

Puerto Rico Health Insurance
Administration



BENEFICIARY MANUAL



First **MEDICAL**
HEALTH PLAN, INC.



ASES
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

Vital-09-170



Dear Enrollee:

Greetings from the Puerto Rico Health Insurance Administration (ASES by Spanish acronym).

Welcome to Vital, the Government Health (Plan, Vital). We appreciate the opportunity to manage your comprehensive health care needs.

It's important to for you know that with Plan Vital, you can choose the Insurer Company, and provider network including doctors, laboratories, therapists and other health providers. In addition, you will have access to medical and hospital services island wide.

This guide will keep you informed regarding benefit coverage and services offered by the Plan Vital, including medical, hospital, dental, mental health and pharmacy services. This manual also informs about your rights and responsibilities as a beneficiary, the grievances and appeals procedures among other interest topics. We encourage you to read carefully. Keep this manual in a safe and easily accessible place so you have the information available.

If you have trouble reading this guide, you can request it in a different format like large print, Braille (writing and reading system for people with visual impairment) or audio CD, for free to your Insurer Company.

Your Insurer can answer any questions you have about your health care, ID card, benefits and healthcare providers.

It is important for ASES to have your address, personal information updated. If your information has changed, contact the Medicaid Program Call Center at 787-641-4224, (TTY) 787-625-6355 (Audio-impaired Service). Remember to attend eligibility appointments to keep your eligibility to the Plan Vital.

You can also contact the Call Center of the Vital Health Insurance of the Government of Puerto Rico free of charge at 1-800-981-2737, 1-833-253-7721, (TTY) 787-474-3389 (Audio-impaired services).

Today, your health is in your hands!

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Who can I call for help?

If you are having an emergency, call 9-1-1.

If you need physical and/or mental health counseling, you can call the First Medical Health Plan's Medical Advice 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 Services 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
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)
GHP, Vital Toll Free 1-800-981-2737
Vital TTY 787-474-3389

What information can I find online?

For the provider directory, orientation and education materials and an electronic copy of this guide:

Please, visit our website at: www.firstmedicalvital.com

To get information about the Vital Plan visit the website at: <http://www.planvitalpr.com>

To get information about Medicaid Programs visit the website at:
<https://medicaid.pr.gov/>

For more information about patient protections visit the website at:
<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 can't 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 information about GHP, Vital enrollees, including the legal sanctions imposed for improper use and disclosure. You can request a copy of these provisions at the First Medical Service Offices.

Do you need help understanding this guide?

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

Do you need help talking with First Medical or reading what they send you?

First Medical must have this guide and all written materials available to you in Spanish and English. You can also ask First Medical to send this guide or any written materials 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 other language, First Medical must provide an interpreter to help you understand. The interpreter services are available free of charges.

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

Si usted habla otro idioma, First Medical debe proveer un intérprete para ayudarle a entender. El servicio de intérprete está disponible libre de costo.

Para ayuda, llame a First Medical al 1-844-347-7800; usuarios TTY/TDD deben llamar al 1-844-347-7805.

Part 1: Getting Started

How do I sign up for the GHP, Vital?

Anyone who wants to know if they can sign up for the GHP, Vital can visit their local Medicaid Office. They will evaluate at the person's information and tell them if they are eligible for GHP, Vital.

To find out where your Medicaid Office is, call the Medicaid Program Call Center at 787-641-4224. The call is free. You can also visit the website www.medicaid.pr.gov.

What if I have a newborn?

If you have a newborn, visit your Medicaid Office and bring them a copy of the newborn's birth certificate to enroll the newborn in the GHP, Vital. If you do not do this, the newborn cannot get services under the GHP, Vital. When you have a newborn, you also might be able to get other benefits, it is important to visit the Medicaid Office, so they can offer you additional information.

How do I keep my GHP, Vital benefits?

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

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

How do I choose an Insurer?

Once you sign up for GHP, Vital, you can choose your Insurer. Your Insurer will work with you and your doctors to keep you healthy.

There is an Enrollment Counselor available in Medicaid Offices and on the phone that can help you choose an Insurer. The Enrollment Counselor does not work for any Insurer or any providers. They are neutral. They can give you information about the GHP, Vital and your benefits. They can tell you about the choices available to you and help answer your questions. They can't choose for you. They can help you:

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

You can contact the Enrollment Counselor for support:

- Calling at 1-833-253-7721, Monday through Friday from 8:00 a.m. to 6:00 p.m. Spanish TTY/TDD users should call at 1-866-280-2050, and for English TTY/TDD users should call at 1-866-280-2053.
- Visit the Medicaid Offices.

Can I change my Insurer?

Yes, you can ask to change your Insurer. Once you have chosen an Insurer or one has been chosen for you, you have forty-five (45) days to change your Insurer. You can also change your Insurer once a year during the “Open Enrollment Period”, which is from November 1 to December 15, 2019.

If you are satisfied with your Insurer you do not have to make any changes and you will continue to receive your health services as usual. If you want to change your Insurer, you can access the website www.planvitalpr.com or call the Enrollment Counselor at 1-833-253-7721, Monday through Friday from 8:00 a.m. to 6:00 p.m. Spanish TTY/TDD users should call at 1-866-280-2050, English TTY/TDD users should call at 1-866-280-2053 or visit your local Medicaid Office.

You can also ask to change your Insurer at any time if you have certain reasons, like:

- You are not able to access services or providers.
- You cannot get all related services that you need at one time from the doctors, healthcare professionals and service facilities that work with your Insurer.
- You get poor-quality care.
- You ask for a service that your Insurer does not cover because of moral or religious reasons.
- Your Insurer does not have doctors that are experienced in dealing with your health care needs.

If you want to change your insurer for one of these reasons, you can ask for this change from the ASES Enrollment Counselor. ASES will decide if you can change your Insurer or if you must wait until Open Enrollment Period. If you do not like the decision ASES makes, you can ask them to reconsider. If the decision is still not to your liking, you can ask for an Administrative Law Hearing.

Can my membership with First Medical be canceled?

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

- Lose eligibility for GHP, Vital.
- Move outside of Puerto Rico.
- Go to prison.
- Give your ID card to someone else to use.
- Move to a long-term care nursing facility or intermediate care facility for the developmentally 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 also might want to cancel your membership with First Medical if you no longer need your GHP, Vital benefits. If this happens, let your Medicaid Office and First Medical know.

How do I report changes?

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

Please remember to inform 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 reaches age twenty-one (21)).
- 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 outside 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 with your local Medicaid Office. This is important because Medicaid and First Medical send you important information about your GHP, Vital coverage and benefits in the mail. If they don't have your current address, you could lose your GHP, Vital 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 ID card

Everyone in the GHP, Vital has an ID card. This is an example of what it looks like:

First MEDICAL
HEALTH PLAN, INC.

Vital
Salud en tus manos
GOBIERNO DE PUERTO RICO

Nombre del beneficiario: <Insertar Nombre del Beneficiario >
MPI: < Insertar número MPI >
Fecha de efectividad: < Insertar Fecha de Efectividad >
Cubierta F/C/: < Insertar Código de Cubierta >
Nombre del PCP: <Insertar Nombre PCP>
Nombre del GMP: < Insertar Nombre GMP >
Número del GMP: < Insertar GMP# >

Beneficios de Farmacia:
BIN/PCN: 010868/HCR
RX GROUP: GFIRST
RX Preferido: <\$>
RX No Preferido: <\$>

No co-pagos para niños menores de 21 y mujeres embarazadas.
Co-pagos en la Red Preferida : \$0.

Co-pagos fuera de PPN:
Generalista: <\$>
Especialista: <\$>
Subespecialista: <\$>
Hospital: <\$>
ER: <\$>/No ER Hosp: <\$>
No ER No Hosp: <\$>
Lab: <\$>/ Rayos X: <\$>
Dental Prev: <\$>/ Rest: <\$>

ASES
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

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.

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.

First MEDICAL
HEALTH PLAN, INC.
www.firstmedicalvital.com

Servicio al Cliente
Salud Física y Mental:
1-844-347-7800
(TTY): 1-844-347-7805

24/7 Línea de Consejería Médica:
1-844-347-7801
(TTY): 1-844-347-7804

Emergencia emocional o psicológica
24/7 línea PAS 1-800-981-0023
para recibir ayuda.

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

ASES
Línea libre de cargos
1-800-981-2737

Each insured person in your family will have his/her own ID card, even if he/she is a newborn. Your ID card has important information like:

- Your ID number (MPI).
- How to access emergency services.
- Copayment that you will pay for health services.
- First Medical free phone number (on the back of your card).
- The phone number for the free GHP, Vital Service Line and the free 24/7 GHP, Vital Medical Advice Line (on the back of your card).

If you need to use your health benefits before you get your ID card, use your MA-10 form given to you by your Medicaid Office.

Remember:

- Always carry your ID card with you.
- Keep your ID card in a safe place so you don't lose it.
- Take your ID card when you go to the doctor or to the emergency room.
- Be sure they give you your ID card back.

Your ID card is only for you. Don't 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 phone call is free.

Part 2: Your Primary Care Physician and other doctors

When you sign up with First Medical, you must choose a doctor or "Primary Care Physician" (PCP). This is the person you will go to receive most of your health 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 record. Your PCP can see your whole health care picture. Your PCP keeps track of all the care you get.

There are different types of doctors who are PCP's, like:

- General Practitioners
- Family Physicians
- Pediatricians
- Gynecologists/Obstetricians
- Internists

You must choose a PCP for each insured member in your family. Your insured family members can have different PCP's.

If you are a woman older of age twelve (12), you can also choose a gynecologist to be your PCP. If you are pregnant, your PCP could be your obstetrician during your pregnancy. When your pregnancy ends, you will go back to your regular doctor, but your gynecologist will still take care of your gynecological needs. You may choose a pediatrician or a family physician 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 choose one, then one will be chosen for you.

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

How can I see my PCP?

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

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

Before you go to your first appointment:

1. Ask your past doctor to give you your medical records. This is free of charges. Bring your medical records to your new PCP at your first visit. It will help your new PCP about your health.
2. Call your PCP to schedule an appointment.
3. Have your ID card ready when you call.
4. Say you are a GHP, Vital enrollee and give them your ID card number.
5. Write down your appointment date and time. If you're a new patient, the provider may ask you to come early. Write down the time they ask you 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 a ride to the appointment and have no other way to get there, call First Medical or your local Municipality. They can help you get a ride.

On the day of your appointment:

1. Bring a list of all your medicines and your questions with you so your doctor will know how to help you.
2. Be on time for your visit. If you cannot keep your appointment, call your PCP to get a new appointment.
3. Take your ID card with you. Your PCP may make a copy of it.

What if it's an emergency and I need care after my PCP's office closes?

Most PCP's have regular office hours. First Medical's Provider Directory will tell you when your doctors' offices are open. Most Primary Medical Groups also have clinics that have extended hours. But, you can call First Medical Health Plan's Medical Advice Line anytime.

You can get emergency health care any time you need it. Always carry your ID card with you. In case of an emergency, doctors will know you have the GHP, Vital. If you call the First Medical Health Plan's Medical Advice Line before you go to the emergency room, you will not have to pay copayments.

First Medical Health Plan's Medical Advice Line number is 1-844-347-7801. TYY/TDD users should call at 1-844-347-7804.

Emergencies are times when there could be danger or damage to your health if you don't get medical care right away.

Emergencies can be:

- Shortness of breath, not able to talk
- A deep cut, broken bone, or a burn
- Bleeding that cannot be stopped
- Strong chest pain that does not go away
- Strong stomach pain that doesn't stop
- A person who will not wake up
- Not able to move your legs or arms
- Seizures that cause someone to pass out
- Drug overdose

These are usually not emergencies:

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

If you think you have an emergency, go to the nearest hospital Emergency Room (ER). If you can't get to the Emergency Room, call 9-1-1.

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

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

You can also call the GHP, Vital Call Center for advice. Their phone number is on the back of your ID card. You can call twenty-four (24) hours a day, seven (7) days a week.

Can I change my PCP?

Yes, you can change your PCP at least once a year. There are other reasons why 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 verify whether the change may be possible.

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 signing up with First Medical, you can change your Primary Medical Group at any time for some reasons, like if:

- Your PCP can't give you the care or treatment you need because of ethical (moral) or religious reasons.

- Your PCP can not offer all the services that you need at the same time. Failure to receive all required services may represent an unnecessary risk for you.
- You get bad quality care.
- You can't access the services you need.
- Your PCP doesn't have experience to take care of your health care needs.

For orientation and to make the change, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Another reason why your PCP or Primary Medical Group could change is if your PCP or Primary Medical Group stops working with First Medical. If this happens, First Medical will send you a letter letting you know your new PCP or Primary Medical Group. If you want to change your PCP or Primary Medical Group, call First Medical at 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 be effective. If you make the change in the first five (5) days of a month, it will be effective in the next month. For example, if you make the change on January 5, it will be effective on February 1. But if you make the change after the first five (5) days of the month, it will be effective the month after next. For example, if you make the change on January 6, it will be effective on March 1.

You should keep seeing 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?

Besides your PCP, you may also need to see other doctors and health care providers, like specialists. A specialist is a doctor who offer health services for a certain illness or part of the body. One kind of specialist is a cardiologist, who is a doctor that treats heart. Another kind of specialist is an oncologist, who treats cancer. There are many kinds of specialists.

Besides specialists, you may also need go to other healthcare professionals and healthcare facilities to get care, such as laboratories, X-ray facilities, or hospitals. The doctors, other health care professionals and service facilities that work with First Medical and your Primary Medical Group are called the Preferred Provider Network.

The other doctors, other health care professionals and service facilities that work with First Medical are called the General Network. When you sign up with First Medical, they will mail you a Provider Directory for the Preferred Provider Network and the General Network. These lists are on the First Medical website at www.firstmedicalvital.com. Your Primary Medical Group and First Medical Service Offices also give you a copy of the lists. For more information about how the GHP, Vital works if you have Medicare, look at Part 8 of this guide.

Preferred Provider Network

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

You have the following benefits to seeing the doctors, other health care professionals and service facilities in the Preferred Provider Network:

- You can visit any of the doctors and service facilities in the Preferred Provider Network for free.
- If you visit the doctors, healthcare professionals and service facilities in your Preferred Provider Network, you don't need to go to your PCP first to get a referral.
- If you get any of the following services within the Preferred Provider Network, you don't need your PCP to sign off:
 - Prescription medicines
 - Laboratory tests
 - X-rays

To get 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 to GHP, Vital Call Center at 1-800-981-2737; TTY/TDD users should call 787-474-3389.
3. Go to First Medical Service Offices.
4. Call your Primary Medical Group.

General Network

The General Network is the health care professionals and services facilities that work with First Medical and that support the Primary Medical Groups. If the doctor or provider you need to see isn't in your Preferred Provider Network, they might be in First Medical General Network. You can see any doctor or provider in First Medical General Network if 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 might need to pay money for these visits. Please refer to Part 4 of this guide for more information about payments.

If you get any of the following services by a provider in the General Network, your PCP will have to sign off:

- Prescription medicine
- Laboratory 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 need a referral from your PCP. You can get 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 that you need to make a complaint. You can also call the Patient Advocate Office at 1-800-981-0031 or ASES at 1-800-981-2737.

Help with getting to your health care visits

If you don't have a way to get to your health care appointments, First Medical and your Municipality can 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. If you need 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 on care management.

Part 3: Services that GHP, Vital pays for

General Information

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

You can start getting services as soon as your Medicaid Office tells that you are eligible for the GHP, Vital. You don't have to wait.

As a GHP, Vital enrollee, you have a variety of health care benefits and services available to you. Not everyone in the GHP, Vital has the same benefits. The benefits that are covered for you depend on the group you're in. Your ID card will tell you what coverage you can get.

Listed below are the services that GHP, Vital covers. Some services may have limits. Call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 if you want more information.

- Routine doctor office visits, checkups, and sick visits.
- Pediatric visits and vaccines for babies and children.
- Tests, studies, laboratories, and X-rays.
- Preventive services, including mammogram, colonoscopy, and well visits for healthy adults.
- Obstetrics, Gynecology exams and annual Pap tests.

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, including periodic preventive health screenings and other necessary diagnostic and treatment services for enrollees under the ages of twenty-one (21).
- Nutritional evaluations and tests
- Vision and hearing test
- 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
- Emergency services
- Post-stabilization services
- Mental health services
- Visits to specialists
- Community health clinic services
- Hospital: inpatient and/or outpatient care
- Mental health hospitalization and partial hospitalization
- Ambulatory Center services
- Surgery: inpatient and/or outpatient
- Ambulance services
- Outpatient rehabilitation services

Dental Services

The GHP, Vital offers dental services. You can see any dentist that accepts the GHP, Vital. You can find information about participating dentists at the First Medical's Provider Directory. When you sign up with First Medical, they will mail you a Provider Directory. The list is also on the First Medical website at 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 at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Mental Health, Alcohol and Drug Abuse Services

The GHP, Vital offers mental health, alcohol and substances abuse services. You do not have to see your PCP first to see a doctor or other provider for mental health, alcohol or substances abuse services. You can request these services whenever they are necessary.

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

Your Primary Medical Group is the place you can go to get mental health, alcohol or drug abuse services. Your Primary Medical Group must have a psychologist and/or a social worker available at least from four (4) to sixteen (16) hours per week during regular business hours.

If you get mental health, alcohol or drug abuse services at another place (like a mental health clinic or a psychiatric hospital); they must have services from a PCP in the office at least part of the time to care for your physical health needs.

If you need help finding mental health, alcohol and substance abuse services, call First Medical Health Plan's Medical Advice Line at 1-844-347-7801; TTY/TDD users should call 1-844-347-7804.

Pharmacy Services

The GHP, Vital covers prescription medicines. If you need medicines, 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's Provider Directory, or you can call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

Prescription medicines are free for children up to the age of twenty (20) and for pregnant women that are Medicaid or CHIP beneficiaries. Other adults will need to pay for prescription drugs. For more information on payments for prescription medicines, look at Part 4 of this guide.

Your Covered Medication Formulary (CMF) is the list of medicines that the GHP, Vital covers. This list helps your doctor prescribe medicines for you. Brand-name and generic medicines are on the CMF. A generic version of a medicine is the first choice. If a generic version of a medicine is available, your doctor must prescribe the generic version.

If you have a chronic condition, your doctor can write a prescription for a ninety (90) days supply of some medicines. This way, you only must pay for the medicine once instead of paying three times (1 payment per month).

Non-covered Services

Here is a general list of some services that are not covered by the GHP, Vital. You can find a full list of services that the GHP, Vital 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 full list.

Some non-covered services are:

1. Services for non-covered illnesses or trauma.
2. Services for automobile accidents covered by the Administration of Compensation for Automobile Accidents (ACAA, for its Spanish acronym).
3. Accidents on the job that are covered by the State Insurance Fund Corporation.
4. Services covered by another insurance or entity with primary responsibility (third party liability).
5. Specialized nursing services for the comfort of the Patient when they are not medically necessary.
6. Hospitalizations for services that can be rendered 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 rendered by Patient's relative (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 increase for aesthetic reasons).
12. Sports medicine, music therapy and natural medicine.
13. Cosmetic surgery to correct physical appearance defects.
14. Services, diagnostic tests ordered or provided by naturopaths, and iridologists.
15. Health Certificates except for (i) venereal disease research laboratory tests, (ii) tuberculosis tests and (iii) any certification related to the eligibility for the Medicaid Program.
16. Mammoplasty or plastic reconstruction of breast for aesthetic purposes only.
17. Outpatient uses of fetal monitor.
18. Services, treatment or hospitalization as a result of induced, non-therapeutic abortions or their complications.
19. Medications delivered by a provider that does not have a pharmacy license, with the exception of medications that are traditionally administered in a doctor's office such as an injection.
20. Epidural anesthesia services.
21. Educational tests, educational services.

22. Peritoneal dialysis or hemodialysis services (Covered under the Special Coverage).
23. New or experimental procedures not approved by ASES to be included in the Basic Coverage.
24. Custody, rest and convalescence once the disease is under control or in irreversible terminal cases (hospice care for members under twenty-one (21) is part of Basic Coverage).
25. Services covered under the Special Coverage.
26. Services received outside the territorial limit of the Commonwealth of Puerto Rico, except for emergency services for Medicaid or CHIP beneficiaries.
27. Judicial order for evaluations for legal purposes.
28. Counseling services or referrals based on moral or religious objections of the First Medical are excluded.
29. Travel expenses, even when ordered by the PCP, are excluded.
30. Eyeglasses contact lenses and hearing aids (for members over age twenty-one (21)).
31. Acupuncture services.
32. Procedures for sex changes, including hospitalizations and complications.
33. Treatment for infertility and/or related to conception by artificial means including tuboplasty, vasovasostomy, and any other procedure to restore the ability to procreate.
34. Rebetrone or any drug for treating Hepatitis C. For any drug therapy for Hepatitis C should be referred by your doctor to the Department of Health.

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

Sometimes you will have to pay to get health care services. Preventive care is care that helps you stay well, like checkups, shots, pregnancy care, and childbirth. This kind of care is always free. You don't have copays for preventive care.

For other care like hospital stays or sick child visits, you may have to pay part of the cost. Copays are what you pay for each health care service you get.

Not all Vital Plan beneficiaries have copays. Your ID card will tell you if you have copays and what they are. Copays depend on the type of the GHP, Vital you have. Your ID card says what type of the GHP, Vital you have.

None of your doctors or providers can refuse to give you medically necessary services because you don't pay your copays. But, First Medical and your providers can take steps to collect any copays you owe.

You should only have to pay your copay for your care. You should not receive billed for the rest of the cost of your care. If you receive billed for the rest of the cost, you can appeal. Look at Part 7 of this guide to find out what to do if you get a bill for your care.

Copay Charts

Do you have to pay copays for a PCP, Specialist, ER visit, hospital stay, or other type of service? Not sure? Check the chart below, look at your ID card or call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

CO-PAYS & CO-INSURANCE-Effective on July 1st 2016											
SERVICES	Federal				CHIPs		Commonwealth				*ELA
	100	110	120	130	220	230	300	310	320	330	400
HOSPITAL											
Admissions	\$0	\$4	\$5	\$8	\$0	\$0	\$15	\$15	\$15	\$20	\$50
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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
AMBULATORY VISIT TO											
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$5	\$3
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$5	\$7
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$5	\$10
Pre-natal services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES											
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$2	\$2	\$5	\$5	20%
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$2	\$2	\$5	\$5	20%
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$2	\$2	\$5	\$5	20%
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$6	40%
Therapy-Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Therapy-Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Therapy-Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$5	\$5
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL											
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$3	\$5	\$3
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$2	\$2	\$5	\$6	\$10
PHARMACY											
Preferred (Children 0-21)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
Preferred (Adult)	\$0	\$1	\$2	\$3	N/A	N/A	\$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	N/A	N/A	\$8	\$8	\$10	\$10	\$10

* Copays apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.

** Copays apply to each medicine included in the same prescription pad.

Part 5: Special Programs

Special Coverage

Enrollees 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 such as Invasive Melanoma or squamous cells with evidence of metastasis.
6. Skin Cancer-Carcinoma IN SITU
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
15. Obstetric
16. Tuberculosis (Tb)
17. HIV/AIDS
18. Adults with Phenylketonuria (PKU)
19. Pulmonary Hypertension

Your PCP or your Primary Medical Group can offer you more information on which people qualify for the Special Coverage. If you qualify for Special Coverage, they can also help you sign up for it.

People with Special Coverage can choose any provider that works with your Preferred Provider Network or First Medical General Network. People with Special Coverage can get prescription medications, tests and other services through the Special Coverage without a referral or needing their PCP to sign off.

First Medical will let you know if you are qualified and will make sure that you get access to the services. The GHP, Vital Special Coverage will begin when the enrollee reaches the limits of the Special Coverage for any other health plan.

The benefits under Special Coverage include the list below. Some services may have limitations. Contact First Medical Call Center at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805 if you want more information.

- 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 medicines 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 First Medical 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;
 - ✓ OBG 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
- Medications required for the ambulatory Treatment of Tuberculosis and Leprosy

Special Coverage for HIV-AIDS

If you have HIV or AIDS, your PCP must request First Medical to give you Special Coverage. Once First Medical adds you to Special Coverage, they will mail you a letter letting you know that you can get services under Special Coverage. The letter will inform you when the Special Coverage starts and when it will terminate.

Once you have the letter, you can get all services and treatments for your condition such as prescription medicines, laboratory tests, X-rays and other services without your PCP needing to sign off.

You can receive your prescription for HIV/AIDS at the Department of Health's Centers for Prevention and Treatment of Communicable Diseases:

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

<i>REGION</i>	<i>TELEPHONE/FAX</i>	<i>ADDRESS</i>
ARECIBO	(787) 878-7895 Fax. (787) 881-5773 Fax. (787) 878-8288 Tel. (787) 879-3168	Antiguo Hosp. Distrito (Dr Cayetano Coll y Toste) Carretera 129 hacia Lares Arecibo, PR 00614 PO Box 140370 Arecibo, PR 00614
BAYAMÓN	(787) 787-5151 Ext. 2224, 2475 (787) 787-5154 Fax. (787) 778-1209 (787) 787-4211	Antigua Casa de Salud Hosp. Regional Bayamón Dr. Ramón Ruíz Arnau, Ave. Laurel Santa Juanita Bayamón, PR 00956
CAGUAS	(787) 653-0550 Ext. 1142, 1150 Fax (787) 746-2898; 744-8645	Hospital San Juan Bautista PO Box 8548 Caguas, PR 00726-8548
CLÍNICA SATELITE HUMACAO	(787) 285-5660	CDT de Humacao, Dr. Jorge Franceshi Calle Sergio Peña Almodovar Esq. Flor Gerena Humacao, PR 00791
CAROLINA	(787) 757-1800 Ext. 454, 459 Fax (787) 765-5105	Hospital UPR Dr. Federico Trilla PO Box 6021 Carolina, PR 00984-6021 Carretera 3, Km. 8.3

CLETS	(787) 754-8118 (787) 754-8128 (787) 754-8127	PO Box 70184 San Juan, PR 00936-8523 Calle José Celso Barbosa Centro Médico de PR Bo. Monacillos, San Juan
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 Carretera Estatal 14 Bo. Machuelo Ponce, PR 00731
CENTRAL OFFICE	(787) 765-2929 Ext. 4026, 4027 Fax (787) 274-5523	PO Box 70184 San Juan, PR 00936 Ant. Hosp. Psiquiatría Pabellón 1, primer piso, 4ta. Puerta - Terrenos de Centro Médico, Río Piedras

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 nutritionists are available to help you create a plan for your care. Your care 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 can also ask about the program.

For more information call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805.

High Cost-High Needs Program

If you have certain conditions, you may benefit from First Medical's High Cost-High Needs Program to help you get all the care you need. This program is free.

If your PCP tells you that you have:

- Cancer

- End-Stage Renal Disease (ESRD)
- Multiple Sclerosis
- Rheumatoid Arthritis
- Diabetes
- Asthma
- Severe Heart Failure
- Hypertension
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Substance Use Disorders
- Serious Mental Illness (SMI)
- Hemophilia
- Autism

First Medical will offer you extra help with getting health services. First Medical may want to send someone to your home to talk to you about your needs and learn which, doctors, tests or other help is needed. Talking with First Medical about your needs, they will help us understand the best way to assist you.

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 First Medical in English and Spanish. You also have the right to receive any written materials in other languages or other alternative format. After you are informing First Medical, you have the right to receive all written information in the same format or language, unless you indicate otherwise to First Medical.
- 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 First Medical's Network.
- Contact your doctors when you want to and in private.
- Get proper medical care for you, when you need it. This includes getting emergency services, twenty-four (24) hours a day, seven (7) days a week.
- Be explained in an easy-to-understand way about your health condition and all the different types 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 the medical care or First Medical services. Look at Part 7 of this guide for more information. The complaint can be filed in First Medical'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 file a complaint or appeal, you have the right to keep getting care without fear of bad treatment from First Medical, your providers, or GHP, Vital.
- 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 can't be charged more than those amounts.
- Don't be harassed by First Medical or health professionals who belong to the Provider Network in relation to contractual disputes.

Your Right to Privacy (HIPAA)

Your health information is private. The law says that ASES and First Medical must protect your information. ASES and First Medical can share your information for your treatment, to pay your health claims, and to run the program. But we can't share your information with others unless you authorized we can. If you want to know more about what information we have, how we can share it, or what to do if you don't want your health 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 guide and other papers that First Medical sends you.
- Give your doctor your health records and let them know about any changes in your health so that they can take care of you.
- Follow your doctor's instructions. If you can't follow your doctor's instructions, let them know.
- Let your doctor know if you don't understand something.

- Help to 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 another insurance company that should pay your medical care.
- Let ASES know if you identify a case of Fraud and Abuse in the GHP, Vital.

Advance Directives

Advance Directives are your written wishes about what you want to happen, if you get too sick to be able to say. The written document that states your Advance Directives is called a Living Will. You can use either word: Advance Directive or Living Will.

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 on Advance Directives. You can also call the Senior Citizens Advocate Office at 787-721-6121. They have free information about Advanced Directives.

A Durable Power of Attorney is a paper that lets you name another person to make medical decisions for you. This person can only make decisions if you are too sick to make your own. He or she can say your wishes for you if you can't speak for yourself. Your illness can be temporary.

You do not have to fill out these papers for an Advance Directive or Durable Power of Attorney. It is your choice. You may want to talk to a lawyer or friend before you fill out these papers.

To make all of these papers legal, you need to have a lawyer watch you sign the form. Instead of a lawyer, you could also have your doctor plus two additional witnesses watch you sign the form. The two additional witnesses have to be of legal age and they can't be related to you by blood or marriage.

Once the papers are signed by everyone, it is your rule about what you want to happen to you if you get too sick to be able to say it. It stays like this unless you change your mind.

These papers will only be used if you get too sick to be able to say what you want to happen. If you can still think for yourself, you can decide about your health care yourself.

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

If you feel that First Medical or your doctors aren't complying with your wishes, or if you have any complaints, you have the right to call the GHP, Vital Call Center at 1-800-981-2737 or the Puerto Rico Patient Advocate Office at 1-800-981-0031. The phone call is free.

Fraud and Abuse

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

- A person lies about facts to get or keep the GHP, Vital coverage.
- A doctor bills you or makes you pay cash for covered services.
- A person uses someone else's ID card.
- A doctor bills for services that you did not get.
- A person sells or gives medications to someone else.

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

If you want more information, you can visit the ASES website at www.planvitalpr.com. On the website there is a form 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 ID card to anyone else.
- Learn about your GHP, Vital benefits.
- Keep records of your doctor's visits, laboratory tests and medications. Make sure you don't get repeat services.
- Make sure your information is right on a form before you sign it.
- Request and review the quarterly summary of the services you receive. You may request the summary of services directly from First Medical.

Part 7: Complaints and Appeals

Need to make a complaint about your care?

If you are not happy with the care that you are getting, call First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805. Tell them that you need to make a complaint. You can also visit First Medical Service Offices. You can make a complaint at any time.

Your doctor, a family member, or your representative can make a complaint for you if you authorize them to do so.

You also have the right to call the Patient Advocate Office to make a complaint. Their number is 1-800-981-0031. You can also make a complaint to 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 fix your complaint. If they can't fix your complaint quickly, it will become a "grievance". In this case, First Medical has up to ninety (90) calendar days to fix it, but they must decide faster if it's important to your health. First Medical must tell you how the complaint was fixed.

What happens if my complaint isn't fixed?

If First Medical does not fix your complaint, you can ask for an Administrative Law Hearing where you can tell a judge about the issue.

What is an Appeal?

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

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

- What decision First Medical made
- Why they made the decision
- How to file an appeal

If you don't agree with the decision, you can file an appeal. **You have sixty (60) calendar 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 of First Medical Service Offices.
- Mail First Medical your appeal at:

First Medical Health Plan, Inc.
Grievance 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 that have not been involved with the issue of your appeal. First Medical will decide within thirty (30) calendar days. If you have an emergency and First Medical agrees that you do, you can ask for an expedited or fast appeal. You, your doctor, or your representative can ask for a fast appeal by calling First Medical at 1-844-347-7800; TTY/TDD users should call 1-844-347-7805, visiting any of First Medical Service Offices, or writing a letter to First Medical at:

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

If First Medical agrees to give you a fast appeal, they will decide your case within seventy-two (72) hours. If First Medical does not agree to give you a fast appeal, they will call you within two (2) business days to let you know they will decide your case within thirty (30) calendar days.

If First Medical can't decide within thirty (30) calendar days, they can ask for up to fourteen (14) calendar days. If they ask for more time, they must let you know why. If you do not agree to give First Medical more time, you can file a complaint.

Once First Medical decides, they will send you a letter within two (2) business days. The letter will tell you what they decided and that you have the right to ask for a hearing if you do not agree with the decision.

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 an appeal, you can ask for an Administrative Law Hearing. An Administrative Law Hearing is where you can tell an Official Examiner about the mistake you think First Medical made. You have one hundred and twenty (120) calendar days from the date of First Medical's decision to ask for an Administrative Law Hearing with ASES.

You can get more information about Administrative Law Hearings or request one by:

Calling the GHP, Vital Call Center at:	1-800-981-2737 TTY 787-474-3389 ASES
Writing ASES at:	PO Box 195661 San Juan, PR 00919-5661
Sending ASES a fax to:	787-474-3347

Before the Administrative Law Hearing, you and your representative can ask to look at the papers and records that First Medical will use. First Medical must give you access to those papers and records for free.

During the Administrative Law Hearing, you can give facts and proof about your health and medical care. An Official Examiner will listen to everyone's side. At the Administrative Law Hearing, you can talk for yourself or you can bring someone else to talk for you like a friend or a lawyer.

The Official Examiner will decide your case within ninety (90) calendar days. If you need a fast decision, the Official Examiner will decide your case within seventy-two (72) hours.

If you do not agree with the Official Examiner's decision, you can file an appeal with the Court of Appeals of Puerto Rico. More information about how to file an appeal will be in the papers you get after the 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 Hearing. To keep getting services, all of these things must be true:

- You file the appeal within sixty (60) calendar days of the date on 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 the letter from First Medical (whichever date is later).
- You say in your appeal that you want to keep getting services during the appeal.
- The appeal is for the kind and amount of care you've 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 GHP, Vital.

If you keep getting services during your appeal or Administrative Law Hearing and you lose, you might have to pay First Medical back for the services you got during the appeal or Administrative Law Hearing process.

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

Part 8: How the GHP, Vital works with other Health Insurance?

How the GHP, Vital works with Medicare?

If you have Medicare, your GHP, Vital coverage works in a different way. Medicare is health insurance for people who are age sixty-five (65) and older, and for some people of any age who Social Security says are disabled. People with end stage renal disease can have Medicare too.

These are the different parts of Medicare:

- **Part A** is for hospital stays, 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 medicines.

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 the 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, your GHP, Vital coverage works differently:

- Your Medicare is your first (primary) insurance. Hospitals, doctors and other health care providers will bill Medicare first.
- The GHP, Vital is your second (secondary) insurance. After your providers bill Medicare, they will also bill to GHP, Vital.

If you have Medicare Part A:

- The GHP, Vital will pay once you have reached the limit of what Medicare pays for.
- The GHP, Vital will not pay for your Part A deductibles.
- You will pay copay for services depending on what coverage type of the GHP, Vital you have. See the copay chart on page twenty-one (21) for more information.

If you have Medicare Part A and Part B:

- The GHP, Vital will pay for your pharmacy and dental services.
- The GHP, Vital will not pay for your Part A deductibles.
- The GHP, Vital will pay for your Part B deductibles and copayments.

If you have Medicare Part C:

- You have the option to choose a Platino Plan, which will cover services your Medicare health plan doesn't cover.

How GHP, Vital 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. GHP, Vital is your secondary insurance. After your providers bill your other insurance, they will bill to GHP, Vital.

If you have other health insurance, you must let First Medical and Medicaid Program know. Call 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, bring your GHP, Vital ID card and your other insurance ID card.

How the GHP, Vital works if you are a Public Employee or Retiree?

If you are a public employee or a retiree from the Government of Puerto Rico, you can choose GHP, Vital 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 GHP, Vital for other reasons. If you are eligible for the GHP, Vital for other reasons, you will not have to pay the difference, if any. If you and your husband (or wife) is public employees or retirees from the Government of Puerto Rico, you can apply together for the GHP, Vital. This is called “Joint Enrollment.”

If at any time you lose eligibility for the GHP, Vital, you can sign up for the GHP, Vital in the ELA Puro group. That way, you can continue getting your GHP, Vital benefits until you can get insurance through your job. You do not have to continue as ELA Puro. It is your choice!

If you get other health insurance from your job, you must cancel your GHP, Vital benefits **before** you sign up for the other health insurance. Visit your local Medicaid Office to cancel your GHP, Vital benefits. The change will be effective the first day of the next month after you cancels your benefits. If you do not cancel your benefits, you will have to pay for part of the cost of the premium for the new insurance you affiliate with.

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

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

If you are a member of the Police Department of Puerto Rico, you must visit your local Medicaid Office to sign up for the GHP, Vital.

If a member of the Police Department of Puerto Rico dies, his/her widow can continue to get the GHP, Vital benefits until he/she remarries. Children can continue to get the GHP, Vital benefits up to the age of twenty-six (26).

Definitions

Appeal: A request from the enrollee for the review of a decision. It is a formal request made by the enrollee, his authorized representative or provider, acting on behalf of the enrollee with the consent of the enrollee, to reconsider a decision in the case that the provider 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 GHP, Vital.

CHIP: Children Health Insurance Program, a federal program that provides medical services to low-income children age twenty-one (21) and under, through Insurers 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.

Coordinated Care: Is the service provided to Enrollees by doctors who are part of the Preferred Providers Network in your Primary Medical Group. The PCP is the leading provider of services and is responsible to 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 the GHP, 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 Insurers contracted under Law 95 has ended. This coverage is the same as the coverage of GHP, 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.

Enrollee: A person who after being certified as eligible under the Medicaid Program has completed the enrollment process with First Medical and for whom First Medical has issued the ID card that identifies the person as a GHP, Vital Enrollee.

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

Grievance: A formal claim made by the Enrollee in writing, by telephone or by visiting First Medical or the Health Advocate Office, requesting a solution be granted when a service has been denied or allowed on a limited basis. A service; reduction, suspension or termination of a previously authorized service; total or partial denial of payment for a service; not having received services in a timely manner; when First Medical has not acted on a situation according to the established terms, refusal of First Medical to let the Enrollee exercise his/her right to receive services Outside the Network.

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 Enrollees 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: The Company contracted by ASES to provide your medical services under GHP, 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, Medically Necessary services must be:

- Appropriate and consistent with the diagnosis of the treating provider and not getting 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).

In order 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 Enrollees. The PCP is responsible for determining services required by Enrollees, provides continuity of care, and provides referrals for Enrollees 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 First Medical for the Enrollee to use as the first option. Enrollees can access these providers without referral or co-payments if they belong to their Primary Medical Group.

Primary Medical Group: Health professionals grouped contracted by First Medical to provide health services under a Coordinated Care model.

Prior-Authorization: Permission that First Medical 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 an Enrollee 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 the 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 Enrollee 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?



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