

# Carrier to ASES Data Submissions

## New File Layouts

### Version 4.1C

February 21, 2023



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MedInsight@asespr.org



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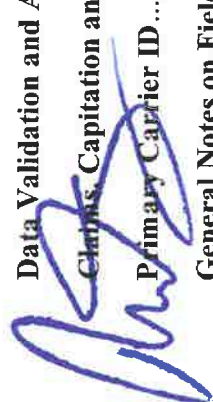
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**Version Changes**

**Version 3.0A**

ASES file layouts ver. 3.0A for submission by Carriers for data generated from July 2018 forward

**CAPITATION Input File Layout**

CAPITATION TYPE field was modified.

**PROVIDER Input File Layout**

The descriptions for the provider address fields was changed to specify that it refers to the provider's physical address.  
New fields added to the layout.

**CLAIMSERVICES Input File Layout - Added**

New fields added to the layout.

**Data Validation and Auditing Change**

New section regarding data validation and auditing added.

**Version 3.0A rev3**

**Provider, Network, and IPA Files Layout**

Frequency of Provider, Network, and IPA files changed from monthly to weekly.

Content of Provider, Network, and IPA files changed from only those entities that are present in claims to all active records.

**CLAIMSERVICES Input File Layout**

PLAN TYPE field and PLAN VERSION LIST were modified.

**Version 3.0A rev4**

Content of Provider and Network files changed from all active records to all active records, and "Out of Network" providers present in claims.

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**Version 3.0A rev5**

Provider and Network files descriptions and/or validation rules were changed for required fields that are unavailable for “Out of Network” providers.

**Version 4.0B**

Additional Provider and Network files content requirements were added, for required fields that are unavailable for “Out of Network” providers.  
New descriptions and/or validation rules were added to the CLAIMSERVICES Input File Layout, applicable to GHIP and Government Employee Carriers.  
CARRIER CODES, PLAN VERSION LIST and Place of Service Codes were modified.

**Version 4.0C**

Claims Transaction Handling requirements were modified for reversals and adjustments.  
Data File Naming Conventions requirements were modified.  
Provider and Network files descriptions and/or validation rules were changed for required fields that are unavailable for providers/groups that do not qualify for an NPI.  
Encounter Lag Reports requirements were added.  
Capitation Adjustments specifications and Capitation Input File Layout fields were modified.  
CLAIMSERVICES Input File Layout new field added, and field description was modified.  
ATTACHMENT II - CARRIER CODES – updated  
Descriptions and/or validation rules of the Municipality and Region fields were added, for Outside of Puerto Rico.



**Version 4.1C**

Descriptions and/or validation rules were added to the CLAIMSERVICES and Capitation Input File Layouts, to the Plan Type related fields, applicable to Government Employee Carriers.  
Descriptions and/or validation rules were added to the CLAIMSERVICES, to the Primary Center field, applicable to claims for Plan Version 970.  
ATTACHMENT IV - PLACE OF SERVICE CODES – updated  
ATTACHMENT VI – PLAN VERSION LIST – updated

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**IPA Code Deliverable Data Format at IPA, CAPITATION and NETWORK Input File Layouts were changed.**  
**Specialty and Specialty Code fields at NETWORK Input File Layouts were changed.**



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## Introduction

The island of Puerto Rico's Medicaid program, the Government Health Plan (GHP) was established in 1993 with the passing of Law 72. Through Law 72, the program to administer the Medicaid program for roughly 1.3 Milliman people, the Administración de Seguros de Salud (ASES) was established. In order to continuously review health care utilization, expenditures, and performance in Puerto Rico and to enhance the ability of ASES to make informed and cost-effective health care choices, ASES has partnered with Milliman, Inc. to provide ASES with a data warehouse and analytics system. ASES has been capturing data from its managed care health carriers for many years to populate in the data warehouse and other systems. This layout document provides health insurance carriers information to submit their health care claims, network, provider, IPA, and capitation data to ASES.

## Claims Transaction Handling

**All Claims files are to be submitted on a monthly basis, for all Claims PAID in the month of the file submitted.** All adjustments of an adjudicated claim line are accepted in the CLAIMSERVICES file. Do not send claims that are in an open status, such as pending claims, held, rejected, or pre-adjudicated claims. Claims reversals and adjustments happen as follows:

### Paid or Denied FFS Claims

Individual service lines are adjusted or reversed at the line level with additional adjustment services marked with a claim line status code of 'A' or 'R', while the original claim has a status code of 'P' for paid, 'D' for denied claims, or 'E' for encounter claims. The adjusted or reversed service:  
- must include the claim id of the original claim to be adjusted or reversed, at the field named Original Claim Id Number, and  
- may have the same claim ID and line number or a different claim ID and line number.

### Encounter Claims

Claims representing encounters have no allowed or paid amounts and are therefore not able to be adjusted monetarily. If an encounter needs to be updated to change any of the fields of the encounter, the adjusting claim must have a claim line status code (sv\_stat field) of 'E' and the claim ID and service line number must be the same as the encounter being adjusted. Our process will remove the original encounter so that duplicate encounters will not be counted in the data.

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- On the other hand, if an encounter needs to be submitted as a Fee For Service claim the carrier must:
- reverse the original service, by submitting the reversal with a claim line status code of 'R' and the same values as the original claim for the following fields: claim ID, service line number and Original Claim Id Number
  - submit a new Fee for Service claim record, that may have the same claim ID and line number or a different claim ID and line number.

### Provider, IPA and Network Files

The Provider, IPA, and Network files are to be submitted weekly, every Wednesday and must include the latest available data from the day prior to the submission date. For each weekly submission within a given month, keep the same file naming convention, but increment the sequence number, starting with 0, then 1, 2, 3.

The IPA file shall include every IPA that is active in your system. The PRV and NET files shall include every Provider and Network record that is active in the carrier's and/or sub-contractor's system, and "Out of Network" providers associated with currently submitted claim records. In addition, the IPA and Provider files shall include the IPA and providers associated with currently submitted capitation records. ASES will be using this data to keep a current complete list of available Providers and IPAs.

The Provider and Network files must include:

- all "In Network" providers directly contracted or sub-contracted with the carrier,
- any "Out of Network" providers included on the CLM file,
- all providers included on the CAP file (only applicable for the Provider File and excluding PMGs).

For "Out of Network" provider records, the carrier's will report as much information as available on their systems. The carrier shall submit "Out of Network" provider records with a contract effective date equal to '99991231'. For any required fields for which the carrier does not have valid information, the fields must be left blank.

ASES is requesting that provider NPIs are to always be used as the PROV\_ID in order to assist in provider attribution and reporting across all Carriers. ASES will not accept the carrier's own provider id as the provider ID for medical claim, unless the carrier presents a valid reason for not using NPI's. Consequently, for providers that don't qualify to obtain an NPI by the nature of its business, the carrier may submit the Tax Id of the provider as the PROV\_ID to which the capitation payment is made. The carrier will have to present an official notification to ASES of every provider that was reported with a Tax Id in lieu of an NPI.

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For pharmacy claims only

For pharmacy providers, only the NPI number will be accepted as the provider ID. Carriers must include pharmacy providers in their provider files sent to ASES and the IDs must be consistent within the carriers' claims.

### Capitation Files

**All Capitation files are to be submitted on a monthly basis, for all Capitation PAID in the month of the file submitted.** The amount to be reported on capitation records must represent any costs associated with providing services which are not reported in claims and encounters. This may come from formal contracts with providers such as HCO/PCPs, or any other financial arrangement or allocation of costs.

The cap\_amount field should represent a calculation which includes the earned capitation for the period for each member. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves should not be included in the calculation.

The gross\_cap\_amount field should represent a calculation that includes the earned capitation for the period for each member (not the group average).

The net\_cap\_amount field should represent a calculation which includes the earned capitation for the period for each member (gross\_cap\_amount) less claims paid amounts, if any, chargeable against the provider risk. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves should not be included in the calculation.

Capitation records shall be provided for all members enrolled in the PMG's regardless of their risk coverage. The risk coverage type will be identified with a new risk type field.

### Capitation Adjustments

There may be circumstances in which capitation payments which have already been reported, need to be adjusted or reversed in a later month. To accomplish this, the Capitation records will behave differently than Claims and Services. The carrier will send a new record



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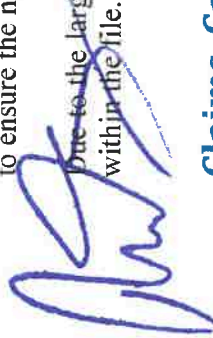
for the provider / member / experience date with the amount(s) to be added or subtracted from the previously reported amount(s), specifically for the following fields: Capitation Amount, Gross Capitation Amount, Net Capitation Amount, Capitation Days and Capitation Percent. If a capitation of \$10.00 is to be reversed then the new record should contain the same information as the original but with a new Capitation Date, a Capitation Amount of -\$10.00, and the corresponding adjustments to the Gross Capitation Amount, Net Capitation Amount, Capitation Days and Capitation Percent fields as well. Inside MedInsight the capitation for that Provider / Member for that particular date will be the aggregate of all the records and this example will result in \$0.00.

Note that, as Capitation net amounts for any particular record may be negative, a reversal in such a case would be a positive amount.

### Data Validation and Audit Process

After the files are loaded, Milliman will employ an automated validation process, File Field and Quality Checks (FFQC), to ensure that the format and content of each submitted file is valid and complete. Monthly files that do not pass the reconciliation process and the data audit process will be rejected. Load threshold levels for individual data elements submitted are validated against those pre-established levels defined by ASES and Milliman.

Failure to conform to any of the submission requirements will result in the rejection and return of the applicable data file(s). No records from such a file will be retained in the system and the carrier will be required to re-submit the rejected file in its entirety before the next month's files become due. Such re-submitted files must be carefully named using the sequence number part of the naming convention to ensure the name is distinct from the rejected file and is named in the correct order.



~~Due to the large amount and complexity of the data processed, it is more efficient to resubmit an entire file rather than to correct data within the file. Partial replacement files or record specific corrections will not be accepted.~~

### Claims, Capitation and Encounter Lag Reports

Carriers are required to submit encounter, claims and capitation payment reports, called lag reports, on a monthly basis. These reports will be used to reconcile the data submitted. Claims and capitation data that do not match the lag reports on paid amount, and/or encounter claims data that do not match the lag reports on record counts within a reasonable percentage will be deemed invalid and must be corrected.



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The claims and capitation lag reports submitted by the carrier will be considered to be financially accurate and may be used for other purposes, including negotiations or other financial analyses. Therefore, it is in the carrier's best interests to produce lag reports that are either from another source that the actual files that are submitted, or to verify that the lag reports tie to financial reports.

The required claims lag reports need to be an Excel file with the following characteristics:

1. Claims paid amounts by:
  - a. Region code of member as defined by ASES,
  - b. Incurred month with deliverable data format YYYYMM,
  - c. Paid month with deliverable data format YYYYMM, and
2. Claim type for claims, where can be filled in with one of the following default values: Medical, Pharmacy and Dental.
3. The report must include at least all paid and incurred months going back 2 full years prior to the month the report is run.
4. Naming of the claims lag reports should be as follows:

CLAIMLAG\_ccymmms.xls(x)

Where:

- Characters 1-9 Always "CLAIMLAG"
- Characters 10-11 cc = Carrier Code (See attachment II)
- Characters 12-13 yy = Last two digits of year
- Characters 14-15 mm = Month – last full paid month in the lags.
- Character 16 s = sequence number of file submission.
- Character 17 Always "."
- Characters 18-20(21) Extension code for excel file, can be xls or xlsx depending on Excel version.

An example of how the claims lag report data should look for claims is as follows:

<u>Claim Type</u>	<u>Region</u>	<u>Incurred Month</u>	<u>Paid Month</u>	<u>Paid Amount</u>
Medical	East	201801	201801	50,823.43
Medical	South	201801	201802	45,534.00
Medical	North	201801	201803	986,796.36

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Pharmacy	East	201801	201801	686.89
Pharmacy	South	201801	201802	2,342.22
Dental	North	201801	201803	780,989.16
...	...	...	...	...

The required capitation lag reports need to be an Excel file with the following characteristics:

1. Capitation paid amounts by:
  - a. Region code of member as defined by ASES,
  - b. Capitation experience month (period for which the capitation payment applies) with deliverable data format YYYYMM,
2. Paid month with deliverable data format YYYYMM.
3. The report must include at least all paid and experience months going back 2 full years prior to the month the report is run.
4. Naming of the capitation lag reports should be as follows:

CAPLAG\_ccyyymmms.xls(x)

Where:

- Characters 1-7 Always "CAPLAG\_"
- Characters 8-9 cc = Carrier Code (See attachment II)
- Characters 10-11 yy = Last two digits of year
- Characters 12-13 mm = Month – last full paid month in the lags.
- Character 14 s = sequence number of file submission.
- Character 15 Always "."
- Characters 16-18(19) Extension code for excel file, can be xls or.xlsx depending on Excel version.

An example of how the capitation lag report data should look for claims is as follows:

<u>Region</u>	<u>Incurred Month</u>	<u>Paid Month</u>	<u>Capitation Paid Amount</u>
East	201801	201801	5,023.43
South	201801	201802	4,534.00
North	201801	201803	98,796.36
East	201801	201801	66.89

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South	201801	201802	242.22
North	201801	201803	70,989.16
...	...	...	...

The required encounter claims lag reports need to be an Excel file with the following characteristics:

1. Count of Claims records representing encounters by:
  - a. Region code of member as defined by ASES,
  - b. Incurred month with deliverable data format YYYYMM,
  - c. Paid month with deliverable data format YYYYMM,
2. Claim type for claims, where can be filled in with one of the following default values: Medical, Pharmacy and Dental.
3. The report must include at least all paid and incurred months going back 2 full years prior to the month the report is run.
4. Naming of the claims lag reports should be as follows:

ENCOUNTERLAG\_ccyyymmms.xls(x)

Where:

- Characters 1-13 Always "ENCOUNTERLAG\_"
- Characters 14-15 cc = Carrier Code (See attachment II)
- Characters 16-17 yy = Last two digits of year
- Characters 18-19 mm = Month – last full paid month in the lag.
- Character 20 s = sequence number of file submission.
- Character 21 Always "."
- Characters 22-24(25) Extension code for excel file, can be xls orxlsx depending on Excel version.



An example of how the encounter claims lag report data should look for claims is as follows:

Claim Type	Region	Incurred Month	Paid Month	Encounters Count
Medical	East	201801	201801	5,000
Medical	South	201801	201802	24,200
Medical	North	201801	201803	7,654
...	...	...	...	...
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## Primary Carrier ID

The *Primary Carrier ID* field in the ClaimServices Input File Layout identifies the entity (MBHO, Sub Contractor Entity, or TPA) which provides services to the enrollees throughout a special or capitated financial arrangement. Another field called *Carrier ID* field contains the ID of the carrier directly contracted with ASES and the one generating the ClaimServices Input File. The ClaimServices Input File will contain the same value in the *Carrier ID* and *Primary Carrier ID* fields when the carrier generating the ClaimServices Input File is the carrier providing services to the enrollees. If this entity does not have an assigned carrier ID from ASES, the *Primary Carrier ID* can be filled in with one of the following 4 default values that represents the type of entity:

- MH – Mental Health
- VS – Vision
- DN – Dental
- OT – Other/Unknown

## General Notes on Field Level Requirements

*Date Fields* - All date fields in the following data layout are defined to the same size and format as YYYYMMDD. An 8 byte field where YYYY = 4 digit year, MM = 2 digit month and DD = 2 digit day. 1 digit month and day values must always have the leading zero (0). Date fields must contain a valid date with months between 01 and 12 and days between 01 and maximum day in month. July 1, 2006 will be coded as 20060701.

*Amount Fields* - All amount fields representing money must be numeric and are defined as 9 bytes in the format s9(7)v99 where v represents and implied decimal point. This allows a maximum of 7 digits for dollars plus the last two digits for cents. These numbers are always right justified and zero filled to the left. As examples:

\$1.23 will be coded as 00000123  
\$100.00 will be coded as 00001000

All amount fields are positive and follow the above definition unless clearly specified otherwise.

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*End of Record Filler* – All file layouts have been designed to end with a filler field of 1 byte which must always be coded as an “\*” character. This is done to avoid issues between different systems when generating and transferring ASCII files in which ending field may be empty. The fixed End of Record Filler guarantees that all records in a file can be constructed to the fixed length format as defined in the layouts.

*Justification and filling of Fields* – The layouts have all been specified to provide fixed length fields and fixed length records. While other methods can be used, it is felt that this provides the best common ground for working with multiple entities each of which uses varying systems. To be sure everyone understands the same about the comments on justification and filling the following examples are given to help keep this concept clear.

All numeric fields must be filled completely with numeric digits. If there are exceptions these are clearly spelled out in the documentation of the layouts. Typically numeric field are right justified and to keep them numeric must be zero filled. In a field specified as numeric such as s9(7)v99 the following conventions apply:

- S - Leading sign
- 9 (7) - 7 decimal digits
- V - Implied decimal point
- 99 - 2 digits after the implied decimal point

The following examples illustrate how data will look in the field:

Value	Field
12.50	00001250
101	000010100
1,234.56	000123456
1,000,000	100000000
-1,234.56	-00123456

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All alphanumeric fields must be filled completely. If the value of data in the field is less than the width of the field then care must be taken to ensure that the field is filled with blanks. Allowing "NULLS" or other special characters through may cause unexpected results and make reading, loading and validation of the data difficult. Typically alphanumeric field are left justified and filled to the right with blanks to complete the field. In a field specified as alphanumeric such a X(20) the following examples illustrate how data will look in the field where the [ ] characters represent the start and end of the field –

<u>Value</u>	<u>Field</u>
P.R.	[ P.R. ]
José Rivera	[ José Rivera ]
blanks	[ ]
(Metro-North Region)	[ (Metro-North Region) ]

*MPI Number fields* – In all files in which MPI Number is required, carriers should code all 9s if the MPI is unknown. This should not be true for any current beneficiary. This exception will continue until such time as ASES determines that the issue of MPI being unavailable has disappeared from historical data. For Government Employee MPI should be filled with Contract Number.

### Data File Naming Conventions

All data files to be delivered to ASES by the carriers must be compressed and follow the naming conventions below. Files which do not fit the naming convention will be ignored and the carrier deemed to have failed in delivery of such a file.

File names must adhere strictly to this naming convention as the structure includes information for identification of the carrier, dates and file type. If not named correctly the file cannot be processed properly.

The general format of file names will be –

**Dccyyymmss.ff.zip**  
Where: Character 1 Always "D"  
Character 2-3 cc = Carrier Code (See attachment II)

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- Character 4-5 **yy** = Last two digits of year
- Characters 6-7 **mm** = Month
- Character 8 **s** = sequence number of file submission.  
All submission start with s = 0 and continue in numeric if files are re-submitted to 9  
If files must be re-submitted beyond 9, then alphabetic characters will be used a, b, c ...
- Character 9 Always “.”
- Characters 10-12 Extension code identifying type of file
  - CLM for CLAIMSERVICES
  - PRV for PROVIDERS
  - IPA for IPA
  - CAP for CAPITATIONS
  - NET for NETWORK
- Characters 13-16 **.zip** = Extension code identifying a compressed file

Files are always dated for the month being reported. For example, when sending claims paid in July 2018 the **yyymm** part of the file name will be **1807** while the file will be sent to ASES in August.  
Examples of completing this naming convention are –

For imaginary carrier 99 in the files for ClaimServices and payments in April 2018 will be named as follows –

ClaimServices	D9918040.CLM.ZIP
Providers	D9918040.PRV.ZIP
IPA	D9918040.IPA.ZIP
Capitation	D9918040.CAP.ZIP
Network	D9918040.NET.ZIP



When the Capitation file is rejected, the corrected file will be re-submitted as  
D9918041.CAP.ZIP

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**CLAIMSERVICES INPUT FILE LAYOUT**

#	Field	Name	Description	Deliverable Data Format	Validation Rules
1	carrier_id	Carrier ID	Value that identifies carrier which is reporting claims. Must be a valid code. See Carrier Code List in Attachment II	99	<b>Required</b> Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	region_code	Region Code	Region of member as defined by ASES Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "X" = All Regions "O" = Outside Puerto Rico	X	<b>Required</b> Must be valid ASES Region code For plan type "01", the Region Code must be a valid region code, and the value cannot be "X" or "O". For plan type "04", "05", "06" and "09" value must be "X".



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
3	plan_type	Plan Type	<p>ASES defined Plan Type</p> <p>01 = GHIP</p> <p>02 = MA-SNP</p> <p>03 = MA-PD</p> <p>04 = Law 95 Commercial</p> <p>05 = Law 95 Advantage</p> <p>06 = Law 95 ELA-GHP</p> <p>07 = Commercial non-Law 95</p> <p>08 = Advantage non-Law 95</p> <p>09 = LAW 95 Pensioned Police</p>	XX	<p><b>Required</b></p> <p>Must equal "01", "02", "03", "04", "05", "06", "09"</p> <p>Value "01" must correspond to a GHIP carrier or to an MBHO, PBM, or other assigned carrier code which is not Medicare Platino.</p> <p>Values of "02" or "03" must correspond to Medicare Platino Carrier ID. Values of "04" or "05" must correspond to Government Employee Carrier ID.</p> <p>Value "06" must correspond to Government Employee Carrier ID for ELA-GHP ("ELA Puros").</p> <p>Values of "07" or "08" must correspond to carrier, which is not plan type "01", "06" or "09".</p> <p>Value "09" must correspond to government employee carrier ID for Pensioned Police.</p>
4	contract_type	Contract Type	<p>Contract type to distinguish multiple plans within Plan Type. For government employee claims indicates contract type:</p> <p>1 = Family</p> <p>2 = Couple</p> <p>3 = Individual</p> <p>4 = Optional Dependent</p>	X	<p><b>Required for Plan Type "04", "05", "06" and "09" (Government Employee)</b></p> <p>Not required for Plan Type "01", "02", or "03".</p>
5	claim_id	Claim ID	<p>Unique identification number within Carrier for the claim.</p>	X(20)	<p><b>Required</b></p> <p>Left justified, blank filled to 20 characters if value is less than 20 characters.</p>




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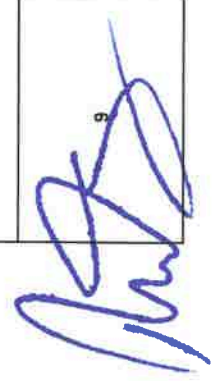
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CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
6	sv_line	Service Line Number	Number identifying individual service within a given claim.	XXXXX	<b>Required</b> Must be a maximum of 5 digits. ID of the Service Line within the Claim ID. Duplicates within Claim ID and Service Line Number on the same submission will be considered errors (the combination of the claim_id plus the service_line_no must be unique within the carrier).
7	bill_type	Bill Type	Originating bill type – U=UB-04 / Institutional H=HCFA/CMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	<b>Required</b> Must equal "U", "H", "P" or "D".
8	ub_bill_type	UB Type of Bill	Type of Bill on the UB claim form. The type of bill encodes facility type, bill classification, and description.	XXX	<b>Required for all claims submitted on Uniform Bill (UB) claim form.</b> When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.
9	sv_stat	Claim Line Status	Indicates payment action on the service represented by this record. P= Paid D=Denied A=Adjustment R=Reversal E=Encounter	X	<b>Required</b> Must equal "P", "D", "A", "R" or "E" If value is "E", service will have zero Paid Amount.



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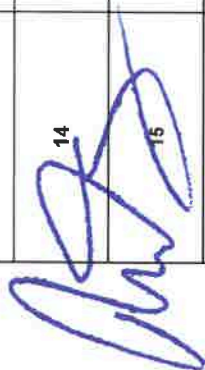
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CLAIMSERVICES INPUT FILE LAYOUT

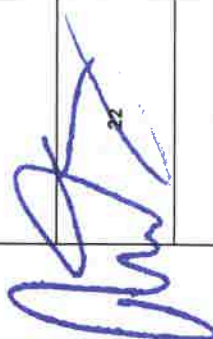
#	Field	Name	Description	Deliverable Data Format	Validation Rules
10	adj_code	Adjustment Reason Code	Adjustment reason code explaining why a claim payment was adjusted. Codes used are the X12 code list maintained by CMS and NUCC. The code set can be found at the following site: <a href="http://www.x12.org/codes/claim-adjustment-reason-codes/">http://www.x12.org/codes/claim-adjustment-reason-codes/</a>	XXX	Must be present on claims with a Claim Line Status (sv_stat field) equal to "A". Right justified. For claims without adjustment, this field must be left blank.
11	forced_claim_ind	Forced Claim Indicator	This code indicates if the claim was processed by forcing it through a manual override process.	X	'Y' - Yes 'N' - No
12	adm_date	Admit Date	For UB-04 claims this is the date of admission. For other claims this is the Service From Date of the earliest service.	YYYYMMDD	Required Must be a valid date.
13	dis_date	Discharge Date	For UB-04 claims this is the date of discharge. For other claims this is the Service To date of the latest service.	YYYYMMDD	Required Must be a valid date Must be equal or later than Admit Date
14	from_date	Service From Date	Begin date of the treatment.	YYYYMMDD	Required Must be a valid date.
15	to_date	Service To Date	End date of the treatment.	YYYYMMDD	Required Must be a valid date Must be on or after Service From Date
16	paid_date	Payment Date	For an Encounter, this will be the date the transaction is processed by the carrier. For non-encounters, this will be the date of payment for paid claims or the process date for denied claims.	YYYYMMDD	Required Must be a valid date Must be on or after Service To Date




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#	Field	Name	Description	Deliverable Data Format	Validation Rules
17	rec_date	Received Date	Date when claim was received in carrier in YYYYMMDD format	YYYYMMDD	<b>Required</b> Must be a valid date Must be equal or greater than Discharge Date
18	entry_date	Entry Date	Date when claim was entered into the carrier's system. YYYYMMDD format.	YYYYMMDD	<b>Required</b> Must be a valid date Must be equal or greater than Received Date
19	extract_date	Extract Date	Date on which record is originally extracted from Carrier's system to create the Claims Input File.	YYYYMMDD	<b>Required</b> Must be a valid date Must be later or equal to any other date field on record
20	mpi	MPI Number or Contract Number	Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee this will be the contract number	X(13)	<b>Required</b> Must be a valid MPI number For government employee only, contract number Must be left justified, blank filled to the right
21	primary_center	Primary Center	Identify the Primary Care Center (IPA/HCO) of the member. Code as assigned by the carrier.	X(10)	<b>Must be present on all claims of Plan Type "01", except on claims from plan version 970.</b> May be present on claims of other Plan Types When present it indicates the Primary Care Center (IPA/HCO etc.) of the member. Must be left justified and blank filled to complete the field. Must be found on the IPA table matched by Carrier ID and IPA.
22	ssn_mainh	HOH Social Security	Social Security number of Head of Household (HOH) of family. This is available from the Family record in ASES eligibility data sent to carriers.	X(9)	<b>Required</b> Must be all numeric Must be a full 9 digits, right justified, zero filled
23	ssn	Patient Social Security	Social Security Number of member	X(9)	<b>Required</b> Must be all numeric Must be a full 9 digits, right justified, zero filled



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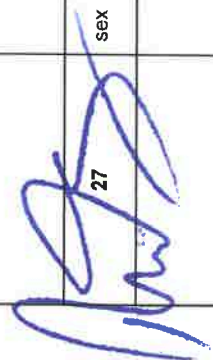
ADMINISTRACION DE SEGUROS DE SALUD



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
24	member_suffix	ASES Member Suffix	Identifies the beneficiary within the family group. For non-governmental employees - Must be the two digit member suffix as supplied in ASES Eligibility data. For governmental employees - Must be one of the following: 01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 = Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint (Mancomunado)	99	<b>Required</b> Must be ASES Assigned member suffix. All numeric value 01 to 99.
25	patient_name	Patient Name	Member Name	X(30)	<b>Required</b> Must be left justified, blank filled to the right.
26	household_id	ASES Household ID	Household ID as supplied in ASES Eligibility data	X(11)	<b>Required</b> ASES / ODSI Household ID. Alphanumeric full 11 characters. For government employee use SSN Main Holder. Must be left justified, blank filled to the right.
27	sex	Sex Code	Gender of member M = Male F = Female	X	<b>Required</b> Must equal "M" or "F"
28	birth_date	Birth Date	Member Date of Birth in YYYYMMDD format	YYYYMMDD	<b>Required</b> Must be a valid date Cannot be in later than the Extract Date. Cannot be greater than 150 years ago compared to Extract Date. Must be equal or earlier than Admit Date.



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
29	municipality_res	Municipality Residence	Municipality of residence of member. See Municipality Codes in Attachment I.	XXXX	<b>Required</b> Must be a valid ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code
30	municipality_code	Municipality Service	Municipality in which services are provided based on provider address. See municipality Codes in Attachment I.	XXXX	<b>Required</b> Must be a valid ASES Municipality Code All numeric, right justified, zero filled. For outside of Puerto Rico, code 0666 is included in the list of Municipality Codes.
31	drg_code	DRG Code	Diagnosis Related Group Code	XXXX	Must be a valid DRG Code
32	drg_type	DRG Type Code	DRG Type Code, representing the type of DRG Code submitted on the claim.	X	Required when DRG is provided. Must be one of the following: 1= MS DRG 2= CMS DRG 3= AP DRG 4= APR DRG
33	drg_outlier_amt	DRG Outlier Amount	Additional amount paid by carrier on a claim that is associated with either a cost outlier or length of stay outlier.	\$9(7)Y99	For claims submitted on Uniform Bill (UB) claim form. Must be zero for encounters. Must be zero for Services with Payment Status of "D". On non-UB claims must be blank.
34	drg_rel_weight	Relative DRG Weight	Indicates the relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year.	X(6)	if populated, must be a valid weight without any decimal points. Left justified, blank filled. A DRG weight of 2.397 should be reported as 2397.

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
35	pre_auth_num	Pre-Authorization Number	The number identifying pre-authorization. An unique identification number, that indicates the services provided on this claim have been authorized by the carrier (Also called Prior Authorization)	X(20)	Should be supplied when available. Left justified, blank filled to 20 characters if value is less than 20 characters.
36	proc_code	Procedure Code	For non-Pharmacy Standard procedure code conforming to HCPCS/CPT or HCSPC/CDT as appropriate	X(15)	For claims from CMS1500 / UB-04, when present must be a HCPCS/CPT code. For Dental claims must be a valid dental HCPCS/CDT code. For Pharmacy claims this must be all blanks.
37	cpt_mod_1	Procedure Modifier Code 1	Modifier code valid for the Procedure Code	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be valid as a modifier for the Procedure code.
38	cpt_mod_2	Procedure Modifier Code 2	Modifier code valid for the Procedure Code	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be valid as a modifier for the Procedure code Must be left blank for encounters
39	cpt_mod_3	Procedure Modifier Code 3	Modifier code valid for the Procedure Code	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounters.
40	cpt_mod_4	Procedure Modifier Code 4	Modifier code valid for the Procedure Code A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounters.

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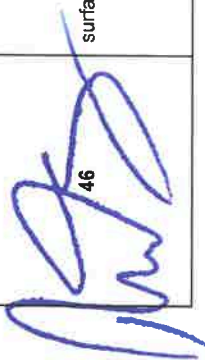
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
41	cpt_mod_5	Procedure Modifier Code 5	Modifier code valid for the Procedure Code A series of procedure code modifiers used with the corresponding Procedure Codes.	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounters.
42	cpt_mod_6	Procedure Modifier Code 6	Modifier code valid for the Procedure Code A series of procedure code modifiers used with the corresponding Procedure Codes.	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounters.
43	rev_code	Revenue Code	For UB-04 Claims NUBC Revenue Code	X(4)	Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left.
44	rx_ndc	National Drug Code	For Pharmacy only. National Drug Code value for prescribed drug in 5 2 format	X(11)	<b>Required on Pharmacy claims.</b> Must be a valid NDC code in 5 4 2 format filling all 11 bytes. For non-Pharmacy claims must be blank.
45	tooth_code	Tooth Code	For Dental only ADA standard tooth number as required by CDT code when procedure directly affects a tooth.	XXX	Must be present on Dental claims when Procedure code requires Tooth Code. Must be left justified and blank filled to complete the field. For non-Dental claims must be blank.
46	surface_code	Surface Code	For Dental only ADA standard surface code as required by CDT code when procedure directly affects one or more surfaces.	X(7)	Must be present on Dental claims when procedure code requires Surface Code. Must be a valid Surface Code. Must be left justified and blank filled to complete the field. For non-Dental claims must be blank.




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#	Field	Name	Description	Deliverable Data Format	Validation Rules
47	lcd_diag_01	Primary ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
48	lcd_diag_02	Second ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
49	lcd_diag_03	Third ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
50	lcd_diag_04	Fourth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.




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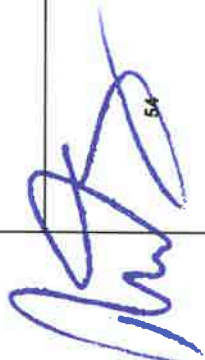
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
51	lcd_diag_05	Fifth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
52	lcd_diag_06	Sixth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
53	lcd_diag_07	Seventh ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
54	lcd_diag_08	Eighth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.



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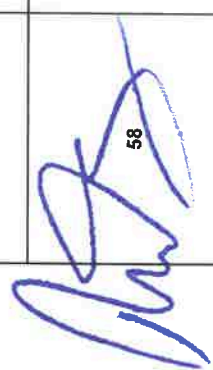
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
55	lcd_diag_09	Ninth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
56	lcd_diag_10	Tenth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
57	lcd_diag_11	Eleventh ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
58	lcd_diag_12	Twelfth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.



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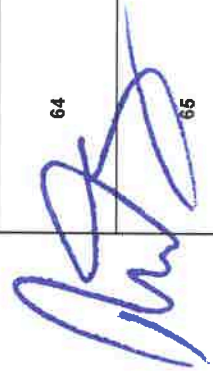


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#	Field	Name	Description	Deliverable Data Format	Validation Rules
59	icd_proc_01	Primary ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.
60	icd_proc_02	Second ICD10 Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.
61	icd_proc_03	Third ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.
62	icd_proc_04	Fourth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.
63	icd_proc_05	Fifth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.
64	icd_proc_06	Sixth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.
65	pcp_prov_id	PCP Provider	National Provider Identifier (NPI) of the member's PCP.	X(20)	Required for Plan Type "01" claims. Must be a valid Provider ID found in the provider files. Must be 10 digit numeric NPI




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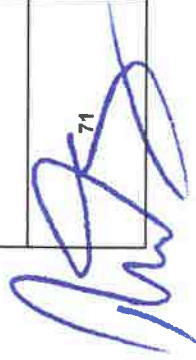
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
66	att_prov_id	Attending Provider	National Provider Identifier (NPI) of the provider delivering the service. If not directly available from the claim it should be filled from the Billing Provider. On pharmacy claims this is the prescribing physician.	X(20)	<b>Required</b> Must be a valid Provider ID found in the provider files. Must be 10 digit numeric NPI.
67	att_taxonomy	Attending Provider Taxonomy	Indicates the corresponding provider taxonomy of billing entity/provider, to define provider's type, classification, and area of specialization. The taxonomy code for the institution billing/caring for the beneficiary.	X(12)	<b>Required</b> Left justified, blank field to the right.
68	ref_prov_id	Referring Provider	National Provider Identifier (NPI) of referring provider, when applicable.	X(20)	When present, must be a valid Provider ID found in the provider files. When present, must be valid NPI number.
69	ref_prov_taxonomy	Referring Provider Taxonomy	Indicates the corresponding provider taxonomy of referring provider, to define provider's type, classification, and area of specialization.	X(12)	Left justified, blank field to the right.
70	bill_prov_id	Billing Provider	National Provider Identifier (NPI) of the provider billing for the service.	X(20)	<b>Required</b> Must be a valid Provider ID found in the provider files. Must be 10 digit numeric NPI.
71	network_affiliation	Network Affiliation	Indicates if the service provider is in the preferred provider network or not. Y = Yes N = No	X	<b>Required</b> Must be "Y" or "N".




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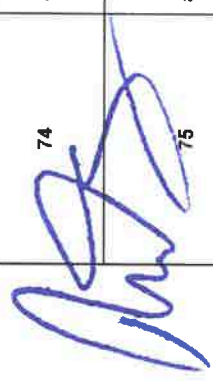
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
72	primary_carrier_id	Primary Carrier ID	Value that identifies the primary carrier providing service to the patient. May be the same as the carrier_id field or another carrier as a sub-contractor – a MBHO, Vision, or Dental plan. See Carrier ID List in Attachment II	XX	<b>Required</b> Must be two (2) digits (alpha-numeric). Must equal a valid Carrier ID as assigned by ASES if one has been assigned.  If sub-contracted entity does not have a carrier code assigned by ASES, the following default codes may be used to represent the type of sub-contracted entity is the primary carrier: MB – Mental Health VS – Vision DN – Dental OT – Other/Unknown Carrier Type
73	pos_code	Place of Service	Place of Service Code identifying the place in which the service is delivered. See POS Code List in Attachment IV	XX	<b>Required</b> Must be a valid Place of service Code.
74	cob_code	COB Code	Identify if the beneficiary has other Health Insurance for this service. "Y" if member has other health insurance. "N" otherwise.	X	<b>Required</b> Must be "Y" or "N"
75	amt_billed	Billed Amount	For non-Pharmacy Cost of service as billed by the provider.	59(7)999	<b>Required for non-Pharmacy claims.</b> Must be a number on all non-pharmacy records. Cannot be left blank for non-pharmacy



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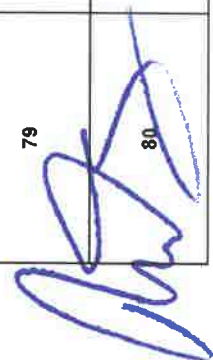


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#	Field	Name	Description	Deliverable Data Format	Validation Rules
76	amt_allowed	Allowed Amount	For non-Pharmacy Amount allowed for the service by the carrier.	S9(7)V99	Required for non-Pharmacy claims. Must be a number on all records Must be zero for encounters or denied services (Payment Status (sv_stat) = "E" or "D") Cannot be left blank For sv_stat "P" (Payment Status = "paid") this must be greater than zero.
77	deduct	Deductible	Amount paid by member before payments by the carrier begin for this service	S9(7)V99	Required Must be a number on all records Must be zero for encounters Cannot be left blank.
78	copay	Co-Pay	Amount paid by member as dollar co-payment for this service	S9(7)V99	Required Must be a number on all records Must be zero for encounters Cannot be left blank.
79	cob	COB Amount	Amount paid by other Health Insurance attributable to this service.	S9(7)V99	Required Must be a number on all records Must be zero for encounters Cannot be left blank.
80	coins	Coinsurance Amount	Amount paid by member as percentage of cost for this service	S9(7)V99	Required Must be a number on all records Must be zero for encounters Cannot be left blank.




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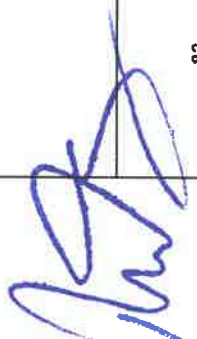
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
81	amt_paid	Paid Amount	Amount paid by carrier for this service	S9(7)V99	<p><b>Required</b> Must be zero for encounters with Payment Status of "D" For Services with sv_stat = "P" (Payment Status = Paid) one of the following calculations must be valid within a record --</p> <p>For non-Pharmacy: amt_paid = amt_allowed - deduct - copay - cob - coins For Pharmacy: amt_paid = rx_ingr_cost - deduct - copay - cob - coins + rx_disp_fee</p> <p>For Plan Type "02", "03", "04", "05", "06", "09" only - amt_paid may be zero if the appropriate calculation above results in 0.00.</p> <p>For Plan Type "01" the amt_paid must be greater than zero.</p>
82	enc_proxy_price	Encounter Proxy Price	This field shows the amount that would have been paid for this exact same service if it had been processed as a Fee For Service claim. It does not represent an actual dollar disbursement.	S9(7)V99	<p><b>Required on Encounter claims.</b> On non-encounter claims, it must be blank.</p>



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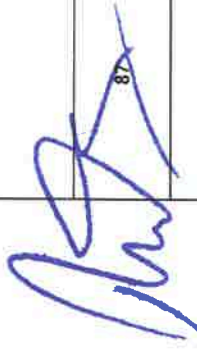
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
83	rx_disc	Drug Discount	For Pharmacy only Amount Discounted at the Pharmacy This is the discount given from AWP to get the Ingredient Cost When drug is paid from a MAC list the discount amount will be Zero (0) This field does not form part of the calculation to get Amount Paid but can be used with Ingredient Cost to work back to AWP.	S9(7)V99	Required on Pharmacy claims. On non-Pharmacy claims must be blank.
84	rx_ingr_cost	Ingredient Cost	For Pharmacy only. Cost of ingredient(s) dispensed for this Service.	S9(7)V99	Required on Pharmacy claims. Must be greater than zero. On non-Pharmacy claims must be blank.
85	rx_disp_fee	Dispensing Fee	For Pharmacy only. Dispensing fee charged by pharmacy.	S9(7)V99	Required on Pharmacy claims. Must be a number On non-Pharmacy claims must be blank.
86	rx_total_disp	Total Quantity Dispensed	For Pharmacy only. Total quantity of drug dispensed by pharmacy.	S9(7)V99	Required on Pharmacy claims. For non-Pharmacy claims must be blank. May include decimal point. This field is only applicable when the NDC code billed can be quantified in discrete units. Left justified, blank filled.
87	rx_days_supply	Prescription Days	For Pharmacy only. Number of days prescribed and dispensed.	999	Required on Pharmacy claims Must be greater than zero On non-Pharmacy claims must be blank.
88	rx_drug_type	Drug Type Code	For Pharmacy only. Code identifying type of drug on pharmacy claims.	XX	Required on Pharmacy claims When present it must be one of the valid codes. On non-Pharmacy claims must be blank.



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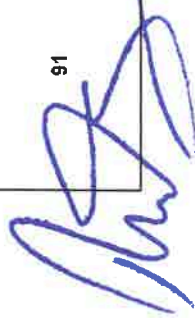
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
89	rx_daw	Dispensed As Written	For Pharmacy only. Code indicating "Dispense as written" status of the prescription on pharmacy claims	X(6)	<b>Required on Pharmacy claims</b> When present it must be one of the valid codes. On non-Pharmacy claims must be blank  Valid Codes are -- 0 - NO DISPENSE AS WRITTEN 1 - PHYSICIAN WRITES DISPENSE AS WRITTEN 2 - PATIENT REQUESTED 3 - PHARMACIST SELECTED BRAND 4 - GENERIC NOT IN STOCK 5 - BRAND DISPENSED, PRICED AS GENERIC 6 - OVERRIDE 7 - SUBSTITUTION NOT ALLOWED, BRAND MANDATED BY LAW 8 - GENERIC NOT AVAILABLE 9 - OTHER
90	rx_refill_cnt	Refill Count	For Pharmacy only. The number of refills specified by the physician writing the prescription on pharmacy claims.	9(6)	<b>Required on Pharmacy claims</b> When present must be a number On non-Pharmacy claims must be blank.
91	rx_par	Participating Pharmacy Flag	For Pharmacy only Indicates whether prescription was dispensed by a participating pharmacy on pharmacy claims Valid values -- "Y" = participating pharmacy "N" = non-participating pharmacy	X(7)	<b>Required on Pharmacy claims</b> Left justified, blank filled Must be "Y" or "N" On non-Pharmacy claims must be blank.



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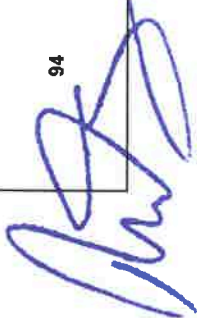
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
92	compound_dosage_form	Compound Dosage Form	<p>For Pharmacy only. Indicates the Dosage form of the complete compound mixture.</p> <p>Compound code are identified as:</p> <ul style="list-style-type: none"> <li>01 = Capsule</li> <li>02 = Ointment</li> <li>03 = Cream</li> <li>04 = Suppository</li> <li>05 = Powder</li> <li>06 = Emulsion</li> <li>07 = Liquid</li> <li>10 = Tablet</li> <li>11 = Solution</li> <li>12 = Suspension</li> <li>13 = Lotion</li> <li>14 = Shampoo</li> <li>15 = Elxir</li> <li>16 = Syrup</li> <li>17 = Lozenge</li> <li>18 = Enema</li> </ul> <p>Blank = Not Specified</p>	XX	<p><b>Required on Pharmacy claims</b>                      On non-Pharmacy claims must be blank                      All numeric, right justified, zero filled.</p>
93	compound_drug_ind	Compound Drug Indicator	<p>For Pharmacy only.                      Indicator for whether to specify if the drug is compound or not.</p> <p>Y= Drug is compound                      N= Drug is not compound</p>	X	<p><b>Required on Pharmacy claims.</b>                      On non-Pharmacy claims must be blank.                      Must be "Y" or "N"</p>
94	date_prescribed	Prescription Date	<p>For Pharmacy claims, this is the date where a prescription was written for the member individual.</p>	YYYYMMDD	<p><b>Required on Pharmacy claims.</b>                      Must be a valid date.                      Must be on or before Service From Date.                      For non-Pharmacy claims must be blank.</p>



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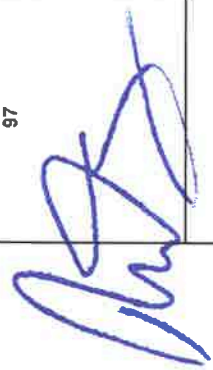
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
95	ndc_unit_type	NDC Unit of Measure	A code to indicate the basis by which the quantity of the National Drug Code is expressed. Value must be equal to a valid value. Valid Values: "F2" = International Unit "GR" = Gram "ME" = Milligram "ML" = Milliliter "UN" = Unit	XX	<b>Required on Pharmacy claims.</b> For non-Pharmacy claims must be blank. Describes the basis of the amount reported on the NDC QUANTITY and RX-CLAIM-QUANTITY-ALLOWED Fields.
96	prescription_num	Prescription ID	The unique identification number assigned by the pharmacy or supplier to the prescription. This number is used to avoid duplicated Claims, but allows multiple service lines within the same claim.	X(20)	<b>Required</b> Left justified, blank filled to 20 characters if value is less than 20 characters.
97	rx_quantity_allowed	RX quantity allowed	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month.	X(9)	<b>Required on Pharmacy claims</b> For non-Pharmacy claims must be blank. Must be without any decimal points May include decimal point. For example, an amount of 30 should be coded as 3000. This field is only applicable when the NDC code being billed can be quantified in discrete units and should be described by the <b>NDC-UNIT-OF-MEASURE</b> field. Left justified, blank filled.
98	rebate_eligible_indicator	Rebate Eligible Indicator	An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.	X	"Y" - Yes "N" - No




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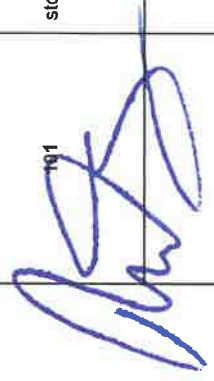
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
99	ub_dis_stat	UB Discharge Status Code	On UB-04 claims, Patient Status Code at discharge.	XX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard two digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.
100	risk_type	Risk Type	Distinguishes for this service whether risk belongs to PCP/(Group) or carrier. If cost should be charged to PCP/(Group) then value = "PCP". Shared risk agreement should be identified as "SHR". Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR". PBM ONLY – when a PBM is submitting this file this field should be coded as "UNK" for Unknown.	XXX	Required Must be filled Must be "PCP", "SHR" or "CAR" For PBM only value can be "UNK"
101	stop_loss_flag	Stop Loss Flag	When Risk Type is "PCP", set to "Y" if stop loss for PCP/(Group) has been reached for PCP on member Otherwise "N". When Risk Type is "CAR", set to "N" PBM ONLY – set to "N"	X	Required Must be filled "Y" or "N"
102	applied_cost	Cost Applied To	For Medicare Platino, defines whether service is part of the ASES coverage, the CMS (MA) coverage or both. When filled the valid values are -- 1=ASES 2=CMS 3=BOTH (SPLIT)	X	Required for Plan Type "02" and "03" (Medicare Platino) Must be filled and be a valid value. Not Required for Plan Type "01", "04", "05", "06", "09"



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
103	ases_split_amt	ASES Split Amount	For Medicare Platino, indicates the part of the Paid Amount allocated to ASES coverage.	S9(7)v99	Must be filled if Cost Applied To = "1" or "3" <b>Not Required for Plan Type "01", "04", "05", "06" or "09".</b>
104	cms_split_amt	CMS Split Amount	For Medicare Platino, indicates the part of the Paid Amount allocated to CMS (MA) coverage.	S9(7)v99	<b>Required for Plan Type "02" and "03" (Medicare Platino)</b> Must be filled if Cost Applied To = 2 or 3 <b>Not Required for Plan Type "01", "04", "05", "06" or "09".</b>
105	off_island	Off Island Flag	Indicator for whether service was located off of the islands of Puerto Rico, Culebra, and Vieques.	X	<b>Required</b> Y=Off Island N=On Island
106	plan_version	Plan Version	Plan Version to distinguish multiple plans within the Plan Type. Always three numeric characters, e.g. 001 See Plan Version List in Attachment VI	XXX	<b>Required</b> Must be a 3 digit Plan Version Code Carrier ID, Plan Type, and Plan Version must validate with a plan definition contracted with ASES. <b>Required for Plan Type "02", "03" (Medicare Platino), "04", "05", "06" and "09"</b> <b>Not Required for Plan Type "01"</b>
107	sv_units	Units of Service	Number of occurrences of service	9(10)	When present must be a number.
108	claim_type	Claim Type	Claim Type: I=Inpatient O=Outpatient P=Professional	X	Required for all medical claims. For Rx and Dental claims, this field can be left blank. Must equal "I", "O" or "P" if populated.

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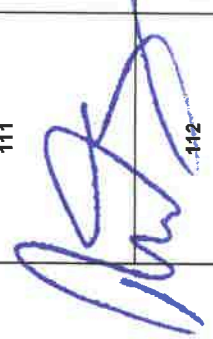
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
109	admission_hour	Admission Hour	For UB-04 claims, this is the hour of admission.  The hour code must be a two-digit code, based on 24-hour clock. See Hour Codes in Attachment VIII	XX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual. See attachment VIII for the codes to be used.
110	discharge_hour	Discharge Hour	For UB-04 claims this is the hour of discharge.  The hour code must be a two-digit code, based on 24-hour clock.	XX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual. See Hour Codes in Attachment VIII
111	admission_type	Admit Type	Admit type code indicates the primary reason (priority) for admission.  Admission codes: 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 9 = Information Not Available	X	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.
112	adm_prov_id	Admitting Provider Id	National Provider Identifier (NPI) of member's admitting provider.	X(20)	When present, must be a valid Provider ID found in the provider files. When present, must be valid NPI number.



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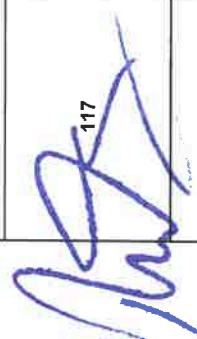


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#	Field	Name	Description	Deliverable Data Format	Validation Rules
113	adm_prov_taxonomy	Admitting Provider Taxonomy	Indicates the corresponding provider taxonomy of admitting provider, to define provider's type, classification, and area of specialization.	X(12)	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Must be left justified and blank filled to the right
114	check_eff_date	Check Date	Check Date is the date when the check or electronic remittance for payment is processed.	YYYYMMDD	Must be a valid date. Must be on or after Service To Date. Not required for denied claims.
115	check_num	Check Number	Check Number is the check or electronic remittance number for payment.	X(50)	Must be left blank for Services with Payment Status of "E". Left justified, blank filled to 50 characters if value is less than 50 characters. Not required for denied claims.
116	claim_rem_code_01	First Remittance Advice Remark Codes (RARCs)	Indicates the first RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	XXXX	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.
117	claim_rem_code_02	Second Remittance Advice Remark Codes (RARCs)	Indicates the second RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	XXXX	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.
118	claim_rem_code_03	Third Remittance Advice Remark Codes (RARCs)	Indicates the third RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	XXXX	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
119	claim_rem_code_04	Fourth Remittance Advice Remark Codes (RARCs)	Indicates the fourth RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	XXXX	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.
120	poa_ind_1	First Present on Admission (POA) Indicator	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.  POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals Must be left blank for Services exempt from POA reporting. Must be a valid value Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.



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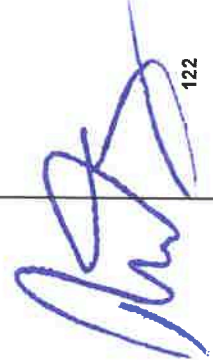


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#	Field	Name	Description	Deliverable Data Format	Validation Rules
121	poa_ind_2	Second Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
122	poa_ind_3	Third Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.



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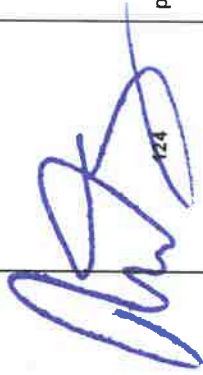
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
123	poa_ind_4	Fourth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
124	poa_ind_5	Fifth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
125	poa_ind_6	Sixth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
126	poa_ind_7	Seventh Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
127	poa_ind_8	Eighth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.  POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
128	poa_ind_9	Ninth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.  POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
129	poa_ind_10	Tenth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.  POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
130	poa_ind_11	Eleventh Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.  POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
131	poa_ind_12	Twelfth Present on Admission (POA) Indicator Flag	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
132	occurrence_code_01	First Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
133	occurrence_code_02	Second Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.




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#	Field	Name	Description	Deliverable Data Format	Validation Rules
134	occurrence_code_03	Third Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
135	occurrence_code_04	Fourth Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
136	occurrence_code_05	Fifth Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
137	occurrence_code_06	Sixth Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.

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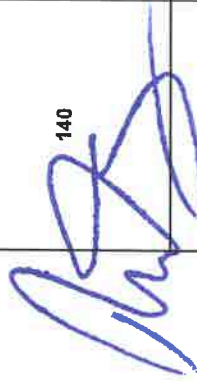
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CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
138	occurrence_code_07	Seventh Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
139	occurrence_code_08	Eighth Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
140	occurrence_code_09	Ninth Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.
141	occurrence_code_10	Tenth Occurrence Code	A code to describe specific event(s) relating to this billing period. These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes.	XXXX	Should be supplied when available for all claims submitted on Uniform Bill (UB) claim. Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.



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#	Field	Name	Description	Deliverable Data Format	Validation Rules
142	original_claim_id	Original Claim ID Number	For adjustments or reversals, must be the original claim ID reported by the carrier.	X(20)	Must be present on claims with a Claim Line Status (sv_stat field) equal to "A" or "R". Right justified. For claims without adjustment or reversal, this field must be left blank.
143	Filler	End of Record Filler	Fixed filler with "x"	X	Left justified, blank filled to 20 characters if value is less than 20 characters. <b>Required</b> Must be = "x"

RECORD LENGTH	977
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PROVIDERS INPUT FILE LAYOUT

#	Field	Field	Description	Deliverable Data Format	Validation Rules
1	prov_carrier	Prov Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II	99	<b>Required</b> Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	prov_id	Prov ID	Must be the NPI, or if none exists, may be the Tax Id.	X(20)	<b>Required</b> Must be left justified and blank filled to the right. If NPI is used, must be 10 digit numeric NPI. For all providers found in the CLAIMSERVICES files, must be the NPI.
3	prov_lname	Prov Lname	For an individual, Last Names (Apellidos) For an entity (other than an individual), the entity name	X(50)	<b>Required</b> Must be left justified, blank filled to the right
4	prov_fname	Prov Fname	For an individual, First Name (Nombre)	X(30)	<b>Required for Individual providers</b> Must be left justified, blank filled to the right
5	prov_mname	Prov Mname	For an individual, Middle Name	X(30)	Optional Must be left justified, blank filled to the right
6	prov_name_type	Prov Name Type Indicator	Indicator that tells if the provider is an individual or an entity. Valid values are: "I" = Individual "E" = Entity	X(1)	<b>Required</b>
7	prov_addr1	Prov Addr1	First line of provider's physical address	X(45)	<b>Required</b> Must be the physical address and use second and third line as needed. Must be left justified, blank filled to the right
8	prov_addr2	Prov Addr2	Second line of provider's physical address (if required)	X(45)	Optional Must be left justified, blank filled to the right
9	prov_addr3	Prov Addr3	Third Line of provider's physical address (if required)	X(45)	Optional Must be left justified, blank filled to the right
10	prov_city	Prov City	Provider's city	X(45)	<b>Required</b> Must be left justified, blank filled to the right
11	prov_state	Prov State	Provider's state	X(45)	<b>Required</b> Must be left justified, blank filled to the right

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PROVIDERS INPUT FILE LAYOUT

#	Field	Field	Description	Deliverable Data Format	Validation Rules
12	prov_zip	Prov Zip	Provider's Zip code Either 5 digit or plus 4 format without dashes	X(9)	<b>Required</b> Must be left justified, blank filled to the right Significant characters must be numeric and 5 or 9 digits in length
13	prov_country	Prov Country	Provider's country	X(45)	<b>Required</b> Must be left justified, blank filled to the right
14	prov_tel	Prov Telephone	Provider's telephone number.  SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers	X(20)	<b>Required</b> Must be left justified, blank filled to the right Must include only numbers with no spaces or ()- characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
15	prov_ext	Prov Ext	Provider's telephone extension	X(20)	Optional Must be left justified, blank filled to the right
16	prov_email	Prov Email	Provider's e-mail address	X(40)	Optional If supplied it must fit e-mail address format rules Must be left justified, blank filled to the right
17	prov_contact	Prov Contact	Name of contact person if provider is not an individual	X(50)	Optional Must be left justified, blank filled to the right
18	prov_type	Prov Type	Type of provider. See Provider Type Codes in Attachment V	X(20)	<b>Required</b> Must be left justified, blank filled to the right Must be a valid Provider Type Code
19	taxonomy1	Taxonomy 1	Report the NUCC healthcare provider taxonomy code. If not available, see Speciality Code in Attachment III	X(10)	<b>Required</b> Must be left justified, blank filled to the right Must be a valid taxonomy Code.
20	spec1	Speciality Code 1	Provider Speciality (first). See Speciality Code in Attachment III	X(20)	<b>Required</b> Must be left justified, blank filled to the right Must be a valid Speciality Code
21	taxonomy2	Taxonomy 2	Report the NUCC healthcare provider taxonomy code. If not available, see Speciality Code in Attachment III	X(10)	Optional Must be left justified, blank filled to the right Must be a valid taxonomy Code.
22	spec2	Speciality Code 2	Provider Speciality (second). See Speciality Code in Attachment III	X(20)	Optional Must be left justified, blank filled to the right Must be a valid Speciality Code

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#	Field	Field	Description	Deliverable Data Format	Validation Rules
23	taxonomy3	Taxonomy 3	Report the NUCC healthcare provider taxonomy code. If not available, see Specialty Code in Attachment III	X(10)	Optional Must be left justified, blank filled to the right Must be a valid taxonomy Code.
24	spec3	Specialty Code 3	Provider Specialty (third). See Specialty Code in Attachment III	X(20)	Optional Must be left justified, blank filled to the right Must be a valid Specialty Code
25	taxonomy4	Taxonomy 4	Report the NUCC healthcare provider taxonomy code. If not available, see Specialty Code in Attachment III	X(10)	Optional Must be left justified, blank filled to the right Must be a valid taxonomy Code.
26	spec4	Specialty Code 4	Provider Specialty (fourth). See Specialty Code in Attachment III	X(20)	Optional Must be left justified, blank filled to the right Must be a valid Specialty Code
27	network_specialist	Preferred Network Specialist	Indicates if the service provider is a participating specialist of the preferred network in the PMG	X	Required Must be "Y" or "N"
28	federal_tax_id	Federal Tax ID	SSN for individuals, EIN for entities.	X(20)	Required Left justified, blank filled to the right Must be 9 digits in significant positions
29	tax_id_indicator	Federal Tax ID Indicator	Identifies if the federal tax ID provided in field federal_tax_id is a SSN or EIN. Valid values: "SSN" "EIN"	X(3)	Required Should be supplied when available
30	licence_number	License Number	State License Number	X(15)	Required Should be supplied when available Must be left justified, blank filled to the right
31	npi	NPI	National Provider Identifier	X(10)	Required Must be 10 digit numeric NPI. For all providers found in the CLAIMSERVICES files, the NPI must be provided. If none exists must be "N/A".

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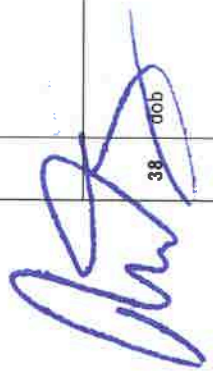
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#	Field	Field	Description	Deliverable Data Format	Validation Rules
32	dea_number	DEA Number	DEA number	X(20)	Optional Should be supplied when available Must be left justified, blank filled to the right
33	medicare_number	Medicare Number	Medicare number	X(20)	Optional Must be left justified, blank filled to the right
34	medicaid_number	Medicaid Number	Medicaid number	X(20)	Optional Must be left justified, blank filled to the right.
35	extract_date	Extract Date	Date on which record is originally extracted from Carrier's system to create the Provider Input File.	YYYYMMDD	<b>Required</b> Must be a valid date Must be later or equal to any other date field on record
36	clia_id	CLIA Number	Indicates the Clinical Laboratory Improvement Act (CLIA) certification number for laboratory services billed by an entity performing CLIA covered procedures.  CLIA number consists of ten alphanumeric positions.  Indicates if the provider is accepting new patients (members) or not.	X(10)	Required for providers with specialty code equals to "Clinical Laboratory". Left justified, blank field to the right.
37	accepting_new_pat	Accepting New Patient Indicator	Valid values: 0 = No 1 = Yes 8 = N/A – The individual only practices as a member of a group.	X	Must be a valid value.
38	00b	Birth Date	For an individual, Provider Date of Birth in YYYYMMDD format	YYYYMMDD	<b>Required for an individual; left blank for an entity.</b> Must be a valid date Cannot be in later than the Extract Date. Cannot be greater than 150 years ago compared to Extract Date.




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PROVIDERS INPUT FILE LAYOUT

#	Field	Field	Description	Deliverable Data Format	Validation Rules
39	dod	Death Date	For an individual Provider, Date of Death in YYYYMMDD format.	YYYYMMDD	Optional for an individual, left blank for an entity. Should be supplied when available. Must be a valid date. Cannot be in later than the Extract Date. Cannot be greater than 150 years ago compared to Extract Date. Cannot be equal or less than the date of birth. A provider with a date of death before the Extract Date cannot be listed as a provider for an eligible individual.
40	facility_group_ind_code	Facility Group Indicator Code	Indicates whether the SUBMITTING-STATE-PROV-ID is assigned to an individual, a group of providers, or a facility.	XX	Required. Must be a valid value. "01" = Facility – The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility. "02" = Group – The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners. "03" = Individual – The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner. For Pharmacy claims must be blank.
41	license_entity	License Issuing Entity ID	Indicates the identity of the entity issuing the license or accreditation.	X(50)	Required whenever a value is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element. Must be left justified, blank filled to the right. (Enter the applicable state code, county code, municipality name, "DEA", professional society's name, or the CLIA accreditation body's name.) If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a state, then enter the applicable ANSI state numeric code. If LICENSE-TYPE = 2 (DEA license), then enter the text string "DEA". If LICENSE-TYPE = 3 (Professional society accreditation), then enter the text string identifying the professional society issuing the accreditation. If LICENSE-TYPE = 4 (CLIA accreditation), then enter the text string identifying the CLIA accreditation body's name. If LICENSE-TYPE = 5 (Other accreditation), then enter the text string identifying the entity issuing the accreditation. If LICENSE-TYPE = 9 (Unknown), then enter "Unknown".


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#	Field	Field	Description	Deliverable Data Format	Validation Rules
42	license_type	License Type	A code to identify the kind of provider's license. Valid values: "1" = State, county, or municipality professional or business license "2" = DEA license "3" = Professional society accreditation "4" = CLIA accreditation "5" = Other "9" = Unknown	X	Required whenever a provider is required by the state's agency requires one in order to be a Medicaid/CHIP provider. Must be a valid value. If provider has more than one license, please report the one with lowest valid value. Example: for a provider with both "1" = State, county, or municipality professional or business license and "2" = DEA license, report "1" = State, county, or municipality professional or business license.
43	prov_dba	Provider DBA Name	The provider's name that is commonly used by the public when the "doing-business-as" ( ) name is different from the legal name. DBA is an abbreviation for "doing business as." Registering a DBA is required to operate a business under a name that differs from the company's legal name.	X(50)	Leave the field empty when DBA name equals the legal name
44	sex	Sex Code	For an individual, indicates the provider's gender. Valid values: M = Male F = Female U = Unknown	X	Must be a valid value
45	credential_eff_date	Credential Effective Date	The most recent credentialing/recredentialing date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.	YYYYMMDD	Required



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PROVIDERS INPUT FILE LAYOUT

#	Field	Field	Description	Deliverable Data Format	Validation Rules
46	credencial_exp_date	Credencial Expiration Date	The most recent credentialing/recredentialing expiration date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.	YYYYMMDD	Optional
47	contract_eff_date	Contract effective date	The provider's contract effective date.	YYYYMMDD	Required for contracted providers. For "Out of Network" providers, please report as '99991231'.
48	contract_term_date	Contract termination date	The provider's contract termination date.	YYYYMMDD	For providers with an open-ended contract please report as '99991231'. For a provider with an unknown contract termination date, leave blank.
49	Filler	End of Record Filler	Fixed filler with ***	X	Required Must be = ***
RECORD LENGTH					963



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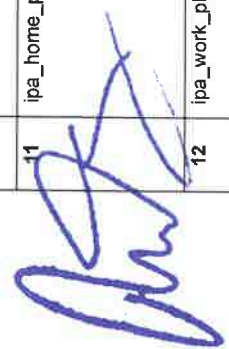
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**IPA INPUT FILE LAYOUT**

#	Field	Name	Description	Deliverable Data Format	Validation Rules
1	carrier_id	Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II.	99	<b>Required</b> Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	ipa	IPA Code	Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters.	X(10)	<b>Required</b> IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right
3	ipa_desc	IPA Description	Name of IPA/HCO	X(80)	<b>Required</b> Must be left justified, blank filled to the right
4	ipa_addr1	IPA Addr1	IPA/HCO's first line of address	X(45)	<b>Required</b> Must be left justified, blank filled to the right
5	ipa_addr2	IPA Addr2	IPA/HCO's second line of address (if required)	X(45)	Optional Must be left justified, blank filled to the right
6	ipa_addr3	IPA Addr3	IPA/HCO's third line of address (if required)	X(45)	Optional Must be left justified, blank filled to the right
7	ipa_city	IPA City	IPA/HCO's city	X(45)	<b>Required</b> Must be left justified, blank filled to the right
8	ipa_state	IPA State	IPA/HCO's state	X(45)	<b>Required</b> Must be left justified, blank filled to the right
9	ipa_zip	IPA Zip	IPA/HCO's zip code. Either 5 digit or plus 4 format without dashes	X(9)	<b>Required</b> Must be left justified, blank filled to the right Significant characters must be numeric. Must be 5 or 9 digits in length.
10	ipa_country	IPA Country	IPA/HCO's country	X(45)	<b>Required</b> Must be left justified, blank filled to the right
11	ipa_home_phone	IPA Home Phone	Home telephone number of contact person for IPA/HCO	X(20)	Optional Must be left justified, blank filled to the right Must include only numbers with no spaces or ()-characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
12	ipa_work_phone	IPA Work Phone	Principal work telephone number of IPA/HCO.	X(20)	<b>Required</b> Must be left justified, blank filled to the right Must include only numbers with no spaces or ()-characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
13	ipa_ext	IPA Ext	Telephone extension at IPA Work Phone for contact person	X(20)	Optional Must be left justified, blank filled to the right




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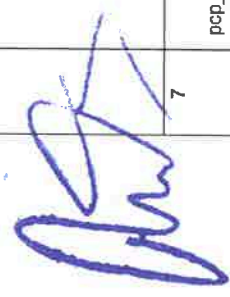
#	Field	Name	Description	Deliverable Data Format	Validation Rules
14	federal_tax_id	Federal Tax ID	EIN of IPA	X(20)	<b>Required</b> Must be left justified and blank filled to the right Significant characters must be numeric and 9 digits in length
15	extract_date	Extract Date	Date on which record is originally extracted from Carrier's system to create the IPA Input File.	YYYYMMDD	<b>Required</b> Must be a valid date Must be later or equal to any other date field on record
16	ipa_npi	IPA NPI	National Provider Identifier (NPI) of the IPA., where possible.	X(10)	<b>Required</b> Left justified, blank field to the right.
17	ipa_adm_lname	IPA Administrator Lname	IPA/HCO Administrator Last Names (Apellidos)	X(50)	<b>Required</b> Must be left justified, blank filled to the right
18	ipa_adm_fname	IPA Administrator Fname	IPA/HCO Administrator First Name (Nombre)	X(30)	Optional Must be left justified, blank filled to the right
19	prov_mname	IPA Administrator Mname	IPA/HCO Administrator Middle Name	X(30)	Optional Must be left justified, blank filled to the right
20	Filler	End of Record Filler	Fixed filler with ***	X	<b>Required</b> Must be = ***
<b>RECORD LENGTH</b>					<b>580</b>




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CAPITATION INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
1	carrier_id	Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II.	99	<b>Required</b> Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	cap_id	Capitation ID	Capitation payment ID must be a unique ID within carrier; except for the adjustments or reversals that must be the unique ID previously reported. This number is used to avoid duplicated Capitation records.	X(20)	<b>Required</b> Must be left justified, blank filled to the right Must be a unique ID within Carrier
3	cap_type	Capitation Type	Capitation type code defined as: "01"= Admin "02"= Dental "03"= DME ... See Attachment VII	99	<b>Required</b> Must be two (2) digits (numeric). Must be a valid code. See Capitation Type List in Attachment VII
4	cap_date	Capitation Date	Date capitation paid.	YYYYMMDD	<b>Required</b> Must be a valid date
5	expr_date	Experience Date	Experience date of capitation payment. This is the date for which the capitation payment applies.	YYYYMMDD	<b>Required</b> Must be a valid date
6	prov	Provider ID	Must be the NPI, or if none exists, may be the Tax Id of the provider to which the capitation payment is made.	X(20)	<b>Required</b> Must be a valid Provider ID found in PRV File. Must be left justified and blank filled to the right. If NPI is used, must be 10 digit numeric NPI. If Tax Id is used, must be 9 digits in significant positions.
7	pcpr_npi	Provider NPI	National Provider Identifier (NPI) of the provider to which the capitation payment is made.	X(10)	<b>Required</b> Must be the NPI, or if none exists, must be "N/A". Left justified, blank field to the right.
8	ipa	IPA ID	Carrier assigned ID of IPA/HCO. This must be filled when IPA/HCO is involved (Must always be filled for Plan Type "01" by MCOs/TPAs)	X(10)	<b>Required if Carrier ID corresponds to Plan Type "01"</b> Must be a valid IPA Code for the Carrier and found in the IPA file. Left justified, blank field to the right.




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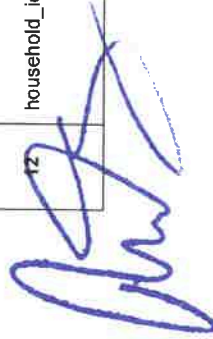
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
9	region_code	Region	Region of member Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "X" = All Regions "O" = Outside Puerto Rico	X	<b>Required</b> Must be valid ASES Region code For plan type "01", the Region Code must be a valid region code, and the value cannot be "X" or "O". <b>For plan type "04", "05" "06" and "09", value must be "X".</b>
10	municipality_code	Municipality	Municipality of residence of member. See Municipality Code in Attachment I.	XXXX	<b>Required</b> Must be ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code For outside of Puerto Rico, code 0666 is included in the list of Municipality Codes.
11	member_ssn	Member SSN	Social Security Number of member	9(9)	<b>Required</b> Must be 9 digits (numeric) Right justified, zero filled
12	household_id	ASES Household ID	Household ID as supplied in ASES Eligibility data	X(11)	<b>Required</b> ASES / ODSI Household ID. Alphanumeric full 11 characters. For government employee use SSN Main Holder. Must be left justified, blank filled to the right.



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CAPITATION INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
13	member_suffix	Member Suffix	Identifies the beneficiary within the family group. For non-governmental employees - Must be the two digit member suffix as supplied in ASES Eligibility data. For governmental employees - Must be one of the following: 01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 = Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint (Mancomunado)	99	<b>Required</b> Must be 2 digits (numeric)
14	cap_amt	Capitation Amount	Capitation amount paid to provider <b>MAY BE NEGATIVE</b> SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT	S9(7)V99	<b>Required</b> Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.
15	gross_cap_amt	Gross Capitation Amount	Gross Capitation amount paid to provider per MPI for all risk types. <b>MAY BE NEGATIVE</b> SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT	S9(7)V99	<b>Required</b> Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.
16	net_cap_amt	Net Capitation Amount	Net Capitation amount paid to provider per MPI for all risk types. <b>MAY BE NEGATIVE</b> SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT	S9(7)V99	<b>Required</b> Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.



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CAPITATION INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
17	risk_type	MPI Risk Type	Distinguishes for this service whether risk belongs to PCP/(Group) or carrier. If cost should be charged to PCP/(Group) then value = "PCP". If the risk is shared then the value = 'SHR'. Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR".	XXX	Required Must be filled Must be "PCP", "SHR" or "CAR" For PBM the only value should be "UNK"
18	tier	Member capitation tier	Member capitation tier 0001 Medicare A&B Male 0002 Medicare A Male 0006 Medicare A&B Female 0007 Medicare A Female 0008 0-11 Months 0009 12-23 Months 0010 24 Months - 10 Years 0011 11 - 18 Years 0024 19 - 35 Female 0025 19 - 35 Male 0026 36 - 54 Female 0027 36 - 54 Male 0028 55 - 64 Female 0029 55 - 64 Male 0031 65 + Female 0032 65 + Male	X(4)	Required
19	days	Capitation days	Number of days included in capitation amount.	S99	Required Must be a number 3 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 2 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CAPITATION INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
20	mem_percent	Capitation percentage	Percentage (days / month days)	S999	Required Must be a number 4 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 3 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.
21	extract_date	Extract Date	Date on which record is originally extracted from Carrier's system to create the Capitation Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record
22	mpi	MPI Number or Contract Number	Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee this will be the contract number	X(13)	Required Must be a valid MPI number For government employee only, contract number Must be left justified, blank filled to the right
23	Federal_Tax_ID	Federal Tax ID (SSN or EIN)	The federal identification number of the provider to which the capitation payment is made. If the provider does not have a federal identification number, enter '999999999' in this column.	X(20)	Required Left justified, blank filled to the right Must be 9 digits in significant positions
24	filler	End of Record Filler	SSN for individuals, EIN for entities. Fixed filler with "*"	X	Required Must be = "*"
<b>RECORD LENGTH</b>					<b>193</b>



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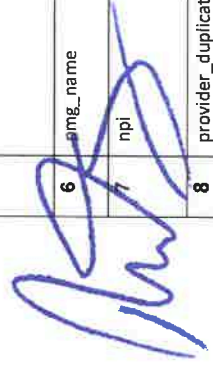
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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**NETWORK INPUT FILE LAYOUT**

#	Field	Name	Description	Deliverable Data Format	Validation Rules
1	carrier	Carrier ID	ASES assigned carrier code. Must be (2) digits (numeric)	99	<b>Required</b> Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	provider_type	Provider Type	PCP, Specialist, Dentist, X-Ray, Ancillary Services, Special Case, Laboratory, Other Facility, Hospital	X(20)	<b>Required</b> Must be left justified, blank filled to the right
3	month	Month	Date field with the first day of month. Ex: 5/1/2014	YYYYMMDD	<b>Required</b> Must be a valid date.
4	region	Region	The ASES region code. (If the provider has multiple locations specify the Region for current address) Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "O" = Outside Puerto Rico	X	<b>Required</b>  ADMINISTRACION DE SEGUROS DE SALUD  24 - 00047  Contrato Número
5	pmg	IPA Code	The identification number of the primary medical group. If not applicable enter "N/A".  Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters	X(10)	<b>Required</b> IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right
6	pmg_name	PMG Name	The name or title of the primary medical group. If not applicable enter "N/A"	X(80)	<b>Required</b>
7	npi	NPI	The national provider identification number. All providers are required to have an NPI number.	X(10)	<b>Required</b>
8	provider_duplicate_entry	Provider Duplicate Entry	Indicate if the provider is entered multiple times in the list. A provider may be entered multiple times if the provider has more than one office location providing services. Enter a "0" for the first entry of the provider in the list. Enter an "X" for any duplicate entries of the same provider in the list.	X	<b>Required</b>



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
9	assigned_lives	Assigned lives	The number of assigned lives to the provider as of the last day of the reporting period. If the provider has multiple office locations, the number of assigned lives must be entered for the first entry (not a duplicated entry) for the provider. This number should include the sum of all office locations of the provider. If the provider does not have or require assigned lives, enter "0" in this column.	9999	Required
10	credentia	Credentia	Identify if the provider is up to date with all credentialing requirements as of the last day of the reporting period. Enter "Yes" for a fully credentialed/recredentialed provider, enter "No" if the provider requires credentialed/recredentialed. If the provider is not required to submit credentialed/recredentialed, enter "N/A" in this column.	XXX	Required ADMINISTRACION DE SEGUROS DE SALUD 24 - 00047
11	credentia_eff_date	Credentia Effective Date	The most recent credentialing/recredentialed date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.	YYYYMMDD	Required Contrato Número
12	credentia_exp_date	Credentia Expiration Date	The most recent credentialing/recredentialed expiration date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.	YYYYMMDD	Optional
13	federal_tax_id	Provider SSN or EIN	The federal identification number of the provider.	X(20)	Required Left justified, blank filled to the right Must be 9 digits in significant positions
14	prov_id	Provider ID	SSN for individuals, EIN for entities. Must be the NPI, or if none exists, may be the Tax Id.	X(20)	Required Must be left justified and blank filled to the right If NPI is used, must be 10 digit numeric NPI.
15	ccn	CCN	CMS Certification Number formerly known as the Medicare Provider Number.	X(20)	Optional
16	contract_eff_date	Contract effective date	The provider's contract effective date.	YYYYMMDD	Required For "Out of Network" providers, please report as '99991231'.

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NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
17	contract_term_date	Contract termination date	The provider's contract termination date.	YYYYMMDD	<b>Required</b> For providers with an open-ended contract please report as '99991231'. For a provider with an unknown contract termination date, leave blank.
18	specialty	Specialty	<b>Provider Specialty (first). See Specialty Code description in Attachment III</b>	X(40)	<b>Optional</b>
19	specialty_code	Specialty Code	<b>Provider Specialty (first). See Specialty Code in Attachment III</b>	XX	<b>Required</b> Must be left justified, blank filled to the right Must be a valid Specialty Code
20	name	Name	The full name of the provider.	X(80)	<b>Optional</b> Must be left justified, blank filled to the right
21	last_name1	Last Name 1	For an individual, the last name of the provider. If the provider has two last names, this should be the first name. For an entity (other than an individual), the entity name	X(30)	<b>Required</b> Must be left justified, blank filled to the right
22	last_name2	Last Name 2	For an individual, the last name of the provider. If the provider has two last names, this should be the second name.	X(30)	<b>Optional</b> Must be left justified, blank filled to the right
23	first_name	First Name	For an individual, the first name of the provider.	X(50)	<b>Required</b> Must be left justified, blank filled to the right
24	mi	MI	For an individual, the middle name of the provider.	X(30)	<b>Optional</b> Must be left justified, blank filled to the right
25	addr1	Address Line 1	The first line of the physical address of the provider.	X(45)	<b>Required</b> Must be the physical address and use second line as needed. Must be left justified, blank filled to the right
26	addr2	Address Line 2	The second line of the physical address of the provider.	X(45)	Must be left justified, blank filled to the right
27	city	City	The city of the provider.	X(45)	<b>Optional</b> Must be left justified, blank filled to the right
28	zip	Zip code	Provider's Zip code Either 5 digit or plus 4 format without dashes	X(9)	<b>Required</b> Must be left justified, blank filled to the right Significant characters must be numeric and 5 or 9 digits in length



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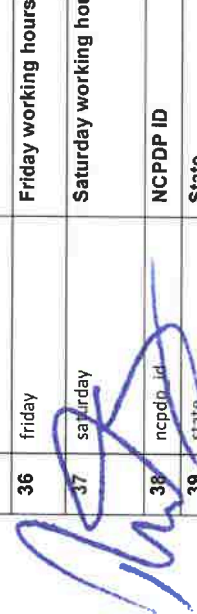
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NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
29	phone	Phone	Provider's telephone number. <i>SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers</i>	X(20)	<b>Required</b> Must be left justified, blank filled to the right Must include only numbers with no spaces or ()-characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
30	fax	Fax	The primary fax number of the provider. <i>SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers</i>	X(20)	<b>Optional</b> Must be left justified, blank filled to the right Must include only numbers with no spaces or ()-characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
31	sunday	Sunday working hours	The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
32	monday	Monday working hours	The Monday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
33	tuesday	Tuesday working hours	The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
34	wednesday	Wednesday working hours	The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
35	thursday	Thursday working hours	The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
36	friday	Friday working hours	The Friday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
37	saturday	Saturday working hours	The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	<b>Optional</b>
38	ncpdp_id	NCPDP ID	The National Council for Prescription Drugs ID	X(10)	<b>Optional</b>
39	state	State	The provider's address state.	X(45)	<b>Optional</b> Must be left justified, blank filled to the right
40	license_number	License number	The Provider's license number.	X(10)	<b>Required</b> Should be supplied when available Must be left justified, blank filled to the right
41	contact_person	Contact person	The provider's contact person.	X(80)	<b>Optional</b>

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NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
	RECORD LENGTH				962



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**ATTACHMENTS**



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**ATTACHMENT I - MUNICIPALITY CODES**

Alphabetical by Municipality		
MUNICIPALITY	REGION	CODE
Adjuntas	S	0004
Aguada	Z	0008
Aguadilla	Z	0012
Aguas Buenas	E	0016
Aibonito	G	0020
Añasco	Z	0024
Arecibo	A	0028
Arroyo	G	0032
Barceloneta	A	0036
Barranquitas	G	0040
Bayamón	B	0044
Cabo Rojo	Z	0048
Caguas	E	0052
Camuy	A	0056
Canovanas	F	0060
Carolina	F	0064
Cataño	B	0068
Cayey	E	0072
Ceiba	F	0076
Ciales	A	0080
Cidra	E	0084
Coamo	G	0088
Comerio	B	0092
Corozal	B	0096
Culebra	F	0100

Ordered By Code		
CODE	MUNICIPALITY	REGION
0004	Adjuntas	S
0008	Aguada	Z
0012	Aguadilla	Z
0016	Aguas Buenas	E
0020	Aibonito	G
0024	Añasco	Z
0028	Arecibo	A
0032	Arroyo	G
0036	Barceloneta	A
0040	Barranquitas	G
0044	Bayamón	B
0048	Cabo Rojo	Z
0052	Caguas	E
0056	Camuy	A
0060	Canovanas	F
0064	Carolina	F
0068	Cataño	B
0072	Cayey	E
0076	Ceiba	F
0080	Ciales	A
0084	Cidra	E
0088	Coamo	G
0092	Comerio	B
0096	Corozal	B
0100	Culebra	F

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**ATTACHMENT I - MUNICIPALITY CODES**

Alphabetical by Municipality		
MUNICIPALITY	REGION	CODE
Dorado	B	0104
Fajardo	F	0108
Florida	A	0112
Guanica	S	0116
Guayama	G	0120
Guayanilla	S	0124
Guaynabo	B	0128
Gurabo	E	0132
Hatillo	A	0136
Hormigueros	Z	0140
Humacao	E	0144
Isabela	Z	0148
Jayuya	S	0152
Juana Diaz	G	0156
Juncos	E	0160
Lajas	Z	0164
Lares	A	0168
Las Marias	Z	0172
Las Piedras	E	0176
Loiza	F	0180
Luquillo	F	0184
Manati	A	0188
Maricao	Z	0192
Maunabo	G	0196
Mayagüez	Z	0200

Ordered By Code		
CODE	MUNICIPALITY	REGION
0104	Dorado	B
0108	Fajardo	F
0112	Florida	A
0116	Guanica	S
0120	Guayama	G
0124	Guayanilla	S
0128	Guaynabo	B
0132	Gurabo	E
0136	Hatillo	A
0140	Hormigueros	Z
0144	Humacao	E
0148	Isabela	Z
0152	Jayuya	S
0156	Juana Diaz	G
0160	Juncos	E
0164	Lajas	Z
0168	Lares	A
0172	Las Marias	Z
0176	Las Piedras	E
0180	Loiza	F
0184	Luquillo	F
0188	Manati	A
0192	Maricao	Z
0196	Maunabo	G
0200	Mayagüez	Z

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality		
MUNICIPALITY	REGION	CODE
Moca	Z	0204
Morovis	A	0208
Naguabo	E	0212
Naranjito	B	0216
Orocovis	G	0220
Patillas	G	0224
Peñuelas	S	0228
Ponce	S	0232
Puerta de Tierra	J	0264
Puerto Nuevo	J	0270
Quebradillas	A	0236
Rincon	Z	0240
Rio Grande	F	0244
Rio Piedras	J	0272
Sabana Grande	Z	0248
Salinas	G	0252
San German	Z	0256
San José	J	0274
San Juan	J	0266
San Lorenzo	E	0276
San Sebastian	Z	0280
Santa Isabel	G	0284
Toa Alta	B	0288
Toa Baja	B	0292
Trujillo Alto	F	0296

Ordered By Code		
CODE	MUNICIPALITY	REGION
0204	Moca	Z
0208	Morovis	A
0212	Naguabo	E
0216	Naranjito	B
0220	Orocovis	G
0224	Patillas	G
0228	Peñuelas	S
0232	Ponce	S
0236	Quebradillas	A
0240	Rincon	Z
0244	Rio Grande	F
0248	Sabana Grande	Z
0252	Salinas	G
0256	San German	Z
0264	Puerta de Tierra	J
0266	San Juan	J
0270	Puerto Nuevo	J
0272	Rio Piedras	J
0274	San José	J
0276	San Lorenzo	E
0280	San Sebastian	Z
0284	Santa Isabel	G
0288	Toa Alta	B
0292	Toa Baja	B
0296	Trujillo Alto	F




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**ATTACHMENT I - MUNICIPALITY CODES**

Alphabetical by Municipality		
MUNICIPALITY	REGION	CODE
Utuado	A	0300
Vega Alta	B	0304
Vega Baja	A	0308
Vieques	F	0312
Villalba	G	0316
Yabucoa	E	0320
Yauco	S	0324
Outside Puerto Rico	O	0666

Ordered By Code		
CODE	MUNICIPALITY	REGION
0300	Utuado	A
0304	Vega Alta	B
0308	Vega Baja	A
0312	Vieques	F
0316	Villalba	G
0320	Yabucoa	E
0324	Yauco	S
0666	Outside Puerto Rico	O

\*

\* 0666 is valid only for use with Municipality Service on CLAIMSERVICES Input File and/or Municipality on CAPITATION Input File.

NOTE: Any municipality code may appear in region SPECIAL.



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**ATTACHMENT II - CARRIER CODES**

<b>CODE</b>	<b>Carrier</b>	<b>Type</b>
01	(discontinued) Triple-S Salud, Inc.	MCO
02	(discontinued) Humana	MCO
03	(discontinued) Triple-S Salud, Inc.	TPA
04	(discontinued) First Medical Health Plan, Inc.	MCO
05	(discontinued) PMC Medicare Choice, LLC	MCO
06	(discontinued) Triple-S Salud, Inc.	MCO
07	(discontinued) Molina Healthcare of Puerto Rico, Inc.	MCO
08	(discontinued) MMM Multi Health, LLC	MCO
09	First Medicaid Health Plan, Inc. (NHM)	MCO
10	MMM Multi Health, LLC (NHM)	MCO
11	(discontinued) Molina Healthcare of Puerto Rico, Inc. (NHM)	MCO
12	Plan de Salud Menonita (NHM)	MCO
13	Triple-S Salud, Inc. (NHM)	MCO
17	(discontinued) MCS	MCO
25	(discontinued) La Cruz Azul de P.R.	MCO
27	(discontinued) MCS Life	Medicare Platino
28	(discontinued) Red Medica	Medicare Platino
29	MMM Healthcare, INC	Medicare Platino
31	(discontinued) Triple-S Salud, Inc.	Medicare Platino
33	Preferred Medicare Choice	Medicare Platino
34	MCS Advantage	Medicare Platino
35	(discontinued) COSVIMed	Medicare Platino
37	(discontinued) Salud Dorada con Medicare	Medicare Platino

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**ATTACHMENT II - CARRIER CODES**

<b>CODE</b>	<b>Carrier</b>	<b>Type</b>
39	(discontinued) MAPFRE	Medicare Platino
41	(discontinued) Health Medicare Ultra	Medicare Platino
42	Humana	Medicare Platino
44	(discontinued) Auxilio Platino	Medicare Platino
45	(discontinued) Constellation Health, LLC	Medicare Platino
46	Triple-S Advantage	Medicare Platino
47	(discontinued) American Health	Medicare Platino
48	(discontinued) MMM-First Plus	Medicare Platino
49	(discontinued) First Medical Health Plan, Inc.	Medicare Platino
51	(discontinued) Triple-S Salud, Inc.	TPA – Direct Contract
52	(discontinued) Humana	TPA – Direct Contract
53	(discontinued) MCS	TPA – Direct Contract
54	(discontinued) Triple-S Salud, Inc.	TPA – Direct Contract
55	(discontinued) COSVI	TPA – Direct Contract
60	(discontinued) Caremark	PBM
62	ABARCA	PBM
64	MC-21	PBM
70	(discontinued) ASSMCA	Mental Health Pilot
71	Plan de Salud Hospital Menonita	Government Employee
72	MMM Healthcare, INC	Government Employee
73	(discontinued) National Life Insurance Company	Government Employee
74	(discontinued) Ryder Health Plan, Inc.	Government Employee
75	Triple-S Salud Inc.	Government Employee

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**ATTACHMENT II - CARRIER CODES**

<b>CODE</b>	<b>Carrier</b>	<b>Type</b>
76	(discontinued) BHP	MBHO
77	Humana Health Plan of Puerto Rico, Inc.	Government Employee
78	(discontinued) MAPFRE	Government Employee
79	MCS Life Insurance Company	Government Employee
80	(discontinued) PROSSAM	Government Employee
81	Asociacion de Maestros de Puerto Rico	Government Employee
82	First Medical Health Plan, Inc.	Government Employee
83	(discontinued) APS	MBHO
84	(discontinued) APS	Government Employee
85	PMC Medicare Choice, LLC	Government Employee
86	(discontinued) Molina Healthcare of Puerto Rico, Inc.	Government Employee
87	Triple-S Advantage	Government Employee
88	(discontinued) MMM-First Plus	Government Employee
89	(discontinued) Panamerican Life Insurance Group (PALIG)	Government Employee
90	(discontinued) Delta Dental	Government Employee
91	MMM Multi Health, LLC	Government Employee
95	(discontinued) FHC	MBHO
96	(discontinued) American Health Medicare	Government Employee



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**ATTACHMENT III - SPECIALTY CODES**

<b>CODE</b>	<b>Specialty</b>
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Therapy
13	Neurology
14	Neurosurgery
15	Speech Language Pathologist in Private Practice
16	Obstetrics / Gynecology
17	Hospice and palliative care
18	Ophthalmology
19	Oral Surgery
20	Orthopedic Surgery
21	Cardiac electrophysiology

Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan



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**ATTACHMENT III - SPECIALTY CODES**

<b>CODE</b>	<b>Specialty</b>
22	Pathology
23	Sports medicine
24	Plastic and Reconstructive Surgery
25	Physical Medicine / Rehabilitation
26	Psychiatry
27	Geriatric psychiatry
28	Colorectal Surgery (Formerly Proctology)
29	Pulmonary Diseases
30	Diagnostic Radiology
31	Intensive cardiac rehabilitation
32	Anesthesiologist Assistant
33	Thoracic Surgery
34	Urology
35	Chiropractic
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry
42	Certified Nurse Midwife
43	Certified Registered Nurse Assistant (CRNA)
44	Infectious Disease




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**ATTACHMENT III - SPECIALTY CODES**

<b>CODE</b>	<b>Specialty</b>
45	Mammography Screening Center
46	Endocrinology
47	Independent Diagnostics Testing Facility
48	Podiatry
49	Ambulatory Surgical Center
50	Nurse Practitioner
51	Medical Supply Company with Orthotist
52	Medical Supply Company with Prosthetist
53	Medical Supply Company with Orthotist-Prosthetist
54	Other Medical Supply Company
55	Individual Certified Orthotist
56	Individual Certified Prosthetist
57	Individual Certified Orthotist-Prosthetist
58	Medical Supply Company with pharmacist
59	Ambulance Service Provider
60	Public Health and Welfare Agency
61	Voluntary Health or Charitable Agency
62	Psychologist
63	Portable X-ray Supplier
64	Audiologist
65	Physical Therapist
66	Rheumatology
67	Occupational Therapy



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**ATTACHMENT III - SPECIALTY CODES**

<b>CODE</b>	<b>Specialty</b>
68	Clinical Psychologist
69	Clinical Laboratory
70	Multi-Specialty Clinic or Group Practice
71	Registered Dietician / Nutritional Professional
72	Pain Management
73	Mass Immunization Roster Billers
74	Radiation Therapy Center
75	Slide Preparation Facilities
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
80	Licensed Clinical Social Worker
81	Critical Care (Intensivists)
82	Hematology
83	Hematology / Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
87	All Other Suppliers
88	Unknown Supplier / Provider Specialty
89	Certified Clinical Nurse Specialist
90	Medical Oncology



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**ATTACHMENT III - SPECIALTY CODES**

<b>CODE</b>	<b>Specialty</b>
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Intervention Radiology
96	Optician
97	Physician Assistant
98	Gynecological Oncology
99	Unknown Physician Specialty
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Other Nursing Facility
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
BB	Blood Bank
CV	Cardiac Catheterization Facility
DC	Detox Center
DD	Dentist
DF	Dialysis Facility
EC	Emergency Care Facility
EN	Endodontist



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ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
G1	Geneticist
HE	Health Educator
HN	Home Health Nurse
HV	HIV Ambulatory Antibiotic Facility
IC	Intensive Care Unit
IT	Infusion Therapy
LI	Lithotripsy
N1	Neonatology
NI	Neonatal ICU
O1	Occupational Medicine
OP	Optical
P1	Perinatology
P2	Pediatric Surgery
PC	Clinic – Primary Level
PE	Periodontist
PH	Private Hospital
PP	Private Psychiatric Hospital
PS	Psychiatric Partial Hospital
RT	Respiratory Therapist
SH	State Hospital
SP	State Psychiatric Hospital
ST	Short Term Intervention Center (Behavioral Health-Stabilization Unit)
XR	X-ray Facility

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ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
Z4	Cardiovascular Surgery Program



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan		
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Telehealth Provided Other than in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals. (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.



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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT IV - PLACE OF SERVICE CODES**

<b>CODE</b>	<b>Name</b>	<b>Description</b>
09	Prison / Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
11	Office	Location, other than a hospital, Skilled Nursing Facility (SNF), military treatment facility, community health center, State or local public health clinic, or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.




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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
18	Place of Employment- Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual.
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus- Outpatient Hospital	A portion of a hospital, which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.




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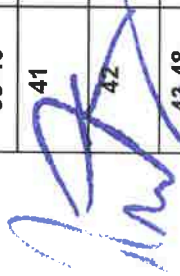
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility, which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	<p>A facility that provides the following services:</p> <ul style="list-style-type: none"> <li>• Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility.</li> <li>• 24 hour a day emergency cares services.</li> <li>• Day treatment, other partial hospitalization services, or psychosocial rehabilitation services.</li> <li>• Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.</li> <li>• Consultation and education services.</li> </ul>
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who, does not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.




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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care, which provides a total 24-hour therapeutically, planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58	Non-residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).
59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A

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**ATTACHMENT IV - PLACE OF SERVICE CODES**

<b>CODE</b>	<b>Name</b>	<b>Description</b>
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility, which is located in a rural medically, underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other service facilities not specified above.



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**ATTACHMENT V - PROVIDER TYPE CODES**

<b>CODE</b>	<b>Description</b>
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan	
AM	Ambulance
AS	Ambulatory Surgical Center
BB	Blood Bank
CL	Clinical Facility
DE	Dentist
DM	Durable Medical Equipment (DME)
EM	Emergency Facility
HH	Home Health Agency
HO	Hospital
HS	Hospice
LA	Laboratory
MD	Medical Doctor (Physician)
RX	Pharmacy
SN	Skilled Nursing Facility (SNF)
UF	Urgent Care facility
XR	Radiology Facility
ZZ	Other



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**ATTACHMENT VI – PLAN VERSION LIST**

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
01	09	100				Plan Vital
01	09	110				Plan Vital
01	09	120				Plan Vital
01	09	130				Plan Vital
01	09	220				Plan Vital
01	09	230				Plan Vital
01	09	300				Plan Vital
01	09	310				Plan Vital
01	09	320				Plan Vital
01	09	330				Plan Vital
01	09	970				Plan Vital
01	10	100				Encarcelados
01	10	110				Plan Vital
01	10	120				Plan Vital
01	10	130				Plan Vital
01	10	220				Plan Vital
01	10	230				Plan Vital
01	10	300				Plan Vital
01	10	310				Plan Vital
01	10	320				Plan Vital
01	10	330				Plan Vital
01	10	970				Encarcelados
01	12	100				Plan Vital
01	12	110				Plan Vital
01	12	120				Plan Vital
01	12	130				Plan Vital
01	12	220				Plan Vital
01	12	230				Plan Vital
01	12	300				Plan Vital
01	12	310				Plan Vital
01	12	320				Plan Vital
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Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
01	12	330				Plan Vital
01	12	970				Encarcelados
01	13	100				Plan Vital
01	13	110				Plan Vital
01	13	120				Plan Vital
01	13	130				Plan Vital
01	13	220				Plan Vital
01	13	230				Plan Vital
01	13	300				Plan Vital
01	13	310				Plan Vital
01	13	320				Plan Vital
01	13	330				Plan Vital
01	13	970				Encarcelados
02	29	004				Medicare Platino - MA-SNP
02	29	005				Medicare Platino - MA-SNP
02	29	014				Medicare Platino - MA-SNP
02	29	015				Medicare Platino - MA-SNP
02	29	017				Medicare Platino - MA-SNP
02	29	018				Medicare Platino - MA-SNP
02	29	019				Medicare Platino - MA-SNP
02	29	020				Medicare Platino - MA-SNP
02	29	023				Medicare Platino - MA-SNP
02	29	024				Medicare Platino - MA-SNP
02	29	025				Medicare Platino - MA-SNP
02	29	026				Medicare Platino - MA-SNP
02	33	005				Medicare Platino - MA-SNP
02	33	006				Medicare Platino - MA-SNP
02	33	007				Medicare Platino - MA-SNP
02	33	008				Medicare Platino - MA-SNP
02	33	009				Medicare Platino - MA-SNP
02	33	010				Medicare Platino - MA-SNP
02	33	015				Medicare Platino - MA-SNP
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Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
02	33	016				Medicare Platino - MA-SNP
02	33	017				Medicare Platino - MA-SNP
02	33	018				Medicare Platino - MA-SNP
02	33	019				Medicare Platino - MA-SNP
02	33	020				Medicare Platino - MA-SNP
02	34	003				Medicare Platino - MA-SNP
02	34	004				Medicare Platino - MA-SNP
02	34	011				Medicare Platino - MA-SNP
02	34	012				Medicare Platino - MA-SNP
02	34	029				Medicare Platino - MA-SNP
02	34	030				Medicare Platino - MA-SNP
02	34	031				Medicare Platino - MA-SNP
02	34	032				Medicare Platino - MA-SNP
02	34	035				Medicare Platino - MA-SNP
02	34	036				Medicare Platino - MA-SNP
02	34	043				Medicare Platino - MA-SNP
02	34	044				Medicare Platino - MA-SNP
02	34	045				Medicare Platino - MA-SNP
02	34	046				Medicare Platino - MA-SNP
02	34	047				Medicare Platino - MA-SNP
02	34	048				Medicare Platino - MA-SNP
02	34	049				Medicare Platino - MA-SNP
02	34	050				Medicare Platino - MA-SNP
02	34	051				Medicare Platino - MA-SNP
02	34	052				Medicare Platino - MA-SNP
02	34	053				Medicare Platino - MA-SNP
02	34	054				Medicare Platino - MA-SNP
02	34	055				Medicare Platino - MA-SNP
02	34	056				Medicare Platino - MA-SNP
02	42	005				Medicare Platino - MA-SNP
02	42	006				Medicare Platino - MA-SNP
02	42	007				Medicare Platino - MA-SNP
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Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan ACT	Plan Version Access	Plan Detail
02	42	008				Medicare Platino - MA-SNP
02	42	013				Medicare Platino - MA-SNP
02	42	014				Medicare Platino - MA-SNP
02	42	015				Medicare Platino - MA-SNP
02	42	016				Medicare Platino - MA-SNP
02	42	017				Medicare Platino - MA-SNP
02	42	018				Medicare Platino - MA-SNP
02	42	019				Medicare Platino - MA-SNP
02	42	020				Medicare Platino - MA-SNP
02	42	021				Medicare Platino - MA-SNP
02	42	022				Medicare Platino - MA-SNP
02	42	023				Medicare Platino - MA-SNP
02	42	024				Medicare Platino - MA-SNP
02	46	003				Medicare Platino - MA-SNP
02	46	004				Medicare Platino - MA-SNP
02	46	005				Medicare Platino - MA-SNP
02	46	006				Medicare Platino - MA-SNP
02	46	007				Medicare Platino - MA-SNP
02	46	008				Medicare Platino - MA-SNP
02	46	011				Medicare Platino - MA-SNP
02	46	012				Medicare Platino - MA-SNP
02	46	013				Medicare Platino - MA-SNP
02	46	014				Medicare Platino - MA-SNP
02	46	015	ADMINISTRACION DE			Medicare Platino - MA-SNP
02	46	016	SEGUROS DE SALUD			Medicare Platino - MA-SNP
02	46	017	24-00047			Medicare Platino - MA-SNP
02	46	018				Medicare Platino - MA-SNP
02	46	019				Medicare Platino - MA-SNP
02	46	020				Medicare Platino - MA-SNP
02	46	025	Contrato Número			Medicare Platino - MA-SNP
02	46	026				Medicare Platino - MA-SNP
02	46	027				Medicare Platino - MA-SNP

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
02	46	028				Medicare Platino - MA-SNP
04	71	401	Oro	Regular	MCO	
04	71	402	Plata	Regular	MCO	
04	71	402	Alternativa 1 Plata	Regular	MCO	
04	71	404	Alternativa 2 Rubi	Regular	MCO	
04	71	405	Diamante	Regular	MCO	
04	71	407	Mandatoria	Regular	MCO	
04	71	408	Alterno 1	Regular	MCO	
04	71	409	Alterno 2	Regular	MCO	
06	71	400	Coverage 400 (ELA)	Regular	HMO	
09	71	400	Coverage 400 (ELA)	Retired Policemen	HMO	
05	72	501	Oro	Regular	HMO	
05	72	502	Plata	Regular	HMO	
05	72	503	Bronce	Regular	HMO	
05	72	504	Rubi	Regular	HMO	
05	72	505	ELA Flex	Auto-Enrollment	HMO POS	
05	72	506	ELA Relax	Auto-Enrollment	HMO POS	
05	72	507	MMM ELA Relax (HMO-POS)	Auto-Enrollment	HMO	
05	72	508	MMM ELA Premium (HMO-POS)	Auto-Enrollment	HMO	
05	72	509	MMM ELA Advantage	Auto-Enrollment	HMO	
05	72	510	ELA CASH	Regular	HMO	
05	72	511	ELA GRANDE	Regular	HMO	
05	72	512	ELA DINAMICO	Regular	HMO	
04	75	401	Oro	Regular	MCO	
04	75	402	Plata	Regular	MCO	
04	75	403	Bronce	Regular	MCO	
04	75	404	Rubi	Regular	MCO	
04	75	405	Diamante	Regular	MCO	
04	75	406	Complementaria de Medicare	Regular	MCO	
04	75	407	Mandatoria Universal	Regular	MCO	
04	75	408	Alterno 1 Equilibrio	Regular	MCO	
06	75	400	Coverage 400 (ELA)	Regular	HMO	




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Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan ACT	Plan Version Access	Plan Detail
09	75	400	Coverage 400 (ELA)	Retired Policemen	HMO	
05	77	501	Oro	Regular	HMO	
05	77	502	Plata	Regular	HMO	
05	77	503	Bronce	Regular	HMO	
05	77	504	Rubi	Regular	HMO	
05	77	505	PR I	Auto-Enrollment	HMO	
05	77	506	PR II	Auto-Enrollment	HMO	
05	77	507	PR III	Auto-Enrollment	PPO	
05	77	508	US Access Only	Auto-Enrollment	HMO	
05	77	509	HMO FL	Auto-Enrollment	HMO	
05	77	510	ELA Rubi MAX	Auto-Enrollment	HMO	
05	77	511	ELA HMO Bronce	Auto-Enrollment	HMO	
05	77	512	ZAFIRO		HMO	
05	77	513	Basic Deluxe		HMO	
04	78	401	Oro	Regular	MCO	
04	78	402	Plata	Regular	MCO	
04	78	403	Bronce	Regular	MCO	
04	78	404	Rubi	Regular	MCO	
04	78	405	Diamante	Regular	MCO	
04	78	406	Complementaria de Medicare	Regular	MCO	
04	78	407	Mandatoria	Regular	MCO	
04	78	408	Alterno 1	Regular	MCO	
04	78	409	Alterno 2	Regular	MCO	
05	79	501	Oro	Regular	HMO	
05	79	502	Plata	Regular	HMO	
05	79	503	Bronce	Regular	HMO	
05	79	504	Rubi	Regular	HMO	
05	79	505	ELA Crédito	Auto-Enrollment	HMO	
05	79	506	ELA Ahorro	Auto-Enrollment	HMO	
05	79	507	ELA Crédito Rubi	Auto-Enrollment	HMO	
05	79	508	ELA ENLACE ACERO OSS-PDS	Auto-Enrollment	HMO	
05	79	509	Gobierno Ahorro	Auto-Enrollment	HMO	

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan ACT	Plan Version Access	Plan Detail
05	79	510	ELA TE AYUDA OSS-PDS	Regular	HMO	
05	79	511	ELA MAXIMO OSS-PDS	Regular	HMO	
05	79	512	ELA Gobierno Extra	Regular	HMO	
04	80	401	Oro	Regular	MCO	
04	80	402	Plata	Regular	MCO	
04	80	403	Bronce	Regular	MCO	
04	80	404	Rubi	Regular	MCO	
04	80	405	Diamante	Regular	MCO	
04	80	406	Complementaria de Medicare	Regular	MCO	
04	80	407	Mandatoria	Regular	MCO	
04	80	408	Alterno 1	Regular	MCO	
04	80	409	Alterno 2	Regular	MCO	
04	80	410	Mandatorio ULTRA	Regular	MCO	
04	80	411	Alternativa 1 MAX	Regular	MCO	
04	80	412	Alternativa 2 FIT	Regular	MCO	
04	82	403	Bronce	Regular	MCO	
04	82	404	Alternativa 1 Premium ELA RUBI	Regular	MCO	
04	82	405	Diamante	Regular	MCO	
04	82	406	Complementaria de Medicare	Regular	MCO	
04	82	407	Alternativa 2 Classic ELA RUBI	Regular	MCO	
04	82	408	Alterno 1	Regular	MCO	
04	82	409	Alterno 2	Regular	MCO	
06	82	400	Coverage 400 (ELA)	Regular	HMO	
09	82	400	Coverage 400 (ELA)	Retired Policemen	HMO	
05	87	501	Oro	Regular	HMO	
05	87	502	Plata	Regular	HMO	
05	87	503	Bronce	Regular	PPO	
05	87	504	Rubi	Regular	HMO	
05	87	505	ELA Royal	Auto-Enrollment	HMO	
05	87	506	ELA Óptimo	Auto-Enrollment	HMO	
05	87	507	ELA Royal Plus	Auto-Enrollment	HMO	
05	87	508	ELA Titán	Auto-Enrollment	HMO	Contrato Número

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
05	87	509	ELA Óptimo Plus	Auto-Enrollment	HMO	
05	88	501	MMM ELA Advantage	Regular	PPO	
05	88	502	Plata	Regular	PPO	
05	88	503	Bronce	Regular	PPO	
05	88	504	Rubi	Regular	PPO	
05	88	505	Premium	Auto-Enrollment	PPO	
05	88	506	Premium 2	Auto-Enrollment	PPO	
05	88	507	Plus	Auto-Enrollment	PPO	
06	91	400	Coverage 400 (ELA)	Regular	HMO	
09	91	400	Coverage 400 (ELA)	Retired Policemen	HMO	




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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT VII – CAPITATION TYPE LIST**

Cap type code	Cap type description
01	Admin
02	Dental
03	DME
04	Emergency Room
05	Extended Hours Services
06	Glasses and Contact Lenses
07	Home Health Care
08	Hospital
09	Lab/Medical Imaging
10	Medical Transportation
11	Mental Health
12	Mental Health Facility
13	Occupational/Physical/Speech Therapy
14	On Call Services
15	Pharmacy
16	Preventative
17	Primary Care Physician
18	Primary Medical Group
19	Prosthetics and Orthotics
20	RAF
21	Specialist
22	Other

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**ATTACHMENT VIII - HOUR CODES**

<b>CODE</b>	<b>Description</b>
01	1:00 a.m.
02	2:00 a.m.
03	3:00 a.m.
04	4:00 a.m.
05	5:00 a.m.
06	6:00 a.m.
07	7:00 a.m.
08	8:00 a.m.
09	9:00 a.m.
10	10:00 a.m.
11	11:00 a.m.
12	12:00 noon
13	1:00 p.m.
14	2:00 p.m.
15	3:00 p.m.
16	4:00 p.m.
17	5:00 p.m.
18	6:00 p.m.
19	7:00 p.m.
20	8:00 p.m.
21	9:00 p.m.
22	10:00 p.m.
23	11:00 p.m.
00	12:00 a.m.

Codes included in this table are designed for completeness of fields that require providing the hour using a two-digit code, based on 24-hour clock.




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