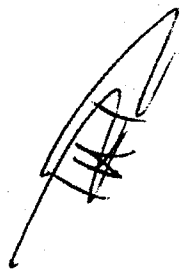
ATTACHMENT #16



Procedure to include beneficiaries in the special coverage and identify the risks assumed by ASES, to enter in force as of July 1, 2013 for Mi Salud Plan beneficiaries

This document defines the conditions and procedures through which ASES assumes there economic risk of the services offered to Mi Salud beneficiaries. The information that follows describes the criteria and processes to follow for the transferring of the economic risks to ASES in those cases in which the insured is diagnosed with a condition, or a procedure is performed to the person, that is part of the ASES's economic risk.

It is of utmost importance that the primary care physician continues providing all the medical assistance according to patient needs, even when the economic risk belongs to ASES. It is the primary care physician's role to coordinate all the medical services for the patient assigned to him, regardless of who assumes the economic risk.

If the request for special coverage enrollment is performed within the first 120 days from the date in which the tests and procedures that confirmed the diagnosis were made, the coverage will be effective on the date the diagnosis was confirmed. If enrollment is requested after 120 days from the date the diagnosis was confirmed, the coverage will be effective 90 days after the request was received.

The special coverage request form must be sent by e-mail address, cubiertasespeciales@ssspr.com or by fax to (787) 774-4835.

The information that follows details the medical conditions that may be included in the Special Coverage. For each condition we explain the criteria and the procedure to follow to include a beneficiary in the special coverage registry.

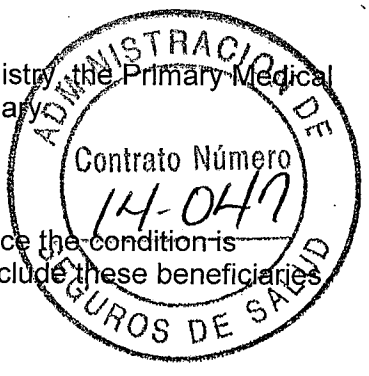
APLASTIC ANEMIA

Medical services related to aplastic anemia, including medications, will be ASES financial risks once the diagnosis is confirmed and the beneficiary is enrolled in the special coverage. To enroll the beneficiary it is required that a hematologist certifies the condition and, provides evidence of the result of the bone marrow and cytogenic biopsies confirming the diagnosis. A complete neutrophils count, platelet count and reticulocyte count must also be provided. The primary care physician, primary medical group or hematologist can request enrollment in the special coverage registry.

RHEUMATHOID ARTHRITIS

All medical services related to rheumatoid arthritis, including medications, will the financial risk of ASES, once there is a confirmed diagnosis and the beneficiary is enrolled in the special coverage registry. To enroll the beneficiary, a certification of the condition by the rheumatologist is required, as well as the results of ESR, CRP, ANA Test laboratory tests and pertinent X-rays confirming the diagnosis. The primary care physician, primary medical group or rheumatologist may request the beneficiary's inclusion the special coverage registry.

As of the effective date of the beneficiary inclusion in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation that corresponds to the beneficiary.



AUTISM

All medical services, including medications, will be the financial risk of ASES once the condition is diagnosed and the beneficiary is enrolled in the special coverage registry. To include these beneficiaries

in the registry, evidence of diagnosis submitted by a neurologist or psychiatrist is required. They must also include the results or interpretation of the M-CHAT and Ages and Stages questionnaires. The primary care physician can use the M-CHAT screening test to perform a test for presumed diagnosis. This test can be obtained through the Internet link www.firstsigns.org. The referral for the inclusion of the beneficiary in the registry may be provided by the physical or mental health provider. Once in the registry these beneficiaries do not require referral for services. However, in case the specialist, laboratory or facility thus requires a referral document for services. The primary care physician will be responsible to provide it and the service will not be discounted of the economic risk of the primary group

As of the effective date of the inclusion of the beneficiary in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation that corresponds to the beneficiary.

CANCER

Services covered related to cancer treatment for beneficiaries with this diagnosis will become ASES' risk form the moment the biopsy sample that confirms the diagnosis is taken. Hospitalization and the procedure to perform the diagnostic biopsy will be considered to be an ASES' risk. This coverage will depend on the beneficiary's inclusion in our Cancer Registry and will be extended until the treatment with chemotherapy and radiotherapy is completed. In those cases in which a pathology confirmation of the diagnosis cannot be obtained, ASES, through Triple-S Salud, will consider other specialized studies performed for the determination of the special coverage.

Skin cancer and carcinoma in situ diagnosis will only be considered under the special coverage at the moment of the surgery. Skin cancer cases such as invasive squamous cells melanoma with evidence of metastasis or which because of their extension require radiotherapy or reconstructive surgery will be included in the special coverage.

Once the tumor is eliminated, and there is no evidence of metastasis, the case is in remission or there is no need to continue with chemotherapy or radiotherapy treatments, the services provided will not be considered ASES' risk. Cases of beneficiaries that had been diagnosed with cancer in the past and are currently free of the disease, will not be considered ASES risks (e.g. beneficiary diagnosed with colon cancer in 2009, who underwent a colostomy). The follow-up of beneficiaries in remission by the oncologist, urologist, etc. will be the risk of the primary medical group, although the beneficiary will be able to access them without a referral, for they will be part of the preferred network.

It is necessary that when the Primary Medical Group requests the inclusion of a beneficiary with a cancer diagnosis in the registry for the condition, they provide the registration sheet filled out with a copy of the pathology studies and other studies that confirm the diagnosis, the treatment recommended and the time for which the beneficiary will be receiving said treatment. If this information is not provided, the beneficiary will be temporarily included in the registry for four (4) months, while the primary medical group or the specialist sends us the necessary information. Registration may be requested by the primary care physician, surgeon, gynecologist, urologist oncologist or radiotherapist in charge of the beneficiary.

Reactivation cases will be included in the registry on the date of the reactivation of the condition (evidence of metastasis through biopsy or study that confirms the diagnosis) up to a maximum of six (6) months prior to the date of the request, whichever is earlier.

Chemotherapy and radiotherapy treatments are ASES risk, whether or not the beneficiary is included in the registry for the condition.

CHRONIC KIDNEY DISEASE

Those beneficiaries with chronic renal disease are classified in stages 1 to 5 by their glomerular filtration rate (GRF).

Level	GFR Measure	ICD-9-CM	Risk:
Level 1	GFR over 90	585.1	PMG
Level 2	GFR between 60 and 89	585.2	PMG
Level 3	GFR between 30 and 59	585.3	ASES Parcial*
Level 4	GFR between 15 and 29	585.4	ASES Parcial*
Level 5	GFR less than 15	585.5	ASES Total
Level 5	End Stage Renal	585.6	ASES Total

* Beneficiaries in **levels 1 and 2** will be the risk of the primary medical group.

* Beneficiaries in **levels 3 and 4** will be a partial risk for ASES, as detailed below:

For beneficiaries in levels 3 and 4 only the visits to the nephrologist and some related laboratory tests (urinalysis, 24-hour urine collection for protein, creatinine, albumin, bilirubin, calcium, carbon dioxide chlorine, glucose, alkaline phosphatase, inorganic phosphorus, potassium, total proteins, sodium, hepatic enzymes and BUN, kidney sonogram and the peripheral vascular study to document access to hemodialysis) are considered ASES' risks.

For beneficiaries in level 3 and 4, medications that appear in the PDL under the Nephrology Section will be part of ASES' risk.

Level 5 beneficiaries will be subscribed to primary renal groups. All of the beneficiary's services in these primary renal groups are ASES' risks.

It is important to continuously monitor the patients at risk of this condition, for the early detection of the condition and include the beneficiary in the registry, prior to beginning the dialysis treatment.

The surgery needed to perform the fistula required for hemodialysis and the insertion of catheters are considered part of ASES' risk, even when the beneficiary is not included in the registry for the condition. Once the fistula is performed, even when the beneficiary has not begun the dialysis treatment, he may be registered under a primary renal group.

In cases of acute kidney failure that recover their renal function, only the peritoneal dialysis or hemodialysis will be considered ASES' risk.

Peritoneal dialysis and hemodialysis will be considered ASES' risk, even when the beneficiary has not been included in the registry for the condition under a primary renal group.

Once the beneficiary is included in the special coverage for chronic renal condition the beneficiary receives a notification by mail, indicating him the changes in his coverage or the change from a primary medical group to a primary renal group and his new ID card. The change to the renal group will be effective on the month the request for change is made. From this moment on the primary medical group stops receiving the capitation that corresponds to this beneficiary. Service received by the beneficiary, prior to the change to the primary renal group or the beneficiary's inclusion in the special coverage because of a chronic renal condition, will be the risk of the primary medical group, except those directly

related to the dialysis, Outpatient services received outside the preferred network and not related to the dialysis provided to these beneficiaries that belong to the primary renal group, must be coordinated by the nephrologist, who will become the primary care physician for these beneficiaries. Requirements to grant renal coverage depend on the GFR (gromerular filtration rate):

$GFR = 186 \times (P_{Cr})^{-1.154} \times (age)^{-0.203} \times (0.742 \text{ if female}) \times (1.210 \text{ if black})$

If you need further information regarding this formula, go to the webpage of the *National Kidney Foundation* (www.kidney.org).

For the beneficiary to be included in the condition registry copy of the laboratory results evidencing creatinine, age and sex of the beneficiary are required. If the beneficiary is an African American woman, this must be specified, for this information is used to calculate the GFR. In those cases that apply, you may include a copy of the HCFA form #2728. The primary care physician, the nephrologist or the renal center may fill out the Special Coverage Registration Form.

SCLERODERMA

All the medical services, including medications, will be ASES' financial risk once the definitive diagnosis is made and the beneficiary is included in the special coverage registry. To include the beneficiary in the registry of the condition, the Primary Medical Group or specialist must provide evidence of the result of the ANA Test, a report of the skin biopsy, a report on the consultation with the dermatologist or the rheumatologist confirming the condition. The registration may be requested by the beneficiary's primary care physician or the specialist in charge of the condition.

MULTIPLE SCLEROSIS AND AMYOTROPHIC LATERAL SCLEROSIS

All the medical services, including medications, will be ASES' financial risk once the definitive diagnosis is made and the beneficiary is included in the special coverage registry of the condition To include the beneficiary in the registry of the condition, they must send evidence of the result of the brain MRI and, if necessary, and MRI of the spinal cord, the result of the lumbar puncture, the type of multiple sclerosis or diagnosis of Amyotrophic Lateral Sclerosis certified by a neurologist and laboratory tests to rule out other diseases under differential diagnosis or with similar symptoms. The registration may be requested by the beneficiary's primary care physician or the neurologist in charge of the condition.

As of the effective date of the inclusion of the beneficiary in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation that corresponds to the beneficiary.

CYSTIC FIBROSIS

All the medical services, including medications, provided to beneficiaries with a diagnosis of cystic fibrosis, included in the special coverage registry, are considered ASES' financial risk. To register the beneficiary, results of the sweat test, treatment and/or certification of the pulmonologist are required. These beneficiaries can be included in the registry for the condition by the pulmonologist, pediatrician or primary care physician that provides medical services to the beneficiary. The Primary Medical Group will not receive the monthly capitation for these beneficiaries and the pulmonologist will become the primary care physician for the beneficiary with Cystic Fibrosis.

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HEMOPHILIA

The medical services related to a diagnosis of hemophilia and the treatment with anti-hemophilic factor for beneficiaries with hemophilia, are considered ASES' economic risk. To include these beneficiaries in the registry for the condition a certification by the Hemophilia Clinics or by a hematologist evidencing the condition is required, as well as the results of blood coagulation factors levels.

LEPROSY

Services related to the condition, visits to the infectologist, medications for the condition, cultures, follow-up biopsies, as well as hospitalizations and procedures with the ICD-9/ICD-10 of the condition, are ASES' risk from the date the beneficiary is included in the Special Coverage registry. The request for inclusion in the special coverage may be submitted by the primary care physician or the specialist in charge of the condition. The term of the registration will be based on the duration of treatment.

SYSTEMIC LUPUS ERYTHEMATOSUS

All the medical services, including drugs, will be ASES' risk once the final diagnosis is made and the beneficiary is included in the Special Coverage Registry. To include the beneficiary on the registry of the condition a rheumatology assessment certifying the condition and the results of ANA-Test, DS-ANA, Anti SM and Anti-Phospholipids Abs laboratory tests are required. The request for enrollment in the Special Coverage can be done by the primary care physician or the specialist in charge of the condition.

As of the effective date of the inclusion of the beneficiary in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation that corresponds to the beneficiary.

CHILDREN WITH SPECIAL HELATH NEEDS

All covered medical services, including drugs, accepted in the Children with Special Health Needs Registry are ASES' economic risk. The primary care physician will be responsible for providing the child the preventive care according to the child's age, prescriptions and precertifications. These beneficiaries do not require a referral to visit specialists. Notwithstanding, in case the specialist, laboratory or facility requires it, the primary care physician will be responsible of providing it and the service will not be deducted from the economic risk of the Primary Medical Group.

To include the child in the registry for the condition they must fill out the Children with Special Health Needs Form with the following information:

- Evidence of the medical condition according to the list of special condition diagnosis (See Attachment 2)
- Laboratory tests relevant to the condition
- Pending surgeries to correct the condition
- Current pharmacotherapy

The decision to include the child in the registry will be made considering the age (up to 21 years of age) and the diagnosis.

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As of the effective date of the inclusion of the beneficiary in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation that corresponds to the beneficiary.

Conditions that qualify the child for his inclusion in the registry are detailed below:

CONDITIONS TO INCLUDE PATIENTS IN THE REGISTRY OF CHILDREN WITH SPECIAL HEALTH NEEDS

Principal Diagnosis	Specifications	ICD-9
A. Metabolic Diseases	1. Specific amino acids disorders	270.0 - 270.8
	2. Non- specific amino acids disorders	270.9
	3.Carbohydrate transportation and metabolism disorders	271.0 -271.9
	a. Glycogenesis	
	b. Galactosemia	
	c. Fructose intolerance	271.0
	d. Specific carbohydrate transportation and metabolism disorders	271.1 271.2 271.8
	e. Non-specific carbohydrate transportation and metabolism disorders	271.9
	4. Lipid metabolism disorders	
	a. Disorders of lipoproteins	272.0 - 272.7
	b. Lipidoses	272.5 272.7
	5. Disorders of plasma protein metabolism	273.0-273.9
	6. Disorders of mineral metabolism	275.01-275.9
	7. Other non-specific disorders of metabolism	
	a. Disorders of porphyrin, purine and pyrimidine	277.00 - 277.6, 277.81-
	b. Amyloidosis	
	c. Mucopolysaccharidosis	277.89, 277.9 277.1 - 277.2
	8. Circulation enzyme deficiency	277.30 -277.39 277.5 277.6
B. Hereditary and Central nervous system diseases	1. Autism	299.00, 299.80
	a. Brain Degeneration	330
	2. Leucodistrophy	
	a. Cerebral Lipidosis	330.0
	b. Acquired Obstructive Hydrocephalia	330.1 - 330.8 331.4
	3. Other motor and extrapyramidal disorders	333.1, 333.2, 333.4
	4. Spinal cerebral diseases	334.0 - 334.9
	5. Spinal muscular dystrophy and related syndromes	335.0-335.11
	6. Central nervous system demyelinating diseases	341.0 - 341.9
	7. Cerebral palsy	342.00-342.91
	8. Other paralysis syndromes	343.0 - 343.9
	9. Epilepsy	344.00 -344.09
	10. Other brain conditions	345.00-345.91
	11. Heritable peripheral neuropathies	348.0, 348.30
	12. Polyneuritis	356.0 - 356.9
	13. Muscular dystrophy and other myopathies, myotonic	357.0

Principal Diagnosis	Specifications	ICD-9
	disorders	359.0 - 359.29
C. Musculoskeletal disorders	1. Torticollis	723.5 754.1
	a. Congenital spasmodic torticollis, Sternocleidomastoid muscle torticollis	732.1 732.4
	2. Pelvis and hip juvenile osteochondritis	736.70 - 736.72
	3. Lower limb juvenile osteochondritis, excluding the foot	737.0 - 737.39
	4. Other acquired malformation of the ankle and foot	741.00 -741.03,
	5. Scoliosis	741.90 - 741.93
	6. Spina biphida	742.0 - 74.59, 742.8 - 742.9
	7. Other congenital deformities of the central nervous system	
D. malformations*	1. Anencephalia and similar malformations	740.0-740.2
	2. Congenital eye malformations	743.00-743.06,
	a. Anophthalmia	743.10 - 743.12, 743.20 - 743.22
	b. Microphthalmia, Buphthalmos	743.30 - 743.39
	c. Congenital cataract and lenses malformation Coloboma and other malformations of the anterior segment of the eye	743.41-743.48
	d. Congenital malformations of the posterior segment of the eye	743.51 - 743.59
	e. Congenital malformation of the eyelid, lachrymal apparatus and orbit	743.61 - 743.9
	3. Congenital malformations of the ear, face and neck	744.00 - 744.3
	a. Malformations that cause hearing impairment	744.41 - 744.5, 744.81 - 744.9
	b. Choanal atresia and other congenital malformation of the nose, larynx, trachea and bronchi	748.0 - 748.9 749.00 - 749.25
	c. Cleft lip and palate	750.0 - 750.9
	d. Congenital malformations of upper alimentary tract	751.0-751.9
	4. Congenital malformations of the circulatory system	745.0-745.9746.00-746.9
	5. Congenital malformations of pulmonary and tricuspid valve	747.0-747.9
	6. Congenital malformations of great arteries	752.0-752.89
	7. Congenital malformations of genital organs and urinary system	753.0-753.8 754.0 - 754.89
	8. Congenital musculoskeletal malformations	755.00- 755.64,
	9. Congenital osteodistrophy	756.0-756.17, 756.2-756.6,
	10.Congenital skin malformations	756.71, 756.79, 756.83
	11.Other non-specific malformations	757.0-757.6
	12.Chromosomal abnormalities	759.0-759.89
		758.0 - 758.89,
E. Perinatal period conditions	1. Fetal alcohol syndrome	760.71
	2. Prematurity	765.00-765.09
	3. Injury to the thorax	767.6
	4. Hypoxia, anoxia, perinatal asphyxia	768.9
	5. Intraventricular hemorrahage (grade III – IV)	772.13-772.14
	6. Kernicterus	774.7
	7. Periventricular leucomalacia	779.7
Disorders of sensory	1. Of the globe and surroundings	360.00-360-.9

Principal Diagnosis	Specifications	ICD-9
organs	2. Retinopathy prematurity 3. Conductive hearing loss 4. Sensorineural hearing loss 5. Blindness and low vision 6. Strabismus and other disorders of eye movement a. Esotropia b. Exotropia c. Intermittent heterotropia 7. Alterations of the voice	362.22-362.29 389.00 - 389.08 389.10 - 389.9 369.00 - 369.04, 369.20,369.4, 369.60 378 378.00 - 378.08 378.10 - 378.18 378.20 - 378.9 784.41,784.49
G. Development Disorders	1.Delay in the normal physiological development 2.Development delay and disorders	783.40-783.43 315.31-315.9
H. Endocrine Disorders	1.Congenital Hypothyroidism 2. Other endocrine disorders	243 246.8, 252.0, 252.8, 253.0, 253.3,255.2, 255.8, 259.1, 259.4, 278.01
I. Burns and Trauma	1. Burns with disabling scars 2. Scars and skin fibrosis	906.9, 949.0, 952.9 709.2
J. Immunologic and hematologic disorders	1. Myelodisplasia 2. Aplastic Anemia 3. Immunological Disorders	238.71 -238.74 284.0 – 284.9 279.00-279.09, 279.10-279.19, 279.2-279.49, 282.40-282.49, 282.60-282.69, 283.9
K. Collagen Diseases**	1. Systemic Lupus Erythematous 2. Juvenile Rheumatoid Arthritis 3. Sclerosis; Scleroderma 4. Other conditions of connective tissue	710.0 714.0 710.1 710.2-710.4
L. Growth Hormone Deficiency		253.3

***Congenital malformations that require surgical correction will be kept in the registry for three (3) months after the surgery or after receiving the release from the surgeon that performed the surgery.**
**** Each case will be evaluated individually according to the treatment and the severity of the condition.**

► Case Management for Children with Special Needs

Triple-S Salud has a Case Management Program for pediatric patients, who for their diagnosis, do not qualify for the special coverage. The requirement for the program is that they have multiple medical conditions that require frequent visits to two or more specialists (4 or more visits per specialist a year) or high risk patients for hospitalizations such as the pediatric population with Diabetes Mellitus Type 1. The nurse in charge of managing this population will be responsible to guarantee beneficiaries access to specialists, diagnosis tests and the necessary medical treatment in communication with the primary care physician. Evaluation will be according to the benefits coverage of the Mi Salud Health Plan and the Preferred Drug List (PDL). The **economic risk** of the services offered to this population belongs to the Primary Medical Group until the Stop Loss amount is reached.

OBSTETRICS

All the covered medical services provided to Mi Salud's female beneficiaries enrolled with Triple-S Salud, and registered in the obstetrics special coverage are ASES' economic risk. Triple- S Salud has an electronic process to register pregnant beneficiaries. Through this process the obstetrician is able to register the patient through our webpage www.ssspr.com/sesweb. This allows the physician to provide the beneficiary the registration certification letter on the first prenatal visit, so she can have the laboratory tests done and get the prescription drugs without needing the authorization or referral from the primary care physician.

If the obstetrician does not have access to the Internet, he/she must fill out the Form to Register Obstetrics Cases and send it to the Special Conditions Registry Area. Once the case is registered, a certificate of special coverage will be mailed to the female beneficiary.

If the female beneficiary is not registered, the obstetrician will only be able to receive payment for the obstetrics initial prenatal visit, but not for subsequent prenatal visits. This initial prenatal visit will always be considered ASES' risk. The Primary Medical Group will not receive the capitation for this beneficiary from the time she is in the obstetric registry.
The following obstetric procedures require precertification through the Triple-S Salud Precertification Call Center (1-866-365-9024):

- Non-stress test" in the office

While the beneficiary is in the obstetrics registry, prescription drugs outside the Obstetrics formulary must be precertified by filling out the request form and faxing it to (787) 625-8698.

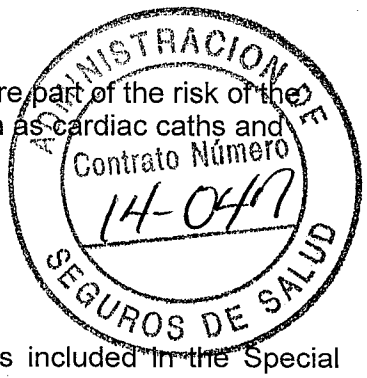
Sterilizations performed in a separate admission after the vaginal delivery or C-section will be the responsibility of the Primary Medical Group; therefore, they will require the referral from the primary care physician.

Newborns under the mother's contract will be ASES' risk until the obstetric registration ends (41 days after the estimated date of delivery). Under this premise, the assistance of the pediatrician during a C-section or high risk delivery and the routine care of the newborn in the hospital (nursery room) will also be ASES' responsibility.

The capitation payment for the baby will be paid once the mother is no longer in the obstetric registry or the mother completes the baby certification requirements, whichever happens first.

PRE-ORGAN TRANSPLANT

Services related to evaluations and tests prior performing an organ transplant are part of the risk of the Primary Medical Group, except those services that are already ASES' risk, such as cardiac caths and Nuclear Medicine studies.



POST ORGAN TRANSPLANTS

Procedures to perform a transplant **are not** covered by Mi Salud Plan.

However, all the services covered after the organ transplant for beneficiaries included in the Special Coverage Registry are ASES' risk. Post kidney transplant beneficiaries will be included in a renal primary

group. Heart, liver, lung and bone marrow post- transplant beneficiaries will be included in a special registry for beneficiaries who have had a transplant. To include the beneficiary in the registry for the condition, medical evidence of the transplant and evidence of use of immunosuppressor drugs are required. The registration request may be made by the primary care physician or the specialist in charge of the case. The beneficiary will be taken out of the registry when he/she no longer uses Immunosuppressor drugs.

As of the effective date of the beneficiary's inclusion in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation they receive for the beneficiary.

TUBERCULOSIS

The services related to the condition, visits to the pulmonologist or infectologist, antibiotics for the condition, cultures, follow-up X-rays, as well as hospitalizations and procedures with the ICD-9/ICD-10 of the condition will be ASES' risk. Specialty drugs that appear on the list at the end of this letter will also be included under ASES' risk.

To be included in the registry for the condition, evidence of X-rays, positive cultures for the infection, report of bronchial wash or report of the biopsy of the part affected are required. The request for inclusion in the condition registry may be made by the primary care physician or by the specialist in charge of the condition.

The term of registration will be based on the duration of treatment.

VIH + / SIDA

All covered medical services, including prescription drugs for beneficiaries with this condition will be ASES economic risk. For the beneficiary to be included in the registry for the condition, they require:

- Evidence of a positive HIV test confirmed by the Western Blot test for HIV beneficiaries
- CD-4 under 200 or evidence of an opportunistic disease for beneficiaries with AIDS

The request for registration may be made by the primary care physician, specialist or personnel of the Immunology Clinics of the Health Department or other centers specialized in treating the condition.

Antiretroviral drugs included in coverage and hospitalizations with the mentioned diagnoses will be assumed under the ASES economic risk, even when the insured is not included in the registry of the condition:

- Esophageal, bronchial, tracheal or pulmonary candidiasis
- Invasive cervical cancer
- Disseminated or extrapulmonary Coccidioidomycosis
- Extrapulmonary Cryptococcosis
- Chronic Intestinal Cryptosporidiosis (with a duration of more than one month)
- Cytomegalovirus disease in the liver, vessels or nodules
- Cytomegalovirus Retinitis, with loss of vision
- HIV related encephalopathy
- Herpes Simplex Bronchitis, Pneumonitis o Esophagitis
- Hystoplasmosis, disseminated or extrapulmonary

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- Chronic intestinal Isosporasis (with a duration of more than one month)
- Kaposi's Sarcoma
- Burkitt's Lymphoma (or equivalent term)
- Immunoblastic Lymphoma (or its equivalent term)
- Primary Brain Lymphoma
- Mycobacterium Avium complex or Type M, Kanasii, disseminated or extrapulmonary
- Mycobacterium tuberculosis (anywhere in the lung or extrapulmonary)
- Other unidentified Mycobacterium species , disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Recurring Pneumonia
- Progressive Multifocal Leucoencephalopathy
- Brain Toxoplasmosis

Beneficiaries with protease inhibitors drug therapy must be referred to the Immunology Clinics of the Health Department for treatment, for these drugs are not included in pharmacy coverage established by ASES for Mi Salud Plan beneficiaries.

A child is considered to have a final positive HIV diagnosis if he/she has evidence of HIV antibodies after 18 months of age or has positive results for two of the tests: P24 Antigen, Viral Charge Test, and Virus Culture. In pediatric cases, every child born of HIV-positive mother should be considered infected and it is required to be managed according to the protocol established for these purposes. Cases of infants over the age of 18 months, who do not have antibodies, cease to be regarded as an ASES risk. From the effective date of the inclusion of the beneficiary in the Special Condition Registry, the Primary Medical Group will stop receiving the monthly capitation assigned to the beneficiary.

The following table summarizes the economic risk distribution by condition.

Economic risk distribution by condition		
Condition	Medical Services	Medications
Aplastic Anemia	Services related	Services related
Rheumatoid Arthritis	All	All
Autism	All	All
Cancer	Services related	Services related
Scleroderma	All	All
Multiple Sclerosis and ALS	All	All
Cystic Fibrosis	All	All
Hemophilia*	Services related	Services related
Leprosy	Services related	Services related
Systemic Lupus Erithematosus	All	All
Children with Special needs	All	All
Obstetrics	All	All
Post organ transplant	All	All
Renal 3 and 4	Defined	Nephrology PDL
Renal 5 (GMP # 49)	All	All
HIV/AIDS	All	All
* Children with Hemophilia are part of the Children with Special Needs Registry		

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OTHER RISKS

ASES assumes other financial risks according to what was established in Mi Salud benefits coverage. It is not required to request the inclusion of these beneficiaries in the registry, for they are identified through the related billing codes. .

The definitions of these other risks are detailed below:

ACUTE CEREBROVASCULAR ACCIDENTS (CVA)

Services rendered to a beneficiary with this diagnosis during a hospitalization or visit to an emergency room will be ASES' risk. Medical follow-up and the rehabilitation of this beneficiary, once released from the hospital, will be the risk of the Primary Medical Group.

THERAPEUTIC APHERESIS

Therapeutic apheresis procedures will be included in the risks assumed by ASES.

AMBULANCE SERVICE

Ambulance services for emergency transportation, either ground or air ambulance, are risks assumed by ASES and do not require a precertification. Ambulance transportation of beneficiaries to medical appointments or his/her home or after being released from the hospital are **not** covered by Mi Salud Plan. Some cases may be precertified as an exception, for example: beneficiaries that are bedridden, that receive IVF therapy or under mechanical ventilation at his/her home.

Non-emergency transportation in other vehicles contracted is not considered a benefit with Mi Salud Plan.

MULTIPLACE HYPERBARIC CHAMBER

Payment for the use of the multiplace hyperbaric chamber and medical services related to it are economic risks assumed by ASES. This service requires precertification. Medical documents justifying the medical necessity for the use of the service may be faxed to (787) 774-4835. In emergency cases, the request for precertification may be sent on the next business day, after the service is rendered.

CARDIOVASCULAR AND PERIPHEROVACULAR SURGERIES

Invasive procedures such as cardiac catheterizations angioplasties, pacemakers and all cardiovascular and periphero vascular surgeries, as well as hospitalizations associated to these procedures, from the moment the medical need of the surgery is established, are considered ASES' economic risks. Once the surgeon releases the person from the hospital in which the procedure was performed, the economic risk passes the Primary Medical Group.

In cases in which a beneficiary is hospitalized because of a myocardium infarction and they perform a cardiac catheterization during said hospitalization, only the day of the cardiac catheterization will be

considered ASES' risk. Once the surgeon releases the beneficiary from the hospital in which the procedure was performed, the economic risk passes to the Primary Medical Group.

Ambulatory follow-up by the cardiologist, once the beneficiary is released from the hospital, **is not** part of the risk assumed by ASES. This follow-up must continue through the primary care physician and the consulting cardiologist.

MAXILLARY SURGERIES

Procedures with CPT codes performed by maxillofacial surgeons such as the reconstruction of dental malocclusion or correction and hospitalizations, anesthesia or analgesia associated to these procedures will an economic risk assumed by ASES and require precertification through Triple-S Salud Dental Claims Department. The request and the required documents must be sent to PO BOX 383628, San Juan, Puerto Rico 0093603628 to the attention of the Department previously indicated.

In cases in which the beneficiaries are not part of the Special Condition Registry, and they required a referral form(s) for the specialist, laboratory or facility, the primary care physician will be responsible of providing the referral and the service will not be deducted from the economic risk of the primary group.

DENTAL SERVICES AND DRUGS FROM THE DENTAL FORMULARY PRESCRIBED BY DENTISTS

CDT Manual Codes defined included in the dental coverage defined by ASES, as well as the prescription drugs included in the dental formulary that have been prescribed by a dentist will be ASES' risks. These prescribed drugs will follow the rule established by the PBM for the dispensing of prescription drugs under acute conditions.

EMERGENCIES AND HOSPITALIZATIONS TO TREAT CONDITIONS RESULTING FROM SELF-INFLICTED INJURIES OR FELONIES BY THE BENEFICIARY

Emergency services and hospitalizations resulting from emergencies with diagnosis codes E950.0 to E989.0 are part of the economic risk assumed by ASES/ Emergency room services, surgeries, medical services and hospitalization of those cases rejected by ACAA are included under this risk.

In those cases in which the Primary Care Group identifies that services for conditions resulting from self-inflicted injuries and felonies were not coded with the ICD9-CM indicated, the Primary Medical Group must provide Triple-S Salud any document (e.g. summary of hospital release, ACCA Letter of Denial of Services, etc.) that may facilitate the adjudication of these cases to the ASES' risk

NUCLEAR MEDICINE STUDIES

Nuclear medicine studies (codes 78000 @ 79999) and radiopharmaceutical contrast materials necessary to perform them are an economic risk assumed by ASES. The requirement to precertify some of these studies will continue through Triple-S Salud Precertification Program, which you can reach at 1-866-365-9024.

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NEONATAL INTENSIVE CARE UNIT

All babies that have admission criteria to the Neonatal Intensive Care Unit (NICU) will be considered economic risks assumed by ASES. Once the infant is released from NICU, he stops being considered under the ASES' risk. Ambulatory medical follow-up will continue through his primary care physician and other specialists or sub-specialists that may be consulted and will be part of the economic risk assumed by the primary medical group.

PEDIATRIC INTENSIVE CARE UNIT AND ADULT INTENSIVE CARE UNIT

All covered hospital services provided to the beneficiaries in Pediatric Intensive Care Unit and Adult Intensive Care Unit will an economic risk assumed by ASES. Once the beneficiary complies with all the medical criteria to be transferred to another level of care, it will become an economic risk for the primary medical group.

CYTOGENETIC LABORATORY TESTS

Cytogenetic laboratory tests are an economic risk assumed by ASES. The codes that correspond to this type of laboratory tests are 88230 @ 88299.

EXTRACORPOREAL LITHOTRIPSY

Both the institutional and the medical service portions of the procedure are an economic risk assumed by ASES. This procedure requires precertification, which must be handled through the Triple-S Salud Precertifications Call Center at 1-866-365-9024.

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ASES will assume the economic risk of the claims for services rendered to those beneficiaries certified as eligible by the Medicaid Program and who by the date of the service have not completed the enrollment process with Triple-S Salud. A beneficiary certified by Mi Salud is one that has completed the enrollment process and has a primary medical group and a primary care physician assigned. When these processes are completed, the claims will become part of the economic risk of the primary medical group, in accordance with what is being provided in this document.

MAMMOGRAPHY

Screening and diagnosis mammography are part of the risk assumed by ASES

SPECIAL DRUGS*

The following medications are part of the risk assumed by ASES:

Medications	GPI	HCPCS-as applicable
Chemotherapy §**	21	J8501 al J8999 y J9000 al J 9999
Antiretrovirals § - HIV*	1210	
Baraclude ¥	1235	
Adcetris IV ¥	2135	
Erivedge ¥	2137	
Halaven ¥	2150	J9179
Afinitor §	2153	J7527
Inlyta ¥	2153	
Nexavar§	2153	
Sprycel§	2153	
Sutent§	2153	
Tarceva¥	2153	
Tasigna§	2153	
Tykerb¥	2153	
Votrient¥	2153	
Xalkori¥	2153	
Zelboraf¥	2153	
Stivarga¥	2153	
Supprelin La implant¥	3008	J1675
Somavert¥	3018	
AcThar gel¥	3030	
Veletri¥	4017	
Flolan¥	4017	J1325
Ventavis¥	4017	
Tyvaso¥	4017	J7686
Remodulin¥	4017	J3285
Xolair¥	4460	J2357
Prolastin¥	4510	J0256
Xenazine¥	6238	
Gilenya¥	6240	
Kineret¥	6626	
Humira§	6627	J0135
Enbrel§	6629	J1438
Orencia¥	6640	J0129
Actemra¥	6650	J3262
Leukine¥	8240	J2820
Nplate¥	8240	J2796

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Hemophilia [§]	8510	J7180-J7195
Panhematin[¥]	8525	J1640
Revlimid[¥]	9939	
Thalomid[¥]	9939	
Immunosupresors[§]	9940	J7500 al J7599
Benlysta[¥]	9942	J0490
Forteo[¥]	30044	J3110
Reclast[¥]	300420	J3488
Boniva[¥]	300420	J1740
Sandostatin	302010	J2354 Y J2353
Kuvan[¥]	309085	
Promacta[¥]	824050	
Dificid[¥]	3530025	
Zinforo[¥]	6627004	
Pentamidine	16000045	J2545 y J7676
Zyvox[¥]	16230040	J2020
Gammaglobulins[§]	19100020	J1459 al J1569; J1572, J1599
Synagis[§]	19502060	
Eulexin[§]	21402440	S0175
Fareston[¥]	21402680	
Nolvadex[§]	21402680	S0187
Arimidex[§]	21402810	S0170
Aromasin[§]	21402835	S0156
Femara[§]	21402860	
Faslodex[¥]	21403530	J9395
Hydrea[§]	21700030	S0176
Vesanoid[¥]	21708080	
Leucovorin[§]	21755040	J0640
Megace[§]	26000023	S0179
Desmopresine DDAVD[§]	30201010	J2597
Carnitor[§]	30903045	J1955
Rocaltrol[§]	30905030	
Sensipar[§]	30905225	
Pulmozyme[§]	45304020	J7639
Remicade[¥]	52505040	J1745
Phoslo[§]	52800020	
Renvela[§]	52800070	
Copaxone[§]	62400030	J1595
Rebif[¥]	62403060	J1826; Q3026
Betaseron[§]	62403060	J1830
Extavia[§]	6240306050	

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Novantrone§	21200055	
Avonex§	62403060	J1826; Q3025
Tysabri¥	62405050	J2323
Arava¥	66280050	
Botox¥	74400020	J0585; J0587
Rilutek¥	74503070	
Calciferol§	77202030	
Aranesp§	82401015	J0881; J0882
Epogen§	82401020	J0885; J0886
Procrit§	82401020	
Neupogen§	82401520	J1440; J1441
Neulasta§	82401570	
Neumega¥	82403060	J2355
Leukine§		
Cerezyme¥	82700050	J1786
Agrylin¥	85156010	
Exjade¥	93100025	
TOBI§	700007000	J7682
Growth Hormone§	301000-301500	
Soliris¥	85800050	J1300
Trelstar¥	2140505020	J3315
Tracleer¥	40160015	
Promacta¥	82405030	
Angiomax¥	83334020	J0583
Intergrilin¥	85153030	J1327

*Some prescription drugs require a precertification. The precertification may be handled by fax at (787) 625-8698.
¥ Any prescription drug approved through the exception process and is not part of the Preferred Drug List (PDL) or Plan Drug List (Medular Formulary) will always be ASES' risk.
§ Prescription Drug included in the PDL.

NEUROSURGERY

All neurosurgery procedures are classified as an economic risk assumed by ASES. This classification ends when the beneficiary is released from the hospital by the neurosurgeon. Medical follow-up by professionals and specialists after the beneficiary is released from the hospital will be the economic risk of the Primary Medical Group and must be coordinated through the primary care physician. The surgery to treat carpal tunnel syndrome is considered a surgery excluded from the ASES risk.

The coordination of the services for the beneficiary that requires an elective neurosurgery procedure is the responsibility of the primary care physician. This coordination must include the issuance of the referrals necessary for the pre-admission and for the procedure.

PROSTHESIS

The following prostheses are covered and are part of the risk assumed by ASES:

- Pacemakers, defibrillators*
- Heart and neurosurgical valves or any other artificial instrumentation or device (require precertification)
- Orthopedic tray for instrumentation of fractures (screws, nails, rods, etc.), back surgeries*, scoliosis* and joint replacement surgeries
- Limb prosthesis *
- Eye prosthesis
- Bone replacement (Cadaver bone grafts*)

* Precertifications must be handled through (787) 774-4835.

Any prosthesis or device approved through the exception process and that is not part of this list will always be ASES' risk.

ASES will only reimburse the provider, through Triple-S Salud, the cost of the trays and the materials used in the surgery; therefore, the invoice submitted must have attached the evidence of cost, copy of the surgeon's a report and a detailed list materials used.

The cost for the intraocular lens cataract removal surgery will be considered an economic risk of the Primary Medical Group. This cost is billed by the ambulatory surgery center.

RADIOSURGERY

All radiosurgeryl procedures such as stereotactic surgery, *Cyberknife and Gamma Knife* are financial risks assumed by ASES and require pre-certification through the Triple-S Salud Pre-certification Call Center at 1-866-365-9024. The pre-certification can be arranged by the primary physician, neurosurgeon or facility that will perform the procedure.

The following is required for the evaluation of the cases:

- Radiotherapist and/or neurosurgeon consultation report
- MRI results to evidence the size of the lesion to be treated
- Venogram results (if applicable)
- Karnofski Scale (KPS)

MORBID OBESITY

The management of morbid obesity prior to the bariatric surgery Primary Medical Group risk. The bariatric surgery is an ASES risk. Reconstruction services after bariatric surgery, in medically necessary cases, are part of the Primary Medical Group risk.

MENTAL HEALTH

All mental health services will be provided by the MBHO contracted by ASES. Subscriber evaluations to rule out physical conditions will be the risk of the primary medical group. This includes laboratory tests and studies required for the evaluation of children with suspected ADD or hyperactivity, evaluations of patients with suspected dementias, evaluation of patients eligible for detoxification of controlled substances, and emergency room visits of subscribers with physical symptoms (e.g. chest pain) where the final diagnosis is one of mental health or suicide attempt. In these cases, the intervention of the emergency room or hospital is limited to ruling out a physical health condition and is not intended to treat the psychiatric condition. Diagnosis tests such as laboratories, CT scan, MRI, EEG, will be the risk of the MBHO only when referred by a psychiatrist.

Once the diagnosis of Attention Deficit Disorder (ADD) with or without hyperactivity is confirmed, the treatment will be the responsibility of the MBHO contracted by ASES. This treatment includes but is not limited to Neurologist visits and tests related to the treatment of this diagnosis.

PREVENTIVE SERVICES (See enclosed table)

MI SALUD PROGRAM- PREVENTIVE SERVICES – QUICK REFERENCE GUIDE 2011- 2012

Category	CPT Code	Brief Description	ICD-9 DM	Indications	Frequency
Aortic Abdominal Aneurysm (AAA)	G0389	Ultrasound for Aortic Abdominal Aneurysm; screening	V81.2	One per lifetime in males > 65-75 years at risk	1 x lifetime
Cholesterol Management	80061	Lipid Panel	V81.0	Over 18 years of age	1 every 5 years until age 64 and annually in older than 65 years
Diabetes Screening	82947	Glucose, quantitative, blood (except reagent strip)	V77.1	In patients diagnosed with pre-diabetes, 1 test per year	1 per year
	82950	Glucose, blood; post glucose dose (includes glucose)			
	82951	GTT, 3 specimens (includes glucose)			
Cervical Cancer Screening (Pathologies)	G0123	Screening cytopathology; automated thin layer prep; by cytotech. under physician supervision	V76.2	Sexually active females with cervix	Annual in high risk and every 24 months in general not-at-risk population
	G0124	Screening cytopathology; automated thin layer prep; requiring physician interpretation			
	G0141	Screening cytopathology; automated thin layer prep; w manual rescreening; requiring			

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		physician interpretation			
	G0143	Screening cytopathology; automated thin layer prep; w manual screening & rescreening; by cytotech. under physician supervision			
	G0144	Screening cytopathology; automated thin layer prep; w screening by automated system under physician supervision			
	G0145	Screening cytopathology; automated thin layer prep; w screening by automated system and manual rescreening under physician supervision			
	G0147	Screening cytopathology; performed by automated system; under physician supervision			
	G0148	Screening cytopathology; performed by automated system with manual rescreening			
	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision			
	88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision			

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Cervical Cancer Screening (Sample collection)	G0101	Cervical or Vaginal Cancer Screening; Pelvic and Clinical Breast Examination	V76.2	Sexually active females with cervix	Annual in high risk and every 24 months in general not-at-risk population
Breast Cancer screening and diagnosis	77052	Add on Code for Computer-aided Screening mammography	V76.11 o V76.12	Anual 40 years and older	1 per year
	77055	Mammography, unilateral			
	77057	Mammography, bilateral			
	77057	Screening mammography; bilateral (2-view study of each breast)			
	G0202	Screening mammography; digital; bilateral			
BRCA	81211-81217	BRCA 1, BRCA2, Breast Cancer and Ovarian cancer	V84.1 Breast V84.2 Ovary	Women with high risk of genetic mutations for breast and ovarian cancer	1 per lifetime
Colorectal Cancer Screening (COL)	G0104	Colorectal Cancer; flexible sigmoidoscopy	V76.51	50-75 years	Occult Blood (G0328 o 82270) 1/annual. Flexible sigmoidoscopy 1 every 4 years. Screening Colonoscopy1 every 10 years in general population and every 2 years in high risk. Barium Enema as alternative to colonoscopy.
	G0105	Colorectal Cancer; colonoscopy; high risk			
	G0106	Colorectal Cancer; barium enema			
	G0120	Colorectal Cancer; barium enema			
	G0121	Colorectal Cancer; colonoscopy; non high risk			
	G0122	Colorectal Cancer; barium enema			
	G0328	Colorectal Cancer; FOBT			
	82270	FOBT, by Guiac			
Prostate Cancer Screening	G0103	PSA Test; screening	V76.44	Males over age 50 years	1 annually
HIV Screening	G0432	HIV-1 and/or HIV-2 screening by EIA	V73.89-Primary V22.0, V22.1, V69.8 or V23.9	Subscribers with high risk of HIV infection and during pregnancy	Annual for high risk and 3 times during pregnancy (diagnosis, third trimester
	G0433	HIV-1 and/or HIV-2			

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		screening by ELISA	Secondary, as appropriate		and delivery)
	G0435	HIV-1 and/or HIV-2 screening by Rapid Antibody Test			
Osteoporosis Screening	G0130	SEXA; 1 or more sites; appendicular skeleton	V82.81	Women over age 65 years	One screening test every 2 years
	77078	CT bone density; axial skeleton.; (hips, pelvis, spine)			
	77079	CT for bone density; appendicular skeleton (radius, wrist, heel)			
	77080	DXA Bone; axial skeleton; (hips, pelvis, spine)			
	77081	DXA Bone; appendicular skeleton; (radius, wrist, heel)			
	77083	Photo densitometry			
	76977	Ultrasound bone density measurement and interpretation; peripheral site(s), any method			
Glaucoma screening	G0117	Glaucoma screening by an Optometrist or Ophthalmologist	V80.1	Individuals over age 65 years	Annual
Sexually Transmitted Disease (STD) Screening	86592	Syphilis test; qualitative (ex, VDRL, RPR, ART)	V74.5	Sexually active at risk population	1 per year
	87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis			
	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique			
	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique			
	87110	Culture, chlamydia, any source			
	87590	Neisseria gonorrhea, direct probe			
	87591	Neisseria gonorrhea, amplified probe			

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Neonatal Metabolic Screening		As per the Health Department protocol it is included within the obstetric		Neonates during delivery admission.	1 per lifetime
Neonatal Auditory Screening	92586 92587	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited Evoked otoacoustic emissions; limited (single stimulus, either transient or distortion products)	V72.1	Neonates during delivery admission.	1 of each per lifetime
Lead Screening	83655	Lead	V15.86	Twelve (12) to seventy two (72) months of age	1 per lifetime
Annual Preventive Visit	99381 al 99397	Comprehensive preventive medicine visit (by age group)		• For the pediatric population it includes elements of the preventive visit described in EPSDT. • For the adult population it includes detailed history and physical exam, including weight, height, body mass index, blood pressure test, vital signs and identification of risk factors. Screening of vision, hearing, pain and nutritional status. Assessment of high-risk behaviors (violence, tobacco use, sexually transmitted diseases, use of alcohol and of controlled substances). Evaluation of depression. Counseling on use of aspirin for prevention of cardiovascular risk. End-of-life planning. Evaluation of everyday activities, exercise, and safety aspects and fall prevention and education, and counseling as identified in all of the above.	• Pediatric Population as established in EPSDT •Adult Population - Annual

General comment: For those tests that have no specific CPT codes for screening, the first test of the year with the appropriate diagnosis is considered as the responsibility of ASES, and subsequent tests as the responsibility of the GMP.

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VACCINES

The payment of $4.00 that is offered to primary medical groups for the administration of vaccines listed in the vaccination schedule of the Department of Health is a financial risk assumed by ASES. This service may be rendered and billed to Triple-S Salud for any subscriber, regardless of primary medical group to which the subscriber belongs and without need of a physician referral. The administration of a single vaccine will be billed even if it contains several antigens (e.g. DPT).

This payment does not apply to beneficiaries insured under Medicare A and B, or Medicare Advantage because Medicare covers the cost and administration of vaccines. Vaccines that are not part of the immunization schedule of the Department of Health and are medically necessary will be the risk of the Primary Medical Group.

CPT	Vaccine	ICD-9 CM
90633	Hepatitis A (pediatric)	V05.3
90634	Hepatitis A (pediatric)	V05.3
90644	Meningococcal	V06.8
90645	Haemophilus influenza B (Hib)	V03.81
90646	Haemophilus influenza B (Hib)	V03.81
90647	Haemophilus influenza B (Hib)	V03.81
90648	Haemophilus influenza B (Hib)	V03.81
90649	Human Papilloma Virus (HPV) – Gardasil	V04.89
90650	Human Papilloma Virus (HPV) – Cervarix	V04.89
90655	Influenza virus children	V04.81
90656	Influenza virus	V04.81
90657	Influenza virus children	V04.81
90658	Influenza virus	V04.81
90660	Influenza virus intranasal	V04.81
90669	Pneumococcal vaccine	V03.82
90670	Pneumococcal vaccine	V03.82
90680	Rotavirus vaccine	V04.89
90681	Rotavirus vaccine	V04.89
90700	DTaP	V06.1
90702	Diphtheria and Tetanus	V06.5
90707	Measles, mumps and rubella (MMR)	V06.4
90713	Poliovirus (IPV)	V04.0
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)	V06.1
90716	Varicella virus vaccine	V05.4
90732	Pneumococcal polysaccharide	V03.82
90733	Meningococcal polysaccharide	V03.89
90734	Meningococcal conjugate	V03.89
90744	Hepatitis B vaccine pediatric	V05.3
90746	Hepatitis B vaccine adult	V05.3

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ATTACHMENT 15
ELECTRONIC HEALTH RECORD SPECIFICATIONS

1. **Overview:** Primary Care Physicians (PCPs) and physician specialists within the Preferred provider Network (PPN) shall have and operational Electronic Health Record ("EHR") system in their practice in place on or before July 1, 2013. The EHR system must be certified by (i) an Office of the National Coordinator Authorized Testing and Certification Body ("OCN-ATCB") and (ii) the Certification Commission for Healthcare Information Technology ("CCHIT") to participate in the MI Salud Program. The purpose of implementing an EHR is to: (i) become a Meaningful User of Health Information Technology (HIT); (ii) improve quality of care; (iii) maximize cost-efficiency; (iv) connect with a Health Information Exchange ("HIE") hub; and (v) allow patients to access their personal health information through a mechanism such as Personal Health Record (PHR).

2. **HER System Specifications:** To comply with technological as well as MI Salud model of care requirements, the EHR system shall:

   Be certified by an ONC-ATCB

   2.2 Be certified by the CCHIT

   2.3 Be capable to perform SureScripts-certified ePrescribing

   2.4 Be supported by one of the major drug-databases such as:

   2.4.1.1 First DataBank;
   2.4.1.2 MediSpan; or
   2.4.1.3 Multum

   2.5 Provide for ePrescribing Clinical Decisison Support ("CDS") interaction checks.

   2.6 Meet federal meaningful use objectives and measures in force at any given time. For example, during stage 1, must implement, at minimum, the capacity to detect drug-drug and drug-allergy interactions, as well as drug-formulary checks.

   2.7 Support applicable (according to practice) federally mandated transactions and code-sets standards, as follows:

   2.7.1 Transactions CCD, CDA, HL7, X12, NCPDP, and others.

2.7.2 Code-Sets ICD, CPT, HCPCS, NDC, CDT, LOINC, and SNOMED.

2.8 Be certified by, and connected to, the Puerto Rico Health Information Network ("PRHIN"), the ONC-supported and the state-designated entity or organization for HIE, as its services are made available. The EHR system must also be able to connect to other alternative hubs and be capable of reading and importing CCD files.

2.9 Support compliance and reporting of CMS quality measures.

2.10 Provide electronic copy of health information or clinical summaries to patients and other providers.

2.11 Support electronic submittal of public health and/or reportable-disease/conditions data as these capabilities are made available in Puerto Rico.

2.12 Be capable of quality monitoring.

2.13 Be capable of prospective-preventive services management.

2.14 Have mental and physical health integration capabilities.

2.15 Have screening capabilities according to age group, gender and risks factors.

2.16 Have an EPSDT prospective tracking system.

2.17 Have the capacity to register members on Special Coverage.

2.18 Have the capacity to generate an electronic referral.

2.19 Have the capacity to update MI Salud's drug formulary.

2.20 Provide electronic referral to the Contractor's clinical programs.

2.21 Document Enrollee's Advance Directive preferences.

2.22 Document Enrollee's moral or religious objections.

2.23 Generate a Prior Authorization request to the Contractor.

2.24 Provide access to a Network Provider's education module.

3. **Contractor's Certification Program:** The Contractor will develop and implement a Certification Program for Electronic Medical Record ("EMR") with technological requirements as well as MI Salud model of care requirements. Compliance with the established requirements will be taken into consideration to determine PCP qualification for the Physician Incentive Plan, as defined in Section 10.7 of the Contract.

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