

Puerto Rico Health Insurance
Administration



BENEFICIARY MANUAL



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



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Whocan I call for assistance?

If you are having an emergency, call 911.

If you need physical or mental health counseling, you can call First Medical's Medical Advise Line at 1-844-347-7801, twenty-four (24) hours a day, seven (7) days a week; TTY/TDD users should call 1-844-347-7804.

First Medical Customer Service Line 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.



Medicaid Program Call Center

www.medicaid.pr.gov

787-641-4224



**ASSMCA (Linea PAS) Mental Health Service
Line 1-800-981-0023**



**Patient Advocate Office Toll-free
1-800-981-0031 TTY 787-710-7057**



**Puerto Rico Health Insurance Administration
(ASES) VITAL Toll-free 1-800-981-2737
TTY 787-474-3389 www.planVitalpr.com**

What information can i find online?

You will find information related to the provider directory, quality incentive plan, quality indicators and satisfaction survey results, information on orientation and education materials, and an electronic copy of this guide.

Please visit our website: www.firstmedicalVital.com

For information about Vital Plan go to: <http://www.planVitalpr.com>

For information on Medicaid Programs access: <https://medicaid.pr.gov/>

For more information on patient protection go to:

<http://www2.pr.gov/Directorios/Pages/InfoAgencia.aspx?PRIFA=231>

Your Right to Privacy (HIPAA)

There are laws that protect your privacy. The Government of Puerto Rico, First Medical and your doctors cannot tell others certain facts about you. Read more about your privacy rights in Part 6 of this guide. First Medical has provisions governing the confidential nature of Vital Plan enrollee information, including the legal penalties imposed for improper use and disclosures. You may request a copy of these provisions from First Medical Service Offices.

Do you need help understanding this guide?

If the information in this guide is confusing or if you have any questions or need help, please call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Do you need help talking to your Insurer or reading what they send you?

First Medical must make this guide and all written materials available in English and Spanish. You may also ask First Medical to send this guide or any written material in other languages or other formats such as large print, audio CD, or Braille. Materials in other languages or formats are free.

If you speak another language, First Medical must provide an interpreter to help you understand. Interpreter services are available free of charge.

Call First Medical at 1-844-347-7800; TTY/TDD users 1-844-347-7805 for help.

Si habla otro idioma, First Medical debe proporcionarle un intérprete para ayudarlo a entender. Los servicios de interpretación están disponibles de forma gratuita.

Centro al Cliente de First Medical al 1-844-347-7800

Llame al 1-844-347-7805 para obtener ayuda.

PART 1: GETTING STARTED

HOW DO I ENROLL THE VITAL PLAN?

Anyone who wants to find out if they can enroll in the Vital Plan can visit their local Medicaid Office. They will evaluate the information and tell you if you are eligible for the Vital Plan.

To find out where your Medicaid Office is located, call the Medicaid Call Center at 787-641-4224. The call is free. For extra information, you can also visit their website at: www.medicaid.pr.gov

What if i have a newborn?

If you have a newborn, visit your Medicaid Office, and bring a copy of the newborn's birth certificate to enroll the newborn in Vital Plan. If you do not, the newborn cannot get services under the Vital Plan. When you have a newborn, you may also get other benefits, so it is important to visit the Medicaid Office so they can provide you with additional information.

How can i keep my Vital Plan benefits?

To keep your Vital Plan benefits, you must keep all of your Medicaid appointments. First Medical will send you a letter ninety (90) days, sixty (60) days and thirty (30) days before the day your Vital Plan benefits will end. These letters will remind you that you must go to your local Medicaid Office to keep your eligibility active in the Vital Plan.

If you miss your appointment, call the Medicaid Program Call Center at 787-641-4224 or visit your local Medicaid Office to request a new appointment.

How do i choose a plan?

Once you enroll in the Vital Plan, you can choose your carrier. Your Insurer will work with you and your doctors to keep you healthy.

There is an **Enrollment Counselor** available at Medicaid Offices and by phone who can help you choose an Underwriter. The Enrollment Counselor does not work for any carrier or provider. They are neutral. They can give you information about the Vital Plan and its benefits. They can tell you about the options available to you and help answer your questions. They cannot make choices for you. They can help you:

- Choose a new Insurer or change your Insurer.
- If you change your carrier, they can also help you change your Primary Care Physician (PCP) or Primary Care Medical Group (see more information in Part 2 of this guide).

You can contact the Enrollment Counselor for support:

- Calling 1-833-253-7721, Monday through Friday, from 8:00 a.m. to 6:00 p.m. TTY/TDD users should call 1-888-984-0128.
- Visiting the Medicaid Offices

If you do not choose a planned insurance carrier, one will be chosen for you.

Can I change my Insurance Company?

Yes, you can ask to change your Insurer Company. Once you have chosen an Insurer Company or one has been chosen for you, you have ninety (90) days to change your Insurer carrier. You may also change your Insurer once a year, during the "Open Enrollment Period", which occurs from November 1 through December 15.

If you want to change your Insurer, call the Enrollment Counselor at 1-833-253-7721, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY/TDD users should call 1-888-984-0128 or visit their local Medicaid Office.

You may also request to change your Insurer at any time if you have certain reasons, such as:

- You cannot access services or providers.
- You cannot get all the related services you need at the same time from the doctors, health care professionals and service facilities that work with your plan.
- You are receiving poor-quality care.
- You ask for a service that your Insurer does not cover due to moral or religious reasons.

Your Insurer does not have doctors who are experienced in handling your health care needs. If you want to change your Insurer for one of these reasons, you may request this change from the ASES Enrollment Counselor. ASES will decide if you can change or if you have to wait for the Open Enrollment Period. If you do not like the decision ASES makes, you can ask them to reconsider. If you still do not like the decision, you can ask for an Administrative Hearing.

Learn about the Transition of Care process

Learn about the Care Transition Process

The benefit coverage offered by the Vital Plan is the same across all insurers. You will continue to receive the same pharmacy, physician, specialist, laboratory, and hospital benefits. First Medical will assist you in coordinating the outpatient, inpatient and specialty services required and available to our Vital Plan beneficiaries. During the transition of care period, you will be able to:

- Have continued access to the services you need in a manner consistent with the health services you were receiving before the transition period began.
- Continue to receive services with your current provider for ninety (90) calendar days if that provider is not a First Medical Health Plan, Inc.
- Request a utilization report for medical and pharmacy services. First Medical, can send you a copy of the report if you authorize it.
- If you have difficulty getting to your primary care provider or need medical services, you may call the First Medical Advice Line at 1-844-347-7801, available toll-free, 24 hours a day, seven days a week.
- You may obtain a copy of the Beneficiary Handbook, Provider Directory, an educational material by accessing www.firstmedicalVital.com or by visiting any of our Customer Service offices.
- If you are interested in receiving information related to how to receive medical services and what to do in an emergency, please call us.
- FMHP will allow pregnant women to continue to receive services from their PCP and mental health treatment provider, without any prior authorization, until the birth of the child, end or loss of pregnancy or loss of eligibility.
- As required by CMS, If you are hospitalized prior to the date of insurance change, the Center for Medicare and Medicaid states that your former insurer will be responsible for payment of all inpatient hospital services until you are discharged from the hospital.

FMHP will make reasonable efforts to contact you (in person, by telephone or by mail), within thirty days of the date of eligibility to conduct a health and special needs assessment. If we identify the need for special services or assistance, we will support you in coordinating a medical appointment with your primary care physician or appropriate provider. We can also help you select a primary care physician (PCP) and coordinate an initial visit to the new PCP for an initial physical exam and other preventive services. FMHP will comply with any other necessary procedures specified by the Center for Medicare and Medicaid Services or ASES to ensure continued access to services and prevent deterioration of your health.

Can my membership with First Medical Stop?

Yes, your membership with First Medical will be cancelled if you:

- Lose your eligibility for the Vital Plan
- Move out of Puerto Rico
- Go to prison
- Give your Vital Plan Card to someone else to use.
- You move to a long-term or intermediate care rehabilitation facility for the mentally disabled.

You will not lose your membership with First Medical if:

- You have changes in your health.
- You are using more health care services.

You may also want to end your membership with First Medical if you no longer need Vital Plan (Medicaid) benefits. If this happens, let your Medicaid office and First Medical know.

How do I Report Changes?

The Vital Plan and First Medical are committed to helping you. To assist you with your needs, we need your help.

Please remember to let your Medicaid Office and First Medical know of any changes that may affect your membership or benefits. Some examples include:

- You are pregnant.
- You have a newborn.
- You have changes in your family group (for example, you get married, someone in your family dies, or someone in your family becomes twenty-one (21) years old).
- You move or your phone number changes.
- You or one of your children has other health insurance.
- You have a special medical condition.
- You move out of Puerto Rico.
- Your income changes (for example, you lose your job or get a new job).

To report a change, call the Medicaid Program Call Center at 787-641-4224 or visit your local Medicaid Office.

It is important to make sure your contact information is up to date at your local Medicaid Office. This is important because Medicaid and First Medical send you important information about your Vital Plan coverage and benefits by mail. If they do not have your current address, you could lose your Vital Plan benefits. To report a change, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 for help or visit your local Medicaid Office.

Your Plan Vital Membership Card

Everyone in Plan Vital has a membership card. This is an example of how it will look:

	
Nombre del beneficiario: <Insertar Nombre del Beneficiario > MPI: < Insertar número MPI > Fecha de efectividad: < Insertar Fecha de Efectividad > Cubierta S: < Insertar Código de Cubierta > Nombre del PCP: <Insertar Nombre PCP> Nombre del GMP: < Insertar Nombre GMP > Número del GMP: < Insertar GMP# >	Co-pagos fuera de PPN: Generalista: <\$> Especialista: <\$> Subespecialista: <\$> Hospital: <\$> ER: <\$>/No ER Hosp:<\$> No ER No Hosp: <\$> Lab: <\$>/ Rayos X: <\$> Dental Prev: <\$>/ Rest: <\$>
Beneficios de Farmacia: BIN/PCN: 610674/ABARCA RX GROUP: GFIRST RX Preferido: <\$> RX No Preferido: <\$>	

<p>Esta tarjeta no podrá ser utilizada bajo ninguna circunstancia por otra persona que no sea el asegurado identificado. La posesión de esta tarjeta no garantiza la elegibilidad a los beneficios. This ID may under no circumstances be used by a person other than the identified enrollee. Possession of this card does not guarantee eligibility for benefits.</p> <p>En el caso que usted necesite servicios de emergencia puede marcar el 911 ó ir a cualquier Sala de Emergencias a través de todo Puerto Rico sin la necesidad de referidos ni pre-autorizaciones. In case you need emergency services you can call 911 or arrive at any ER throughout Puerto Rico without any referral or pre-authorization. Usted puede evitar co-pagos consultando la Línea de Consejería Médica, disponible 24 horas los siete días de la semana, antes de visitar la Sala de Emergencias. You can avoid co-payments by consulting the Medical Advice Line, available 24 horas, seven days a week, before visiting the emergency room.</p>	<p>Servicio al Cliente Salud Física y Mental: 1-844-347-7800 (TTY): 1-844-347-7805</p> <p>24/7 Línea de Consejería Médica: 1-844-347-7801 (TTY): 1-844-347-7804</p> <p>Emergencia emocional o psicológica 24/7 línea PAS 1-800-981-0023 para recibir ayuda.</p> <p>Si usted tiene información o sospecha sobre un posible caso de fraude o abuso llame a: If you have information or suspicion of a possible case of fraud or abuse, call: Línea de Alerta de Fraude y Cumplimiento: 1-866-933-9336</p>
 <p>www.firstmedicalvital.com</p>	 <p>¿Ayuda con su Plan de Salud del Gobierno? Línea libre de cargos 1-800-981-2737</p>

Each insured person in your family will have his or her own membership card, even if he or she is a newborn. Their membership card has important information on it such as:

- Your identification ("MPI") number.
- How to access emergency services.
- The co-payment you will have to pay for health services.
- The Insurer's toll-free telephone number (on the back of your card).
- The toll-free telephone number for the Vital Plan Service Line and the Vital Plan Medical Advice Line available free of charge 24/7 (on the back of your card).

If you need to use your health benefits before you get your Vital Plan Membership Card, use your Notice of Decision form given to you by your Medicaid Office.

Remember:

- Carry your Vital Plan Card.
- Keep your Vital Plan Card in a safe place so you will not lose it.
- Take your Vital Plan Card with you when you go to the doctor or emergency room.
- Make sure your Vital Plan Card is returned to you.

Your Vital Plan membership card is only for you. **Do not let anyone else use your card.** If your card is lost or stolen, you can ask First Medical for a new card.

You can visit First Medical Service Offices or call them at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805. **The call is free.**

Part 2: Your Primary Care Physician and other doctors

When you enroll with First Medical, you must choose a doctor or "Primary Care Physician" (PCP). This is the person you will go to for most of your health care services. This includes checkups, treatment for colds and flu, health concerns and routine exams. Your PCP can find and treat health problems early. He or she will have your medical history. Your PCP can see the whole picture of your health care. Your PCP will keep track of all the care you get.

There are different types of doctors who are PCPs, such as:

- General Practitioners
- Family Practice Doctors
- Pediatricians
- Obstetricians/Gynecologists
- Internists

You must choose a PCP for each insured member in your family. Insured members of your family may have different PCP's.

If you are a female over the age of twelve (12), you may also choose a gynecologist to be your PCP. If you are pregnant, your PCP may be your obstetrician during your pregnancy. When your pregnancy ends, you will return to your regular doctor, but your gynecologist will still take care of your gynecological needs. You can choose a pediatrician or family practitioner for your newborn, or one will be chosen for you.

To choose your PCP, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805. If you do not select one, then one will be chosen by you.

A Primary Medical Group is a group of doctors who help coordinate your health care services and work with First Medical to make sure you get the care you need. Your ID Card shows your PCP's name and your Primary Medical Group number.

What should I do to see my PCP?

If you need an appointment, call your PCP. It is free to make appointments with them. It is important to keep your appointments with your PCP. If you cannot keep your appointment for any reason, call the PCP's office right away to let them know.

If your PCP is new to you, you should get to know him or her. Call to get an appointment as soon as you can. This is even more important if you have been getting care or treatment from a different doctor. We want to make sure you keep getting the care you need. If you are feeling well, you should call your PCP to get a routine checkup.

Before you go to your first appointment:

1. Ask your previous doctor to give you your original medical records. This is free of charge. Bring your medical records to your new PCP on your first visit. This will help your new PCP learn about your health.
2. Call your PCP to make an appointment.
3. Have your Vital Plan Card handy when you call.
4. Say you are a Vital Plan beneficiary and give them your identification or Master Patient Index, known as "MPI" number.
5. Write down the date and time of your appointment. If you are a new patient, the provider may ask you to arrive early. Write down the time you are asked to be there.
6. Make a list of questions you want to ask your doctor. List any health problems you have.
7. If you need transportation for the appointment and you have no other way to get there, call First Medical or your city. They may be able to help you get transportation.

On the day of your appointment:

1. Bring a list of all your medications and your questions so your doctor will know how to help you.
2. Be on time for your visit. If you can't keep your appointment, call your PCP to reschedule.
3. Take your Vital Plan Card with you. Your PCP can make a copy of it.

What if I have a medical emergency and need care after my PCP Office closes?

Most PCPs have regular office hours. The First Medical Provider Directory will tell you when your doctors' offices are open. Most Primary Care Physician Groups also have clinics that have extended hours. But you can call First Medical's Medical Advice Line at any time.

You can get emergency health care whenever you need it. Always carry your Vital Plan Card with you. In case of an emergency, doctors will know that you have the Vital Plan. If you call

the First Medical Advice Line before you go to the Emergency Room, you will not have to pay copayment.

The First Medical Advice Line number is 1-844-347-7801. TTY/TDD users should call 1-844-347-7804.

Emergencies are times when there may be serious danger or harm to your health if you do not get medical care right away.

An emergency can be:

- Difficulty breathing, not being able to speak
- A deep cut, broken bone or burn
- Bleeding that cannot be stopped
- Severe chest pain that won't go away
- Stomach pain that is severe and consistent
- A person who won't wake up
- Not being able to move legs or arms
- Seizures that cause someone to pass out
- Drug overdose

Usually these are not emergencies:

- Sore throat
- Small superficial cuts
- Lower back pain
- Earache
- Stomachache
- Cold or flu
- Bruising
- Headache, unless it is very bad and like you have never had it before
- Arthritis

If you think you have an emergency, go to the nearest hospital Emergency Room. If you cannot get to the Emergency Room, call 9-1-1.

If you need emergency care, you do not have to get authorization from anyone before you get emergency care.

If you are not sure if it is an emergency, call your PCP. You can call the First Medical Advice Line at any time. Your PCP can help you get emergency care if you need it.

Can I change my PCP?

Yes, you can change your PCP once a year. There are other reasons you may need to change your PCP. For example, you may want to see one whose office is closer to you. To change your PCP, you must call First Medical to see if it is possible to make the change.

You can also change to a new Primary Medical Group if the PCP you want to see is in a different Primary Medical Group.

Most of the time, after the first ninety (90) days of enrollment with the insurer under Plan Vital (you can change your Primary Medical Group at any time for some reasons, such as:

- Your PCP cannot give you the care or treatment you need because of ethical (moral) or religious reasons.
- Your PCP cannot provide all the services you need at the same time. Not getting all the services you need may put you at unnecessary risk.
- You receive poor quality care.
- You cannot access the services you need.
- Your PCP does not have the expertise to take care of your health care needs.

For guidance and to make a change, call First Medical on 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Another reason your PCP or Primary Care Physician Group may change is if your PCP or Primary Care Physician Group stops working with First Medical. If this happens, First Medical will send you a letter letting you know your new assigned PCP or Primary Care Physician Group. If you want to change your PCP or Primary Care Physician Group, call 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

What happens after i ask for the change?

Once you make the change with First Medical, it will take some time for the change to become effective. If you make the change in the first five (5) days of a month, it will be effective the following month. For example, if you make the change on January 5, it will be effective February 1. But if you make the change after the first five (5) days of the month, it will be effective the month after the following month. For example, if you make the change on January 6, it will be effective March 1.

You must continue to see your old PCP until the change is effective. You cannot start seeing your new PCP until the new change is effective.

What about other doctors or providers I need to see?

In addition to your PCP, you may also need to see other doctors and health care providers, such as specialists. A specialist is a doctor who provides health care services for a certain disease or part of the body. One type of specialist is a cardiologist, which is a doctor who treats the heart. Another type of specialist is an oncologist, who treats cancer. There are many types of specialists.

In addition to specialists, you may also need to go to other health care professionals and facilities for care, such as laboratories, x-ray facilities or hospitals. The doctors, other health care professionals and service facilities that work with First Medical and its Primary Medical Group are known as the Preferred Provider Network.

The other doctors, other health care professionals and service facilities that work with First Medical are known as the General Network. When you enroll with First Medical, you will be mailed a Provider Directory that contains Preferred Provider Network and General Network information. These lists are also on the Web site at www.firstmedicalVital.com.

Your Primary Medical Group and First Medical Service Offices can also provide you with a copy of the lists. For more information about how the Vital Plan works if you have Medicare, please see Part 8 of this guide.

Preferred Provider Network

The doctors, other health care professionals and service facilities that work with your Primary Medical Group are called the Preferred Provider Network.

You have the following benefits when you visit the doctors, health care professionals, and service facilities in the Preferred Provider Network:

- You may visit any of the doctors and service facilities in the Preferred Provider Network free of charge.
- If you visit the doctors, health care professionals and service facilities in your Preferred Provider Network, you do not need to go to your PCP for a referral.
- If you receive any of the following services within the Preferred Provider Network, you do not need your PCP to sign:
 - Prescription drugs
 - Laboratory tests
 - X-rays

For more information about your Preferred Provider Network, you can:

1. Call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.
2. Call the Vital Plan Call Center at 1-800-981-2737; TTY users should call 787-474-3389.
3. Visit First Medical Service Offices.
4. Call your Primary Medical Group.

General Network

The General Network is made up of the health care professionals and service facilities that work with First Medical and support the Primary Medical Groups. If the doctor or provider you need to see is not in your Preferred Provider Network, they may be in the First Medical General Network. You can see any doctor or provider in the First Medical General Network as long as you go to your PCP first to get a referral. If you need a referral, your PCP must give you one during your visit or within twenty-four (24) hours after you ask for one. Your PCP will coordinate your visits to doctors or providers in the General Network.

You may have to pay for these visits. Please refer to Part 4 of this guide for more information about payment. If you receive any of the following services from a General Network provider, your PCP will need to sign for them:

- Prescription drugs
- Lab tests
- X-rays

Out-of-Network

A doctor or other provider who does not work with First Medical is called an Out-of-Network provider. If you need to see a doctor or other provider who is Out-of-Network, you must get a referral from your PCP.

If you need services from an Out-of-Network community health clinic, you will first need a referral from your PCP. You can receive care at an Out-of-Network community health clinic.

If you feel that First Medical or your doctors are not following these rules, you can call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 and tell them you need to file a complaint.

You can also call the Office of the Patient Advocate at 1-800-981-0031 or ASES at 1-800-981-2737.

Can i receive transportation assistance to get to the health care appointments visits?

If you do not have a way to get to your health care appointments, First Medical and your Municipality may be able to help with transportation. Each municipality has some ways to help you get to your appointments. Call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 or call your local municipality for help.

First Medical and some providers also offer transportation for some members through care management. you need the help of a Care Manager and you do not have one, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805. Part 5 of this guide has more information about care management.

Part 3: Services Vital pays for

General Information

The Vital Plan offers services to keep you healthy. The Vital Plan works with First Medical, who coordinates with you and your doctors to help you access the services you need.

You can start getting services as soon as your Medicaid Office says you are eligible for the Vital Plan. You do not have to wait.

As a Vital Plan member, you have a variety of health care benefits and services available to you. Not everyone in the Vital Plan has the same benefits. The benefits that are covered for you depend on the group you are in. Your Vital Plan Card will tell you which coverage you qualify for.

Listed below are the services covered under the Vital Plan. Some services may be limited. Call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 for more information.

- Routine doctor's office visits, exams, and sick visits.
- Pediatric visits and immunizations for infant and child.
- Tests, studies, labs, and X-rays.
- Preventive services, including immunizations, mammograms, colonoscopies, and well adult visits.
- Obstetrical and Gynecological exams and annual Pap smears.
- Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)
• Including periodic preventive health screenings and other necessary diagnostic and treatment services for members under the age of twenty-one (21).
- Nutritional screenings and evaluations
- Vision and hearing screenings
- Prenatal and postpartum care
- Family planning
- Health certificates
- Dental services
- Physical therapy
- Occupational Therapy
- Speech therapy
- Physician home visits
- Pharmacy
- Care management and care coordination services
- Post-stabilization services
- Emergency services

- Mental health services
- Specialist visits
- Community Health Clinic Services
- Hospital: inpatient and/or outpatient care
- Mental health inpatient and partial hospitalization
- Outpatient Service Center
- Surgery: inpatient and/or outpatient
- Ambulance services
- Outpatient rehabilitation services

Dental Services

The Vital Plan offers dental services. You can see any dentist who accepts the Vital Plan. You can find information about participating dentists in the First Medical Provider Directory. When you enroll with First Medical, you will be mailed a Provider Directory. You can also access the list of providers by visiting www.firstmedicalVital.com under the Provider Directory section. Your Primary Medical Group and First Medical Service Offices also have a copy of the list.

For questions about your dental benefits, call First Medical on 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Mental Health, Alcohol and Drug Abuse Services

The Vital Plan offers mental health, alcohol, and substance abuse services. You do not have to see your PCP first to see a doctor or other provider for mental health, alcohol, or substance abuse services. You can request these services whenever you need them.

The Vital Plan wants you to easily access physical health and mental health, alcohol, and substance-abuse services in the same place. This is called integrated care.

Your Primary Medical Group is a place where you can get mental health, alcohol, or substance-abuse services. Your Primary Medical Group must have a psychologist and/or social worker available at least four (4) to sixteen (16) hours per week, during regular business hours. If you receive mental health, alcohol, or substance abuse services elsewhere (such as a mental health clinic or psychiatric hospital), you must have PCP services in the office at least part of the time to take care of your physical health needs. If you need help finding mental health, alcohol, and substance abuse services, call First Medical's Medical Advice Line at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Pharmacy Services

The Vital Plan covers prescription drugs. If you need medication, your provider will write you a prescription to take to a participating pharmacy. You can choose any pharmacy that works with First Medical. You can find a list of participating pharmacies in the First Medical Provider Directory, or you can call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Prescription drugs are free for children up to age twenty (20) and for pregnant women who are Medicaid or CHIP recipients. Other adults must pay for prescription drugs. For more information about prescription drug payments, see Part 4 of this guide. Your Covered Drug Formulary, FMC, is the list of drugs that the Vital Plan covers. This list helps your doctor prescribe drugs for you. Brand name and generic drugs are on the FMC. A generic version of a drug is the first choice. If a generic version of a drug is available, your doctor must prescribe the generic version.

If you have a chronic health condition, your doctor can write a prescription for a ninety (90) day supply of some drugs. This way, you only have to pay for the drug once instead of paying three (3) times (1 payment per month).

You can access the Vital Plan's Covered Drug Formulary at the following e-mail address: <https://www.asespr.org/beneficiarios/medicamentos/>

Non-Covered Services

Below you have a general list of some services that are not covered by the Vital Plan. You can find a complete list of services that Vital Plan will not pay for online at www.firstmedicalVital.com, or you can call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 for a complete list.

Some services not covered are:

1. Services for non-covered illness or trauma.
2. Services for automobile accidents covered by the Automobile Accident Compensation Administration (ACAA).
3. On-the-job accidents that are covered by the State Insurance Fund Corporation.
4. Services covered by another insurance or entity with primary liability (third party liability).
5. Skilled nursing services for the patient's comfort when not medically necessary.
6. Hospitalizations for services that can be provided on an outpatient basis.
7. Hospitalization of a patient for diagnostic services only.
8. Expenses for services or materials for the patient's comfort, such as telephone, television, admission kits, etc.

9. Services provided to relatives of the patient (parents, children, siblings, grandparents, grandchildren, spouse, etc.).
10. Organ and tissue transplants, except skin, bone, and corneal transplants.
11. Weight control treatments (obesity or weight gain for cosmetic reasons).
12. Sports medicine, music therapy and natural medicine.
13. Cosmetic surgery to correct defects in physical appearance.
14. Services, diagnostic tests ordered or provided by naturopaths and iridologists.
15. Health certificates except for (i) laboratory tests for venereal disease investigation, (ii) tuberculosis tests, and (iii) any certification related to eligibility for the Medicaid Program.
16. Mammoplasty or plastic reconstruction of the breast for cosmetic purposes only.
17. Outpatient use of fetal monitor.
18. Services, treatment, or hospitalization as a result of induced, non-therapeutic abortions or their complications.
19. Drugs administered by a provider who is not a licensed pharmacist, with the exception of drugs that are traditionally administered in a physician's office, such as an injection.
20. Epidural anesthesia services.
21. Educational testing, educational services.
22. Peritoneal dialysis or hemodialysis services (Covered under Special Coverage).
23. New or experimental procedures not approved by ASES for inclusion under Basic Coverage.
24. Custody, rest, and convalescence once the illness is under control or in irreversible terminal cases (Hospice care for members under the age of twenty-one (21) is part of Basic Coverage.)
25. Services covered under Special Coverage.
26. Services received outside the territorial limits of the Commonwealth of Puerto Rico, except for emergency services for Medicaid or CHIP beneficiaries.
27. Court order for evaluations for legal purposes.
28. Counseling services or referrals based on First Medical's moral or religious objections are excluded.
29. Travel expenses, even when ordered by the PCP, are excluded.
30. Eyeglasses, contact lenses and hearing aids (for members over the age of twenty-one (21)).
31. Acupuncture services.
32. Gender reassignment procedures, including hospitalizations and complications. Treatment for infertility and/or related to conception by artificial means, including tuboplasty, vasovasostomy, and any other procedure to restore the ability to procreate, including hospitalization and complications.

Part 4: Will I have to pay to get health care services?

Sometimes you will have to pay for health care services. Preventive care is care that helps you stay well, such as checkups, shots, pregnancy care, and childbirth. This kind of care is always free. You have no copayments for preventive care.

For other care such as hospitalizations or visits when children are sick, you may have to pay part of the cost. Copayments are what you pay for each health care service you receive. Not everyone in the Vital Plan has copayments. Your Vital Plan Card will tell you if you have copayments and what they are. Copayments depend on the type of Vital Plan coverage you have. Your Vital Plan Card says what type of Vital Plan coverage you have. None of your doctors or providers can refuse to give you medically necessary services because you do not pay your copayments. However, First Medical and its providers can take action to collect any copayments you owe.

You should only pay your copayment for your care. You should not be billed for the rest of the cost of your care. If you are billed for the rest of the cost, you can appeal. See Part 7 of this guide to see what to do if you get a bill for your care.

Copays

Do you have to pay copays for a PCP, specialist, Emergency Room visit, hospitalization, or other type of service? Not sure? See the chart below, view your Membership Card or call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

BENEFIT PACKAGE S, CO-PAYS & CO-INSURANCE - effective January 2023											
BENEFIT PACKAGE & SERVICES FOR MENTAL HEALTH (MH), SUBSTANCE USE DISORDER (SUD), MEDICAL/DURGICAL (M/S)	FEDERAL				CHIPs		COMMONWEALTH				*ELA
	100	110	120	130	220	230	300	310	320	330	400
HOSPITALIZATION SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$15	\$15	\$15	\$20	\$50
Admissions	\$0	\$4	\$5	\$8	\$0	\$0	\$15	\$15	\$15	\$20	\$50
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Behavioral health hospitalizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Detoxification Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient behavioral Health Services in an Institution for Mental Disease (IMD)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

BEHAVIORAL HEALTH SERVICES											
Evaluation, screening, and treatment of individual, couples, families, and groups	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient services with psychiatrist, psychologist, and social workers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital services for substances and alcohol abuse disorders	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient services for substance and alcohol abuse disorders	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Intensive outpatient services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency or crisis intervention services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Long-lasting injected medicine clinics	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Escort/professional assistance and ambulance services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prevention and secondary-education services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Treatment of attention deficit disorder	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Substance abuse treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Opiate addiction treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Partial hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Electroconvulsive Therapy (EC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Psychological / Neuropsychological testing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PREVENTIVE HEALTH SERVICES											
Well baby care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Evaluation and nutritional screening	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory and Clinical Test	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	20%
Nutritional, oral, and physical health education	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Reproductive health/family planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual physical exam for diabetics	\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Health certificates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Test Services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	40%	
OUTPATIENT REHABILITATION SERVICES												
Physical therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5	
Occupational therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5	
Speech therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5	
EMERGENCY ROOM (ER)												
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$10	\$15	\$20	\$20	
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$20	\$20	\$25	\$30	\$20	
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$20	\$20	\$25	\$30	\$20	
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
MEDICAL AND SURGICAL SERVICES												
EPSDT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Primary care physician's visits including nursing services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$3	
Specialist treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$7	
Sub-specialist treatment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$10	
Physician home visits	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$10	
Respiratory therapy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5	
Anesthesia services (except of epidural)	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	\$5	
Radiology services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Pathology services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Outpatient surgery facility services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Nursing services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Sterilization	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Prosthetics	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Ostomy equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Blood transfusion and blood plasma services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Services to patients with Level 1 or Level 2 chronic renal disease	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Skin, bone, and corneal transplants	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	
Veklury (remdesivir) for COVID- 19	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%	

Breast reconstruction after mastectomy	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Surgical procedures to treat morbid obesity	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Mechanical respirators and ventilators	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Durable Medical Equipment*	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Emergency Transportation Services	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Maternity and Pre-natal services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES											
High-Tech Laboratories**	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$5	20%
Special Diagnostic Tests**	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	40%
DENTAL SERVICES											
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$3	\$5	\$3
Restorative	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$2	\$5	\$6	\$10
PHARMACY SERVICES											
Preferred (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
Preferred (Adult)****	\$0	\$1	\$2	\$3	\$0	\$0	\$3	\$3	\$5	\$5	\$5
Non-Preferred (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10
Non-Preferred (Adult)****	\$0	\$3	\$4	\$6	\$0	\$0	\$8	\$8	\$10	\$10	\$10
*All Durable Medical Equipment (DME) is not covered; however, DME may be covered on a case-by-case basis under an exceptions process.											
** Copays apply to diagnostic tests only. Copays do not apply to test required as part of a preventive service.											
*** Copays apply to each medicine included in the same prescription pad.											

Part 5: Special Programs

Special Coverage

Beneficiaries with special health care needs can get special coverage that will provide services for the care they need. The special health care needs are:

1. Aplastic Anemia
2. Rheumatoid Arthritis
3. Autism
4. Cancer
5. Skin Cancer - Carcinoma IN SITU
6. Skin Cancer such as Invasive Melanoma or squamous cells with evidence of metastasis.
7. Chronic Renal Disease

8. Scleroderma
9. Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS)
10. Cystic Fibrosis
11. Hemophilia
12. Leprosy
13. Systemic Lupus Erythematosus (SLE)
14. Children with Special Health Needs (NNES)
15. Obstetric
16. Tuberculosis (Tb)
17. HIV/AIDS
18. Adults with phenylketonuria (PKU)
19. Pulmonary Hypertension
20. Post-Transplant (Excludes cornea, bone, and skin transplant)
21. Chronic Hepatitis C (HCV)
22. Congestive Heart Failure (CHF): Class III & Class IV, NYHA
23. Primary Ciliary Dyskinesia (PCD), or Immotile Ciliary Syndrome, or Kartagener Syndrome

Your PCP or Primary Care Physician Group can give you more information about who qualifies for Special Coverage. If you qualify for Special Coverage, they can also help you enroll.

People with Special Coverage can choose any provider who works with their Preferred Provider Network or the First Medical General Network. People with Special Coverage can get prescription drugs, tests, and other services through Special Coverage without needing a referral or your PCP's signature.

First Medical will let you know if you are qualified and will make sure you have access to services. Special Coverage under the Vital Plan will begin when the member reaches the Special Coverage limits of any other health plan. Some services may have limits. Call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 for more information.

The benefits under Special Coverage include the list below.

- Coronary disease services and intensive care
- Maxillary surgery
- Neurosurgical and cardiovascular procedures
- Peritoneal dialysis and related services
- Clinical services and laboratory tests
- Neonatal intensive care unit services
- Chemotherapy, radiology, and related services
- Gastrointestinal conditions, allergies, and nutritional evaluation for autistic patients
- Procedures and diagnostic tests, when medically necessary
- Physical therapy
- General Anesthesia
- Hyperbaric chamber

- Immunosuppressive drugs and laboratory tests for patients who have received transplants.
- Treatment for specific conditions after diagnosis:
- Positive HIV Factor and Acquired Immunodeficiency Syndrome (AIDS) – Ambulatory and hospitalization services are included. You do not need a Referral or Prior-Authorization from your plan or your PCP for visits and treatment at the Immunology Regional Clinics of the Health Department
- Tuberculosis
- Leprosy
- Lupus
- Cystic fibrosis
- Cancer
- Hemophilia
- Aplastic Anemia
- Rheumatoid Arthritis
- Autism
- OBGyn Obstetricians
- Post Organ Transplantation; and
- Children with special needs. **Except:**
 - Asthma and diabetes (Part of the Disease Management Program),
 - Psychiatric disorders, and
 - Catastrophic diseases for persons with Intellectual disabilities
- Scleroderma
- Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS)
- Services for the Treatment of conditions resulting from self-inflicted damage or because of a felony committed by a beneficiary or negligence.
- Chronic renal disease
- Drugs required for the ambulatory treatment of Tuberculosis and Leprosy.
- Hepatitis C treatment with the drug included in the Plan Vital Drug Formulary.

Special Coverage for HIV-AIDS

If you have HIV or AIDS, your PCP must ask First Medical to approve Special Coverage for you. Once First Medical adds you to Special Coverage, they will mail you a letter notifying you that you can receive services under Special Coverage. The letter will tell you when the Special Coverage begins and when it ends.

Once you have the letter, you can receive all services and treatments for your condition, such as prescription drugs, lab tests, X-rays and other services without your PCP having to sign for them. You can get your HIV/AIDS prescription drugs at the following Department of Health Communicable Disease Prevention and Treatment Centers:

**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:

- Be treated with respect and in a dignified way.
- 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.
- Get information about First Medical, health care facilities, health care professionals, health services covered, and how to access services.
- Choose a Primary Medical Group, your PCP, and other doctors and providers within your Preferred Provider Network.
- Choose a dentist and a pharmacy among your plan's networks.
- Contact your doctors when you want to and in private.
- 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.
- 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.
- Help to make decisions about your health care. You can turn down care.
- Ask for a second opinion for a diagnosis or treatment plan.
- Make an Advanced Directive. Look at Part 6 of this guide for more information.
- Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience, or revenge.
- 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.
- 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.

- 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.
- Choose an Authorized Representative to be involved in making decisions.
- Provide informed consent.
- Only must pay the amounts for services listed in Part 4 of this guide. You cannot be charged more than those amounts.
- 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:

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

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

- Don't give your Vital Plan Card to anyone else.
- Know your Vital Plan benefits.
- Keep records of your doctor's visits, lab tests and medication. Make sure you do not receive repeated services.
- Make sure your information is correct on the form before you sign it.
- 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:

- What decision they made
- Why did they make that decision.
- 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:

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

- You file the appeal within sixty (60) calendar days of the date in the letter from First Medical.
- 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).
- You say in your appeal that you want to keep getting services during the appeal.
- The appeal is for the type and amount of care you have been getting that has been stopped or changed.
- You have a doctor's order for the services (if one is needed).
- 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:

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

- **Part B** is for your doctor's services and outpatient care.
- **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.

- 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.

- 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.

- 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:

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



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