Attachment 9 Information Systems

Vital Plan
11-1-2018

1. **GHP MANUAL**
2. **ADDENDUMS**

GHP MANUAL

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I. INTRODUCTION

The Puerto Rico Health Insurance Administration, hereinafter known as PRHIA or ASES, is a government corporation created in accordance with the Act No. 72 of September 7, 1993, as amended, also known as the "Puerto Rico Health Insurance Administration Act". PRHIA is created with the purpose of managing, negotiating, and contracting of health plans that enable it to obtain, for its beneficiaries, particularly the medically needy, quality hospital and other medical services.

This document constitutes a reference manual, which establishes the requirements in the development of the systems, between the Information Systems Office of PRHIA and GHP Carriers, in accordance with the Government Health Plan (GHP) contract (Contract). This includes processes of eligibility, enrollment, premium payment, Maternity Payment, Correctional Hospital Services, STAC Payment and FMAP change (change in the FPL)- The Federal Medical Assistance Percentage, Member Race Cell, and Objection to Payment. The history of the services provided by the beneficiary is identified and the Carrier becomes involved when he changes Carrier. Any conflicts between this document and the applicable statutes, regulations and guidance from the Centers for Medicare and Medicaid Services (CMS) or Contracts for the Provision of Physical and Behavioral Health Services under the GHP as between PRHIA and the GHP Carriers shall be resolved in favor of CMS guidance and such contracts, as amended.

Previously, a Carriers was assigned to each of the ASES regions and beneficiaries in each region could not select a Carriers or change Carriers unless they moved to another region. Beginning November 1, 2018, managed care organizations (MCOs) contracted with ASES under the GHP will cover enrollees island-wide, and enrollees will have choice of Carriers. To support implementation of the GHP program, all GHP enrollees up until September 30, 2018, will be auto-enrolled by ASES in Carriers based on an algorithm that considers the existing enrollee-provider relationships and household composition, among other factors. Enrollees will be notified of the Carrier's assignment. Those enrollees, along with New Enrollees certified during October 2018 which will have the opportunity to select a Carriers of their preference, will have the opportunity to change the Carriers assignment for any reason for the ninety (90) calendar day period between November 1, 2018, and January 31, 2019. New enrollees certified on or after November 1, 2018, will have the opportunity to select a Carriers of their preference and ninety (90) days from the certification date to opt for another selection.

II. DEFINITIONS

1. **Adjusted Payment:** Reversal of a payment that has been adjudicated during the payment process of a previous premium payment cycle.

2. **ASES:** Administración de Seguros de Salud de Puerto Rico (the Puerto Rico Health Insurance Administration (PRHIA)), the entity within the Government of Puerto Rico responsible for oversight and administration of the Government Health Plan (GHP) or its Agent.

3. **Auto-Assignment:** The assignment of an Enrollee to a PMG and a PCP by ASES, Carriers or Puerto Rico Puerto Rico Medicaid Office (PRMP).

4. **Auto-Enrollment Process:** The Enrollment of a Potential Enrollee in a GHP without any action by the Potential Enrollee, as provided in Article 5 of this Contract.

5. **Business Day:** Traditional workdays, including Monday, Tuesday, Wednesday, Thursday, and Friday. Puerto Rico's holidays, as defined in the Law for Compliance with the Fiscal Plan, Act No. 26 of April 29, 2017, or any other law enacted during the duration of this Contract regarding this subject, are excluded.

6. **Calendar Days:** All seven days of the week.

7. **Cancellation Date:** Is the date in which a member loses his or her eligibility for the GHP. The Puerto Rico Puerto Rico Medicaid Office is the only entity with the authority to cancel an enrollee's eligibility.

8. **Carrier to ASES Data Submissions**: Document provides health insurance carriers information to submit their health care claims, network, provider, IPA, and capitation data to ASES. **Reference Addendum 7**

9. **Centers for Medicare and Medicaid Services ("CMS"):** The agency within the U.S. Department of Health and Human Services which is responsible for the Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

10. **9. Certification:** A decision of the Puerto Rico Medicaid Office, where a person is eligible for services under the GHP, with Medicaid, CHIP or Commonwealth coverage.

11. **Certification date:** As provided in Section 5.1.3 of this Contract, a decision of the Puerto Rico Puerto Rico Medicaid Office where a person is eligible to receive services under the GHP, in a Medicaid, CHIP or Commonwealth coverage classification. Some public employees and retirees can enroll in GHP without first receiving a Certification

12. **Children's Health Insurance Program ("CHIP"):** The Children's Health Insurance Program established pursuant to Title XXI of the Social Security Act.

13. **CHIP Eligible**: A child eligible to enroll in the GHP because he or she is eligible for CHIP.

14. **COORDINATION OF BENEFITS** – COB Some people who are beneficiaries of Government Health Plan of Puerto Rico, which thrives on federal funds under certain circumstances may be eligible to receive benefits for a private plan or other health insurance funded by the Government of Puerto Rico. In accordance with applicable laws and federal guidelines, Medicaid is the payer of last resort, and the rest of the remedies must be exhausted before resorting to the services under the Medicaid funds provided. – **Reference Addendum 8**
15. **Coverage Code:** Code assigned by the Puerto Rico Puerto Rico Medicaid Office to eligible beneficiaries, according to Federal, CHIP and Commonwealth indigence criteria. Under GHP, the coverage code will coincide with the Plan Version.

16. **Covered Services:** Those Medically Necessary health care services (listed in Article 7 of this Contract) provided to Enrollees by Providers, the payment or indemnification of which is covered under this Contract.

17. **Daily Basis:** Each Business Day.

18. **Deemed Newborns:** Children born to a mother with Medicaid or CHIP eligibility on the date or delivery and are eligible from the date of birth. They will be granted an eligibility period of thirteen (13) months.

19. **Disenrollment:** The termination of an individual's enrollment in GHP or a Carrier. In the latter, the Enrollee will maintain their eligibility but will not be affiliated to any Carrier.

20. **Domestic Violence Population:** Certain survivors of domestic violence referred by the Office of the Women's Advocate

21. **Dual Eligible Enrollee:** An Enrollee or potential enrollee eligible for both Medicaid and Medicare.

22. **Effective Date of Disenrollment:** The date on which an Enrollee ceases to be covered under the Carrier's plan, either because of an eligibility termination (cancellation) or because of a request for disenrollment coming from the MCO or from the Enrollee.

23. **Effective Date of Eligibility:** It is the start date of an eligibility period. It is assigning by the Puerto Rico Medicaid (PRPM) according to the evaluation performed and eligibility program determined (CHIP, Medicaid, Commonwealth).

24. **Effective date of the change of Carrier:** It is the start date of the enrollment of an affiliate in a selected Carrier. For changes made in the first twenty days of the month, registration with the Carrier will become effective on the first day of the following month according to the selection of the Carrier.

For Carriers, changes made after the first twenty days of the month, Carriers' registration will take effect on the first day of the following month (20-day rule).

25. **Enrollment Effective Date (Carrier Effective Date):** The date the eligible member is enrolled with the contracted Carrier. This date considers the effective date of eligibility or the effective date of the change in Carrier.
26. **Enrollment End Date (Carrier End Date):** The effective end date of the member's coverage period at the assigned insurance carrier. **(This change will be effective from July 31, 2022)**
27. **Enrollment Start Date:** This is the member's start date for the current period of continuous enrollment with the current insurance carrier. **(This change will be effective from July 31, 2022)**
28. **Enrollee Seed Sets:** These are GHP groups eligible by the date of execution of the automatic allocation algorithm, which are classified according to the expiration date of their eligibility and the cancellation date issued by the Puerto Rico Medicaid Office. (Cancellation date Medicaid) These groups are assigned to contracted Carriers and define the delivery packages sent to Carriers, during the self-allocation maintenance period.

29. **Eligibility:** Eligibility is determined by the Puerto Rico Puerto Rico Medicaid Office of Department of Health.

30. **Eligible Person -** A person eligible to enroll in the GHP, as provided in Section 1.3.1 of this Contract, by virtue of being eligible for Medicaid, CHIP, or Commonwealth coverage.

31. **Enrollee:** A person who is enrolled in a Carrier's GHP, as provided in this Contract, and who, by virtue of relevant Federal and Puerto Rico laws and regulations, is an Eligible Person listed in Section 1.3.1 of the Contract.

32. **Enrollment:** The process by which an Eligible Person becomes an Enrollee of the Carrier's Plan.

33. **Federal Category:** Classification established by the Puerto Rico Puerto Rico Medicaid Office for an Enrollee, according to established criteria of indigence levels. This category includes the population that benefits from the Medicaid and CHIP programs.
34. **FMAP change (change in the FPL- Federal Poverty Level)** - is computed from a formula that considers the average per capita income for each State relative to the national average. Are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.

35. **Foster Care Population:** Children who are in the custody of the Department of Family's ADFAN Program and enrolled in the GHP.
36. **Government Health Insurance Plan (GHP):** The government health services program (formerly called "La Reforma" or "MI Salud") offered by the government and administered by ASES, serving a mixed population of eligible for Medicaid, CHIP and Commonwealth, and emphasizes the integrated delivery of physical and behavioral health services.

37. **GHP Welcome Package:** The first welcome package that a Carrier sends to Enrollees upon enrollment.

38. **Health Insurer Code:** This is the code assigned to the Insurance Company **(this change will be effective from July 31, 2022)**

39. **Health Insurance Claim Number (HICN):** Previously it was a Medicare enrollee's identification number and appeared in the enrollee's insurance card. A new Medicare Enrollee Identifier (MBI) replaced the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

40. **HIPAA Transaction 834 -** The ANSI 834 EDI Enrollment Implementation Format is a standard file format for the electronic interchange of health plan enrollment data. The Health Insurance Portability and Accountability Act (HIPAA) requires that all health plans or health insurance companies accept a standard enrollment format: ANSI 834A Version 5010. An 834 file contains an order of data, such as a subscriber's name, hire date, etc. in a data segment. The 834 is used to transfer enrollment information from the insurance coverage sponsor, benefits, or policy to a payer. The intent of this implementation guide is to meet the specific need of the health care industry for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of healthcare products only. One or more separate flexible spending and retirement guidelines may be developed." (**This change will be effective from January 2023)**

41. HIPAA Transaction 820 **-** Health Insurance Exchange Related Payments ((**this change will be effective from January 2023)**

42. **Id Card Issue Date:** This is the member ID card issue date (**this change will be effective from July 31, 2022)**
43. **Identification Card (ID):** A card bearing an Enrollee's name, contract number, and co-payment amounts, and a customer service telephone number, which is used to identify the Enrollee in connection with the provision of services.

44. **Initial Self-Enrollment:** The process by which an eligible person enrolled with a GHP Carrier prior to November 1, 2018, is automatically enrolled with a Carrier by ASES with an effective date of November 1, 2018.

45. **Initial Auto-Enrollment Enrollee:** Initial Auto-Enrollment Subscriber - An eligible person enrolled prior to November 1, 2018, with a GHP Carrier is automatically enrolled with a Carrier by ASES with an effective date of November 1, 2018.

46. **Carriers:** The Managed Care Organization that is a Party of this Contract, licensed as a Carrier by the Puerto Rico Commissioner of Insurance ("PRICO"), which contracts hereunder with ASES under the GHP for the provision of Covered Services and Benefits to Enrollees based on PMPM Payments

47. **Managed Care Organization (MCO):** An entity that is organized for the purpose of providing health care and is licensed as a Carrier by the Puerto Rico Commissioner of Insurance ("PRICO"), which contracts with ASES for the provision of Covered Services and Benefits Island-wide based on PMPM Payments, under the GHP.

48. **Maternity Payment -** Is designed to support Managed Care Organizations (MCOs) in reporting maternity deliveries for reimbursement in the Badgercare Plus – Standard program as the payment is made outside of the monthly capitation payment process

49. **Notice of Action Taken:** Form issued by the Puerto Rico Medicaid Office, entitled "Notice of Action Taken or Application and/or Recertification" containing the Certification decision (whether a person was determined eligible or ineligible for Medicaid Coverage, CHIP, or Commonwealth).

50. **New Id Card Issue Date:** It is used for the future enrollment period, populated with the member's new ID card issue date. (**(this change will be effective from July 31, 2022**

51. **Medicaid:** The medical assistance federal/state joint government program established by Title XIX of the Social Security Act.

52. **Medicaid Eligible:** An individual eligible to receive services under Medicaid, who is eligible, on this basis, to enroll in the GHP.

53. **Medically Necessary Services:** Those services that meet the definition found in Section 7.2 of this Contract.

54. **Medicare:** Provides health insurance coverage to individuals who are age 65 and over, under age 65 with certain disabilities, and individuals of all ages with ESRD. Under Title XVIII of the Social Security Act

55. **Medicare Beneficiaries:** People older than sixty-five (65) years of age or disabled or people who have end state renal disease (ESRD), who are eligible for Medicare Part A coverage which covers hospital services or Parts A and B, which cover hospital, ambulatory, and medical care services.

56. **Medicare Part A:** The part of the Medicare program that covers inpatient hospital stays, skilled nursing facilities, home health and hospice care.

57. **Medicare Part B:** The part of the Medicare program that covers physician, laboratories, outpatient, and preventive services.

58. **Medicare Part C:** The part of the Medicare program that permits Medicare recipients to select coverage among various private insurance plans.

59. **Medicare Part D:** The Medicare prescription outpatient drug benefit.

60. **Member Race Cell**: Process where the beneficiary's data is evaluated to assign them the corresponding Rate Cell monthly

61. **National Provider Identifier ("NPI"):** The 10-digit unique-identifier numbering system for Providers created by the Centers for Medicare & Medicaid Services (CMS), through the National Plan and Provider Enumeration System.

62. **Newborn:** A child born during the GHP eligibility period of his/her mother. For Federal beneficiaries the eligibility effective date corresponds to the date of birth or up to tree retroactive eligibility periods. For Commonwealth beneficiaries, the eligibility effective date corresponds to the certification date. It is required that the mother submit the newborn for Medicaid eligibility certification no later than ninety (90) days after the date of birth.

63. **New Enrollee:** An Eligible Person who became a Potential Enrollee after November 1, 2018.

64. **Open Enrollment:** A period of ninety (90) Calendar Days in which Enrollees have one (1) opportunity to select a different Carrier, without cause, as set forth in Section 5.2.5 of the Contract.

65. **OTP - Objection of Payment:** This is the process for Carriers to notify ASES of objections to erroneous payments and missed payments.

66. **PCP Effective Date:** Date on which a PCP1 or PCP2 enrollment becomes effective.

67. **Plan Type:** Code 01 to identify members with GHP.

68. **Plan Version:** Product identification number that corresponds with the Plan Type. For GHP, the Plan Version will be the same as the code assigned to the beneficiaries by the Puerto Rico Medicaid Office.

69. **PMPM Premium ("Per Member Per Month (PMPM)" Payment):** The fixed monthly amount that the Contracted Carrier is paid by ASES for each Enrollee to ensure that benefits under this contract are provided. This payment is made regardless of whether the enrollee receives benefits during the period covered by the payment.

70. **Potential Enrollee: Possible affiliate:** A person who has been certified by the Puerto Rico Puerto Rico Medicaid Office as eligible to enroll in the GHP (either Medicaid, CHIP or Commonwealth category coverage), but who has not yet enrolled with a contracted Carrier.

71. **Poverty Level:** As required by Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)), the Department of Health and Human Services (HHS) updates the poverty guidelines at least annually and by law these updates are applied to eligibility criteria for programs such as Medicaid and the Children's Health Insurance Program (CHIP). These annual updates increase the Census Bureau's current official poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI–U).

72. **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.

73. **Primary Medical Group (PMG):** A grouping of associated Primary Care Physicians and other Providers for the delivery of services to GHP Enrollees using a coordinated care model. PMGs may be organized as Provider care organizations, or as another group of Providers who have contractually agreed to offer a coordinated care model to GHP Enrollees under the terms of this Contract.

74. **Process Date:** For the export file (.exp) it is the date related to the daily run process. For the enrollment files (.sus) it is the date in which the changes in the enrollment records were processed at the Carrier.

75. **Prorated Payment:** A late payment that covers a fraction of the month prior to the month in which the premium payment is made. Prorated payments only apply to Carriers specifically during the first month of eligibility for the Commonwealth covered population and newborns. The concept of prorated payments also applies to adjusted payments considering the different reasons that trigger cancellations.

76. **Provider:** Any physician, hospital, facility, or other Health Care Provider who is licensed or otherwise authorized to provide physical or Behavioral Health Services in the jurisdiction in which they are furnished.

77. **Puerto Rico Puerto Rico Medicaid Office (or "Medicaid Office"):** Puerto Rico Puerto Rico Medicaid Office (or "Medicaid Office"): The subdivision of the Department of Health that makes eligibility determinations and offers a Carrier selection after a favorable result of said determination under GHP for Medicaid, CHIP and Commonwealth coverage.

78. **Rate cell Process Date:** This is the process date for this transaction **(this change will be effective from July 31, 2022)**

Rate Cell Record: This is the transaction type identifier were

E - Eligible
I - Ineligible
H - History
1 - Retroactive Period (*)
2 - Retroactive Period (*)
3 - Retroactive Period (*)

(*) Correspond to record group, not to period order

Rate cell Personal ID: Member's Person Id

Race cell Rate Code: This is the member's Assigned Rate Cell

Rate Effective Date: This is the effective start of the member's rate cell
Rate End Date: The end date of the member's rate cell.

79. **Recertification:** A determination by the Puerto Rico Medicaid Program that a person previously enrolled in the GHP subsequently received a Negative Redetermination Decision, is again eligible for services under the GHP.

80. **Redetermination:** The periodic Redetermination of eligibility of an individual for Medicaid, CHIP and Commonwealth coverage, conducted by the Puerto Rico Medicaid Office.

81. **Retroactive Payment:** Refers to a payment that corresponds to a period prior to the month in which the PMPM Payment is made.

82. **State Population (or "Commonwealth Population"):** A group eligible to participate in the GHP as Other Eligible Persons, with no Federal participation supporting the cost of their coverage, which is comprised of low-income persons and other groups listed in Section 1.3.1.2.1 of the contract.

83. **SYSPREM:** System that provides for the enrollment of an enrollee in historical data. It allows the update and/or enrollment of data that corresponds to eligibility periods prior to the cancellation period of the eligibility of an enrollee or before an enrollment to a different Carrier comes into effect.

84. **TRANSITION OF CARE:** Historical utilization data of the beneficiary when changing Carrier

III.MEDICAID ELIGIBILITY PROCESSES

A. Eligibility Determination

The Medicaid Office, which administers the Puerto Rico Medicaid Assistance Program, is the state plan agency with authority to determine if a person is eligible to receive services covered under the GHP. Members can be determined eligible to participate in the GHP as a recipient of Medicaid funded with Federal (Federal), CHIP, or Commonwealth funds. For the Medicaid and CHIP populations, the eligibility criteria are established in the State Plan and in cooperation with CMS. For state beneficiaries, eligibility requirements are set by the Medicaid Program, except for public employees and pensioners included in Other Eligible Populations, which are determined by independent ASES policies.

B. NOTICE OF DECISION

Pursuant to Section 5.1.2 of the Contract, the Puerto Rico Medicaid Office's determination that a person is eligible for the GHP is contained on Form Notice of Decision, titled "Notification of Action Taken on Application and/or Recertification." A person who has received a Notice of Decision is referred to as a "Potential Enrollee."

The Potential Enrollee may access Covered Services using the Notice of Decision as a temporary Enrollee ID Card from the first day of the eligibility period specified on the Notice of Decision even if the person has not received an Enrollee ID Card. Only Medicaid, CHIP, and Commonwealth Enrollees receive a Notice of Decision and may access Covered Services with the Notice of Decision as a temporary Enrollee ID Card. A Form Notice of Decision will be provided for each Household Potential Enrollee included in the Application and the authorized contact member.

The Notice of Decision form is valid for the eligibility period identified on Form Notice of Decision and may be used for a period of thirty (30) calendar days from the date of Certification for the purpose of demonstrating eligibility. See **Addendum 1- Notice of Decision Form**.

C. Effective Date of Eligibility

1. Federal Program Enrollee (Medicaid or CHIP)

The Effective Date of Eligibility for purposes of a Medicaid or CHIP Potential Enrollee is the first day of the month in which the Puerto Rico Puerto Rico Medicaid Office determines eligibility. This should be the same date indicated as the eligibility period on the Form Notice of Decision.

The eligibility period specified in the Decision Notification Form may be a retroactive eligibility period, up to three (3) months before the first day of the month, in which the Potential Affiliate submits his / her application for eligibility to the Office of Puerto Rico Medicaid with Federal Medicaid and CHIP coverage where services can be covered retroactively. Retroactivity, on the effective date of eligibility, is granted when the prospective member indicates that they incurred medical expenses prior to the current eligibility period, including any services covered by Federal Medicaid or CHIP coverage, that relate to drugs or services, where pharmacy expenses are generated and have not been paid. The effective date of eligibility will be within the three (3) months prior to the month in which the prospective member submits the application. If the prospective member is eligible for Federal Medicaid or CHIP coverage in the month the service was eligible, the prospective member will receive retroactive eligibility. Retroactive benefit does not apply to Commonwealth covered beneficiaries. Retroactive eligibility is evaluated for all potential members with Federal Medicaid and CHIP coverage who notify the Puerto Rico Medicaid Office about their medical expenses and / or utilization of services during the allowed period of three (3) months. Please note that a prospective member may be classified as a Commonwealth covered member for their current eligibility period but may be classified as a federal member for any of the retroactive eligibility periods. The Puerto Rico Medicaid Office will evaluate each retroactive month separately what may result, with different coverage codes or eligibility classifications from one retroactive month to another.

When an Enrollee re-certification is filed, and the Enrollee is again eligible, as determined by the Puerto Rico Medicaid Office, the Effective Date of Eligibility for the subsequent period is generally the 1st of the month after eligibility expires from the previous eligibility period. If an Enrollee does not apply for Re-certification at the Puerto Rico Medicaid Office once his/her eligibility period has expired, the eligibility for the GHP is lost. This will happen even in cases in which the Enrollee's eligibility was lost for at least one (1) day. The Effective Date of Eligibility for a new eligibility period for these cases will be the first (1st) day of the month of the new application for certification.

A person can apply for Federal Medicaid / CHIP coverage on behalf of a person who has died, during the same month they applied or up to three (3) months retroactively if the person was eligible in those months. The eligibility period will be from the first (1st) day of the application month to the date of death. This provision does not apply to Commonwealth covered beneficiaries.

All pregnant women with federal, Commonwealth and CHIP coverage may have an eligibility period greater than twelve (12) months by adding the required sixty (60) days of postpartum coverage. The expiration date will be the last day of the month, at the end of these sixty (60) days.

2. Commonwealth Enrollees (Commonwealth Category Beneficiaries)

The Commonwealth effective date of eligibility (see contract section 1.3.1.2.1) is the eligibility period specified on the decision notification form, and potential members are eligible to enroll as of that date. Note that a potential member may be classified as a Commonwealth covered member for their current eligibility period but may be classified as a federally covered member for any of the retroactive eligibility periods. The Puerto Rico Medicaid Office will evaluate each retroactive month separately what may result, with different coverage codes or eligibility classifications from one retroactive month to another.

Recertification for members of Commonwealth coverage, in which the member is re-eligible, the effective date of eligibility is the first (1st) day of the month after the expiration of current eligibility. The certification date for beneficiaries of coverage in Commonwealth will be when the certification is completed. If a Commonwealth coverage member's eligibility period expires prior to recertification, the Commonwealth coverage member's eligibility will be processed as a new case and the eligibility effective date will be the new eligibility effective date provided on the form. Notice of Decision. The member of Commonwealth coverage can request a Carrier at the Puerto Rico Medicaid Office for the new period of eligibility at the time of certification.

All pregnant women on Federal, CHIP and Commonwealth coverage may have an eligibility period greater than twelve (12) months by adding the required sixty (60) days of postpartum coverage. The expiration date will be the last day of the month at the end of these sixty (60) days.

D. Effective Date of Eligibility in the Case of Deemed Newborn

Table 1 Deemed Newborn's Eligibility Guidelines

Mother's Medicaid Classification	Child's Medicaid Classification	Child's Evaluation Outcomes	Eligibility Outcomes
Federal at the time of birth	Deemed Newborn	Federal Deemed Newborn	Retroactive Eligibility from the date of birth or from twelve (12) months back, whichever begins later
Evaluated and determined to be Federal at the time of birth	Federally Evaluated	Federal/CHIP	Retroactive Eligibility from the date of birth or from three (3) months back, whichever begins later
		Federal Deemed Newborn	Retroactive Eligibility from the date of birth or from twelve (12) months back, whichever begins later
Not Eligible or Commonwealth or Evaluated and determined to be Commonwealth at the time of birth	Independently Evaluated	Federal/CHIP	Retroactive Eligibility from the date of birth or from three (3) months back, whichever begins later
		Commonwealth	Eligible from the Effective Date of Eligibility as noted on Form NOTICE OF DECISION

As described in Table 1, if a mother has federal coverage at the time of birth, the newborn is classified as Considered Newborn, enrolled in the mother's MCO, and retroactive eligibility is granted from date of birth to twelve (12) months. These cases will be identified in the eligibility record by including a letter "N" (Newborn considered) in the second position in the Group Code field.

In the event the mother is not currently eligible, but is assessed and found to have federal coverage at the time of the newborn's birth, the newborn's federal eligibility will be assessed and could be classified as federal, which would provide retroactive eligibility from the date of birth or three (3)

months back, whichever begins later, or Federal Deemed Newborn which would provide retroactive eligibility from the date of birth or from twelve (12) months back, whichever begins later.

If the mother, on the other hand, is ineligible or has Commonwealth or assessed coverage and is determined to be Commonwealth coverage at the time of birth, the child will be independently assessed. If the child's evaluation results in a federally covered classification, eligibility will be granted retroactive from the date of birth or for three (3) months, whichever begins later. If the result is state-funded enrollment in the program, the child will be granted eligibility as of the certification date.

E. Medicaid/CHIP Retroactive Eligibility

1. Medicaid/CHIP Retroactive Eligibility Period Effective Date

Under Medicaid or CHIP, the Effective Date of Eligibility corresponds to a retroactive period determined month by month. Each retroactive period or record shall correspond to one (1) calendar month. The Puerto Rico Medicaid Office may grant up to four (4) eligibility periods for the same enrollee which may be comprised of three (3) retroactive periods and one (1) record for the current period. Each record of retroactivity will mark the beginning and end of the eligibility in relation to the period to which it corresponds. That is, each of the retroactive periods of eligibility granted will determine the start and completion of the Eligibility Effective Date for that period. See Table 1.

Retroactive eligibility periods prior to November 1, 2018, will correspond to the contracted MCO for the appropriate region according to the previous contract.

Retroactive Eligibility periods with effective date before Go Live will not be assigned a Carrier. For these cases, the Carrier, Carrier_eff_date, PCP, PCP_eff_date, PMG y PMG_eff_eff_date data fields will be left blank.

Table 2: Retroactive Eligibility Period Scenarios

Eligibility Period	X = indicates included period of each eligibility scenario						
Current Period	X	X	X	X			
Retroactive Period 1		X	X	X	X	X	X
Retroactive Period 2		X	X		X	X	
Retroactive Period 3		X			X		

2. Group of Records of Retroactive Periods

Each retroactive eligibility period involves a group of records. This information is sent to the Carrier daily in an Export (.exp) file. ASES could receive, for a single enrollee labeled as Federal (Medicaid, CHIP), up to three (3) retroactive eligibility enrollment records and one (1) current eligibility enrollment record in an enrollments file. A member may be eligible for one (1) to three (3) retroactive periods and not be eligible for the current term. In this case, sets of records for the retroactive periods may be received but none for the current eligibility period. Retroactive eligibility period will be from the first day of the month of retroactive eligibility until the last day of the month of retroactivity. An exception to this, will be first retroactive month for a newborn, which will begin with the date of birth.

Each retroactivity period is evaluated separately. That is the evaluation of the retroactive eligibility period is independent from that of the current period. A member can have retroactive eligibility periods and not be currently eligible. Therefore, there can be a change in coverage from one period to the next.

Retroactive eligibility periods will be confirmed and sent to the Carriers in the daily eligibility file (.exp). Each period will have a group of records labeled with the '1', '2', '3' indicators in the *Tran_id* column. The indicators are unrelated to the order of the periods; they are only used to unify the group of records. These retroactive eligibility periods do not necessarily correspond to consecutives eligibility periods.

F. Enrollee Recertification

After a period of eligibility is granted to a member, two (2) or three (3) months prior to the expiration date of eligibility, the member will undergo a recertification process, for a new period of eligibility, which will be carried out by the Puerto Rico Medicaid Office. This will allow for the renewal of covered services during the next twelve (12) month period. The effective date of recertification refers to the date that the Puerto Rico Medicaid Office reevaluates the eligibility of an enrollee. This date is provided on the decision notification form. The Eligibility Expiration Date refers to the expiration date of the eligibility period granted to the member by the Puerto Rico Medicaid Office. A federal and Commonwealth covered member who is recertified will have their current eligibility period noted and will have a future Eligibility Effective Date in the Decision Notice for their next eligibility period beginning the day after the period expires. current eligibility.

G. Termination of Eligibility (Eligibility Cancellations)

Only the Puerto Rico Medicaid Office may cancel and provide notice of the cancellation of an enrollee's eligibility. In the recertification process, all the beneficiaries that receive a negative eligibility determination for GHP will continue to be eligible to receive services under the GHP until the eligibility expiration date has been reached. The cancellation of health services transaction due to the expiration of the eligibility period will be notified by the Puerto Rico Medicaid Office and will be reflected in the ASES databases on the last day of each month.

Daily, ASES receives from Puerto Rico Medicaid Office a file with the eligibility status of the beneficiaries. In such cases, ASES will send to the Carriers the contents of the files of those beneficiaries who have received a Negative Redetermination Decision within a period of twenty-four (24) hours or one (1) business day from the time it receives the file from the Puerto Rico Medicaid Office. Note timeframes are subject to change at ASES, in the event of extraordinary circumstances, periods of maintenance or other unforeseen circumstances.

The termination of the eligibility period is marked by either the Expiration Date or the Medicaid Cancellation Date. Now of a certification or recertification of a member, an Expiration Date is established. If the eligibility of a member is extended for any of the reasons explained later in this document, the expected termination of such extension will be expressed through the Medicaid Cancellation Date. Also, if the eligibility period of a member, extended or not, is terminated before the Expiration Date (for example, by the death of an enrollee, members identified in the PARIS file, or by voluntary resignation) or a previously stated Medicaid Cancellation Date (for example, by a pregnancy that ended prematurely), the date for the real cancellation of the eligibility period of a member will be stated in the Medicaid Cancellation Date. The ASES System identifies the cancellations, in the export file, with the letter "I" in the transaction_id field.

H. Appeals Processes

1. Appeals Process for Re-Certification

When an enrollee does not qualify during their recertification process, they have the right to appeal the negative redetermination of their eligibility within fifteen (15) days. If a member previously eligible for Federal Medicaid or CHIP coverage appeals within fifteen (15) days of an adverse eligibility determination, the content "A" (On appeal) or "X" will be sent to the Insurance Carrier in the field. Extension flag. The member cannot be canceled during the appeals process even if the expiration date passes. When the appeal process is complete, the Puerto Rico Medicaid Office will send an update of the member's status to ASES. If the appeal is filed after the first fifteen (15) calendar days after the adverse eligibility determination, an extension will not be issued. In this case, a cancellation will be received from the Puerto Rico Medicaid Office.

The following are the possible outcomes of the appeal process:

(a) If the appeal is found to be in favor of the enrollee: the expiration date will be updated to the appropriate one. He/she will be identified as eligible and the record marking the termination of the appeals process will be labeled with a "U" and will reflect a new eligibility period. If there were to be a change in coverage, a new enrollment with the new plan version must be sent, just as is currently done.

(b) If the appeal is found to be against the enrollee the Puerto Rico Medicaid Office will send a cancellation with the original expiration date. He/she will be identified as ineligible, the termination of the appeals process will be labeled with an "N" and the Medicaid Cancellation Date will contain the corresponding cancellation date. The Carrier will keep offering services to the enrollee until it receives the cancellation in the eligibility file sent by ASES. ASES will continue paying premiums until the cancellation is received from Puerto Rico Medicaid Office. Only Puerto Rico Medicaid Office may cancel an enrollee. The cancellation's effective date will reflect the date that Puerto Rico Medicaid Office specifies in the Medicaid Cancellation Date field if it differs from the eligibility expiration date.

(c) If the appeal is resolved only after a cancellation, the Carrier will receive the eligibility information only if the appeal is in favor of the enrollee and with updated dates with the new eligibility period.

2. Appealing at a Certification (either new or not active at the time)

If a person who is not active in the Puerto Rico Medicaid Office requests eligibility and he/she does not qualify, he/she has the right to appeal the result of the evaluation. This type of appeal is an internal Puerto Rico Medicaid Office process. The Puerto Rico Medicaid Office will not send to ASES records of these processes unless the appeal is decided in the person's favor. For beneficiaries eligible for Federal Medicaid or CHIP coverage, a set of records will arrive with an effective date that may be retroactive to the first day of the month corresponding to the certification date. If more than three (3) months have passed, the Carrier will treat the enrollment as an emergency (special enrollment = "E"). For these cases, the Puerto Rico Medicaid Office will not send retroactive eligibility in separate transactions. In the event the person is certified as a state funded state affiliate, the date of eligibility after a favorable appeal will be prospective from the date of the favorable determination.

I. Eligibility Extensions

When the Puerto Rico Medicaid Office grants an extension of eligibility, the date the extension expires is included in the Medicaid Cancellation Date field in the family eligibility table. For these cases, the Eligibility Expiration Date field is not updated as it encompasses the end of the original eligibility period granted by the Puerto Rico Medicaid Office prior to the extension.

1. Eligibility Extension Due to Pregnancy

If a pregnant woman is undergoing re-certification and she is determined to be ineligible, she cannot be terminated the last day of the month in which postpartum coverage expires. These cases will be labeled with the letter "P" in the *Extension flag* field. The Puerto Rico Medicaid Office will send ASES a cancellation transaction at the appropriate point.

2. Eligibility Extension Due to Natural Disaster

If a natural disaster occurs, a determination will be made by the Department of Health's Medicaid Program to extend the eligibility of the population affected. The eligibility extension for natural disasters grants the extension period approved by CMS to the affected member. These cases will be labeled with the letter "H" in the *Extension flag* field. The Puerto Rico Medicaid Office will send ASES an update transaction at the appropriate date. The granted extension's expected expiration date will be held in the Medicaid Cancellation Date field. The eligibility effective date and expiration date will not change because of the extension granted.

3. If any additional circumstance occurs, in addition to those mentioned above in this document, that requires a determination, it will be made by the Puerto Rico Medicaid Office of the Department of Health, to extend the eligibility of the affected population. The extension of eligibility for other circumstances grants the extension period approved by CMS to the affected member. These cases will be labeled with the letter "X" in the Extension flag field. The PRMP will send ASES an update transaction on the appropriate date. The expected expiration date of the granted extension will be kept in the Medicaid Termination Date field. The effective date of eligibility and expiration date will not change due to the extension granted. An example of a circumstance in recent years is the COVID19 pandemic.

4. Beneficiaries with More Than One Extension Type

If an enrollee qualifies for more than one (1) type of extension, the extensions will be combined applying the extension with the longest eligibility period extension stated through the Medicaid Cancellation Date and the extension that grants the most benefits stated through the Extension Flag containing the appropriate Extension Code. For example, if an enrollee is granted the extension due to pregnancy and the extension due to a natural disaster, the extensions will be

combined and his or her eligibility will be extended because of the natural disaster extension and will have the coverage benefits of the pregnancy extension.

5. Eligibility Extension Codes

N –Member eligibility period not extended
A – Member is amid an appeal process
U – Update to a member amid an appeal process. This states that the process has reached an outcome.
H – Member eligibility extended due to the occurrence natural disaster
P – Member eligibility extended due to pregnancy status
X – Other circumstances extension

6. Member Eligibility Period Not Extended (N)

The enrollee does not have any type of extension. For these cases the Medicaid Cancellation Date cannot have a future date.

Check Addendum 2

IV. ENROLLMENT IN GHP CARRIERS

A. General Enrollment Requirements

The Carrier must coordinate with ASES, the Puerto Rico Medicaid Office and the Enrollment Counselor, as applicable, for all Enrollment and Disenrollment functions, as required under Section 5.2.1 of the Contract.

The Carrier must guarantee the maintenance, functionality, and reliability of all systems necessary for Enrollment and Disenrollment, pursuant to the Contract and this Manual.

B. Effective Date of Enrollment

The Effective Date of Enrollment for all Initially Auto-Enrolled Enrollees is November 1, 2018. Except as provided below, Enrollment, whether selected or automatic, will be effective as of the same date as the date demarking the beginning of the period of eligibility specified on Form Notice of Decision set forth in Section 5.2.6 of the Contract.

The effective date of enrollment for a newborn whose mother is eligible for Federal Medicaid or CHIP coverage on the date of delivery (considered a newborn) is the date of their birth. The Effective Date of Enrollment for a newborn whose mother is an Affiliate of the Commonwealth coverage is the Effective Date of Eligibility established by the Puerto Rico Medicaid Program. A newborn will be automatically enrolled in accordance with the procedures established in Section 5.2.7 of the Contract.

Changes in Enrollment requested by the Enrollee received during the first twenty (20) Calendar Days of the month will be effective the first Calendar Day of the following month (e.g., requests received January 10 will be effective February 1).

Changes in Enrollment received after the first twenty (20) Calendar Days of the month will be effective the first Calendar Day of the second month following the request to change Enrollment (e.g., requests received January 25 will be effective March 1).

C. Term of Enrollment

The Term of Enrollment with the Carrier shall be a period of twelve (12) consecutive months for all GHP Enrollees, unless a different Carrier is selected during the applicable Open Enrollment Period described in Section 5.2.5 of the Contract, and except in cases in which the Puerto Rico Medicaid Program has designated an eligibility period shorter than twelve (12) months for an Enrollee who is a Federal Medicaid or CHIP Eligible or a member of the coverage Commonwealth, in which case that same period shall also be considered the Enrollee's Term of Enrollment.

Such a shortened eligibility period may apply, at the discretion of the Puerto Rico Medicaid Program, when an Enrollee is pregnant, is homeless, or anticipates a change in status (such as receipt of unemployment benefits or in family composition). Section 5.3.3 of the Contract controls the Effective Date of Disenrollment.

Deemed Newborns have a Term of Enrollment of up to thirteen (13) months.

Pregnant Enrollees with a Term of Enrollment that expires during pregnancy or within sixty (60) Calendar Days of the post-partum period have an extended Term of Enrollment that expires on the last day of the month after sixty (60) Calendar days counted from the beginning of the post-partum period.

Except as otherwise provided in Section 5.2 of the Contract, and notwithstanding the Term of Enrollment provided in Section 5.2.3 of the Contract, Enrollees remain enrolled with the same Carrier until the occurrence of an event listed in Section 5.3 of the Contract (Disenrollment).

D. Carrier Notification Procedures Related to Redetermination

The Carrier must inform Enrollees who are Federal Medicaid and CHIP Eligible and coverage Commonwealth of an impending Redetermination through written notices. Such notices shall be provided ninety (90) Calendar Days, sixty (60) Calendar Days, and thirty (30) Calendar Days before the scheduled date of the Redetermination pursuant to Section 5.2.8 of the Contract.

E. Enrollment Procedures

For all Enrollees except Newborns, the Carrier must comply with the Auto-Enrollment process and issue to the Enrollee a notice informing the Enrollee of the PMG and PCP they are assigned to and their rights to change the PMG or PCP without cause during the applicable Open Enrollment Period.

Following, the Effective Date of Enrollment, the Enrollee has 90 Calendar Days to change his/her Auto-Assigned or Selected PMG and PCP without cause through the Carrier. The Carrier can offer counseling and assistance to the Enrollee in selecting a different PCP and PMG.

Enrollees under the Foster Care Population and Domestic Violence Population classification are not assigned to a PCP or PMG.

The Carrier must issue the Enrollee ID Card and a notice of Enrollment, as well as an Enrollee Handbook and Provider Directory either in paper or electronic form, within five (5) Business Days of Enrollment pursuant to Section 5.2.6.2 of the Contract. The notice of enrollment must clearly state the Effective Date of Enrollment. The notice of Enrollment will explain that the Enrollee is entitled to receive Covered Services through the Carrier.

All Enrollees must be notified at least annually of their disenrollment rights as set forth in Section 5.3 of the Contract and 42 CFR 438.56.

The Carrier must comply with 5.2.7 of the Contract regarding Procedures for Auto-Enrollment of Newborns.

F. Enrollee Selection of Carrier

1. Open Enrollment Period for New Enrollees

New Enrollees to the GHP will have the opportunity to select a Carrier during the Medicaid eligibility process with the Puerto Rico Medicaid Program. If the New Enrollee does not select a Carrier, the Puerto Rico Medicaid Program will select a Carrier on behalf of the New Enrollee using an algorithm based on a Round-Robin order arrangement. New Enrollees shall be permitted to select a different Carrier once without cause, regardless of how the initial selection of the Carrier was made, during their Open Enrollment Period, which shall begin on the New Enrollee's Eligibility Certification Date and will extend for a period of ninety (90) days.

2. Annual Open Enrollment Periods

Each year, the GHP offers members an annual open enrollment period. The annual open enrollment period is forty-five days from November 1 to December 15. All enrollees will have the opportunity to select a Carrier for no reason during the annual open enrollment period. If the member does not make an insurance change during the annual open enrollment period, the member will remain enrolled with their current Carrier.

During each Annual Open Enrollment Period, all enrollees will have one (1) opportunity to change Carriers for no reason during their Annual Open Enrollment Period. If a New Affiliate's Open Enrollment Period in accordance with Section 5.2.5.2 of the Agreement coincides with the Annual Open Enrollment Period, the Open Enrollment Period in Section 5.2.5.2 will prevail.

When an enrollee ceases to be part of the domestic violence or foster care population but remains an eligible individual, the enrollee can select a new Carrier during an open enrollment period.

When an enrollee is no longer eligible for Medicare Platino but remains an eligible individual, the enrollee can select a new Carrier during an open enrollment period and must follow the due process processes outlined in section 5.3.5.4 of the contract.

Figure 1 Illustration of Initial Auto Enrollment Operations

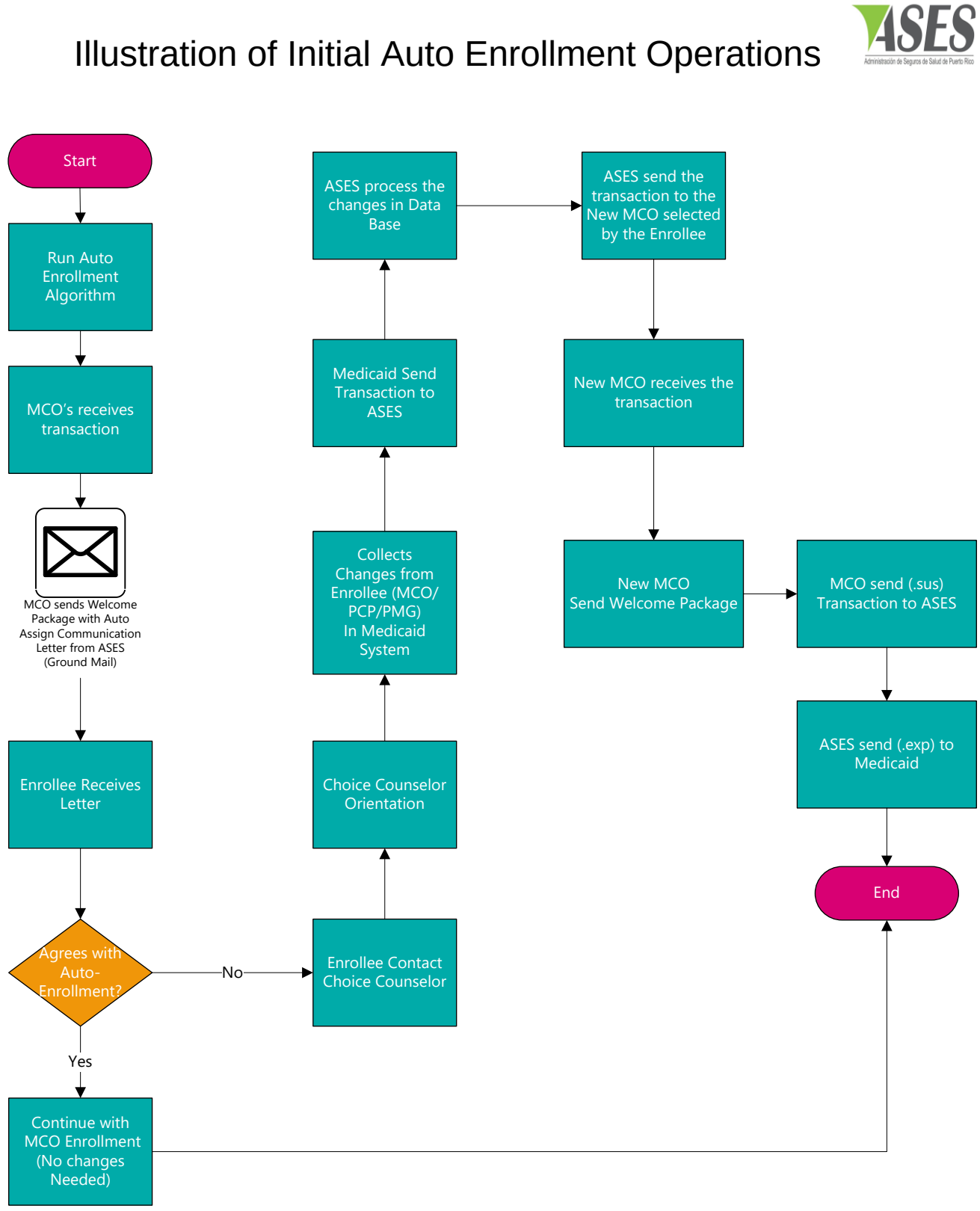


Figure 2 Illustration of New Enrollee Enrollment Operations

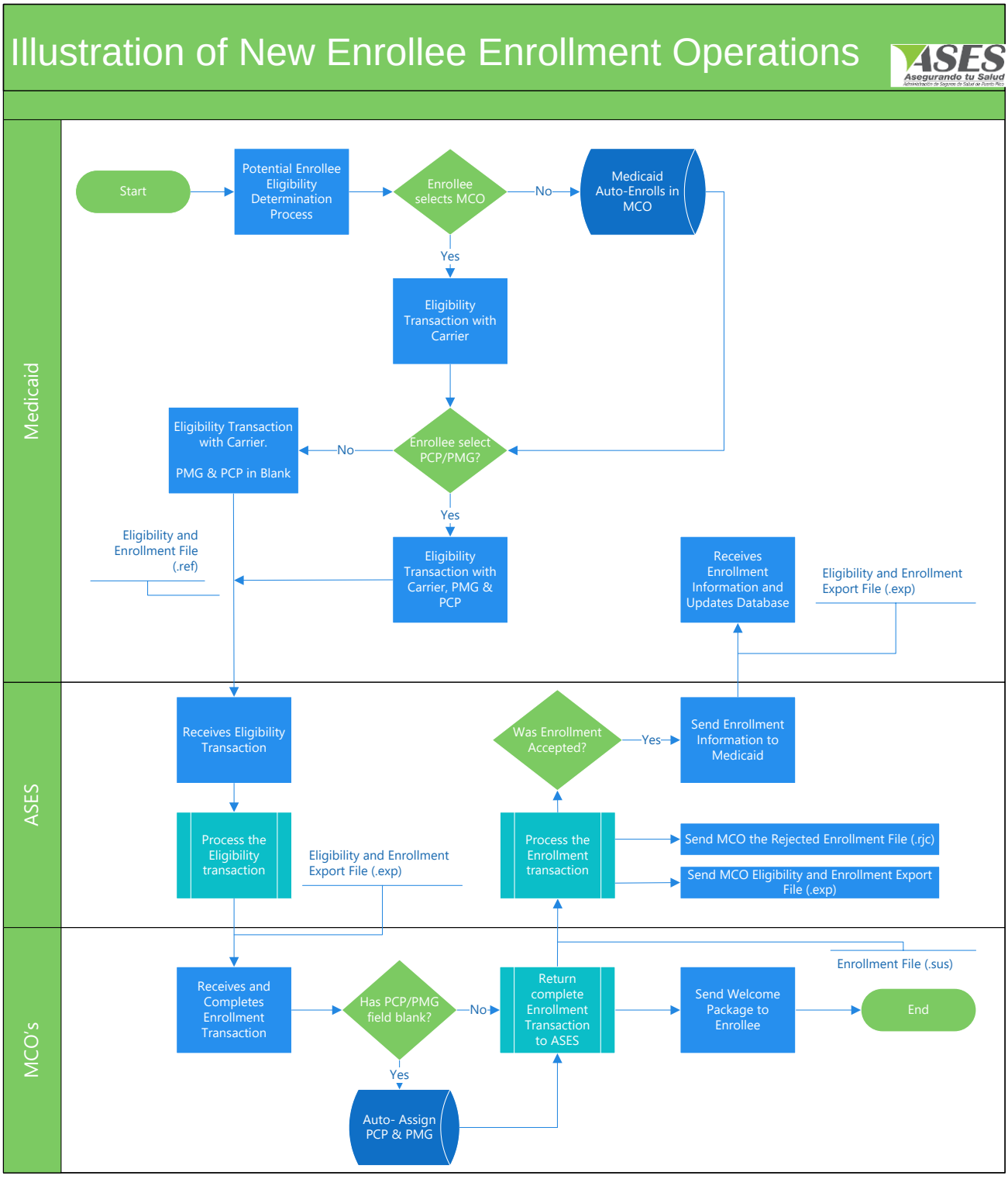
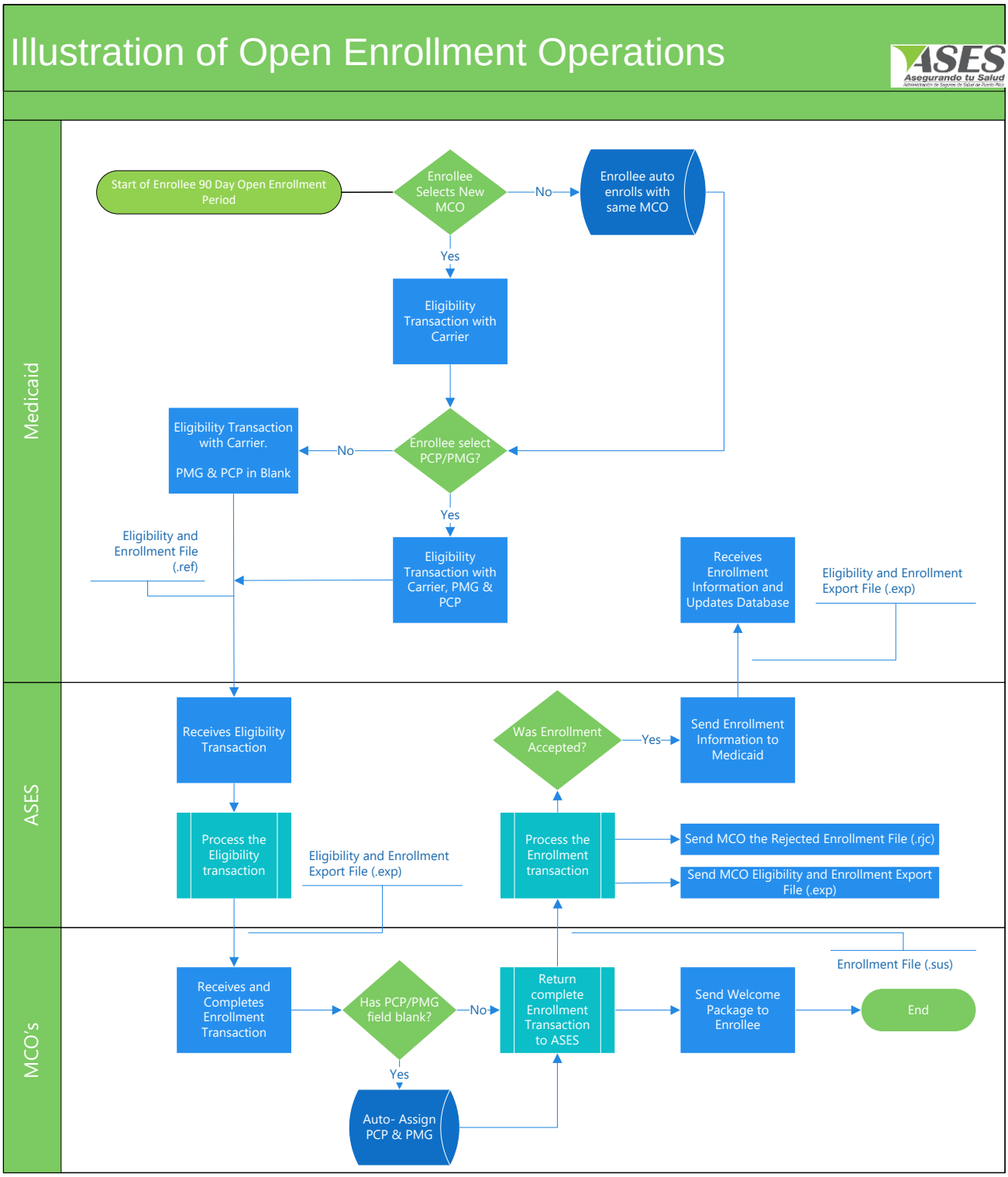


Figure 3 Illustration of Open Enrollment Operations



V. ENROLLMENT COUNSELOR OPERATIONS

ASES has procured Enrollment Counselor functions, available in-person at Medicaid Offices, by toll-free number and online, to help Enrollees understand the GHP and make informed choices for Carrier enrollment. It is at the Enrollee's option to receive the services of the Enrollment Counselor. If any Enrollee actively selects a Carrier during the applicable Open Enrollment Period (or at point of eligibility application for New Enrollees), the Enrollment Counselor will record the selected Carrier and such information will be provided to ASES, through an enrollment (.sus) file, to formalize the enrollment process.

On an ongoing basis, Enrollees will have access to a Counselor to select a Carrier, PMG, and PCP. New Enrollees and re-certified Enrollees will be able to select a Carrier considering the availability of an enrollment spot within the capacity of each Carrier and available PCPs. The Effective Date of Enrollment of the Carrier, PCP and PMG will coincide with the Effective Date of Eligibility pursuant to Section 5.2.2 of the Contract and as determined at the Puerto Rico Medicaid Office. New and re-certified Enrollees are entitled to assistance by the Enrollment Counselor during the Open Enrollment Period applicable to each population regarding selection of a Carrier, PCP and PMG.

VI. DATA EXCHANGE BETWEEN MEDICAID, ASES AND CARRIERS

The following sections provides an overview of data exchange information between Medicaid, ASES and the Carriers. For specific data layout information, refer to Attachment 9 with the referenced layout files.

A. Data Exchange Between Medicaid, ASES and the Carriers

1. Medicaid and ASES Data Exchange (.ref file)

Under GHP, at the end of the certification process at Medicaid, a New Enrollee will have the opportunity to select a Carrier and the Puerto Rico Medicaid Office will relay the resulting selection to ASES. The information relayed to ASES will include any eligibility information resulting from the process and the Carrier selection or auto enrollment.

2. ASES and the Carriers Data Exchange (.exp file)

The eligibility files from Medicaid (.ref) mentioned in the previous section are entered into the daily run cycle and are evaluated through an editing and verification program at the Information Systems Office at ASES. After receiving and processing the eligibility and Carrier data of each enrollee, ASES creates an electronic record that includes information which the Carrier can use to enroll the enrollee, such as information about the Plan Type (Federal or Commonwealth) and Plan Version (coverage code) along with their respective effective dates and other related data elements. Daily, ASES sends accepted enrollments, new eligibility, updates, and cancellations data to Carriers in a file (.exp)

Following receipt of the Carrier's file, the Carrier is required to send ID cards along with a GHP Welcome Package, to the new enrollees by postal mail in five (5) business days pursuant to Section 5.2.6.2 of the Contract.

The Enrollee, in turn, has ninety (90) days to request a change of MCO, PCP or PMG. Then, the Carrier produces the electronic registration record and sends it to ASES in a file (.sus), along with a paperwork, where it identifies the name of the file, the number of records submitted via FTP Server on or before nine o'clock. the morning (9:00 am), this accounts for the registrations to be considered. If the member's Coverage Code, PCP or PMG changes, the Carrier must send an enrollment record to ASES that reflects the change as confirmation of the issuance of a new plan identification card and its shipment to the member.

Generally, Carriers have a one business day to remit enrollment records to ASES. They must notify ASES of the information about the new Enrollees and send information about any changes performed on a record previously enrolled. Such notification must be sent on the next business day.

When an enrollee's data sent to a given Carrier is received with a different Carrier code than the one for the Carrier receiving the data, it means that the enrollee has been enrolled with a different Carrier. In this case, the previous Carrier must perform a disenrollment of the enrollee in its database. For these cases the Carrier Effective Date will be modified, and the transaction will be sent to both Carriers. The Tran_ID value for these transactions will be "E".

In the case that the Carrier must update the information previously sent to ASES in relation to a new enrollment, or when it is appropriate to add a new enrollee that has been previously omitted, that update must occur the next business day after the information has been updated or that a new enrollee has been added. In these cases, ASES reserves the right not to accept new additions or corrections to the enrollment data after two (2) business days after the Effective Date of the

Enrollment indicated in the Carrier's notification to ASES. Likewise, he Enrollee's PMG and/or PCP changes will take effect as stated in Section 5.4 of the Contract.

Records that are accepted without errors during the editing process are updated in the databases at ASES and the beneficiaries are duly enrolled. Any record that is accepted during the editing and verification processes will be stored in the ASES database tables.

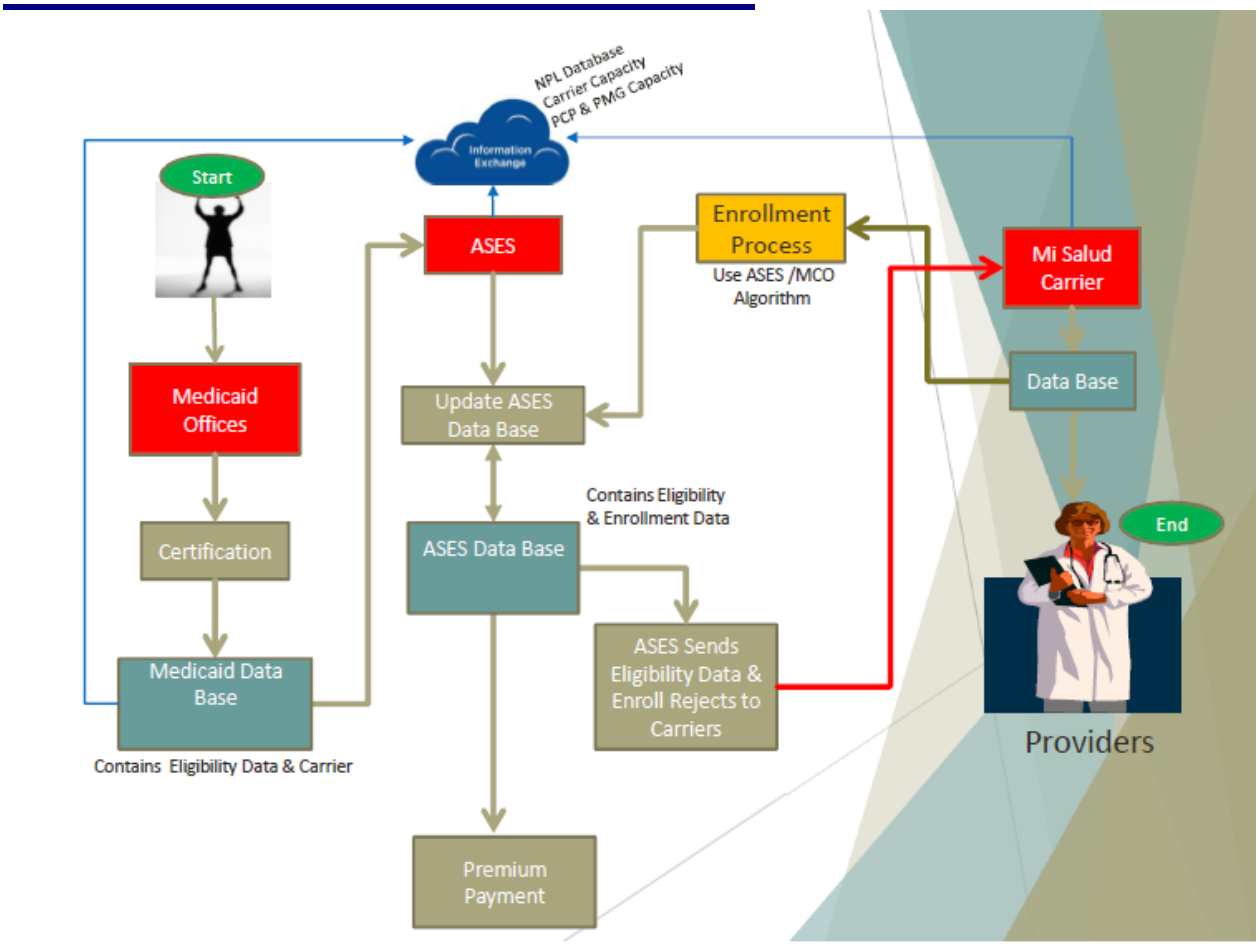
The records for the rejected enrollments are returned to the Carrier with the applicable reject codes in a file (.rjc) daily. The Carrier must correct any errors in the enrollment record and send the information back to ASES in a file (.sus) within two (2) business days. ASES will only pay the premiums related to those beneficiaries who are enrolled in the databases at ASES. Therefore, the execution of the payment of the corresponding premium for these rejected records will be delayed until the enrollment records are sent back with the correction of the indicated errors. It is important that the Carrier sends the corrected enrollment records within the timeframe specified no later than two (2) business days past the date on which ASES notifies the Carrier of the rejected subscriptions, after which the Carrier could start losing premium payments, as stated in Section 5.3.10 of the Contract.

ASES will identify late transactions by comparing the date of the rejection and the date of the resubmission. If the rejected transaction is reconciled, resent, and accepted within the timeframe specified at Section 5.3.10 of the Contract, no payment suspension will occur. If it does not occur within two (2) days, it will be included for prospective payment, which shall be prorated from the day the file is accepted. Applies to Trans_ID V, E, C, but not Special Enrolls N, E, T.

During the premium payment process, registrations received during the month prior to the execution of the process are considered. The Carrier must make sure to complete the reconciliation of beneficiaries, every month, receiving the file and report via FTP Server where the details of the non-subscribed beneficiaries are identified.

The exchange of data regarding eligibility and enrollment processes between the Puerto Rico Medicaid Office, ASES and the contracted Carriers occurs daily. In Figure 4, which is provided below, the information exchange processes described in the previous subsections are presented.

Figure 4 Medicaid/ASES/Carriers Data Flow



B. Enrollment Files

ENROLLMENT FILE [CCYYMMDD.sus]
a. CC = Carrier Code
b. YY = Year
c. MM = Month
d. DD = Day
e.. sus = Identifies the file as an enrollment file. The enrollment file may contain records belonging to any of the regions contracted by the Carrier.
Notes: ✓ Files received at 9:00 am are entered in the ASES daily cycle. ✓ If a file is received after 9:00 am, it will be entered in the next day's cycle. See File Layout Attachment – Enrollment Record Layout (.sus)

ELIGIBILITY FILE [VYYMMDD.ref]
a. V = indicates that it is an eligibility file
b. YY = Year
c. MM = Month
d. DD = Day
e. ref = Indicates that it is a file containing the records of the beneficiaries' eligibility.

DATA EXPORT FILE [CCYYMMDD.exp]
b. CC = Carrier code
c. YY = Year
d. MM = Month
e. DD = Day
f. exp = Indicates that it is a file containing all the eligibility and enrollment transactions processed during the daily run. See File Layout Attachment – Carrier Eligibility File Layout (.exp)

REJECTED ENROLLMENTS FILE [*.rjc]
a. CC= Carrier Code
b. YY = Year
c. MM = Month
d. DD = Day
e. rjc= Indicates that it is a file containing the records of the beneficiaries who have been rejected.
Notes: ASES will continue to run a separate edition and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure.

C. GHP Enrollment

For an enrollment record to be accepted during the editing and validation processes, it is important to consider the following considerations regarding concepts related to the enrollment processes:

1. Effective Date of Enrollment

a. The Carrier Effective Date

Please consult Section IV of this Manual and Section 5.2.2 of the Contract for a discussion of Effective Dates of Enrollment.

b. The PCP1, PCP2 and PMG Effective Dates

In cases of new Enrollees, the PCP1, PCP2 and PMG Effective Dates will match the Eligibility Effective Date. If a change for any of the PCPs or the PMG is performed through the Carrier, the Carrier will follow the specifications described under Section 5.4 of the contract where the management of those changes is defined.

The initial assignment of a PCP2 will only be effectuated through the Carrier and it will be responsible of indicating the PCP2 Effective Date in the enrollment record. It is under consideration if during Carrier changes, an attempt to conserve the PCP2 will be made.

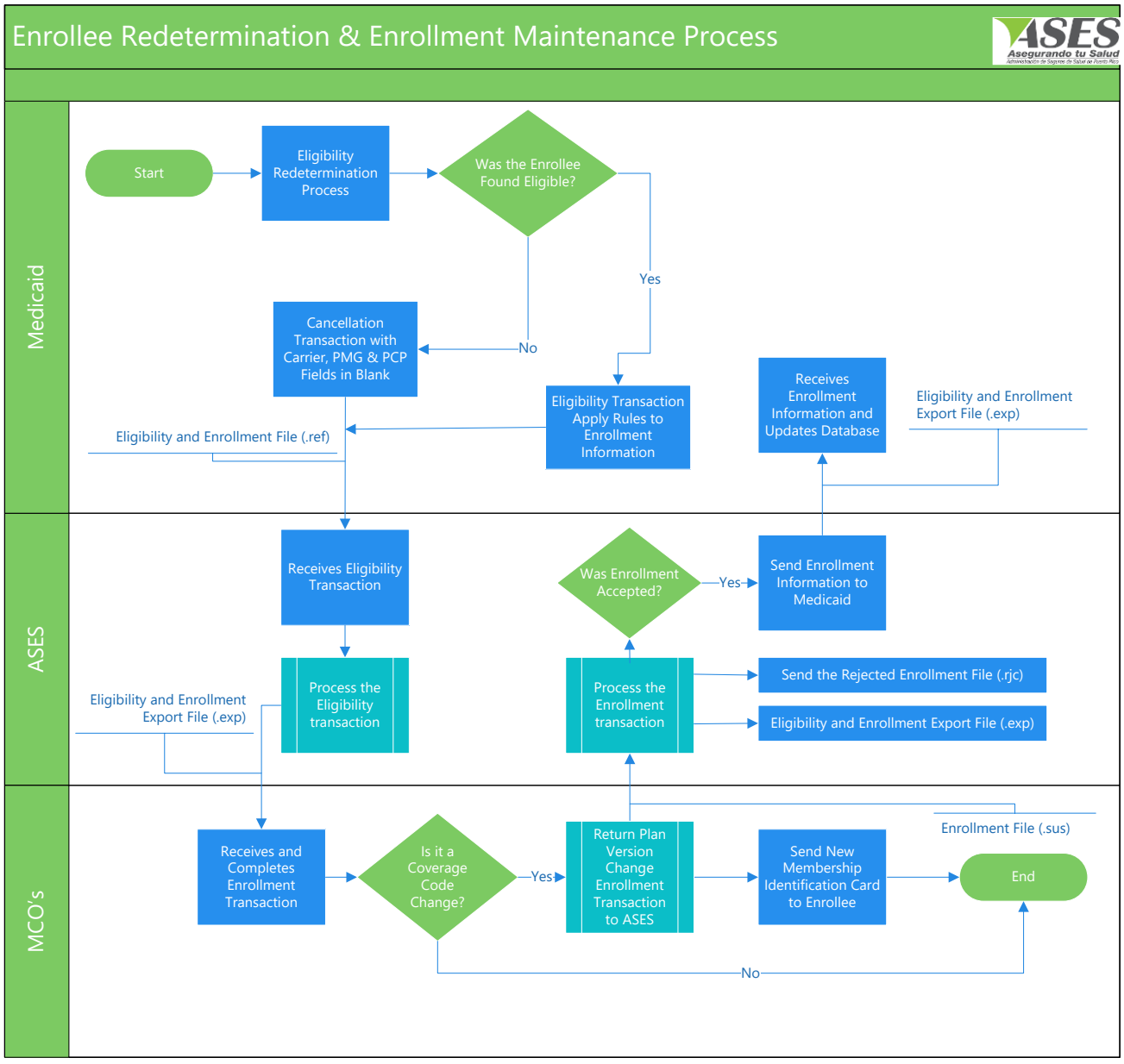
c. Plan Version/Coverage Code Effective Date

The coverage code only will change during the recertification process performed by Medicaid. When a recertification is performed, the Effective Date of Eligibility changes to that of the next period, hence the Plan Version Effective Date will match the Eligibility Effective Date.

1. Changes in Coverage Codes and Enrollment

The coverage code can only change at the recertification process or when the Enrollee requests a redetermination because the medical indigence level has changed. If at the recertification process, the coverage code of a GHP enrollee changes as described in Figure 5 below, the Carrier must send an enrollment record with the new plan version (that matches the coverage code) with the effective date of eligibility indicated by Medicaid (eligibility effective date) and send a new healthcare insurance identification card to the enrollee.

Figure 5 Enrollee Recertification & Enrollment Maintenance



2. Process Date

Regarding the daily run files (.exp) the process date is the date in which the daily run was executed. The process date in the Carrier enrollment records (.sus) corresponds to the date in which the Carrier issued the enrollee's healthcare insurance identification card.

VII. Late Enrollment Due to Delayed Eligibility

The late enrollment processes involve the processing of an enrollment in the ASES databases for retroactive eligibility periods, or for delays in the receipt of eligibility periods (for example, because of a resolution of an appeal of eligibility in favor of an enrollee). Cases in which the eligibility record arrives late from Medicaid (for example, because of a possible internal Medicaid appeal process), must be identified with the letter 'E' in the special_enroll field.

The letters "E" or "C" in the *Tran_ID* field will be included for delayed eligibility period enrollments, just like in SYSPREM cases (See Section VI).

The periods identified as delayed eligibility periods do not have a deadline for payment purposes.

VIII. Retroactive Eligibility Period Enrollment

Refer above to Section 3.E.2. In the same enrollment file, no more than one (1) enrollee may be included for the same member unless it is a subscription for a current eligibility period and one (1) to three (3) subscriptions for retroactive eligibility periods.

Each enrollment with retroactive eligibility period will be validated against the member's eligibility history. Therefore, the Carrier's effective date for each enrollment must correspond to the date of each retroactive period in ASES's member's eligibility history. Retroactive period enrollments will be labeled with the letter "T" in the *Special_enroll* field.

The letter "E" in the *Tran_ID* field will be included for retroactive eligibility period enrollments.

The periods identified as retroactive (1, 2, 3) eligibility periods do not have a deadline for payment purposes.

IX. Enrollment Record

The enrollment record that is used by Carriers to notify ASES of the enrollment of an enrollee contains a series of data that are used for the purpose of informing the details of the enrollment made and to verify their accuracy and certainty. The enrollment transaction is the Carrier's confirmation and guarantee that the enrollee has been successfully enrolled in the Carrier databases and that a GHP Welcome Package or membership card has been sent to the enrollee.

The Plan Type code for the GHP is "01". Now in which the enrollment record is generated the Plan Version is the same as the Coverage Code for the GHP Plans. Currently, ASES contracts falls under the managed care category in which it is required that each member has a designated PCP.

X. Enrollment Record Fields

The record of each enrollee's enrollment contains the following information that must be provided by the Carrier:

a. **RECORD_TYPE**–In every case, and regardless of the transaction in question, this field requires the insertion of code "E" that identifies the entry as an enrollment record for both new enrollments of beneficiaries and changes on records of beneficiaries previously enrolled.

b.**TRAN_ID** - This field allows the ASES systems to identify the action to take on the record submitted. It can contain one of the values listed below:

c. **E** = New Enrollment. This value identifies that the record is a new enrollment for an enrollee who has not been previously enrolled. It could also imply that this is a retroactive enrollment record for transactions not previously enrolled. For transactions previously enrolled, either by the same or one that is different from the previous enrollment, a "C" would be inserted.

Plan Version Change. For MCOs, this transaction code is also used when an enrollee's coverage code in the GHP changes since at the time the coverage change is identified the beneficiary is disenrolled in ASES by blanking the *card_id_date* field. Therefore, the system identifies it as a new subscription. In these cases, the Carrier must reissue a health plan ID card showing the new benefits and submit a version change enrollment record to ASES where the version number must match the new coverage code. This transaction confirms that the new insurance card was sent to the enrollee. If such information is not sent to ASES, the enrollee will remain disenrolled from the Carrier. While in these circumstances the enrollee remains eligible to receive medical services, the Carrier will remain unable to

claim premium payment for the enrollee until the required information is submitted and accepted for validation.

b. **C** = Carrier Change. Used when the enrollee has selected a different Carrier than the one in which he/she is presently enrolled. It could also identify a retroactive enrollment record in cases that are carried out by a Carrier different than that arising from the ASES database or by the same Carrier if it must make a change on a previous enrollment.

c. **I =** PMG (Primary Medical Group) Change. It is used to register, in ASES, a change in the beneficiaries' requested-PMG under the same Carrier, Plan Type and Plan Version.

   Initially the PCP/PMG will be assigned to the enrollee by the Medicaid office, ASES or the Carrier according to the enrollee's zip code (physical address) and the enrollment capacity of the PCP/PMG. If the daily files (.exp) arrived at the Carrier without a PCP/PMG assigned the Carrier must perform the auto-assignment of PCP/PMG, send the insurance card to the enrollee, and send the enrollment record to ASES containing the auto-assigned information. Then the enrollee may proceed to make changes and select a different PCP/PMG.

d. **1 = PCP1 change.** It is used to register, in ASES, a change in the beneficiaries' requested PCP1 under the same Carrier, Plan Type, Plan Version and PMG. For changes regarding the PCP1 the enrollment capacity of the PCP will be taken into consideration. The enrollee may make changes afterwards. The PCP1 Effective Date is required.

e. **2 = PCP2 change.** It is used to register, in ASES, a change in the beneficiaries' requested PCP2 under the same Carrier, Plan Type, Plan Version, PMG and PCP1. For changes regarding the PCP2 the enrollment capacity of the PCP will be taken into consideration. The enrollee may make changes afterwards. The PCP2 Effective Date is required.

f. **3 = PCP1 and PCP2 change.** It is used to register, in ASES, a change in the beneficiaries' requested PCP1 and PCP2 under the same Carrier, Plan Type, Plan Version and PMG. For changes regarding the PCP1 y PCP2 the enrollment capacity of the PCP will be taken into consideration. The enrollee may make changes afterwards. The PCP1 and Effective Dates are required.

   As we have seen, the content of the Tran_id field determines what type of transaction is going to be executed through the enrollment record sent to ASES. Some of the authorized transactions are broken down below. Table 3 below identifies the information that each change will require and states the fields that will be impacted by each one.

Table 3: Hierarchy Table

TRAN_ID	CARRIER	Plan Version	Primary Center	PCP1	PCP2
E -New Enrollment	Must be **the same** as in ASES DB	Y	Y	Y	O
C -Change Carrier	Must be **different** from ASES DB	Y	Y	Y	O
I -Change Primary Medical Group	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **different** from ASES DB	Y	O
1 -Change PCP1	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **different** from ASES DB	N
2 -Change PCP2	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **different** from ASES DB
3 -Change PCP1 & PCP2	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **the same** as in ASES DB	Must be **different** from ASES DB	Must be **different** from ASES DB

Legend:

Y = Information required for the transaction type specified.
O = Optional information.
N = Information that should not be sent for the transaction type specified.

(A) New enrollment ("E"): The system will require all fields related to the information about the Contractor, Plan Type, Plan Version, Primary Medical Group and PCP1 to be completed. The PCP2 information will remain as optional information for some cases. The Contractor will be assigned by the PRMP. The PCP/PMG will be assigned by Contractor. The Contractor will return the enrollment record with the card issue date as the process date of the enrollment after sending the GHP Welcome Package to the Enrollee.

(B) Change of Carrier ("C"): The system will require registering the name of the new Carrier and inserting information regarding the Plan Type, Plan Version, Primary Medical Group, PCP1, PCP2 (optional) and card issue date as the process date of the enrollment after sending the GHP Welcome Package to the Enrollee.

(C) Plan Version Change ("E"): The plan version change is no longer used ("V"). When there is a change of coverage code, therefore of plan version, the card id date will be blanked, and the contractor will have to send a subscription as if it were a new one to be registered as a subscriber.

(D) Primary Medical Group Change ("I"): Information regarding the Carrier, Plan Type and Plan Version must match the information contained in the ASES databases. Only new information will be sent to ASES regarding the new Primary Medical Group (PMG) that corresponds to the enrollee.

(E) Change of PCP1 ("1"): It will be necessary that the information of Carrier, Plan Type, Plan Version and Primary Medical Group provided coincide with the information contained in the ASES databases. It will be necessary to submit the new information regarding the change in PCP1 and it will not be necessary to provide information on the PCP2.

(F) Change of PCP2 ("2"): It will not be necessary to provide information about the PCP1. The only information allowed to differ with the one contained in the ASES records will be the one related to the PCP2.

(G) Change of PCP1 and PCP2 ("3"): It will be necessary to submit new information regarding the assigned PCP1 and PCP2. The information provided regarding the other fields should remain unchanged.

3. **PROCESS_DATE**–Process Date. Refers to the date on which the enrollee contracted the coverage services with the corresponding Carrier. It also refers to the date on which the Carrier processed a change in PMG, Plan Version, Plan Type or PCP.

4. **CARRIER (carrier)** –Two-digit Carrier code assigned by ASES to each of the Carriers with the purpose of identification.

~~5.~~ **MEMBER_PRIMARY_CENTER** – PMG code.

6. **FAMILY_ID** – Eleven last digits of MPI number assigned by the Medicaid Office. This is the first part of the identifier for the beneficiaries in the ASES database.

8. **MEMBER_SSN** - Social Security number of the member. It is required that this number matches with the one for the member in the ASES database.

9. **MEMBER_SUFFIX**–Two-digit number which identifies a member within a family. This is the second part of the identifier for the beneficiaries in the ASES database.

10. **EFFECTIVE_DATE**–Date in which the Carriers start providing coverage for the enrollee under the enrolled Plan or the change for which the enrollment record was submitted becomes effective. This date also refers to the date in which the PMG, PCP or Plan Version change becomes effective.

11. **PLAN_TYPE** – Plan Type code that identifies the one under which the member is enrolled. "01" is used for GHP and "02" for Platino

12. **PLAN_VERSION** – Plan version code that identifies the coverage under which the member is enrolled.

13. **MPI**- Master Patient Index. It is a unique number that identifies a member in the ASES and Puerto Rico Medicaid Office's databases.

14. **PCP1-** NPI Number. It is used to identify the PCP1 assign or selected by the beneficiaries. If a new beneficiary, the MCO assigns the PCP and PMG. If the transaction is for a change of carrier, the new MCO must maintain the enrollee in the PCP and PMG selected in the change of carrier process with the Enrollment Counselor.

15. **PCP1_EFFECTIVE_DATE**–Date in which the PCP1 assignment became effective. If there is a change of PCP1, the initial PCP1 Effective Date will be kept until the Effective Date of the PCP1 Change has been reached.

16. **PCP2**– NPI number. It is used to identify the PCP2 selected by the beneficiaries.

17. **PCP2_EFFECTIVE_DATE**–Date in which the PCP2 assignment was effective. If there is a change of PCP2, the initial PCP2 Effective Date will be kept until the Effective Date of the PCP2 Change has been reached.

18. **FAMILY PRIMARY CENTER** – This field is not currently in use.

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19. **PMG_eff_date (previous FAMILY_PRIMARY_CENTER_EFF_DATE field)** –Date in which the assignment of the enrollee's PMG became effective. This field is not currently in use.

20. **IPA_PCP_CHANGE_REASON** – This field is not currently in use.

21. **MEDICARE INDICATOR** – This field is not currently in use.

22. **HIC NUMBER**–MBI number only for dual eligible members.

23. **IPA_ESPECIAL**–A code "1" indicates that the member is assigned to a special IPA which is not the family IPA. Used for GHP enrollment.

24. **CONTRACT NUMBER**–Contract number assigned by the Carrier. It should be the number by which the member is identified in the Carriers' ID card and internally in their database.

25. **SPECIAL ENROLL**–It is used to identify:
    (1) the enrollment for **deemed newborns** that are beneficiaries of the Federal Programs by including a letter "N" in the field.
    (2) the enrollment for the case when the Puerto Rico Medicaid Office sends an eligibility record that is retroactive more than three (3) months from the date in which the record is sent to ASES and therefore to the Carrier by including a letter "E" in the field; and
    (3) the enrollment for a retroactive eligibility period by including a letter "T" in the field.

26. **Other data elements complimented by ASES** – When an enrollee's record is validated, the ASES system enters the following data in the enrollment record:

    a. **Reject Identifier** - As a result of the validations, the record could be accepted or rejected. This field contains the codes that specify the result of said validation.

    "A" = Accepted.
    "M" = Accepted Retroactively.
    "T" = Retroactive Eligibility Period Enrollment
    "R" = Rejected: Will be present only in the .rjc file.

Identifier = "A"
Identifies an accepted enrollment that will be applied on a current or future effective date. In this case, the update process moves the enrollment fields of the Carrier, Plan Type, Plan Version, PMG, and PCP to the fields intended for new enrollments in the enrollee record. Until such time as the new Effective Date is reached, the enrollee will remain under the current enrollment condition (same Carrier, Plan, Version, PMG, and PCP). During the end-of-month cycle, the new fields are moved to the current fields and the enrollment becomes effective.

Identifier = "M"
Indicates a retroactive enrollment. In these cases, Enrollment data (Carrier, Plan Type, Plan Version, PMG, and PCP) are updated directly in the enrollee's historical record.

Identifier = "T"
It identifies a successfully processed retroactive monthly enrollment (1,2,3).

Identifier "R"
In cases when an enrollment record is not successfully processed because an error has been identified, it indicates a record returned for correction.

b. **Record Key** – Internal number assigned by the ASES system.

c. **Error Codes one (1) to ten (10) – See Addendum 2 Error Codes Table.**

27. **Update Date** – Date for which the validation is run. Corresponds to the date of the daily cycle the validation run was a part of.

28. **Update User** – ASES internal user code.

29. **PMG Tax ID** – Include PMG Tax ID

30. **Data Source** – Will always contain "MO" to denote the enrollment comes from a Carrier.

Note:
It is up to the Carriers to process the enrollment records corresponding to the months prior to November 1, 2018, under the region model. This includes the retroactive eligibility periods (1,2,3 and late eligibility periods).

XI. Rejection of an Enrollment Record

An enrollment record related to any type of enrollment, modification or update transaction could be rejected if it does not pass the validation tests at the ASES systems. As mentioned above, rejected enrollments are sent daily to Carriers in a file (.rjc) that includes error codes for records that have not successfully passed the validation process. Carriers must correct identified errors and resubmit the corrected records to ASES with the next file submission, meaning the next business day. For the adequate correction of these errors please refer to the Error Codes Table in **Addendum 2**.

XII. Rejected Enrollment Management

The daily process of Carriers in relation to rejected enrollments should include:

(1) **Receipt** of rejected enrollment records.
(2) **Evaluation** of rejection codes received.
(3) **Identification** of situations in which rejection is not clear for consultation with ASES.
(4) **Timely** correction of identified errors.
(5) **Transfer** of the corrected records to ASES in a 24-hour period.

VII. ERROR CODES TABLE

The following table contains the error codes produced by the validation program. Additional descriptions and possible corrective actions have been included to assist in the correction process. **See Addendum 3 Error Codes Table.**

VIII. GHP DISENROLLMENT (CANCELLATION/TERMINATION OF ELIGIBILITY)

A. Disenrollment from the GHP

The process of a disenrollment from the GHP occurs when the Puerto Rico Medicaid Office determines that an enrollee is no longer eligible for GHP.

A GHP disenrollment occurs when the Puerto Rico Medicaid Office determines that (1) an enrollee has lost eligibility to receive medical services coverage under the GHP; (2) the eligibility period granted by the Puerto Rico Medicaid Office has expired and other reasons specified in Table 5 below:

Table 5: Cancellations Code & Cases Description

Cancellation Code	Cancellation Description
‘ ‘	Not Cancelled
06	Change in Family Composition
07	Income Changes
08	Death of the enrollee
09	Moving Out of State
10	Incarceration of the enrollee
13	Enrollee Found Not Eligible
30	Other Reasons
31	Voluntary Closing

Medicaid will notify the eligibility cancellation to ASES, and ASES will notify the Carrier of the cancellation. Such notification shall be effectuated by means of a daily transfer of the daily process Export (.exp) files to the Carrier together with records containing information on new beneficiaries to be enrolled. A letter "I" in the Tran_Id field identifies the cancellation records in the daily process Export (.exp) files.

B. GHP Disenrollment Effective Date

The Puerto Rico Medicaid Office is the only institution authorized to perform the disenrollment of the eligibility of an enrollee. This date is indicated by PRPM any day of the month in the Medicaid Cancellation Date field.

The effective date of such cancellations will be determined by the Puerto Rico Medicaid Office and expressed in the Medicaid Cancellation Date field. For said reason cancellations received any day of the month should have a value in the field Medicaid_Cancellation_Date.

IX. CARRIER DISENROLLMENT

A. Disenrollment Initiated by the Enrollee

All Enrollees must be notified at least annually of their disenrollment rights as set forth in Section 5.3 of the Contract and 42 CFR 438.56. Such notification must clearly explain the process for exercising this disenrollment right, as well as the coverage alternatives available to the Enrollee based on their specific circumstance.

An Enrollee wishing to make a change of carrier should contact the Enrollment Counselor. The enrollment counselor sends ASES the change notification and ASES notifies the new Carrier and the previous Carrier. This change of carrier outside of the Open Enrollment Period must be justified.

An Enrollee may request Disenrollment from the Carrier's Plan without cause once during the applicable Open Enrollment Period in accordance with Section 5.2.5.

Transition of Care Process (TOC)

In these case in which the Enrollee changes Carriers, the Carrier that loses the Enrollee will be required to complete the Transition of Care information. It must be completed monthly. The layouts and SOP of this process that included in **Addendum 9.**

In addition, ASES will send to the new Carrier the historical claims/encounters of enrollee. El layout of historical claims is in **Addendum 9**.

An Enrollee may request Disenrollment from the Carrier's Plan for cause at any time, pursuant to Section 5.3.5.4 of the Contract.

B. Effective Date of Temporary Payment Suspension

For programmatic purposes of the ASES Information Systems Office, this Effective Date of Temporary Payment Suspension refers to the day on which premium payments are suspended for an Enrollee. This temporary suspension takes place in those cases in which the Puerto Rico Medicaid Office has sent a change of coverage code for an Enrollee and the Carrier has not submitted an enrollment with the new plan version related to the change of coverage. During this process the Card Issue Date field is left blank, but the enrollee keeps being eligible and enrolled with the Carrier.

Although in cases of Temporary Payment Suspension the eligibility period will continue for the beneficiaries on behalf of whom the PRMP has sent a change of coverage code for an enrollee and the Contractor has not submitted an enrollment with the new plan version related to the change of coverage, the premium payment cannot be processed until a new enrollee enrollment is sent by the Contractor with the information of the new plan version related to the change of coverage. Once the new plan version is received, premium payments will resume, subject to section 5.3.10 of the Contract.

X. CARRIERS RESPONSIBILITIES IN THE ENROLLMENT PROCESS

In summary, as part of the enrollment process, it will be the responsibility of the Carriers to ensure compliance with the duties described in Table 6 below.

Table 6: Enrollment Transaction Carriers Responsibilities

Change or Modification	Action Required
1. Transfer of Daily Eligibility Files.	Daily Update of Eligibility Files in the Carrier's databases.
2. New Enrollments.	GHP Carriers should start the enrollment process with the enrollee and verify each of the enrollments made including the enrollment of newborns (N) and late eligibility cases. They must also enroll beneficiaries who have an Effective Date prior to a cancellation period.
3. Carrier Change.	When an enrollee requests a Carrier change through Puerto Rico Medicaid Office, ASES or the Counselor, the ASES system will produce update record containing the new Carrier and that record will be sent to both the new and the previous Carrier. The previous Carrier should disaffiliate the member in its databases, and the new Carrier should perform the PMG/PCP Auto Assignment and the enrollment process with ASES.
4. Changes to the enrollment data. (Change of Plan Version, PMG and/or PCP).	Identify beneficiaries who have changed Plan Version, PMG and/or PCP (1 or 2) and notify these changes. The Carrier's system must be updated in accordance with these modifications as failure to do so may lead to the rejection of the enrollment record in future transactions or to the Disenrollment of the enrollee from the Carrier
5. Change in the demographic data of an enrollee. This information is received from the Puerto Rico Medicaid Office but does not cause a change in the enrollment.	The Carrier must update the enrollee's record with the new data in its database. If the enrollee informs the Carrier of an address and/or phone change, a recommendation should be made to the enrollee to notify of the change to the PRMP to keep the data up to date.
6. Rejected Records	Correct the rejected records and resend them to ASES within the time indicated by the contract in section 5.3.10
7. Cancellation of Enrollee: Only the Puerto Rico Medicaid Office may cancel the eligibility of an enrollee, having the effect that until such notice of Puerto Rico Medicaid Office is received the enrollee will remain active in the databases of both ASES and the Carriers even when the period of eligibility granted has expired.	Identify the cases of beneficiaries with canceled or denied coverage and act about these, as they are the only beneficiaries to whom services may be denied.

8. Temporary Suspension	Carriers should identify when a record received has a different coverage code than is recorded in their databases. In these cases, Carriers must assess whether the new coverage code requires the enrollee to be enrolled in a different "Plan Version". If so, they must re-enroll these beneficiaries under the new "Plan Version" to correspond with the new coverage code. Subsequently, a change of "Plan Version" must be sent to ASES before the end of the current month. Beneficiaries who are not registered with a "Plan Version" that corresponds with the coverage code will be suspended from premium payments (blanks will be included in the Card Issue Date field) until corrected, subject to Section 5.3.10.

Check addendum 3, the changes to be considered as of July 31, 2022, and January 2023

XI. PREMIUM PAYMENTS

The premium payment system operates under the concept that premiums are calculated and paid only in relation to beneficiaries who are already enrolled before the first day of the month to which the payment corresponds. Beneficiaries enrolled after that date will be considered for the next payment of the corresponding premium.

On a monthly basis, the system performs an automatic execution of payment in which the payment that corresponds to each one of the Carriers is calculated using the Member Assigned Rate Cell ID as described in Addendum 4 below according to the beneficiaries that are enrolled in the ASES databases.

The premium paid for each enrollee will depend on his or her rate cell classification. ASES actuaries are responsible for providing the definition and the methodology for the application of the rate cells.

As a result of actuarial studies, each rate cell has a premium assigned to it.

Premium payments will be made on the first day of the month following the acceptance of the enrollment record by ASES. The premium to pay is based on rate cell assign. ASES is not obligated to pay premiums for beneficiaries who are not duly enrolled according to ASES's databases nor for beneficiaries whose records contain transactions that have been rejected in the ASES databases and have not been corrected within the periods established by contract.

The payment system calculates several payment categories as listed below:

A. Types of Payments

1. Monthly Payments

In this case the system produces a payment for those beneficiaries whose enrollment has already taken effect before the first day of the month for which the payment transaction is executed. The execution of premium payment is run on the first day of the month.

2. Prorated Payments

Prorated payments are usually calculated for beneficiaries of the GHP funded solely through state funds (State) who have been enrolled at some point in a month prior to the month in which the premium payments are to be made. The payment in these cases will satisfy a portion of the month and not a month in its entirety. Under the state funded GHP a daily prorated premium is calculated for the first premium payment from the certification date of the enrollment that falls on that previous month. In contrast, with the federal coverage the first premium payment is effectuated for the entire month in which the enrollee is eligible.

However, prorated payments are generated for all the beneficiaries that Puerto Rico Medicaid Office cancels during the month for different reasons. In these cases, as the payment would have been done already in advance, an adjustment would be done according to the cancellation date provided by Puerto Rico Medicaid Office. Also, newborns that are not classified as deemed newborns and that are evaluated as any other federal coverage will have prorated payments for the first month from the date of birth.

Other reason for prorate payment is the special adjustment for deceased, cancelation during the month. (e.g., PARIS file members matched, volunteers, etc.)

3. Retroactive Payments

These payments are calculated when the Effective Date of the Enrollment falls on a period prior to the month for which the premium payment process is being executed. In other words, this type of payment is executed when payments are identified corresponding to months prior to the month in which a premium payment is made. The retroactive payments will be computed based on the Enrollment Effective Date. The system will process the premiums for enrolled beneficiaries with an Effective Date prior to the payment date in the case of monthly premiums or prorated premiums that have not been previously paid within the time limits for retroactive payments. Retroactive payments may result in an adjusted payment if they are the result of a Carrier's cancellation of a previous enrollment or Carrier change.

Premiums are paid retroactively when a Carrier has submitted a late enrollment. Late enrollments could be produced for any of the following reasons: (1) the enrollee has been identified as a deemed newborn (in the second letter of the group code ='N); (2) Medicaid has provided a late eligibility record (3) processing of the records rejected by the ASES System for any of the reasons described in the Table of Errors. Refer to Attachment 9 Enrollment Error Codes.

Deemed Newborns born to a Medicaid-eligible mother shall be provided coverage from the date of birth. The Medicaid identification number of the mother serves as the child's identification number, and all claims for covered services provided to the child may be submitted and paid under such number, unless and until the child is certified eligible by the PRMP. Babies identified as deemed newborns must be identified with the letter 'N' in the *special enroll* field provided in the enrollment record.

The Medicaid Late Eligibility Cases are the cases that the Puerto Rico Medicaid Office sent late (with more than three (3) months from the date of the certification) for a variety of reasons. These cases must be identified by the Carrier in the enrollment record with the letter 'E' in the special_enroll field.

Correction of Enrollment Errors: these are the cases in which the Carriers must correct, repeatedly, the enrollment records that have been rejected by the ASES system. These records must be corrected in a maximum period of 2 business days.

4. Prorated Retroactive Payments

Prorated retroactive payments are calculated considering the cases in which the Enrollment Effective Date falls in the first month considered for a retroactive payment. These are partial payments for the first month of the beneficiaries' eligibility period. These types of payments are used for beneficiaries with Commonwealth coverage funded by the GHP, considered newborns.

5. Adjustments

A payment adjustment is calculated when there is a need to reverse a payment that was awarded to a Carrier during a previous premium payment process. It occurs when, as a result of a retroactive payment calculation, a payment made in relation to the same enrollee is identified within the same period that has been affected under a Carrier change or Plan Version change. The adjustments are calculated for those cases where an enrollee changes Carrier and the Carrier executed a late enrollment after ASES had disbursed payment to the first Carrier in a previous payment transaction. In these cases, an adjustment of premium paid to the first Carrier is made.

6. Special Adjustments

Generally, the special adjustments are carried out as a result of internal audit processes that reveal that a wrongly adjudicated payment (like for example, deceased beneficiaries, duplicate payments, PARIS eligibility match, etc.) must be reverted or that, on the contrary, an omitted payment must be adjudicated. For this type of adjustment, the Contractor will receive a list of transactions in which they can identify the type of adjustment (for example: a deceased), the adjusted months and the amount adjusted. Other adjustments that can be made as part of the premium payment process are changes of rate cells and process reconciliation (**See Objection of Payment Process (OTP) on Addendum 6**). The adjustment codes are included in the 820 files.

Table 8: Adjustment type Table

Adjustment Code	Adjustment Description
1	Duplicate Pay
2	Deceased
4	COB
5	Rate Adjustment
6	Reverse Adjustment
7	Fix Rate
8	Full Month Adjustment
9	Newborn
10	Ineligible
11	Special Reconciliation
12	Rate Cell
13	Maternity Kick Payment
14	Reconciliation Vital

B. ASES Reasons for not Executing a Premium Payment

A premium payment will not be executed in favor of a Carrier in the following circumstances:

(1) If the enrollee is not enrolled in the ASES databases before the first day of the month for which the payment transaction is being executed.
(2) If the enrollment had been rejected by ASES and a new enrollment was not submitted by the Carrier with the relevant corrections
(3) If ASES eligibility data demonstrates that the enrollee had a disenrollment (blank Card Issue Date), eligibility cancellation or changed the Carrier.
(4) If for late enrollment.

C. EDI 820 Payment File

The reconciliation process carried out between ASES and the Carriers in relation to the payment of premiums must consider the content of the EDI 820 files. This file is produced monthly by region, Carrier, and Plan Type. It includes details of the types of payment that correspond to each of the beneficiaries assigned to the Carriers contracted for the month in question. Refer to **Addendum 4, *.820 Premium Payment File Layout.**

In this file, a distinction is not made about if the payment corresponds to an adjustment from a regular premium payment process or a special adjustment. Thus, in cases when special adjustments proceed, ASES will provide a separated file for the special adjustments to the Carrier. The file name is described below.

Maternity Payments are included in this file.

Premium Payment Transactions [PCC0YYMM0000.820]
a. P = Identify Premium Payment
b. CC = Carrier code
c. 99 = plan type (Reform 01, Platino 02)
d. YY = Year
e. MM = Month
f. 0000 = IPA Direct Contract
g. .820 = Indicates that it is a file containing all premium payment transactions processed monthly run.
Note: Attachment 9, Premium Payment Detail 820 File Layout

XII. SYSPREM: ENROLLMENT IN HISTORICAL DATA

Generally, enrollments are applied to the current eligibility data contained in the ASES databases. The eligibility period starts from the first notification of eligibility in ASES, as the first record received about an enrollee or after a cancellation period in cases of beneficiaries who have been canceled and then re-certified and extends until a cancellation related to said eligibility is received from Puerto Rico Medicaid Office.

At any time, the status of the Enrollee may change. If the Enrollee's status changes before a Carrier send an enrollment on time or a record is not corrected in a timely manner, the Enrollee's enrollment data will remain unregistered in the ASES databases, which will prevent the processing of the corresponding premium payment. This is since the payment system does not make premium payments for beneficiaries who are not enrolled now in which it corresponds to process the premium payment. As an example, in these cases, if an Enrollee is canceled or is enrolled by a second Carrier, the first

Carrier will be prevented, during the validation phase of the system, from enrolling the enrollee in a period before the cancellation or the enrollment from the second Carrier. The main function of SYSPREM will be to allow the registration of the Enrollee's enrollment in historical data in those cases that cannot be processed as current enrollments.

A. SYSPREM Functionality

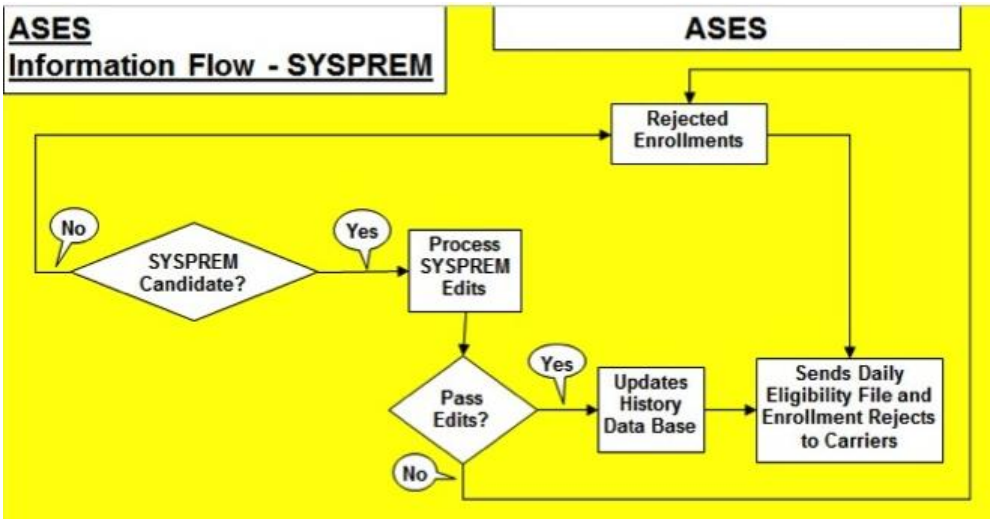
Among the main functions of this system is the identification of enrollment records that are candidates for processing in historical data because they are enrollments that do not correspond to a current period of eligibility or current status.

B. Carriers Eligibility File

The Carrier's daily eligibility file will include enrollee information updated in historical data by the SYSPREM subsystem. In these transactions, the Tran_id field will contain an "H" to identify the historical data. Carriers must identify this type of transaction without affecting the current data when processing the eligibility file. Once a transaction is received, which must be processed through SYSPREM, a process of verification and validation of the information that is contained in the record is carried out. Once the validation tests have been passed, the record, in the database, containing the information corresponding to historical transactions is updated. Those records that do not successfully complete the verification processes will be sent in a file of rejected enrollments to the corresponding Carrier for correction.

The Figure 2 below shows the validation process performed for the purpose of processing a candidate record for SYSPREM.

Figure 5: Validation Process under SYSPREM



C. Premium Payments for SYSPREM

The run for the monthly premium payment will include all SYSPREM records that have been processed during the previous month. The payment for these transactions is calculated based on monthly periods from the Enrollment Effective Date of the SYSPREM to:

(1) The month in which the enrollee was enrolled with a different Carrier,
(2) The month in which the enrollee is cancelled or
(3) Until the date of current billing.

D. SYSPREM Error Codes

The following is a breakdown of the Error Codes that will trigger an evaluation under SYSPREM:

Table 8: Primary Error Codes for SYSPREM

SYSPREM Classification Validation Code	Data Sources
107	MA, MO
280	MA, MO
177	MA, MO

Table 9: Secondary Error Codes for SYSPREM

SYSPREM Allowed Validation Code	Data Sources
222	MA, MO
223	MA, MO
053	MA
054	MA, MO
211	MA, MO

The following is a breakdown of the Error Codes that could appear during an evaluation under SYSPREM:

Table 10: SYSPREM Error Codes

Code	New Error Codes Description
996	Sysprem record successfully inserted in history.
980	The Process Date of the enrollment record must be greater than the Process Date of the previous enrollment record for the enrollee who appears previously enrolled for the month corresponding to the Effective Date of the enrollment.
981	The enrollee must not have beneficiaries of his family with errors not acceptable by SYSPREM in the same enrollment file.
982	The enrollment record must not have an Effective Date prior to 01/01/2006.

983	Enrolled in history for the Effective Date of the enrollment record.
984	It is a New Enrollment; the Effective Date is not first of the month and the enrollee is already subscribed in another Carrier at the Effective Date specified.
985	It is a New Enrollment, and the Effective Date should be at least as recent as the enrollee's Certification Date at the specified Effective Date.
986	For SYSPREM processing, the Enrollment Effective Date should be before the Effective Date of the current enrolled record at the ASES databases.

In summary, SYSPREM will process and/or enroll transactions in history in those cases in which the enrollment cannot be applied to current data or to current periods of eligibility. Some beneficiaries will not appear as enrolled in history because they are not eligible for the Effective Date or because they are enrolled with a different Carrier. Carriers need to evaluate the cases rejected by SYSPREM in

order to identify errors in the assigned Effective Date and the correctness of the beneficiaries' data included in the enrollment record.

Check addendum 4 the changes to be considered as of July 31, 2022, and January 2023

ADDENDUM

1. Notice of Decision
2. Carrier Eligibility File
3. Enrollment Record File
4. *.820 Premium Payment File Layout
5. Member Rate Cell Process
6. MCO Objection of Payments
7. CARRIER to ASES ver 4.1C_rev.20220607
8. Coordination Of Benefits (COB)
9. Transition Of Care

XIII. APPROVALS

Revision Sheet

_____ **Date:** _____

Rafael L. Vazquez Paniagua
Oficial Principal de Informática