHA DE EMISION DEL REFERIDO MES / DIA / AÑO	CELULAR DE MEDICO	FAX DE MEDICO

SECCION III SERVICIO A SOLICITAR

AVOR DE INDICAR LOS CODIGOS DE DIAGNOSTICOS Y PROCEDIMIENTOS JUNTO A SU DESCRIPCION POR EL CUAL SOLICITA LOS SERVICIO

CODIGO DE DIAGNOSTICO	DESCRIPCION	CODIGO CPT / HCPC	DESCRIPCION
1-		1-	
2-		2-	
3-		3-	
4-		4-	

FAVOR DE SELECCIONAR LUGAR DE SERVICIO

INTRAHOSPITALARIO

☐ CIRUGIA ☐ ADMISION ☐ OTROS _____

AMBULATORIO

LUGAR: ☐ OFICINA ☐ CENTRO AMBULATORIO ☐ HOSPITAL

Favor de seleccionar servicio

☐ PROC. QUIRURGICO ☐ PROC. DIAGNOSTICO

☐ OTROS _____

OTROS (favor de especificar)

SERVICIO EN EL HOGAR (*favor de indicar servicio, cantidad y fecha*)

☐ DME ☐ TRANSPORTE

SECCION IV INFORMACION CLINICA

Resumen breve de la necesidad médica de lo solicitado:

Estudios realizados y resultados que respalden la solicitud (*favor de enviar documentos, orden médica, examen físico, resultados de laboratorio junto a la solicitud de preautorización*):

INFORMACION DEL PROVEEDOR O FACILIDAD QUE BRINDARA LOS SERVICIOS

NOMBRE DEL PROVEEDOR O FACILIDAD (En letra de molde)	NPI	TELEFONO DEL PROVEEDOR / FACILIDAD

FIRMA DEL PROVEEDOR	FECHA FIRMA	FECHA DE SERVICIO DESDE MES / DIA / AÑO	FECHA DE SERVICIO HASTA MES / DIA / AÑO

**Definición de la solicitud de servicios Expedito/Urgente, es cuando la vida o la salud del beneficiario podrían verse en peligro por un retraso en el acceso al tratamiento o servicio solicitado. Las solicitudes fuera de esta definición se deben clasificar bajo Electivo/No Urgente. Cualquier presentación incompleta puede ser devuelta sin previo aviso.

ASES

TIEMPO PARA LA DETERMINACIÓN DE LAS PRE-AUTORIZACIONES EN PLAN VITAL		
Preautorizaciones de Servicios		
Orthodontic services to EPSDT eligible children as medically necessary, subject to Prior Authorization, to prevent and restore oral structures to health and function. Orthodontic services for cosmetic purposes are not covered. **(7.6.1.2)**	*The following procedures and diagnostic tests, when Medically Necessary (Prior Authorization required):* **(7.7.11.9)** **7.7.11.9.1** *Computerized Tomography;* **7.7.11.9.2***Magnetic resonance test;* **7.7.11.9.3***Cardiac catheters;* **7.7.11.9.4** *Holter test;* **7.7.11.9.5***Doppler test;* **7.7.11.9.6***Stress tests;* **7.7.11.9.7***Lithotripsy;* **7.7.11.9.8***Electromyography;* **7.7.11.9.9***Single-photon Emission Computed Topography ("SPECT") test;* **7.7.11.9.10***Orthopantogram ("OPG") test;* **7.7.11.9.11***Impedance Plesthymography;* **7.7.11.9.12** *Other neurological, cerebrovascular, and cardiovascular procedures, invasive and noninvasive;* **7.7.11.9.13***Nuclear imaging;* **7.7.11.9.14***Diagnostic endoscopies; and* **7.7.11.9.15***Genetic studies*	*Prohibit the Provider from establishing specific days for the delivery of Referrals or requests for Prior Authorization;* **(10.3.1.25)**
Anesthesia services, subject to prior authorization, for a child, or Enrollees with physical or mental handicaps in compliance with Federal and State laws. These special conditions include, but are not limited to, (a) autism, (b) severe retardation, (c) severe neurologic impairment, (d) significant attention deficit disorders with hyperactivity, (e) significant or severe mental disorders, (f) disabled or unable to follow commands, and (g) any other circumstance that in the dentist's professional judgment, impairs cooperation and feasibility to adequately perform the dental procedure. Prior authorization determinations must be made within two (2) Calendar Days. **(7.6.1.5)**	*Up to fifteen (15) additional (beyond the services provided under Basic Coverage) physical therapy treatments per Enrollee condition per year when indicated by an orthopedist, physiatrist or chiropractor after Contractor Prior Authorization;* **(7.7.11.10)**	*Address which services require PCP Referral, which services require Prior Authorization, and how requests for initial and continuing services are processed, and which services will be subject to concurrent, retrospective, or prospective review.* **(11.2.1.2)**
Services provided under Special Coverage shall be subject to Prior Authorization by the Contractor. **(7.7.10)**	*Pathological and clinical laboratory tests that are required to be sent outside Puerto Rico for processing (Prior Authorization required);* **(7.7.11.5)**	*Describe mechanisms in place that ensure consistent application of review criteria for Prior Authorization decisions and consult with the requesting Provider when appropriate.* **(11.2.1.3)**
Neurosurgical and cardiovascular procedures, including pacemakers, valves, and any other instrument or artificial devices (Prior Authorization required); **(7.7.11.3)**	*The Contractor shall prohibit its Providers from establishing specific days for the delivery of Referrals and requests for Prior Authorization for GHP Enrollees, and the Contractor shall monitor compliance with this rule and take corrective action if there is failure to comply.* **(9.5.3.2)**	*The Contractor shall employ appropriately licensed professionals to supervise all Prior Authorization decisions and shall specify the type of personnel responsible for each type of Prior Authorization in its policies and procedures. Any decision to deny a Service Authorization Request or to authorize a service in an amount, duration, or scope that is less than requested shall be made by a Provider who possesses the appropriate clinical expertise for treating the Enrollee's condition. For Service Authorization Requests for dental services, only licensed dentists are authorized to make such decisions.* **(11.4.5)**
Peritoneal dialysis, hemodialysis, and related services (Prior Authorization required); **(7.7.11.4)**	*Require that the Provider attend promptly to requests for Prior Authorizations and Referrals, when Medically Necessary, in compliance with the timeframes set forth in Section 9.5 and in 42 CFR 438.210 and the Puerto Rico Patient's Bill of Rights;* **(10.3.1.24)**	*In order to obtain services under Special Coverage, an Enrollee shall be registered in the program, as provided in Section 7.7. Registration is a form of Utilization control, to determine whether the Enrollee's health condition warrants Access to the expanded services included in Special Coverage.* *In addition, as noted in Section 7.7.12, some individual Special Coverage services require Prior Authorization even for Enrollees who have registered under Special Coverage.* **(11.4.9.1)**

TIEMPO PARA LA DETERMINACION DE LAS PRE-AUTORIZACIONES EN PLAN VITAL			
Medicamentos			
Other FDA-approved contraceptive medications or methods not covered by sections 7.5.8.4.7 or 7.5.8.4.8 of the Contract, when it is Medically Necessary and approved through a Prior Authorization or through an exception process and the prescribing Provider can demonstrate at least one of the following situations: **(7.5.8.4.9)**	*The prescribing Provider shall re-evaluate pharmacotherapy as to compliance, tolerance, and dosage within ninety (90) Calendar Days of having prescribed a maintenance drug. Dosage changes will not require Prior Authorization. Changes in the drug used may require Prior Authorization.* **(7.5.12.6.4)**	*The Enrollee, or the Provider, requests the extension; or* **(11.4.2.1.2.1)**	*The Contractor shall submit to ASES Utilization Management clinical criteria to be used for services requiring Prior Authorization. ASES shall prior approve in writing such Utilization Management clinical criteria.* **(11.4.3)**
Contra-indication with drugs that are in ASES's Normative Letter 15-1012 (Attachment 13 to this Contract) that the Enrollee is already taking, and no other methods available in the ASES's Normative Letter 15-1012 (Attachment 13 to this Contract) that can be used by the Enrollee. **(7.5.8.4.9.1)**	*Maintain an appropriately staffed phone line that is available twenty-four (24) hours a day, seven (7) days a week to provide for the Prior Authorization of drugs, according to the established policies, the FMC, and the LME; and* **(7.12.13.5)**	*The Contractor justifies to ASES a need for the extension in order to collect additional Information, such that the extension is in the Enrollee's best interest.* **(11.4.2.1.2.2)**	*The Contractor shall require Prior Authorization for filling a drug prescription for certain drugs specified on the FMC, as provided in Section 7.5.12.10.* ***(11.4.8.1)***
History of adverse reaction by the Enrollee to the contraceptive methods covered as specified by ASES's Normative Letter 15-1012 (Attachment 13 to this Contract); or **(7.5.8.4.9.2)**	*The Contractor shall ensure that Prior Authorization is provided for the Enrollee in the following timeframes, including on holidays and outside of normal business hours .* **(11.4.2.1)**	*If the timeframe is extended in accordance with 11.4.2.1.2.2, the Contractor shall give the Enrollee written notice of the reason behind granting the extension and inform the Enrollee of the right to file a Grievance if he or she disagrees with that decision. The notice of the determination shall be sent as expeditiously as the Enrollee's health condition requires and no later than the expiration date of the extension.* **(11.4.2.1.3)**	
History of adverse reaction by the Enrollee to the contraceptive medications that are in ASES's Normative Letter 15-1012 (Attachment 13 to this Contract). **(7.5.8.4.9.3)**	*With the exception of Prior Authorization of covered prescription drugs as described in Section 7.5.12.4.2, the decision to grant or deny a Prior Authorization shall not exceed seventy-two (72) hours from the time of the Enrollee's Service Authorization Request for all Covered Services; except that, where the Contractor or the Enrollee's Provider determines that the Enrollee's life or health could be endangered by a delay in accessing services, the Prior Authorization shall be provided as expeditiously as the Enrollee's health requires, and no later than twenty-four (24) hours from the Service Authorization Request.* **(11.4.2.1.1)**	*For services that require Prior Authorization by the Contractor, the Service Authorization Request shall be submitted promptly by the Provider for the Contractor's approval, so that Prior Authorization may be provided within the timeframe set forth in this Section 11.4.2.* **(11.4.2.2)**	
For maintenance drugs that require Prior Authorization, the Prior Authorization will be effective for a term of six (6) months, unless there are contra-indications or side effects, in which case the term may be shorter, or unless associated with a formulary exception request, as set forth in Attachment 27 to this Contract, in which case the term may be approved for up to twelve (12) months. **(7.5.12.6.3)**	*The Contractor may extend the time allowed for Prior Authorization decisions for up to fourteen (14) Calendar Days, where:* **(11.4.2.1.2)**	*The Contractor shall notify the Enrollee and Provider, verbally or in writing, of the approval of a Service Authorization Request Immediately after such determination is made. Notices of Adverse Benefit Determinations must comply with the requirements set forth in Section 14.4.* **(11.4.2.3)**	