

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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION
Carrier to ASES Data Submissions
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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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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_ccyyymm.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_ccyyymm.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:

| Region | Incurred Month | Paid Month | Capitation Paid Amount |
|--------|----------------|------------|------------------------|
| 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 or.xlsx depending on Excel version.

An example of how the encounter 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>Encounters Count</u> |
|-------------------|---------------|-----------------------|-------------------|-------------------------|
| 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 | 000000123 |
| \$100.00 will be coded as | 000010000 |

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:

| <u>Value</u> | <u>Field</u> |
|--------------|--------------|
| 12.50 | 000001250 |
| 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 filed 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 –

Where: **Dccymmms.fff.zip**
Character 1 Always "D"
Characters 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 yymm 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 | Required 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 Juen "S" = South-West "P" = SPECIAL "X" = All Regions "O" = Outside Puerto Rico | X | Required 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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CLAIMSERVICES INPUT FILE LAYOUT

| # | 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>Required</p> <p>Must equal "01", "02", "03", "04", "05", "06", "09"</p> <p>Value "01" must correspond to a GHIP carrier or to an MBHC, 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>Required for Plan Type "04", "05", "06" and "09" (Government Employee)</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>Required</p> <p>Left justified, blank filled to 20 characters if value is less than 20 characters.</p> |

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|---|--------------|---------------------|--|-------------------------|--|
| 6 | sv_line | Service Line Number | Number identifying individual service within a given claim. | XXXXX | Required 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=HCFVCMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim | X | Required 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 | Required for all claims submitted on Uniform Bill (UB) claim form. 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 | Required Must equal "P", "D", "A", "R" or "E". If value is "E", service will have zero Paid Amount. |

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| # | 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: http://www.x12.org/codes/claim-adjustment-reason-codes/ | XXX | Must be present on claims with a Claim Line Status (sy_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 | Required 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 | Required 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 | Required 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) | Required 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) | Must be present on all claims of Plan Type "01", except on claims from plan version 970. 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) | Required 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) | Required Must be all numeric Must be a full 9 digits, right justified, zero filled |

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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 | Required Must be ASES Assigned member suffix. All numeric value 01 to 99. |
| 25 | patient_name | Patient Name | Member Name | X(30) | Required 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) | Required 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 | Required Must equal "M" or "F" |
| 28 | birth_date | Birth Date | Member Date of Birth in YYYYMMDD format | YYYYMMDD | Required 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 | Required 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 | Required 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. | S9(7)*99 | 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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| # | 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 4 2 format | X(11) | Required on Pharmacy claims. 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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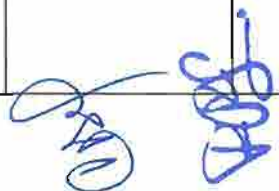
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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|-------------|----------------------------|---|-------------------------|---|
| 47 | lcd_diag_01 | Primary ICD Diagnosis code | Non-Pharmacy/Dental ICD diagnosis 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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| # | 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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| # | 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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| # | 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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| # | 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) | Required 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) | Required 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) | Required 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 | Required Must be "Y" or "N". |

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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 | Required 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 | Required Must be a valid Place of service Code. |
| 74 | ccb_code | COB Code | Identify if the beneficiary has other Health Insurance for this service. "Y" if member has other health insurance. "N" otherwise. | X | Required Must be "Y" or "N" |
| 75 | amt_billed | Billed Amount | For non-Pharmacy Cost of service as billed by the provider. | S9(7)y99 | Required for non-Pharmacy claims. Must be a number on all non-pharmacy records. Cannot be left blank for non-pharmacy. |

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|----|-------------|--------------------|---|-------------------------|---|
| 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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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|-----------------|-----------------------|---|-------------------------|--|
| 81 | amt_paid | Paid Amount | Amount paid by carrier for this service | S9(7)v99 | <p>Required Must be zero for encounters Must be zero for Services 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>Required on Encounter claims. On non-encounter claims, it must be blank.</p> |

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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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| # | 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) | <p>Required on Pharmacy claims When present it must be one of the valid codes. On non-Pharmacy claims must be blank</p> <p>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</p> |
| 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) | <p>Required on Pharmacy claims When present must be a number On non-Pharmacy claims must be blank</p> |
| 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) | <p>Required on Pharmacy claims Left justified, blank filled Must be "Y" or "N" On non-Pharmacy claims must be blank.</p> |

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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> <p>01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema Blank = Not Specified</p> | XX | <p>Required on Pharmacy claims. 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>Required on Pharmacy claims. 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>Required on Pharmacy claims. 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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| # | 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 | Required on Pharmacy claims. For non-Pharmacy claims must be blank. Describes the basis of the amount reported on the NDC Quantity-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) | Required 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) | Required on Pharmacy claims 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 NDC-UNIT-OF-MEASURE 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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| # | 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 or 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" Not Required for Plan Type "01", "04", "05", "06" or "09". |
| 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 | Required for Plan Type "02" and "03" (Medicare Platino) Must be filled if Cost Applied To = 2 or 3 Not Required for Plan Type "01", "04", "05", "06" or "09" |
| 105 | off_island | Off Island Flag | Indicator for whether service was located off of the islands of Puerto Rico, Culebra, and Vieques. | X | Required 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 | Required Must be a 3 digit Plan Version Code Carrier ID, Plan Type, and Plan Version must validate with a plan definition contracted with ASES. Required for Plan Type "02", "03" (Medicare Platino), "04", "05", "06" and "09" Not Required for Plan Type "01" |
| 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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| # | 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 (UB) 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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| # | 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_reim_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_reim_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_reim_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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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|-----------|--|---|-------------------------|---|
| 121 | poa_ind_2 | Second Present on Admission (POA) Indicator Flag | <p>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.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X | <p>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.</p> <p>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.</p> |
| 122 | poa_ind_3 | Third Present on Admission (POA) Indicator Flag | <p>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.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X | <p>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.</p> <p>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.</p> |




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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. 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. |
| 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. 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 |
|-----|-----------|--|--|-------------------------|--|
| 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. 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. |
| 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. 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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|-----|------------|--|---|-------------------------|---|
| 129 | poa_ind_10 | Tenth Present on Admission (POA) Indicator Flag | <p>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.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X | <p>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.</p> <p>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.</p> |
| 130 | poa_ind_11 | Eleventh Present on Admission (POA) Indicator Flag | <p>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.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X | <p>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.</p> <p>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.</p> |

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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 |
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| 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. |



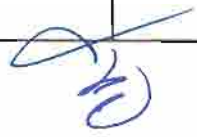

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|--------------------|-------------------------|---|-------------------------|---|
| 138 | occurrence_code_07 | Seventh Occurrence Code | A code to describe specific 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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CLAIMSERVICES INPUT FILE LAYOUT

| # | 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 (sy_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. Required Must be = "X" |

| | |
|---------------|-----|
| RECORD LENGTH | 977 |
|---------------|-----|

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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 | Required 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) | Required 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) | Required Must be left justified, blank filled to the right |
| 4 | prov_fname | Prov Fname | For an individual, First Name (Nombre) | X(30) | Required for Individual providers 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) | Required |
| 7 | prov_addr1 | Prov Addr1 | First line of provider's physical address | X(45) | Required 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) | Required Must be left justified, blank filled to the right |
| 11 | prov_state | Prov State | Provider's state | X(45) | Required 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) | Required 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) | Required Must be left justified, blank filled to the right |
| 14 | prov_tel | Prov Telephone | Provider's telephone number. <i>SEE NOTES - Changes and Additions in Data File Layouts: PROVIDER telephone numbers</i> | X(20) | Required 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) | Required 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 Specialty Code in Attachment III | X(10) | Required Must be left justified, blank filled to the right Must be a valid taxonomy Code. |
| 20 | spec1 | Specialty Code 1 | Provider Specialty (first). See Specialty Code in Attachment III | X(20) | Required Must be left justified, blank filled to the right Must be a valid Specialty Code |
| 21 | taxonomy2 | Taxonomy 2 | 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. |
| 22 | spec2 | Specialty Code 2 | Provider Specialty (second). See Specialty Code in Attachment III | X(20) | Optional Must be left justified, blank filled to the right Must be a valid Specialty 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 <i>federal_tax_id</i> 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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| # | 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 | Required 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 | dob | Birth Date | For an individual, Provider Date of Birth in YYYYMMDD format | YYYYMMDD | Required for an individual; left blank for an entity. 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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| # | Field | Field | Description | Deliverable Data Format | Validation Rules |
|----|-------------------------|-------------------------------|---|-------------------------|--|
| 39 | cdod | 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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PROVIDERS INPUT FILE LAYOUT

| # | 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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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 | Required 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) | Required 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) | Required Must be left justified, blank filled to the right |
| 4 | ipa_addr1 | IPA Addr1 | IPA/HCO's first line of address | X(45) | Required 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) | Required Must be left justified, blank filled to the right |
| 8 | ipa_state | IPA State | IPA/HCO's state | X(45) | Required 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) | Required 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) | Required 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) | Required 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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IPA INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----------------------|----------------|-------------------------|--|-------------------------|--|
| 14 | federal_tax_id | Federal Tax ID | EIN of IPA | X(20) | Required 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 | Required 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) | Required Left justified, blank field to the right. |
| 17 | ipa_adm_lname | IPA Administrator Lname | IPA/HCO Administrator Last Names (Apellidos) | X(50) | Required 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 | Required Must be "" |
| RECORD LENGTH | | | | | 580 |




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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 | Required 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) | Required 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 | Required 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 | Required 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 | Required 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) | Required 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 | pcp_npi | Provider NPI | National Provider Identifier (NPI) of the provider to which the capitation payment is made. | X(10) | Required Must be the NPI, or if none exists, must be "N/A". Left justified, blank field to the right. |
| 8 | lpa | 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) | Required if Carrier ID corresponds to Plan Type "01" 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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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 | Required 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". |
| 10 | municipality_code | Municipality | Municipality of residence of member. See Municipality Code in Attachment I. | XXXX | Required 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) | Required 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) | Required 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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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 | Required Must be 2 digits (numeric) |
| 14 | cap_amt | Capitation Amount | Capitation amount paid to provider MAY BE NEGATIVE SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT | S9(7)v99 | Required 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. MAY BE NEGATIVE SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT | S9(7)v99 | Required 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. MAY BE NEGATIVE SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT | S9(7)v99 | Required 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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| # | 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 PBH 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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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 = *** |
| RECORD LENGTH | | | | | 193 |

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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 | Required Must be two (2) digit s (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) | Required 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 | Required 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 "C" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "O" = Outside Puerto Rico | X | Required |
| 5 | pmg | IPA Code | The identification number of the primary medical group. If not applicable enter "N/A". | X(10) | Required IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right |
| 6 | pmg_name | PMG Name | Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters | X(80) | Required |
| 7 | npi | NPI | The name or title of the primary medical group. If not applicable enter "N/A" The national provider identification number. All providers are required to have an NPI number. | X(10) | Required |
| 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 | Required ADMINISTRACION DE SEGUROS DE SALUD 24 - 00048 |

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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 | credential | Credential | 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 credentialled/credentialled provider, enter "No" if the provider requires credentialing/recredentialing, if the provider is not required to submit credentialing/recredentialing, enter "N/A" in this column. | XXX | Required |
| 11 | 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 |
| 12 | credential_exp_date | Credential 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 |
| 13 | federal_tax_id | Provider SSN or EIN | The federal identification number of the provider. SSN for individuals, EIN for entities. | X(20) | Required Left justified, blank filled to the right Must be 9 digits in significant positions |
| 14 | prov_id | Provider ID | 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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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|--------------------|---------------------------|---|-------------------------|--|
| 17 | contract_term_date | Contract termination date | The provider's contract termination date. | YYYYMMDD | Required 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 | Provider Specialty (first). See Specialty Code description in Attachment III | X(46) | Optional |
| 19 | specialty_code | Specialty Code | Provider Specialty (first). See Specialty Code in Attachment III | XX | Required 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) | Optional 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) | Required 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) | Optional 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) | Required Must be left justified, blank filled to the right |
| 24 | mi | MI | For an individual, the middle name of the provider. | X(30) | Optional 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) | Required 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) | Optional 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) | Required 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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NETWORK INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|----------------|-------------------------|---|-------------------------|---|
| 29 | phone | Phone | Provider's telephone number. SEE NOTES - Changes and Additions in Data File Layouts: PROVIDER telephone numbers | X(20) | Required 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. SEE NOTES - Changes and Additions in Data File Layouts: PROVIDER telephone numbers | 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 |
| 31 | sunday | Sunday working hours | The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 32 | monday | Monday working hours | The Monday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 33 | tuesday | Tuesday working hours | The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 34 | wednesday | Wednesday working hours | The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 35 | thursday | Thursday working hours | The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 36 | friday | Friday working hours | The Friday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 37 | saturday | Saturday working hours | The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 38 | ncdpdp_id | NCPDP ID | The National Council for Prescription Drugs ID | X(10) | Optional |
| 39 | state | State | The provider's address state. | X(45) | Optional Must be left justified, blank filled to the right |
| 40 | license_number | License number | The Provider's license number. | X(10) | Required 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) | Optional |

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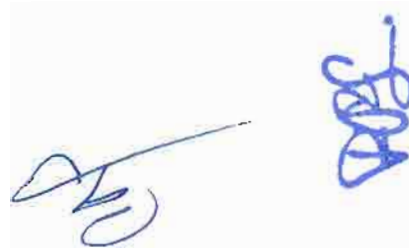
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NETWORK INPUT FILE LAYOUT

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



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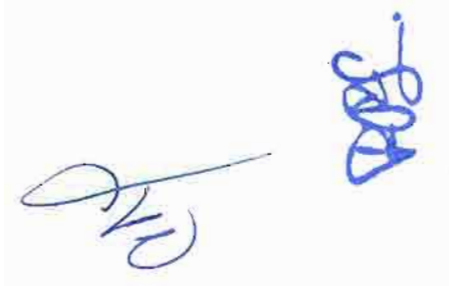
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ATTACHMENT I - MUNICIPALITY CODES

| 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 |
| Manatí | 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 | Manatí | A |
| 0192 | Maricao | Z |
| 0196 | Maunabo | G |
| 0200 | Mayagüez | Z |

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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 |
| Utuaado | A | 0300 |
| Vega Alta | B | 0304 |
| Vega Baja | A | 0308 |
| Vieques | F | 0312 |
| Villalba | G | 0316 |
| Yabucóa | E | 0320 |
| Yauco | S | 0324 |
| Outside Puerto Rico | O | 0666 |

| Ordered By Code | | |
|-----------------|---------------------|--------|
| CODE | MUNICIPALITY | REGION |
| 0300 | Utuaado | 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

| CODE | Carrier | Type |
|------|---|------------------|
| 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

| CODE | Carrier | Type |
|------|--|-----------------------|
| 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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT II - CARRIER CODES

| CODE | Carrier | Type |
|------|---|---------------------|
| 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

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

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ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty |
|------|---|
| 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

| CODE | Specialty |
|------|---|
| 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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty |
|------|---|
| 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

| CODE | Specialty |
|------|---|
| 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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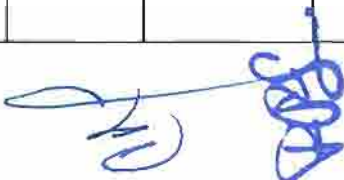
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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 ADMINISTRACION DE SEGUROS DE SALUD | 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

| CODE | Name | Description |
|------|--|--|
| 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 ADMINISTRACION DE SEGUROS DE SALUD | 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 ADMINISTRACION DB SEGUROS DE SALUD | 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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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"> • 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. • 24 hour a day emergency cares services. • Day treatment, other partial hospitalization services, or psychosocial rehabilitation services. • Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. • Consultation and education services. |
| 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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE | Name | Description |
|-------------|-------------------------------------|--|
| 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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT V - PROVIDER TYPE CODES

| CODE | Description |
|--|---------------------------------|
| 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 | | | | Encarcelados |
| 01 | 10 | 100 | | | | Plan Vital |
| 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 |
|-----------|------------|--------------|--------------------------|----------|---------------------|---------------------------|
| 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 | 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 | MMMM ELA Relax (HMO-POS) | Auto-Enrollment | HMO | |
| 05 | 72 | 508 | MMMM 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 | ADMINISTRACION DE |
| 05 | 72 | 512 | ELA DINAMICO | Regular | HMO | SEGUROS DE SALUD |
| 04 | 75 | 401 | Oro | Regular | MCO | |
| 04 | 75 | 402 | Plata | Regular | MCO | 24 - 00048 |
| 04 | 75 | 403 | Bronce | Regular | MCO | |
| 04 | 75 | 404 | Rubi | Regular | MCO | |
| 04 | 75 | 405 | Diamante | Regular | MCO | Contrato Número |
| 04 | 75 | 406 | Complementaria de Medicare | Regular | MCO | |
| 04 | 75 | 407 | Mandatoria Universal | Regular | MCO | |
| 04 | 75 | 408 | Alternativa 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 Rubí 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 | Alternativo 1 | Regular | MCO | |
| 04 | 78 | 409 | Alternativo 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 Rubí | Auto-Enrollment | HMO | |
| 05 | 79 | 508 | ELA ENLACE ACERO OSS-PDS | Auto-Enrollment | HMO | Contrato Número |
| 05 | 79 | 509 | Gobierno Ahorro | Auto-Enrollment | HMO | |

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| 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 | ADMINISTRACION DE SEGUROS DE SALUD |
| 05 | 87 | 502 | Plata | Regular | HMO | 24-00048 |
| 05 | 87 | 503 | Bronce | Regular | PPO | |
| 05 | 87 | 504 | Rubi | Regular | HMO | |
| 05 | 87 | 505 | ELA Royal | Auto-Enrollment | HMO | Contrato Número |
| 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 | |



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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 | MIMM 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

| CODE | Description |
|-------------|--------------------|
| 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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