

Humana
383 Ave. FD Roosevelt
San Juan PR 00918-2131



HUMANA.
Su consejero cuando más lo necesita

1 de octubre de 2008

CARTA CIRCULAR: C-P-27-08

Estimado médico o administrador:

Desde el 1 de febrero de 2006, comenzó en Puerto Rico la compañía HealthHelp. Esta compañía evalúa beneficios radiológicos para los suscriptores de Humana. HealthHelp implementó el programa voluntario **RadConsult**® para pre-certificaciones de los estudios radiológicos MRI, MRA, CT, CTA, PET a nuestros pacientes.

HealthHelp es conocida por sus programas innovadores para mejorar la calidad de vida de los suscriptores. Para llevar a cabo este proceso, emplean guías basadas en evidencia científica, con el propósito de facilitar información confiable a los médicos.

Como es de su conocimiento, a partir del 1 de septiembre de 2007, Humana implementó como requisito la pre-certificación de estos estudios a través del programa **RadCert**®, que sustituye al anterior conocido como RadConsult. RadCert consiste de un centro de llamadas para consultas con radiólogos expertos relacionadas a sus procedimientos de diagnóstico por imágenes, o según la literatura médica. Este nuevo programa es obligatorio.

Queremos agradecer a todos los proveedores que han colaborado para que este programa cumpla con los estándares de calidad que Humana ofrece a sus suscriptores. Les exhortamos a continuar cumpliendo con el mismo y comunicarse con RadCert al 1-888-318-0229 o vía fax al 1-800-816-2034 para adquirir el número de pre-certificación previo a la realización del estudio radiológico tipo MRI, MRA, CT, CTA, o PET. Este número de pre-certificación es necesario para el pago de sus reclamaciones. Este proceso es requerido para cada suscriptor de Humana. Para más información puede acceder a la página de internet <http://portal.HealthHelp.com/Humana>.

Adjunto una lista de los *Special Benefits Package* y otra con los productos ofrecidos por Humana donde desglosamos los requerimientos de pre-certificación para cada producto. En la lista debe verificar primero la columna de beneficio, de no aparecer listada la cubierta del suscriptor, entonces debe verificar el beneficio en la lista de productos de Humana en la columna de cubierta. Esperamos las mismas le sirvan de guía al momento de ordenar las pruebas antes mencionadas.

Si usted tiene preguntas sobre este programa, favor de comunicarse a la línea de ayuda de HealthHelp al 1-888-318-0229. Le agradecemos su cooperación y apoyo a este programa, así como la atención que usted proporciona a nuestros suscriptores.

Cordialmente,

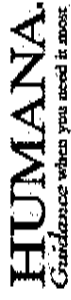
Marielli Moró Ortiz

Directora

Depto. de Contrataciones y Red de Proveedores

Dr. Angel Ramirez Dox
Principal Oficial Médico

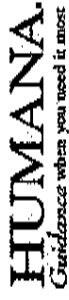
Anejo



Humana Insurance of Puerto Rico, Inc.

Pre-certification Process for Specialized Test (Ambulatory Services)
 HealthHelp Toll free number: 1-888-318-0229 or Fax number: 1-800-816-2034

Humana proprietary product designs				
Member ID (Coverage/Cubierta)	Tomography (CT), CTA & PET Scan	MRI & MRA	Nuclear Medicine	
PPO Basic	No authorization required, unlimited	Yes authorization required, unlimited	No authorization required, unlimited	
PPO Classic	Yes authorization required, 1 per insured, per policy year. Excess covered under Major Medical no authorization required.	Yes authorization required, 1 per person per policy year.	Yes authorization required, unlimited	
PPO Classic 2	Yes authorization required, 1 per insured, per policy year. Excess covered under Major Medical no authorization required	Yes authorization required, 1 per person per policy year.	Yes authorization required, unlimited	
PPO Deluxe	Yes authorization required, unlimited	Yes authorization required, 1 per person per policy year.	Yes authorization required, unlimited	
Coverage First	Yes authorization required, unlimited	Yes authorization required, 1 per person per policy year.	Yes authorization required, unlimited	
Humana Total (Serie 100)	Yes authorization required, 1 per anatomical region, per insured per policy year. Excess covered under Major Medical	Yes authorization required, 1 per anatomical region, per insured per policy year. Excess covered under Major Medical	No authorization required, unlimited	
Humana Total (Serie 200)	Yes authorization required, 2 per anatomical region, per insured, per policy year. Excess covered under Major Medical	Yes authorization required, 1 per anatomical region, per insured, per policy year. Excess covered under Major Medical	No authorization required, unlimited	
Humana Total (Serie 300)	Yes authorization required, unlimited	Yes authorization required, unlimited	No authorization required, unlimited	
Humana Max (Serie 1000)	Yes authorization required, 1 per anatomical region, per insured per policy year. Excess covered under Major Medical	Yes authorization required, 1 per anatomical region, per insured per policy year. Excess covered under Major Medical	No authorization required, unlimited	
Humana Max (Serie 2000)	Yes authorization required, unlimited	Yes authorization required, unlimited	No authorization required, unlimited	
Humana Max (Serie 3000)	Yes authorization required, unlimited	Yes authorization required, unlimited	No authorization required, unlimited	
HumanaOne	Yes authorization required, 1 per anatomical region, per insured per policy year. PET & SPECT test are 1 per lifetime, and requires authorization.	Yes authorization required, 1 per anatomical region, per insured per policy year	Yes authorization required, 1 per policy year	



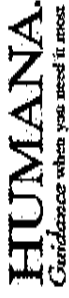
Humana Insurance of Puerto Rico, Inc.

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 Health/Help Toll free number: 1-888-318-0229 or Fax number: 1-800-816-2034

Special Benefits Packages

These benefit packages applies only to the special business unit clients.

Member ID Card (Beneficiary/Benefit)	Tomography (CT), CTA & PET Scan	MRI & MRA	Nuclear Medicine
002A, AL01, OC2A	No authorization required, unlimited	MRI, No aut required, unlimited MRA, Yes aut required, unlimited	No authorization required, unlimited
8360, 8370, 834M, 835M	Yes authorization required, 1 per policy year.	MRI, Yes authorization required, 1 ambulatory or in Hospitalization. One (1) extra covered under Major Medical in ambulatory or in Hospitalization no authorization required. MRA, Yes authorization required, 1 ambulatory only.	Not Covered Benefit
0077, 9000, 723M, 754M, 788M, 789M, 902M, 903M, BBV4, C902,	No authorization required, unlimited	No authorization required, unlimited	No authorization required, unlimited
9001, 514M, 535M, 717M, 722M, 760M, 761M, 774M, 787M, 790M, 791M, 810M, 823M, 906M, 910M, 88V1, BBV2, BBV3, C903, C906, XA03, XA3M, XAC3	No authorization required, unlimited	Yes authorization required, unlimited	No authorization required, unlimited
BD01, BD02, BD03, BD04	Yes authorization required, 1 per insured, per policy year.	Yes authorization required, 1 per insured, per policy year. One (1) extra covered under Major Medical no authorization required.	Yes authorization required, 1 per insured, per policy year.
526M, 527M	Yes authorization required, 1 per insured, per policy year.	Yes authorization required, 1 per person per policy year.	Yes authorization required, unlimited
512M	Yes authorization required, 1 per insured, per policy year. Excess covered under Major Medical no authorization required.	No authorization required, 1 per anatomical region, per insured per policy year.	No authorization required, 1 per anatomical region, per insured per policy year.
602M	No authorization required, unlimited	No authorization required, 1 per anatomical region, per insured per policy year. Excess covered under Major Medical no authorization required.	Yes authorization required, unlimited
732M	No authorization required, unlimited	No authorization required, 1 per anatomical region, per insured per policy year. Excess covered under Major Medical no authorization required.	Yes authorization required, unlimited



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5000, 5010		Yes authorization required, 1 per insured, per policy year. Excess covered under Major Medical no authorization required	Yes authorization required, 1 per insured per policy year.	Yes authorization required, unlimited
817M, 818M, 821M, 822M	819M, 820M, 824M, 825M	No authorization required, unlimited (PET Scan is unlimited and requires authorization).	Yes authorization required, unlimited	No authorization required, unlimited
9002, 9003, 815M, GEAC	9004	No authorization required, unlimited. (PET Scan is unlimited and requires authorization).	Yes authorization required, unlimited	Yes authorization required, unlimited
0079, 724M, 516M, 517M, 780M, 814M	767M, 524M, 605M, 795M, 797M,	Yes authorization required, unlimited	Yes authorization required, unlimited	No authorization required, unlimited
		Yes authorization required, unlimited	No authorization required, unlimited	No authorization required, unlimited
		Yes authorization required, unlimited	Yes authorization required, 1 per insured, per policy year.	Yes authorization required, unlimited



Humana Health Plans of Puerto Rico, Inc.

Pre-certification Process for Specialized Test (Ambulatory Services)
HealthHelp (Toll free number: 1-888-318-0229 or Fax number: 1-800-816-2034)

Humana proprietary product designs

Member ID : (Coverage/Cubierta)	Tomography (CT), CTA & PET Scan	MRI & MRA	Nuclear Medicine
POS (Basic, Classic, Deluxe)	No authorization required, unlimited	No authorization required, unlimited	No authorization required, unlimited
HMO (Basic, Classic, Deluxe)	No authorization required, unlimited	No authorization required, unlimited	No authorization required, unlimited
Medical Advantage	Covered only if referred by PCP (no authorization required, 1 per member, per contract year)	Covered only if referred by PCP (no authorization required, 1 per member, per contract year)	Covered only if referred by PCP (no authorization required, 1 per member, per contract year)