Carrier to ASES Data Submissions

New File Layouts

Version 3.0A rev5

October 9, 2019

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
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ASES
Administración de Seguros de Salud de Puerto Rico

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ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
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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.

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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.

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.

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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 pended 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 may have the same claim ID and line number or may have the same claim ID and a different 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.

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. 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, and any "Out of Network" providers included on the CLM file.

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.

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.

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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 for the provider / member / experience date with an amount to be added or subtracted from the previously reported amount. 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 and a Capitation Amount of -$10.00. 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.

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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 and Capitation Lag Reports

Carriers are required to submit claims and capitation payment reports, called lag reports, on a monthly basis. These reports will be used to reconcile the data submitted. Data that does not match the lag reports on paid amount within a reasonable percentage will be deemed invalid and must be corrected. The 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_ccyymms.xls(x)

    Where:

    Characters 1-9 Always "CLAIMLAG_"

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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:

Claim Type	Region	Incurred Month	Paid Month	Paid Amount
Medical	East	201801	201801	50,823.43
Medical	South	201801	201802	45,534.00
Medical	North	201801	201803	986,796.36
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_ccyymms.xls(x)

Where:

Characters 1-7	Always "CAPLAG_"		
Characters 8-9	cc	=	Carrier Code (See attachment II)

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

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

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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.

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 a s9(7)v99 the following conventions apply:

- S - Leading sign
- 9(7) - 7 decimal digits

- v - Implied decimal point
- 99 - 2 digits after the implied decimal point

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

Value	Field
12.50	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 –

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

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

Data File Naming Conventions

All data files to be delivered to ASES by the carriers must 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 –

Dccyymms.fff

Where:

Character 1	Always "**D**"		
Characters 2-3	**cc**	=	Carrier Code (See attachment II)
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

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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
Providers	D9918040.PRV
IPA	D9918040.IPA
Capitation	D9918040.CAP
Network	D9918040.NET

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

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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 Juan "S" = South-West "P" = SPECIAL "X" = All Regions	X	Required Must be valid ASES Region code
3	plan_type	**Plan Type**	ASES defined Plan Type 01 = GHIP 02 = MA-SNP 03 = MA-PD 04 = Law 95 Commercial 05 = Law 95 Advantage 06 = Law 95 ELA-GHP	XX	Required Must equal "01", "02", "03", "04", "05", "06" Value "01' must correspond to a GHIP carrier or to an MBHO, PBM, or other assigned carrier code which is not Medicare Platino. Values of "02" or "03" must correspond to Medicare Platino Carrier ID. Values of "04" or "05" must correspond to government employee Carrier ID. Value "06' must correspond to an ELA-GHP ("ELA Puros") carrier.

#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
4	contract_type	**Contract Type**	Contract type to distinguish multiple plans within Plan Type. For government employee claims indicates contract type: 1 = Family 2 = Couple 3 = Individual 4 = Optional Dependent	X	Required for Plan Type "04", "05" and "06" (Government Employee) Not required for Plan Type "01", "02", or "03".
5	claim_id	**Claim ID**	Unique Identification number within Carrier with the addition of the claim_parent. May be Carrier's Internal Claim Identification number. 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.
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=HCFA/CMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	Required Must equal "U", "H", "P" or "D".

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
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 (sv_stat field) equal to "A". Right justified. For claims without adjustment, this field must be left blank.
11	forced_claim_ind	**Forced Claim Indicator**	This code indicates if the claim was processed by forcing it through a manual override process.	**X**	'Y'- Yes 'N' - No
12	adm_date	**Admit Date**	For UB-04 claims this is the date of admission. For other claims this is the Service From Date of the earliest service.	**YYYYMMDD**	Required Must be a valid date.
13	dis_date	**Discharge Date**	For UB-04 claims this is the date of discharge. For other claims this is the S[illegible] To date of the latest servic[illegible]	**YYYYMMDD**	Required Must be a valid date Must be equal or later than Admit Date

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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
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

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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" 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
24	member_suffix	**ASES Member Suffix**	Identifies the beneficiary within the family group. Must be the two digit member suffix as supplied in ASES Eligibility data.	**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"

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
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)v99**	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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
47	Icd_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	Icd_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	Icd_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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
50	Icd_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.
51	Icd_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	Icd_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	Icd_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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
54	Icd_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.
55	Icd_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	Icd_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	Icd_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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
58	icd_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.
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.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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
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	cob_code	**COB Code**	Identify if the beneficiary has other Health Insurance for this service. "Y if member has other health insurance, "N" otherwise.	**X**	Required Must be "Y" or "N"
75	amt_billed	**Billed Amount**	For non-Pharmacy Cost of service as billed by the provider.	**S9(7)v99**	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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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
76	amt_allowed	**Allowed Amount**	For non-Pharmacy Amount allowed for the service by the carrier.	**S9(7)v99**	Required for non-Pharmacy claims. Must be a number on all records Must be zero for encounters or denied services (Payment Status (sv_stat) = "E" or "D") Cannot be left blank For sv_stat "P" (Payment Status = "paid") this must be greater than zero.
77	deduct	**Deductible**	Amount paid by member before payments by the carrier begin for this service	**S9(7)v99**	Required Must be a number on all records Must be zero for encounters Cannot be left blank.
78	copay	**Co-Pay**	Amount paid by member as dollar co-payment for this service	**S9(7)v99**	Required Must be a number on all records Must be zero for encounters Cannot be left blank.
79	cob	**COB Amount**	Amount paid by other Health Insurance attributable to this service.	**S9(7)v99**	Required Must be a number on all records Must be zero for encounters Cannot be left blank.
80	coins	**Coinsurance Amount**	Amount paid by member as percentage of cost for this service	**S9(7)v99**	Required Must be a number on all records Must be zero for encounters Cannot be left blank.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
81	amt_paid	**Paid Amount**	Amount paid by carrier for this service	**S9(7)v99**	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 – 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 **For Plan Type "02", "03", "04", "05", "06" only -** amt_paid may be zero if the appropriate calculation above results in 0.00. For Plan Type "01" the amt_paid must be greater than zero.
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**	Required on Encounter claims. On non-encounter claims, it must be blank.

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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)**	Required on Pharmacy claims When present it must be one of the valid codes. On non-Pharmacy claims must be blank Valid Codes are – 0 - NO DISPENSE AS WRITTEN 1 - PHYSICIAN writes DISPENSE AS WRITTEN 2 - PATIENT REQUESTED 3 - PHARMACIST SELECTED BRAND 4 - GENERIC NOT IN STOCK 5 - BRAND DISPENSED, PRICED AS GENERIC 6 - OVERRIDE 7 - SUBSTITUTION NOT ALLOWED; BRAND MANDATED BY LAW 8 - GENERIC NOT AVAILABLE 9 - OTHER
90	rx_refill_cnt	**Refill Count**	For Pharmacy only. The number of refills specified by the physician writing the prescription on pharmacy claims.	**9(6)**	Required on Pharmacy claims When present must be a number On non-Pharmacy claims must be blank.
91	rx_par	**Participating Pharmacy Flag**	For Pharmacy only Indicates whether prescription was dispensed by a participating pharmacy on pharmacy claims Valid values – "Y" = participating pharmacy "N" = non-participating pharmacy	**X(7)**	Required on Pharmacy claims Left justified, blank filled Must be "Y" or "N" On non-Pharmacy claims must be blank.

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
92	compound_dosage_form	**Compound Dosage Form**	For Pharmacy only. Indicates the Dosage form of the complete compound mixture. Compound code are identified as: 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	**XX**	Required on Pharmacy claims On non-Pharmacy claims must be blank All numeric, right justified, zero filled.
93	compound_drug_ind	**Compound Drug Indicator**	For Pharmacy only. Indicator for whether to specify if the drug is compound or not. Y= Drug is compound N= Drug is not compound	X	Required on Pharmacy claims. On non-Pharmacy claims must be blank. Must be "Y" or "N"
94	date_prescribed	**Prescription Date**	For Pharmacy claims, this is the date where a prescription was written for the member individual.	**YYYYMMDD**	Required on Pharmacy claims. Must be a valid date. Must be on or before Service From Date. For non-Pharmacy claims must be blank.

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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 on member Otherwise "N". When Risk Type is "CAR", set to "N" PBM ONLY – set to "N"	**X**	Required Must be filled ""Y" or "N"
102	applied_cost	**Cost Applied To**	For Medicare Platino, defines whether service is part of the ASES coverage, the CMS (MA) coverage or both. When filled the valid values are – 1=ASES 2=CMS 3=BOTH (SPLIT)	**X**	Required for Plan Type "02" and "03" (Medicare Platino) Must be filled and be a valid value. Not Required for Plan Type "01", "04", "05", "06"

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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" or "06".
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" or "06"
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" and "06" 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 Bill (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_rem_code_01	**First Remittance Advice Remark Codes (RARCs)**	Indicates the first RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	**XXXX**	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.
117	claim_rem_code_02	**Second Remittance Advice Remark Codes (RARCs)**	Indicates the second RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	**XXXX**	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.
118	claim_rem_code_03	**Third Remittance Advice Remark Codes (RARCs)**	Indicates the third RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.	**XXXX**	Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.

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

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
121	poa_ind_2	**Second Present on Admission (POA) Indicator Flag**	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals Must be left blank for Services exempt from POA reporting. 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.
122	poa_ind_3	**Third Present on Admission (POA) Indicator Flag**	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals Must be left blank for Services exempt from POA reporting. 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*
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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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
129	poa_ind_10	**Tenth Present on Admission (POA) Indicator Flag**	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals Must be left blank for Services exempt from POA reporting. Must be a valid value Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
130	poa_ind_11	**Eleventh Present on Admission (POA) Indicator Flag**	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	X	Required for all claims involving inpatient admissions to general acute care hospitals Must be left blank for Services exempt from POA reporting. Must be a valid value Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.

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

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#	*Field*	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
134	occurrence_code_03	Third Occurrence Code	A code to describe 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 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 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 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 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 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 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 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.
142	Filler	End of Record Filler	Fixed filler with "*"	X	Required Must be = "*"

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RECORD LENGTH	957

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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.
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
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 [illegible] numeric and 5 or 9 digits in length

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PROVIDERS INPUT FILE LAYOUT

#	*Field*	*Field*	*Description*	*Deliverable Data Format*	*Validation Rules*
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. *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
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
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.

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PROVIDERS INPUT FILE LAYOUT

#	*Field*	*Field*	*Description*	*Deliverable Data Format*	*Validation Rules*
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 For "Out of Network" providers, when the provider's federal identification number is not available report as '999999999'.
29	tax_id_indicator	**Federal Tax ID Indicator**	Identifies if the federal tax ID provided in field *federal_tax_id* is a SSN or EIN. Valid values: "SSN" "EIN"	X(3)	Required Should be supplied when available
30	licence_number	**License Number**	State License Number	X(15)	Required Should be supplied when available Must be left justified, blank filled to the right
31	npi	**NPI**	National Provider Identifier	X(10)	Required Must be 10 digit numeric NPI.
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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

PROVIDERS INPUT FILE LAYOUT

#	*Field*	*Field*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.	**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**	Indicates if the provider is accepting new patients (members) or not. 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.
39	dod	**Death Date**	For an individual Provider, Date of Death in YYYYMMDD format.	**YYYYMMDD**	Optional for an individual; left blank for an entity Should be supplied when available Must be a valid date Cannot be in later than the Extract Date Cannot be greater than 150 years ago compared to Extract Date. Cannot be equal or less than the date of birth. Provider with a date of death before the Extract Date cannot be listed as a provider for an eligible individual.

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PROVIDERS INPUT FILE LAYOUT

#	*Field*	*Field*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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	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
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 = "*"
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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(4)**	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

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IPA INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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
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					574

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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.	**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**	Carrier assigned Provider ID of the provider to which the capitation payment is made.	**X(20)**	Required Must be a valid Provider ID
7	pcp_npi	**Provider NPI**	National Provider Identifier (NPI) of the provider to which the capitation payment is made.	**X(10)**	Required Left justified, blank field to the right.
8	ipa	**IPA ID**	Carrier assigned ID of IPA/HCO. This must be filled when Capitation type is PCP and IPA/HCO is involved (Must always be filled for Plan Type "01" by MCOs/TPAs when capitation payment is for PCP services)	**X(4)**	Required If Carrier ID corresponds to Plan Type "01" Must be a valid IPA Code for the Carrier 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	Required Must be valid ASES Region code
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
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.
13	member_suffix	**Member Suffix**	Identifies the beneficiary within the family group. Must be the two digit member suffix as supplied in ASES Eligibility data.	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.

CAPITATION INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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.
17	risk_type	**MPI Risk Type**	Distinguishes for this service whether risk belongs to PCP(/Group) or carrier. If cost should be charged to PCP(/Group) then value = "PCP" If the risk is shared then the value =' SHR' Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR".	**XXX**	Required Must be filled Must be "PCP" , "SHR" or "CAR" For PBM the only value should be "UNK"
18	tier	**Member capitation tier**	Member capitation tier 0001 Medicare A&B Male 0002 Medicare A Male 0006 Medicare A&B Female 0007 Medicare A Female 0008 0-11 Months 0009 12-23 Months 0010 24 Months - 10 Years 0011 11 - 18 Years 0024 19 - 35 Female 0025 19 - 35 Male 0026 36 - 54 Female 0027 36 - 54 Male 0028 55 - 64 Female 0029 55 - 64 Male 0031 65 + Female 0032 65 + Male	**X(4)**	Required

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CAPITATION INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
19	days	**Capitation days**	Number of days included in capitation amount.	**99**	Required
20	mem_percent	**Capitation percentage**	Percentage (days / month days)	**999**	Required
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**	Master Patient Index (MPI) As supplied in ASES Eligibility Data	**X(13)**	Required Must be a valid MPI number
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. SSN for individuals, EIN for entities.	**X(20)**	Required Left justified, blank filled to the right Must be 9 digits in significant positions
24	filler	**End of Record Filler**	Fixed filler with "*"	**X**	Required Must be = "*"
RECORD LENGTH					**185**

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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 "G" = 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" Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters	**X(4)**	Required IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right
6	pmg_name	**PMG Name**	The name or title of the primary medical group. If not applicable enter "N/A"	**X(80)**	Required
7	npi	**NPI**	The national provider identification number. All providers are required to have an NPI number.	**X(10)**	Required

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NETWORK INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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
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 credentialed/recredentialed 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

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NETWORK INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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 For "Out of Network" providers, when the provider's federal identification number is not available report as '999999999'.
14	prov_id	**Provider ID**	Provider ID as assigned by carrier *SEE NOTES – Changes and Additions in Data File Layouts: PHARMACY PROVIDER IDs*	**X(20)**	Required Must be left justified and blank filled to the right
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'.
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 (third). See Specialty Code description in Attachment III	**X(40)**	Optional
19	specialty_code	**Specialty Code**	Provider Specialty (third). 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

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NETWORK INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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
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

NETWORK INPUT FILE LAYOUT

	Field	*Name*	*Description*	*Deliverable Data Format*	*Validation Rules*
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	ncpdp_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
RECORD LENGTH					956

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ATTACHMENTS

ADMINISTRACIÓN DE
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SEGUROS DE SALUD

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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

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Alphabetical by Municipality		
MUNICIPALITY	**REGION**	**CODE**
Culebra	F	0100
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**
0100	Culebra	F
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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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
Utuado	A	0300

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
0300	Utuado	A

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Alphabetical by Municipality				Ordered By Code		
MUNICIPALITY	**REGION**	**CODE**		**CODE**	**MUNICIPALITY**	**REGION**
Vega Alta	B	0304		0304	Vega Alta	B
Vega Baja	A	0308		0308	Vega Baja	A
Vieques	F	0312		0312	Vieques	F
Villalba	G	0316		0316	Villalba	G
Yabucoa	E	0320		0320	Yabucoa	E
Yauco	S	0324		0324	Yauco	S
Outside Puerto Rico	--	0666	*	0666	Outside Puerto Rico	--

* 0666 is valid only for use with Municipality Service on CLAIMSERVICES Input File

NOTE: Any municipality code may appear in region SPECIAL.

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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	First Medical Health Plan, Inc.	MCO
05	PMC Medicare Choice, LLC	MCO
06	Triple-S Salud, Inc.	MCO
07	Molina Healthcare of Puerto Rico, Inc.	MCO
08	MMM Multi Health, LLC	MCO
09	First Medicaid Health Plan, Inc. (NHM)	MCO
10	MMM Multi Health, LLC (NHM)	MCO
11	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	Medicare y Mucho Mas	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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT II - CARRIER CODES

CODE	Carrier	Type
37	(discontinued) Salud Dorada con Medicare	Medicare Platino
39	(discontinued) MAPFRE	Medicare Platino
41	(discontinued) Health Medicare Ultra	Medicare Platino
42	Humana	Medicare Platino
44	(discontinued) Auxilio Platino	Medicare Platino
45	Constellation Health, LLC	Medicare Platino
46	Triple-S Advantage	Medicare Platino
47	(discontinued) American Health	Medicare Platino
48	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
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	Ryder Health Plan, Inc.	Government Employee

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT II - CARRIER CODES

CODE	Carrier	Type
75	Triple-S Salud Inc.	Government Employee
76	(discontinued) BHP	MBHO
77	Humana Health Plan of Puerto Rico, Inc.	Government Employee
78	MAPFRE	Government Employee
79	MCS Life Insurance Company	Government Employee
80	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	APS	Government Employee
85	PMC Medicare Choice, LLC	Government Employee
86	Molina Healthcare of Puerto Rico, Inc.	Government Employee
87	Triple-S Advantage	Government Employee
88	MMM-First Plus	Government Employee
90	Delta Dental	Government Employee
95	(discontinued) FHC	MBHO
96	(discontinued) American Health Medicare	Government Employee

ADMINISTRACIÓN DE SEGUROS DE SALUD
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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)

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
44	Infectious Disease
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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
66	Rheumatology
67	Occupational Therapy
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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
88	Unknown Supplier / Provider Specialty
89	Certified Clinical Nurse Specialist
90	Medical Oncology
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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
DD	Dentist
DF	Dialysis Facility
EC	Emergency Care Facility
EN	Endodontist
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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
RT	Respiratory Therapist
SH	State Hospital
SP	State Psychiatric Hospital
ST	Short Term Intervention Center (Behavioral Health-Stabilization Unit)
XR	X-ray Facility
Z4	Cardiovascular Surgery Program

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan		
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system.
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.
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.

ADMINISTRACIÓN DE SEGUROS DE SALUD
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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	Unassigned	N/A
11	Office	Location, other than a hospital, Skilled Nursing Facility (SNF), military treatment facility, community health center, State or local public health clinic, or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
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.

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
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.
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.

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
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	A facility that provides the following services: • 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.
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.
58-59	Unassigned	N/A

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
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
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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Carrier Name	Plan Type	Plan Version
04	First Medical Health Plan, Inc.	01	100
04	First Medical Health Plan, Inc.	01	110
04	First Medical Health Plan, Inc.	01	120
04	First Medical Health Plan, Inc.	01	130
04	First Medical Health Plan, Inc.	01	220
04	First Medical Health Plan, Inc.	01	230
04	First Medical Health Plan, Inc.	01	300
04	First Medical Health Plan, Inc.	01	310
04	First Medical Health Plan, Inc.	01	320
04	First Medical Health Plan, Inc.	01	330
05	PMC Medicare Choice, LLC	01	100
05	PMC Medicare Choice, LLC	01	110
05	PMC Medicare Choice, LLC	01	120
05	PMC Medicare Choice, LLC	01	130
05	PMC Medicare Choice, LLC	01	220
05	PMC Medicare Choice, LLC	01	230
05	PMC Medicare Choice, LLC	01	300
05	PMC Medicare Choice, LLC	01	310
05	PMC Medicare Choice, LLC	01	320
05	PMC Medicare Choice, LLC	01	330
06	Triple-S Salud, Inc.	01	100
06	Triple-S Salud, Inc.	01	110
06	Triple-S Salud, Inc.	01	120
06	Triple-S Salud, Inc.	01	130
06	Triple-S Salud, Inc.	01	220
06	Triple-S Salud, Inc.	01	230

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Carrier Name	Plan Type	Plan Version
06	Triple-S Salud, Inc.	01	300
06	Triple-S Salud, Inc.	01	310
06	Triple-S Salud, Inc.	01	320
06	Triple-S Salud, Inc.	01	330
07	Molina Healthcare of Puerto Rico, Inc.	01	100
07	Molina Healthcare of Puerto Rico, Inc.	01	110
07	Molina Healthcare of Puerto Rico, Inc.	01	120
07	Molina Healthcare of Puerto Rico, Inc.	01	130
07	Molina Healthcare of Puerto Rico, Inc.	01	220
07	Molina Healthcare of Puerto Rico, Inc.	01	230
07	Molina Healthcare of Puerto Rico, Inc.	01	300
07	Molina Healthcare of Puerto Rico, Inc.	01	310
07	Molina Healthcare of Puerto Rico, Inc.	01	320
07	Molina Healthcare of Puerto Rico, Inc.	01	330
08	MMM Multi Health, LLC	01	100
08	MMM Multi Health, LLC	01	110
08	MMM Multi Health, LLC	01	120
08	MMM Multi Health, LLC	01	130
08	MMM Multi Health, LLC	01	220
08	MMM Multi Health, LLC	01	230
08	MMM Multi Health, LLC	01	300
08	MMM Multi Health, LLC	01	310
08	MMM Multi Health, LLC	01	320
08	MMM Multi Health, LLC	01	330
29	Medicare y Mucho Mas	02	004
29	Medicare y Mucho Mas	02	005

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Carrier Name	Plan Type	Plan Version
29	Medicare y Mucho Mas	02	008
29	Medicare y Mucho Mas	02	009
29	Medicare y Mucho Mas	02	010
29	Medicare y Mucho Mas	02	011
29	Medicare y Mucho Mas	02	012
29	Medicare y Mucho Mas	02	013
29	Medicare y Mucho Mas	02	017
29	Medicare y Mucho Mas	02	018
29	Medicare y Mucho Mas	02	021
29	Medicare y Mucho Mas	02	022
33	Preferred Medicare Choice	02	005
33	Preferred Medicare Choice	02	006
33	Preferred Medicare Choice	02	007
33	Preferred Medicare Choice	02	008
33	Preferred Medicare Choice	02	009
33	Preferred Medicare Choice	02	010
33	Preferred Medicare Choice	02	015
33	Preferred Medicare Choice	02	016
34	MCS Advantage	02	003
34	MCS Advantage	02	004
34	MCS Advantage	02	011
34	MCS Advantage	02	012
34	MCS Advantage	02	017
34	MCS Advantage	02	018
34	MCS Advantage	02	019
34	MCS Advantage	02	020

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Carrier Name	Plan Type	Plan Version
34	MCS Advantage	02	021
34	MCS Advantage	02	022
34	MCS Advantage	02	023
34	MCS Advantage	02	024
34	MCS Advantage	02	025
34	MCS Advantage	02	026
34	MCS Advantage	02	027
34	MCS Advantage	02	028
34	MCS Advantage	02	029
34	MCS Advantage	02	030
34	MCS Advantage	02	031
34	MCS Advantage	02	032
34	MCS Advantage	02	035
34	MCS Advantage	02	036
34	MCS Advantage	02	043
34	MCS Advantage	02	044
42	Humana	02	005
42	Humana	02	006
42	Humana	02	007
42	Humana	02	008
42	Humana	02	013
42	Humana	02	014
42	Humana	02	015
42	Humana	02	016
45	Constellation Health, LLC	02	001
45	Constellation Health, LLC	02	002

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Carrier Name	Plan Type	Plan Version
45	Constellation Health, LLC	02	003
45	Constellation Health, LLC	02	004
45	Constellation Health, LLC	02	005
45	Constellation Health, LLC	02	006
45	Constellation Health, LLC	02	007
45	Constellation Health, LLC	02	008
45	Constellation Health, LLC	02	009
45	Constellation Health, LLC	02	010
45	Constellation Health, LLC	02	011
45	Constellation Health, LLC	02	012
46	Triple-S Advantage	02	003
46	Triple-S Advantage	02	004
46	Triple-S Advantage	02	005
46	Triple-S Advantage	02	006
46	Triple-S Advantage	02	007
46	Triple-S Advantage	02	008
46	Triple-S Advantage	02	011
46	Triple-S Advantage	02	012
46	Triple-S Advantage	02	013
46	Triple-S Advantage	02	014
46	Triple-S Advantage	02	015
46	Triple-S Advantage	02	016
71	Plan de Salud Hospital Menonita	06	400
72	MMM Healthcare, INC	06	400
74	Ryder Health Plan, Inc.	06	400
75	Triple-S Salud Inc.	06	400

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Carrier Name	Plan Type	Plan Version
77	Humana Health Plan of Puerto Rico, Inc.	06	400
78	MAPFRE	06	400
79	MCS Life Insurance Company	06	400
80	PROSSAM	06	400
81	Asociacion de Maestros de Puerto Rico	06	400
82	First Medical Health Plan, Inc.	06	400
85	PMC Medicare Choice, LLC	06	400
86	Molina Healthcare of Puerto Rico, Inc.	06	400
87	Triple-S Advantage	06	400
88	MMM-First Plus	06	400
96	American Health Medicare	06	400

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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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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VIII - HOUR CODES

CODE	Description
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.	
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.

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19-0788

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19-078

Eligible Record Layout for Law 95
8-Oct-19

Record Fields	Position	Size	Notes
RECORD_TYPE	1	1	"F" for family
TRANSACTION_ID	2	1	N=New Subscription, R=Renewal, X=Cancelled, C=Change
REASON_OF_CHANGE	3	2	See Reason of Change Sheet.
EXTRACT_YEAR_MONTH	5	6	YYYYMM Extract year month from carriers system
REPORTED_PERIOD	11	6	YYYYMM - Year Month of the reported period
EFFECTIVE_DATE	17	8	Start date of eligibility YYYYMMDD (Carrier effective date).
EXPIRATION_DATE	25	8	End date of eligibility YYYYMMDD.
MAIN_HOLDER_SSN	33	9	Social Security Number
POSTAL_ADDRESS_1	42	75	First line Postal address.
POSTAL_ADDRESS_2	117	75	Second line Postal address.
POSTAL_CITY	192	16	Postal City
POSTAL_ZIP	208	9	Postal Zip code
RESIDENTIAL_ADDRESS_1	217	75	First line Residential address.
RESIDENTIAL_ADDRESS_2	292	75	Second line Residential address.
MUNICIPALITY_OF_RESIDENCE	367	4	Code of Residential City (See Municipality of Residence Sheet)
RESIDENTIAL_ZIP	371	9	Residential Zip code
PHONE	380	10	Main Holder telephone number (area-code + number)
CARRIER	390	2	See Carrier Code Sheet.
PLAN_TYPE	392	2	(Line of Business) Include the following codes: 04 = Law 95 Commercial 05 = Law 95 Advantage 06 = Law 95 - ELA-GHP (ASES) 07 = Commercial non Law 95 08 = Advantage non Law 95
CONTRACT_NUMBER	394	13	Insert Contract Number.
CONTRACT_TYPE	407	1	1 = Family 2 = Couple 3 = Individual
PLAN_VERSION	408	3	See Plan Version Sheet For Plan Type "07" (Advantage-non Law 95), start with 600 code for corporation coverage and continue incrementally for the number of coverages available for each corporation (ex. 601, 602 and so on). For Plan Type "08" (Advantage-non Law 95), start with 700 code for corporation coverage and continue incrementally for the number of coverages available for each corporation (ex. 701, 702 and so on).
IF_JOINT	411	1	Flag. Has Joint (mancomunado) members; 1= yes 0 = not
DIRECT_DEPENDENTS	412	2	Quantity - Main Holder Don't Apply
OPTIONAL_SUBSTANTIAL_DEPENDENTS	414	2	Quantity - Main Holder Don't Apply
CO_HABITANT	416	2	Quantity - Main Holder Don't Apply
PREMIUM	418	7	Total Premium
OPTIONAL_PREMIUM	425	7	Total Amount in Premium for Optional Members (NOT Advantage)
ADVANTAGE_PREMIUM	432	7	Total Amount in Premium for Optional Members (Advantage)
EMPLOYER_CONTRIBUTION	439	7	S9(5)V99. Aggregate field. Total amount of the employer contributions of joint members.
MEMBER_CONTRIBUTION	446	7	S9(5)V99. Aggregate field.
PRIMARY_GROUP	453	6	Insert PMG code registered in GHP program.
PRIMARY_GROUP_EFF_DATE	459	8	Date in which the member enrollment in the PMG is effective.
FILLER	467	21	Blank spaces with (*) at the end.
RECORD LENGTH		487	

ADMINISTRACIÓN DE SEGUROS DE SALUD
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Eligible Record Layout for Law
10/8/2019

Record Fields	Position	Size	Notes
RECORD_TYPE	1	1	"M" for member
EFFECTIVE_DATE	2	8	Start date of eligibility YYYYMMDD (Carrier effective date)
EXPIRATION_DATE	10	8	End date of eligibility YYYYMMDD
MAIN_HOLDER_SSN	18	9	Social Security Number of Main Holder (For each member is the same # on the same contract.)
MEMBER_SSN	27	9	Member SSN (For Main Holder record is the same number of the Main_Holder_SSN field.)
CONTRACT_NUMBER	36	13	Insert Contract Number.
CONTRACT_SUFFIX	49	2	Identifies the beneficiary within the family group. Filled with 0 if not applicable.
DATE_OF_BIRTH	51	8	Birth Date of the member
GENDER	59	1	F = Female M= Male
LAST_NAME_1	60	15	Member Last Name 1
LAST_NAME_2	75	15	Member Last Name 2
FIRST_NAME	90	20	Member Name
MIDDLE_INITIAL	110	1	Middle Name
MEMBER_TYPE	111	2	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)
MEDICARE_INDICATOR	113	2	01=A&B, 03=A, 09=B
EMPLOYER_TYPE	115	2	00 = N/A 01 = Individual Agency 02 = RHUM Agency 03 = Municipal 04 = Public Corporation
EMPLOYER_CODE	117	4	Individual Agency, RHUM Agency, Municipality or Public Corporation Number (0000 = n/a)
MUNICIPALITY_OF_WORK	121	4	Applies if the field of EMPLOYER CODE is equal to 0900 (Empleado Municipal); See Municipality Of Work Sheet. (0000 = n/a)
EMPLOYEE_GROUP	125	2	00 = Not Grouped 01 = Unionized 02 = Management 03 = Association 04 = Others
PCP_PROVIDER	127	10	Use the NPI as the ID.
PCP_EFF_DATE	137	8	Left blank if not applicable.
PCP2_PROVIDER	145	10	Use the NPI as the ID.
PCP2_EFF_DATE	155	8	Left blank if not applicable.
HIC_NUMBER	163	12	
OTHER_INSURER	175	1	Flag. Has another Insurer; 1 = yes 0 = not
EMPLOYER_CONTRIBUTION	176	8	S9(5)V99. Aggregate field.
MEMBER_CONTRIBUTION	184	8	S9(5)V99. Aggregate field.
PRIMARY_GROUP	192	6	Insert PMG code registered in GHP program. Aggregate field.
PRIMARY_GROUP_EFF_DATE	198	8	Date in which the member enrollment in the PMG is effective. Aggregate field.
FILLER	206	5	Blank spaces with (*) at the end.
RECORD LENGTH		210	

ADMINISTRACIÓN DE SEGUROS DE SALUD
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REASON_Of_CHANGE Codes and scenarios

If the TRANSACTION_ID is N=New Subscription (Nueva), REASON_Of_CHANGE is:

01 Appointment/Nombramiento
03 Birth/Nacimiento
06 Matrimonio/Marriage

If the TRANSACTION_ID is R=Renewal (Renovacion), REASON_Of_CHANGE is:

00 N/A

If X=Cancelled (Cancelado), REASON_Of_CHANGE is:

02 Death/Defunción
04 Cancelled by Main Holder/Cancelación por asegurado principal
05 Divorce/Divorcio
07 Termination/Terminación
09 Cancelled by Insurance Company

If the TRANSACTION_ID is C=Change (Cambio), REASON_Of_CHANGE is:

08 Interagency transfer/transferencia
10 Convertion / COBRA
11 Demographic Changes/Cambios Demográficos

CODE REASON_Of_CHANGE

00 N/A
01 Appointment/Nombramiento
02 Death/Defunción
03 Birth/Nacimiento
04 Cancelled by Main Holder/Cancelación por asegurado principal
05 Divorce/Divorcio
06 Matrimonio/Marriage
07 Termination/Terminación
08 Interagency transfer/transferencia
09 Cancelled by Insurance Company
10 Convertion / COBRA
11 Demographic Changes/Cambios Demográficos
99 Unknown

ADMINISTRACIÓN DE SEGUROS DE SALUD
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MUNICIPALITY	CODE
Adjuntas	0004
Aguada	0008
Aguadilla	0012
Aguas Buenas	0016
Aibonito	0020
Añasco	0024
Arecibo	0028
Arroyo	0032
Barceloneta	0036
Barranquitas	0040
Bayamón	0044
Cabo Rojo	0048
Caguas	0052
Camuy	0056
Canovanas	0060
Carolina	0064
Cataño	0068
Cayey	0072
Ceiba	0076
Ciales	0080
Cidra	0084
Coamo	0088
Comerio	0092
Corozal	0096
Culebra	0100
Dorado	0104
Fajardo	0108
Florida	0112
Guanica	0116
Guayama	0120
Guayanilla	0124
Guaynabo	0128
Gurabo	0132
Hatillo	0136
Hormigueros	0140
Humacao	0144
Isabela	0148
Jayuya	0152
Juana Diaz	0156
Juncos	0160
Lajas	0164
Lares	0168
Las Marias	0172
Las Piedras	0176
Loiza	0180
Luquillo	0184
Manatí	0188
Maricao	0192
Maunabo	0196
Mayagüez	0200
Moca	0204
Morovis	0208
Naguabo	0212
Naranjito	0216

ADMINISTRACIÓN DE SEGUROS DE SALUD
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Orocovis	0220
Patillas	0224
Peñuelas	0228
Ponce	0232
Puerta de Tierra	0264
Puerto Nuevo	0270
Quebradillas	0236
Rincon	0240
Rio Grande	0244
Rio Piedras	0272
Sabana Grande	0248
Salinas	0252
San German	0256
San José	0274
San Juan	0266
San Lorenzo	0276
San Sebastian	0280
Santa Isabel	0284
Toa Alta	0288
Toa Baja	0292
Trujillo Alto	0296
Utuado	0300
Vega Alta	0304
Vega Baja	0308
Vieques	0312
Villalba	0316
Yabucoa	0320
Yauco	0324
Outside Puerto Rico	0666

71	Plan de Salud Hospital Menonita
72	MMM Healthcare, INC
74	Ryder Health Plan, Inc.
75	Triple-S Salud Inc.
77	Humana Health Plan of Puerto Rico, Inc.
78	MAPFRE
79	MCS Life Insurance Company
80	PROSSAM
81	Asociacion de Maestros de Puerto Rico
82	First Medical Health Plan, Inc.
85	PMC Medicare Choice, LLC
86	Molina Healthcare of Puerto Rico, Inc.
87	Triple-S Advantage
88	MMM-First Plus
89	Panamerican Life Insurance Group (PALIG)
90	Dental Dental
96	American Health Medicare

ADMINISTRACIÓN DE SEGUROS DE SALUD
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Government Employee
Government Employee
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Government Employee

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19-078

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ADMINISTRACIÓN DE SEGUROS DE SALUD
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EMPLOYER NAME

** UNKNOWN **
Senado de Puerto Rico
Camara de Representantes
Oficina del Contralor
Tribunal de Justicia
Asuntos de la Juventud
Junta de Calidad Ambiental
Oficina del Gobernador - La Fortaleza
Oficina de Gerencia y Presupuesto (OGP)
Junta de Planificacion
Junta de Apelaciones sobre Construcciones y Lot.
Oficina Comision Especial para Vieques
Agencia Estatal Manejo de Emergencias
Oficina del Comisionado de Seguros
Departamento de Estado
Departamento de Hacienda
Administracion Sistemas de Retiro de Empleados
OCALARH
Comision Estatal de Elecciones
Administracion de Servicios Generales
Comision Permanente de los Sistemas de Retiros
Administracion Desarrallo y Mejoras Viviendas
Comision de Invs-Proces-Apelac
Oficina Exencion Contrib. Industrial
Oficina del Comisionado Asuntos Municipales (OCAM)
Comision de Derecho Civiles
Departamento de Justicia
Adm Adiestramiento Futuros Empresarios
Policia de PR
Cuerpo de Bomberos de PR
Guardia Nacional de Puerto Rico
Departamento de Transportion y Obras Publicas
Comision de Seguridad y Proteccion
Departamento de Agricultura
Administracion Fomento Comercial
Oficina del Procurador del Cuidadano (Ombudsman)
Administracion de Fomento Cooperativo
Comision de Servicio Publico
Departamento del Trabajo y Recursos Humanos
Junta de Relaciones del Trabajo
Departamento Asuntos del Consumidor (DACO)
Departamento de Salud
Administracion Instituciones Juveniles
Oficina del Comisionado Instituciones Financieras
Oficina del Inspector de Cooperativas
Departamento de la Vivienda
Departamento de Educacion - Maestros
Departamento de Educacion - Clasificados
Instituto de Cultura Puertorriqueoa
Corporacion el Desarrollo Rural de Puerto Rico
Departamento de Recreacion y Deporte
Administracion de la Industria y el Deporte Hipi
Junta de Retiro para Maestros
Com Apelativa Sist Adm Rec Humanos

Administracion de Reglamentos y Permisos (ARPE)
ASSMCA
Comision para Asuntos de la Mujer
Comision para Ventilar Querellas Municipales
Administracion de Correccion
Superintendencia del Capitolio
Comision Industrial
Administracion Vivienda Poblica
Escuela de Artes Plasticas PR
Departamento de Correccion y Rehabilitacion
Comision de Derechos Ciudadanos
Departamento de Desarrollo Economico y Comercio
Oficina del Procurador del Veterano
Departamento de la Familia
Administracion Familias y Nioos
Administracion Sust. Menores (ASUME)
Administracion Rehabilitacion Vocacional
Administracion Desarrollo Socio Economico
Comision Rel. Trabajo Sev. Publico
Admin de Asuntos Energeticos
Departamento de Recursos Naturales y Ambientales
Corporacion para el Desarrallo del Cine en PR
Junta de Libertad Bajo Palabra
Junta Reglamentadora de Telecomunicaciones
Oficina Procurador Personas Impedidas
Oficina para Asuntos de la Vejez
Oficina Estatal de Conservacion Historica
Consejo General de Educacion
Administracion para Revit. de las Comunidad
Oficina Serv. Antelacion Juicio
Cuerpo de Emergencias Modicas
Oficina de Servicios Legislativos
Comision Conjunta Contralor Camara
Comision Esp Conj Sobre Donat Legis
Coordinador General Finan. Soc. y Aut.
Oficina Control Drogas
Oficina Procurador del Paciente
Admin Cuidado y Desarrollo Integral de la Ninez
Asuntos de Seguridad Publicos
Retiro Central - Pensionados
Departamento de Salud -- AFASS
Junta de Retiro para Maestros - Pensionados
Administración de Compensación por Accidentes de Automóviles (ACAA)
Administración de Seguros de Salud (ASES)
Administración de Servicios Médicos (ASEM)
Administración de Terrenos (AT)
Autoridad de Acueductos y Alcantarillados (AAA)
Autoridad de Asesoría Financiera y Agencia Fiscal
Autoridad de Carreteras y Transportación (ACT)
Autoridad de Edificios Públicos (AEP)
Autoridad de Energía Eléctrica (AEE)
Autoridad de los Puertos (AP)
Autoridad de Tierras
Autoridad de Transporte Integrado (ATI)
Autoridad de Transporte Marítimo (ATM)

Autoridad del Distrito de Convenciones
Autoridad Metropolitana de Autobuses (AMA)
Autoridad para el Financiamiento de la Infraestructura (AFI)
Autoridad para el Financiamiento de la Vivienda (AFV)
Autoridad para el Redesarrollo de Roosevelt Roads
Autoridad para las Alianzas Público Privadas
Banco de Desarrollo Económico
Banco Gubernamental de Fomento
Centro de Bellas Artes
Centro de Cáncer de la Universidad de Puerto Rico
Centro de Investigación, Educación y Servicios Médicos para la Diabetes
Compañía de Comercio y Exportación
Compañía de Fomento Industrial
Compañía de Turismo de Puerto Rico
Compañía para el Desarrollo Integral de la Península de Cantera
Conservatorio de Música
Corporación Centro Cardiovascular de PR y el Caribe (CCCPRC)
Corporación de Artes Escénico-Musicales
Corporación de Artes Musicales
Corporación de la Escuela de Artes Plásticas y Diseño de Puerto Rico
Corporación de la Orquesta Sinfónica de PR
Corporación de Puerto Rico para la Difusión Pública (WIPR)
Corporación de Seguros Agrícolas
Corporación del Fondo del Seguro del Estado (CFSE)
Corporación del Proyecto ENLACE del Caño Martin Peña
Corporación Pública para la Supervisión y Seguros de Cooperativas de Puerto Rico (COSSEC)
Fideicomiso Institucional Guardia Nacional
Instituto de Cultura de Puerto Rico
Oficina de Adm y Transf de los Rec Hum del Gob de PR
Oficina de Etica Gubernamental
Instituto de Estadisticas
CENTRO RECAUDACION INGRESOS MUNICIPALES
COM. APELATIVO DEL SERVICIO PUBLICO
COMISION DE SEGURIDAD DE TRANSITO
ELA FACSIMIL COBRA
INSTITUTO CIENCIAS FORENSES
Para la Naturaleza
Autoridad de Acueductos Transitorios
Autopistas Metropolitanas de PR LLC
Comisión del Desarrollo Cooperativo de Puerto Rico
Asociación de Maestros de PR
Oficina del Panel sobre el FEI
Oficina del Contralor Electoral (OCE)
Oficina de la Procuradora de las Mujeres
Oficina del Inspector General
Oficina del Procurador de las Personas de Edad Avanzada
Oficina para el Desarrollo Socioeconómico y Comunitario
Empleado Municipal

ADMINISTRACIÓN DE SEGUROS DE SALUD
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Plan Version Code	Carrier Code	Carrier_Name	PLAN_TYPE
401	82	FIRST MEDICAL	04
402	82	FIRST MEDICAL	04
403	82	FIRST MEDICAL	04
404	82	FIRST MEDICAL	04
405	82	FIRST MEDICAL	04
406	82	FIRST MEDICAL	04
401	78	MAPFRE	04
402	78	MAPFRE	04
403	78	MAPFRE	04
404	78	MAPFRE	04
405	78	MAPFRE	04
406	78	MAPFRE	04
401	71	MENONITA	04
402	71	MENONITA	04
403	71	MENONITA	04
404	71	MENONITA	04
405	71	MENONITA	04
406	71	MENONITA	04
401	80	PROSSAM	04
402	80	PROSSAM	04
403	80	PROSSAM	04
404	80	PROSSAM	04
405	80	PROSSAM	04
406	80	PROSSAM	04
401	75	TRIPLE-S	04
402	75	TRIPLE-S	04
403	75	TRIPLE-S	04
404	75	TRIPLE-S	04
405	75	TRIPLE-S	04
406	75	TRIPLE-S	04
407	71	MENONITA	04
408	71	MENONITA	04
409	71	MENONITA	04
407	82	FIRST MEDICAL	04
408	82	FIRST MEDICAL	04
409	82	FIRST MEDICAL	04
407	78	MAPFRE	04
408	78	MAPFRE	04
409	78	MAPFRE	04
407	80	PROSSAM	04
408	80	PROSSAM	04
409	80	PROSSAM	04
407	75	TRIPLE-S	04
408	75	TRIPLE-S	04
501	77	Humana Health Plans of PR	05
502	77	Humana Health Plans of PR	05
503	77	Humana Health Plans of PR	05
504	77	Humana Health Plans of PR	05
505	77	Humana Health Plans of PR	05
506	77	Humana Health Plans of PR	05
507	77	Humana Health Plans of PR	05
508	77	Humana Health Plans of PR	05

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509	77	Humana Health Plans of PR	05
501	88	MMM-FIRST PLUS	05
502	88	MMM-FIRST PLUS	05
503	88	MMM-FIRST PLUS	05
504	88	MMM-FIRST PLUS	05
505	88	MMM-FIRST PLUS	05
506	88	MMM-FIRST PLUS	05
507	88	MMM-FIRST PLUS	05
501	72	Medicare y Mucho Más (MMM)	05
502	72	Medicare y Mucho Más (MMM)	05
503	72	Medicare y Mucho Más (MMM)	05
504	72	Medicare y Mucho Más (MMM)	05
505	72	Medicare y Mucho Más (MMM)	05
506	72	Medicare y Mucho Más (MMM)	05
501	79	Medical Card System (MCS)	05
502	79	Medical Card System (MCS)	05
503	79	Medical Card System (MCS)	05
504	79	Medical Card System (MCS)	05
505	79	Medical Card System (MCS)	05
506	79	Medical Card System (MCS)	05
501	87	Triple-S Advantege	05
502	87	Triple-S Advantege	05
503	87	Triple-S Advantege	05
504	87	Triple-S Advantege	05
505	87	Triple-S Advantege	05
506	87	Triple-S Advantege	05
507	87	Triple-S Advantege	05
508	87	Triple-S Advantege	05
509	87	Triple-S Advantege	05
507	72	MMM Holdings, LLC	05
508	72	MMM Holdings, LLC	05
509	72	MMM Holdings, LLC	05
510	77	Humana of Puerto Rico	05
511	77	Humana of Puerto Rico	05
507	79	MCS Advantage, Inc.	05
508	79	MCS Advantage, Inc.	05
509	79	MCS Advantage, Inc.	05
400	72	Medicare y Mucho Más (MMM)	06
400	75	TRIPLE-S	06
400	82	FIRST MEDICAL	06
400	84	MOLINA	06
400	85	PMC	06
400	71	Menonita	06
400	78	MAPFRE	06
400	80	PROSSAM	06

PLAN_TYPE_DESC	PLAN_ACT	PLAN VERSION DESC
Law 95 Commercial	Regular	Oro
Law 95 Commercial	Regular	Plata
Law 95 Commercial	Regular	Bronce
Law 95 Commercial	Regular	Rubi
Law 95 Commercial	Regular	Diamante
Law 95 Commercial	Regular	Complementaria de Medicare
Law 95 Commercial	Regular	Oro
Law 95 Commercial	Regular	Plata
Law 95 Commercial	Regular	Bronce
Law 95 Commercial	Regular	Rubi
Law 95 Commercial	Regular	Diamante
Law 95 Commercial	Regular	Complementaria de Medicare
Law 95 Commercial	Regular	Oro
Law 95 Commercial	Regular	Plata
Law 95 Commercial	Regular	Bronce
Law 95 Commercial	Regular	Rubi
Law 95 Commercial	Regular	Diamante
Law 95 Commercial	Regular	Complementaria de Medicare
Law 95 Commercial	Regular	Oro
Law 95 Commercial	Regular	Plata
Law 95 Commercial	Regular	Bronce
Law 95 Commercial	Regular	Rubi
Law 95 Commercial	Regular	Diamante
Law 95 Commercial	Regular	Complementaria de Medicare
Law 95 Commercial	Regular	Oro
Law 95 Commercial	Regular	Plata
Law 95 Commercial	Regular	Bronce
Law 95 Commercial	Regular	Rubi
Law 95 Commercial	Regular	Diamante
Law 95 Commercial	Regular	Complementaria de Medicare
Law 95 Commercial	Regular	Mandatoria
Law 95 Commercial	Regular	Alterno 1
Law 95 Commercial	Regular	Alterno 2
Law 95 Commercial	Regular	Mandatoria
Law 95 Commercial	Regular	Alterno 1
Law 95 Commercial	Regular	Alterno 2
Law 95 Commercial	Regular	Mandatoria
Law 95 Commercial	Regular	Alterno 1
Law 95 Commercial	Regular	Alterno 2
Law 95 Commercial	Regular	Mandatoria
Law 95 Commercial	Regular	Alterno 1
Law 95 Commercial	Regular	Alterno 2
Law 95 Commercial	Regular	Mandatoria
Law 95 Commercial	Regular	Alterno 1
Law 95 Advantage	Regular	Oro
Law 95 Advantage	Regular	Plata
Law 95 Advantage	Regular	Bronce
Law 95 Advantage	Regular	Rubi
Law 95 Advantage	Auto-Enrollment	PR I
Law 95 Advantage	Auto-Enrollment	PR II
Law 95 Advantage	Auto-Enrollment	PR III
Law 95 Advantage	Auto-Enrollment	US Acess Only

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
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Law 95 Advantage	Auto-Enrollment	HMO FL
Law 95 Advantage	Regular	Oro
Law 95 Advantage	Regular	Plata
Law 95 Advantage	Regular	Bronce
Law 95 Advantage	Regular	Rubi
Law 95 Advantage	Auto-Enrollment	Premium
Law 95 Advantage	Auto-Enrollment	Premium 2
Law 95 Advantage	Auto-Enrollment	Plus
Law 95 Advantage	Regular	Oro
Law 95 Advantage	Regular	Plata
Law 95 Advantage	Regular	Bronce
Law 95 Advantage	Regular	Rubi
Law 95 Advantage	Auto-Enrollment	ELA Flex
Law 95 Advantage	Auto-Enrollment	ELA Relax
Law 95 Advantage	Regular	Oro
Law 95 Advantage	Regular	Plata
Law 95 Advantage	Regular	Bronce
Law 95 Advantage	Regular	Rubi
Law 95 Advantage	Auto-Enrollment	ELA Crédito
Law 95 Advantage	Auto-Enrollment	ELA Ahorro
Law 95 Advantage	Regular	Oro
Law 95 Advantage	Regular	Plata
Law 95 Advantage	Regular	Bronce
Law 95 Advantage	Regular	Rubi
Law 95 Advantage	Auto-Enrollment	ELA Royal
Law 95 Advantage	Auto-Enrollment	ELA Optimo
Law 95 Advantage	Auto-Enrollment	ELA Royal Plus
Law 95 Advantage	Auto-Enrollment	ELA Titán
Law 95 Advantage	Auto-Enrollment	ELA Optimo Plus
Law 95 Advantage	Auto-Enrollment	MMM ELA Relax (HMO-POS)
Law 95 Advantage	Auto-Enrollment	MMM ELA Premium (HMO-POS)
Law 95 Advantage	Auto-Enrollment	MMM ELA Advantage
Law 95 Advantage	Auto-Enrollment	ELA HMO Rubí
Law 95 Advantage	Auto-Enrollment	ELA HMO Bronce
Law 95 Advantage	Auto-Enrollment	ELA Crédito Rubí
Law 95 Advantage	Auto-Enrollment	ELA Enlace
Law 95 Advantage	Auto-Enrollment	Classicare Gobierno Ahorro
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)
Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19-0788

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ADMINISTRACIÓN DE SEGUROS DE SALUD
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CODE	MUNICIPALITY
0000	N/A or Don't have it
0004	Adjuntas
0008	Aguada
0012	Aguadilla
0016	Aguas Buenas
0020	Aibonito
0024	Añasco
0028	Arecibo
0032	Arroyo
0036	Barceloneta
0040	Barranquitas
0044	Bayamón
0048	Cabo Rojo
0052	Caguas
0056	Camuy
0060	Canovanas
0064	Carolina
0068	Cataño
0072	Cayey
0076	Ceiba
0080	Ciales
0084	Cidra
0088	Coamo
0092	Comerio
0096	Corozal
0100	Culebra
0104	Dorado
0108	Fajardo
0112	Florida
0116	Guanica
0120	Guayama
0124	Guayanilla
0128	Guaynabo
0132	Gurabo
0136	Hatillo
0140	Hormigueros
0144	Humacao
0148	Isabela
0152	Jayuya
0156	Juana Diaz
0160	Juncos
0164	Lajas
0168	Lares
0172	Las Marias
0176	Las Piedras
0180	Loiza
0184	Luquillo
0188	Manatí
0192	Maricao
0196	Maunabo
0200	Mayagüez
0204	Moca
0208	Morovis
0212	Naguabo

ADMINISTRACIÓN DE SEGUROS DE SALUD
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0216	Naranjito
0220	Orocovis
0224	Patillas
0228	Peñuelas
0232	Ponce
0264	Puerta de Tierra
0270	Puerto Nuevo
0236	Quebradillas
0240	Rincon
0244	Rio Grande
0272	Rio Piedras
0248	Sabana Grande
0252	Salinas
0256	San German
0274	San José
0266	San Juan
0276	San Lorenzo
0280	San Sebastian
0284	Santa Isabel
0288	Toa Alta
0292	Toa Baja
0296	Trujillo Alto
0300	Utuado
0304	Vega Alta
0308	Vega Baja
0312	Vieques
0316	Villalba
0320	Yabucoa
0324	Yauco

RECORD_TYPE	TRANSACTION_ID	REASON_OF_CHANGE	EXTRACT_YEAR_MONTH
F	N	00	201511
F	C	02	201511

REPORTED_PERIOD	SUBSCRIPTION_DATE	SUBSCRIPTION_END_DATE
201510	04012015	03312016
201510	04012015	03312016

ADMINISTRACIÓN DE SEGUROS DE SALUD
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19-078-B

MAIN_HOLDER_SSN	POSTAL_ADDRESS_1	POSTAL_ADDRESS_2	POSTAL_CITY	POSTAL_ZIP
999999999	URB SABANA GDNS		CAROLINA	009853524
888888888	VILLA CAROLINA		CAROLINA	009853524

ADMINISTRACIÓN DE SEGUROS DE SALUD
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RESIDENTIAL_ADDRESS_1	RESIDENTIAL_ADDRESS_2	MUNICIPALITY_OF_RESIDENCE
URB SABANA GDNS		0266
VILLA CAROLINA		0266

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19 - 078

RESIDENTIAL_ZIP	PHONE	CARRIER	PLAN_TYPE	CONTRACT_NUMBER	CONTRACT_TYPE
009853524	7878789999	75	04	8000088888888	1
009853524	7878787777	75	06	8000099999999	2

PLAN_VERSION	IF_JOINT	DIRECT_DEPENDENTS	OPCIONAL_SUBSTANTIAL_DEPENDENTS
006	0	03	01
007	0	01	00

CO_HABITANT	PREMIUM	OPCIONAL_PREMIUM
00	0030010	0010000
00	0020005	0000000

ADMINISTRACIÓN DE SEGUROS DE SALUD
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19 - 078

ADVANTAGE_PREMIUM	EMPLOYER_CONTRIBUTION	MEMBER_CONTRIBUTION
0000000	0010010	0020000
0000000	0010005	0010000

PRIMARY_GROUP	PRIMARY_GROUP_EFF_DATE	FILLER
	00000000	*
0718	20140401	*

ADMINISTRACIÓN DE SEGUROS DE SALUD
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19-0788

RECORD_TYPE	EFFECTIVE_DATE	EXPIRATION_DATE	MAIN_HOLDER_SSN	MEMBER_SSN
M	04012015	04012016	999999999	999999999
M	04012015	04012016	999999999	999999991
M	04012015	04012016	999999999	999999992
M	04012015	04012016	999999999	999999993
M	04012015	04012016	999999999	999999994
M	04012015	04012016	888888888	888888888
M	04012015	04012016	888888888	999999994

CONTRACT_NUMBER	CONTRACT_SUFFIX	DATE_OF_BIRTH	GENDER	LAST_NAME_1
8000088888888	01	04011973	M	Del Pueblo
8000088888888	02	04011975	F	Correa
8000088888888	03	04011999	F	Del Pueblo
8000088888888	04	04011997	M	Del Pueblo
8000088888888	05	04011936	F	Medina
1000099999999	01	04011971	M	Velazquez
1000099999999	02	04011979	F	Jimenez

LAST_NAME_2	FIRST_NAME	MIDDLE_INITIAL	MEMBER_TYPE	MEDICARE_INDICATOR
Jimenez	Juan	J	01	
Medina	Wife	S	02	
Correa	Daugther	S	02	
Correa	Son	J	02	
Rivera	Mother-in-Law		05	01
Llop	Jose	R	01	
Perez	Maria		02	

EMPLOYER_TYPE	EMPLOYER_CODE	MUNICIPALITY_OF_WORK	EMPLOYEE_GROUP
02	0000	0000	00
00	0000	0000	00
00	0000	0000	00
00	0000	0000	00
00	0000	0000	00
00	0000	0000	00
00	0000	0000	00

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19 - 078 B

PCP_PROVIDER	PCP_EFF_DATE	PCP2_PROVIDER	PCP2_EFF_DATE	HIC_NUMBER
	00000000		00000000	
	00000000		00000000	
	00000000		00000000	
	00000000		00000000	
	00000000		00000000	581483572D
1497979454	20150401		00000000	
1497979454	20150401		00000000	

OTHER_INSURER	FILLER
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ADMINISTRACIÓN DE SEGUROS DE SALUD
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