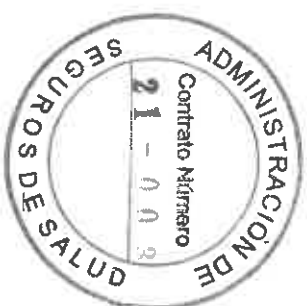# MEDICARE PLATINO 2021

APPENDIX K (21)
INFORMATION DATA PROCESSES AND DATA EXCHANGE LAYOUT

Carrier to ASES Data Submissions

New File Layouts
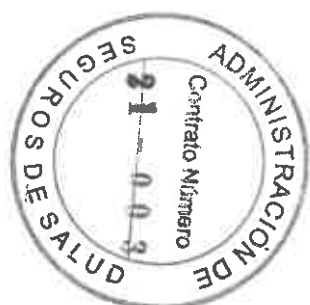
Version 4.0A

December 23, 2019

ASES

MedInsight@asespr.org

ADMINISTRACIÓN DE SEGUROS DE SALUD

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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
New fields added to the layout.

CLAIMSERVICES Input File Layout – Added

Data Validation and Auditing Change
New section regarding data validation and auditing added.

Version 3.0A rev3

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

CLAIMSERVICES Input File Layout
PLAN TYPE field and PLAN VERSION LIST were modified.

Version 3.0A rev4
Content of Provider and Network files changed from all active records to all active records, and "Out of Network" providers present in claims.

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Carrier to ASES Data Submissions
File Layouts

Version 3.0A rev5

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

Version 4.0A

Additional Provider and Network files content requirements were added, for required fields that are unavailable for "Out of Network" providers.

New descriptions and/or validation rules were added to the CLAIMSERVICES Input File Layout, applicable to GHIP and Government Employee Carriers.

CARRIER CODES, PLAN VERSION LIST and Place of Service Codes were modified.

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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.

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

ASES is requesting that provider NPIs are to always be used as the PROV_ID in order to assist in provider attribution and reporting across all Carriers. ASES will not accept the carrier's own provider id as the provider ID for medical claim, unless the carrier presents a valid reason for not using NPI's.

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.
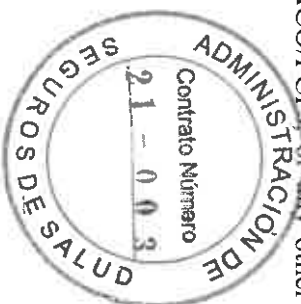
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The cap_amount field should represent a calculation which includes the earned capitation for the period for each member. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves 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
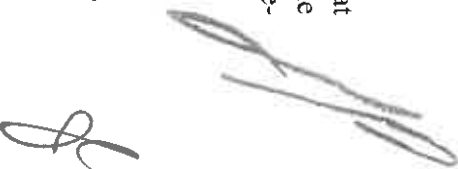
There may be circumstances in which capitation payments which have already been reported, need to be adjusted or reversed in a later month. To accomplish this, the Capitation records will behave differently than Claims and Services. The carrier will send a new record for the provider / member / experience 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_"	

Carrier to ASES Data Submissions
File Layouts

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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	$	=	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)
		Carrier to ASES Data Submissions File Layouts

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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

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- 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	10000000
-1,234.56	-0012345

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.

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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

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.
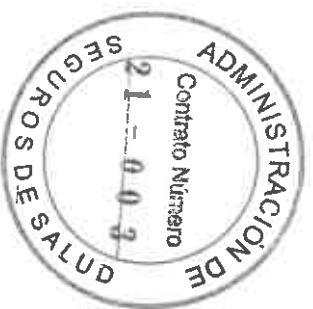
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Examples of completing this naming convention are –

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	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. For plan type "01", the Region Code must be a valid region code, and the value cannot be "X". For plan type "04", "05" and "06", value must be "X".
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.

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CLAIMSERVICES INPUT FILE LAYOUT

#	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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CLAIMSERVICES INPUT FILE LAYOUT

#	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 Service To date of the latest service.	YYYYMMDD	Required Must be a valid date Must be equal or later than Admit Date

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CLAIMSERVICES INPUT FILE LAYOUT

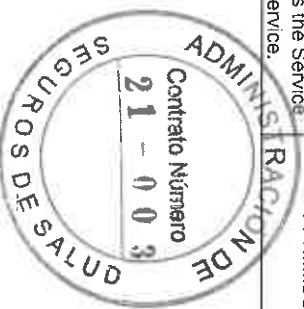| #	Field	Name	Description	Deliverable Data Format	Validation Rules
14	from_date	Service From Date	Begin date of the treatment.	YYYYMMDD	Required Must be a valid date.
15	to_date	Service To Date	End date of the treatment.	YYYYMMDD	Required Must be a valid date Must be on or after Service From Date
16	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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CLAIMSERVICES INPUT FILE LAYOUT

#	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. For non-governmental employees - Must be the two digit member suffix as supplied in ASES Eligibility data. For governmental employees - Must be one of the following: 01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 =Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint (Mancomunado)	99	Required Must be ASES Assigned member suffix. All numeric value 01 to 99.

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CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
25	patient_name	Patient Name	Member Name	X(30)	Required Must be left justified, blank filled to the right.
26	household_id	ASES Household ID	Household ID as supplied in ASES Eligibility data	X(11)	Required ASES / ODSI Household ID. Alphanumeric full 11 characters. For government employee use SSN Main Holder. Must be left justified, blank filled to the right.
27	sex	Sex Code	Gender of member M = Male F = Female	X	Required Must equal "M" or "F"
28	birth_date	Birth Date	Member Date of Birth in YYYYMMDD format	YYYYMMDD	Required Must be a valid date Cannot be in later than the Extract Date. Cannot be greater than 150 years ago compared to Extract Date. Must be equal or earlier than Admit Date.
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

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CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
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)y99	For claims submitted on Uniform Bill (UB) claim form. Must be zero for encounters. Must be zero for Services with Payment Status of "D". On non-UB claims must be blank.
34	drg_rel_weight	Relative DRG Weight	Indicates the relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year.	X(6)	If populated, must be a valid weight without any decimal points. Left justified, blank filled. A DRG weight of 2.397 should be reported as 2397.
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.

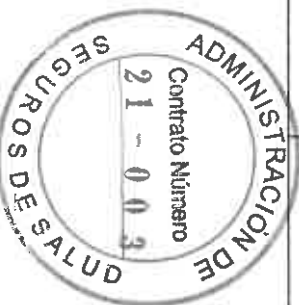| #	Field Name	Description	Deliverable Data Format	Validation Rules
38	**Procedure Modifier Code 2**	Modifier code valid for the Procedure Code	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be valid as a modifier for the Procedure code Must be left blank for encounters
39	**Procedure Modifier Code 3**	Modifier code valid for the Procedure Code	XX	Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounters.
40	**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	**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	**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	**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	**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.

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#	Field Name	Description	Deliverable Data Format	Validation Rules
45	tooth_code / Tooth Code	For Dental only ADA standard tooth number as required by CDT code when procedure directly affects a tooth.	XXX	Must be present on Dental claims when Procedure code requires Tooth Code. Must be left justified and blank filled to complete the field. For non-Dental claims must be blank.
46	surface_code / Surface Code	For Dental only ADA standard surface code as required by CDT code when procedure directly affects one or more surfaces.	X(7)	Must be present on Dental claims when procedure code requires Surface Code. Must be a valid Surface Code. Must be left justified and blank filled to complete the field. For non-Dental claims must be blank.
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.

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#	Field Name	Description	Deliverable Data Format	Validation Rules
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.
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.

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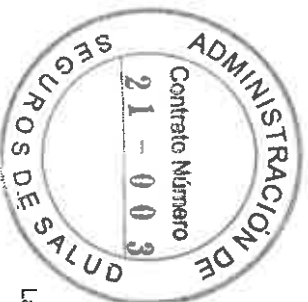| #	Field Name	Description	Deliverable Data Format	Validation Rules
53	lcd_diag_07 **Seventh ICD Diagnosis code**	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. **Left justified, blank filled.**
54	lcd_diag_08 **Eighth ICD Diagnosis code**	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. **Left justified, blank filled.**
55	lcd_diag_09 **Ninth ICD Diagnosis code**	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. **Left justified, blank filled.**
56	lcd_diag_10 **Tenth ICD Diagnosis code**	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims Must be a valid ICD/DSM IV code without any decimal points. Diagnosis codes must be carried to their highest degree of detail. **Left justified, blank filled.**

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#	Field Name	Description	Deliverable Data Format	Validation Rules
57	Icd_diag_11	Eleventh ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.
58	Icd_diag_12	Twelfth ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. 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. Must be a valid ICD/DSM IV code without any decimal points. Must be a valid ICD/DSM IV 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.

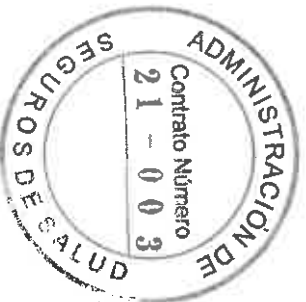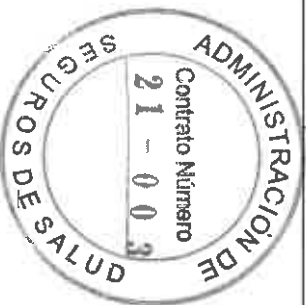| #	Field	Name	Description	Deliverable Data Format	Validation Rules
63	icd_proc_05	**Fifth ICD Procedure code**	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal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

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
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".
72	primary_carrier_id	Primary Carrier ID	Value that identifies the primary carrier providing service to the patient. See Carrier ID List in Attachment II May be the same as the carrier_id field or another carrier as a sub-contractor – a MBHO, Vision, or Dental plan.	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"

#	Field	Name	Description	Deliverable Data Format	Validation Rules
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.
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 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		Deliverable Data	Validation Rules
	Name	Description	Format	
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. May include decimal point. This field is only applicable when the NDC code billed can be quantified in discrete units. Left justified, blank filled. For non-Pharmacy claims must be blank.
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.

#	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.

CLAIMSERVICES INPUT FILE LAYOUT

#	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.	XX	Required on Pharmacy claims. For non-Pharmacy claims must be blank. Describes the basis of the amount reported on the NDC-QUANTITY and RX-CLAIM-QUANTITY-ALLOWED Fields.
96	prescription_num **Prescription ID**	Valid Values: "F2" = International Unit "GR" = Gram "ME" = Milligram "ML" = Milliliter "UN" = Unit 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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CLAIM SERVICES INPUT FILE LAYOUT

#	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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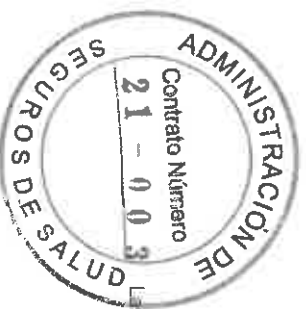| #	Field Name	Description	Deliverable Data Format	Validation Rules
119	claim_rem_code_04 **Fourth Remittance Advice Remark Codes (RARCs)**	Indicates the fourth RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim 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.	x	Required for all claims involving inpatient admissions to general acute care hospitals exempt from POA reporting. Must be left blank for Services exempt from POA reporting. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.
122	poa_ind_3	**Third Present on Admission (POA) Indicator Flag** A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.	x	POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. Required for all claims involving inpatient admissions to general acute care hospitals exempt from POA reporting. Must be left blank for Services exempt from POA reporting. Valid values: Must be a valid value "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.

#	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 exempt from POA reporting. 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 exempt from POA reporting. 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.

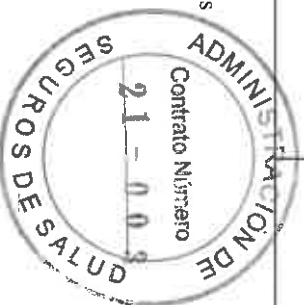| #	Field Name	Description	Deliverable Data Format	Validation Rules
125	poa_ind_6 **Sixth Present on Admission (POA) Indicator Flag**	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including 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.

#	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.

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

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

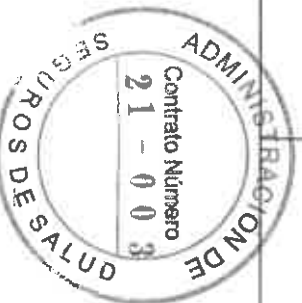Note: Row 134 Name is "Third Occurrence Code" and row 135 Name is "Fourth Occurrence Code".

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

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Last Update: December 23, 2019

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#	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 characters must be numeric and 5 or 9 digits in length

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#	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	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. 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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#	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
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
34	medicaid_number	Medicaid Number	Medicaid number	X(20)	Optional. Must be left justified, blank filled to the right.

#	Field	Field	Description	Deliverable Data Format	Validation Rules
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. A provider with a date of death before the Extract Date cannot be listed as a provider for an eligible individual.

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#	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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#	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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#	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
13	ipa_ext	IPA Ext	Telephone extension at IPA Work Phone for contact person	X(20)	Optional Must be left justified, blank filled to the right

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
14	federal_tax_id	Federal Tax ID	EIN of IPA	X(20)	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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ADMINISTRACIÓN DE SEGUROS DE SALUD

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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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ADMINISTRACION DE SEGUROS DE SALUD

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CAPITATION INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
9	region_code	Region	Region of member Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "X" = All Regions	X	Required Must be valid ASES Region code For plan type "01", the Region Code must be a valid region code, and the value cannot be "X". For plan type "04", "05" and "06", value must be "X".
10	municipality_code	Municipality	Municipality of residence of member. See Municipality Code in Attachment I.	XXXX	Required Must be ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code
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.

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CAPITATION INPUT FILE LAYOUT

#	Field Name	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

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
1	carrier	Carrier ID	ASES assigned carrier code. Must be (2) digits (numeric)	99	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
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

#	Field	Name	Description	Deliverable Data Format	Validation Rules
9	assigned_lives	Assigned lives	The number of assigned lives to the provider as of the last day of the reporting period. If the provider has multiple office locations, the number of assigned lives must be entered for the first entry (not a duplicated entry) for the provider. This number should include the sum of all office locations of the provider. If the provider does not have or require assigned lives, enter "0" in this column.	9999	Required
10	credential	Credential	Identify if the provider is up to date with all credentialing requirements as of the last day of the reporting period. Enter "Yes" for a fully 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
13	federal_tax_id	Provider SSN or EIN	The federal identification number of the provider. SSN for individuals, EIN for entities.	X(20)	Required Left justified, blank filled to the right Must be 9 digits in significant positions
14	prov_id	Provider ID	Must be the NPI, or if none exists, may be the Tax Id.	X(20)	Required Must be left justified and blank filled to the right If NPI is used, must be 10 digit numeric NPI.
15	ccn	CCN	CMS Certification Number formerly known as the Medicare Provider Number.	X(20)	Optional
16	contract_eff_date	Contract effective date	The provider's contract effective date.	YYYYMMDD	Required For "Out of Network" providers, please report as "99991231".

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
17	contract_term_date	Contract termination date	The provider's contract termination date.	YYYYMMDD	Required For providers with an open-ended contract please report as '99991231'. For a provider with an unknown contract termination date, leave blank.
18	specialty	Specialty	Provider Specialty (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
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.
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

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
29	phone	Phone	Provider's telephone number.	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
			SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers		
30	fax	Fax	The primary fax number of the provider. SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers	X(20)	Optional Must be left justified, blank filled to the right Must include only numbers with no spaces or ()-characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
31	sunday	Sunday working hours	The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
32	monday	Monday working hours	The Monday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
33	tuesday	Tuesday working hours	The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
34	wednesday	Wednesday working hours	The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
35	thursday	Thursday working hours	The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
36	friday	Friday working hours	The Friday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
37	saturday	Saturday working hours	The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am – 5:00pm)	X(20)	Optional
38	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

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

NETWORK INPUT FILE LAYOUT

# Field	Name	Description	Deliverable Data Format	Validation Rules
RECORD LENGTH				956

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENTS

Carrier to ASES Data Submissions
File Layouts

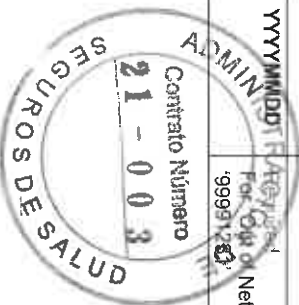# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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
Culebra	F	0100

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

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality

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

Ordered By Code

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

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ADMINISTRACIÓN DE SEGUROS DE SALUD

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

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

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

Carrier to ASES Data Submissions
File Layouts

Last Update: December 23, 2019

ADMINISTRACIÓN DE SEGUROS DE SALUD

Contrato Número 21 - 003

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality

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

Ordered By Code

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

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

NOTE: Any municipality code may appear in region SPECIAL.

*

Carrier to ASES Data Submissions
File Layouts

Last Update: December 23, 2019

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	(discontinued) First Medical Health Plan, Inc.	MCO
05	(discontinued) PMC Medicare Choice, LLC	MCO
06	(discontinued) Triple-S Salud, Inc.	MCO
07	(discontinued) Molina Healthcare of Puerto Rico, Inc.	MCO
08	(discontinued) MMM Multi Health, LLC	MCO
09	First Medicaid Health Plan, Inc. (NHM)	MCO
10	MMM Multi Health, LLC (NHM)	MCO
11	Molina Healthcare of Puerto Rico, Inc. (NHM)	MCO
12	Plan de Salud Menonita (NHM)	MCO
13	Triple-S Salud, Inc. (NHM)	MCO
17	(discontinued) MCS	MCO
25	(discontinued) La Cruz Azul de P.R.	MCO
27	(discontinued) MCS Life	Medicare Platino
28	(discontinued) Red Medica	Medicare Platino
29	MMM Healthcare, INC	Medicare Platino
31	(discontinued) Triple-S Salud, Inc.	Medicare Platino
33	Preferred Medicare Choice	Medicare Platino
34	MCS Advantage	Medicare Platino
35	(discontinued) COSVIMed	Medicare Platino

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	(discontinued) Constellation Health, LLC	Medicare Platino
46	Triple-S Advantage	Medicare Platino
47	(discontinued) American Health	Medicare Platino
48	(discontinued) MMM-First Plus	Medicare Platino
49	(discontinued) First Medical Health Plan, Inc.	Medicare Platino
51	(discontinued) Triple-S Salud, Inc.	TPA – Direct Contract
52	(discontinued) Humana	TPA – Direct Contract
53	(discontinued) MCS	TPA – Direct Contract
54	(discontinued) Triple-S Salud, Inc.	TPA – Direct Contract
55	(discontinued) COSVI	TPA – Direct Contract
60	(discontinued) Caremark	PBM
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

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	Government Employee
84	(discontinued) 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	(discontinued) MMM-First Plus	Government Employee
89	Panamerican Life Insurance Group (PALIG)	Government Employee
90	Delta Dental	Government Employee
91	MMM Multi Health, LLC	Government Employee
95	(discontinued) FHC	MBHO
96	(discontinued) American Health Medicare	Government Employee

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

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

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

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)

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

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
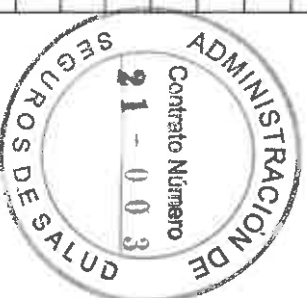
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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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ADMINISTRACION DE SEGUROS DE SALUD

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

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.

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.

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

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.
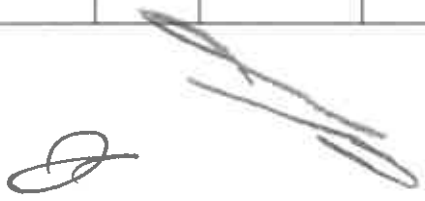
CODE	Name	Description
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits 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

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.
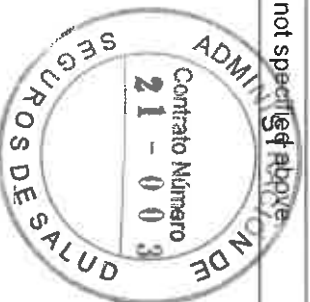
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT V - PROVIDER TYPE CODES

CODE	Description
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

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

Last Update: December 23, 2019

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI – PLAN VERSION LIST

Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
09	01	100	GHIP			
09	01	110	GHIP			
09	01	120	GHIP			
09	01	130	GHIP			
09	01	220	GHIP			
09	01	230	GHIP			
09	01	300	GHIP			
09	01	310	GHIP			
09	01	320	GHIP			
09	01	330	GHIP			
10	01	100	GHIP			
10	01	110	GHIP			
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11	01	110	GHIP			
11	01	120	GHIP			
11	01	130	GHIP			
11	01	220	GHIP			
11	01	230	GHIP			
11	01	300	GHIP			
11	01	310	GHIP			

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Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
11	01	320	GHIP			
11	01	330	GHIP			
12	01	100	GHIP			
12	01	110	GHIP			
12	01	120	GHIP			
12	01	130	GHIP			
12	01	220	GHIP			
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12	01	300	GHIP			
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12	01	330	GHIP			
13	01	100	GHIP			
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13	01	120	GHIP			
13	01	130	GHIP			
13	01	220	GHIP			
13	01	230	GHIP			
13	01	300	GHIP			
13	01	310	GHIP			
13	01	320	GHIP			
13	01	330	GHIP			
29	02	004	MA-SNP			
29	02	005	MA-SNP			
29	02	010	MA-SNP			
29	02	011	MA-SNP			
29	02	012	MA-SNP			
29	02	013	MA-SNP			
29	02	014	MA-SNP			
29	02	015	MA-SNP			

Last Update: December 23, 2019

Contrato Número 21 - 003

Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
29	02	017	MA-SNP			
29	02	017	MA-SNP			
29	02	017	MA-SNP			
29	02	018	MA-SNP			
29	02	018	MA-SNP			
29	02	019	MA-SNP			
29	02	020	MA-SNP			
29	02	023	MA-SNP			
29	02	024	MA-SNP			
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29	02	026	MA-SNP			
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29	02	047	MA-SNP			
29	02	049	MA-SNP			
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33	02	006	MA-SNP			
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33	02	048	MA-SNP			
33	02	061	MA-SNP			
34	02	002	MA-SNP			
34	02	003	MA-SNP			
34	02	004	MA-SNP			
34	02	011	MA-SNP			
34	02	012	MA-SNP			
34	02	017	MA-SNP			

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
34	02	021	MA-SNP			
34	02	022	MA-SNP			
34	02	023	MA-SNP			
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34	02	025	MA-SNP			
34	02	026	MA-SNP			
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34	02	049	MA-SNP			
34	02	050	MA-SNP			
34	02	051	MA-SNP			
34	02	052	MA-SNP			
42	02	005	MA-SNP			
42	02	006	MA-SNP			

Carrier to ASES Data Submissions
File Layouts

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
42	02	007	MA-SNP			
42	02	008	MA-SNP			
42	02	013	MA-SNP			
42	02	014	MA-SNP			
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42	02	016	MA-SNP			
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46	02	018	MA-SNP			
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46	02	020	MA-SNP			
46	02	021	MA-SNP			

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
46	02	022	MA-SNP			
46	02	023	MA-SNP			
46	02	024	MA-SNP			
46	02	024	MA-SNP			
46	02	025	MA-SNP			
46	02	026	MA-SNP			
46	02	028	MA-SNP			
46	02	032	MA-SNP			
71	04	401	Law 95 Commercial	Regular	Oro	MCO
71	04	402	Law 95 Commercial	Regular	Plata	MCO
71	04	403	Law 95 Commercial	Regular	Bronce	MCO
71	04	404	Law 95 Commercial	Regular	Rubi	MCO
71	04	405	Law 95 Commercial	Regular	Diamante	MCO
71	04	406	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
71	04	407	Law 95 Commercial	Regular	Mandatoria	MCO
71	04	408	Law 95 Commercial	Regular	Alterno 1	MCO
71	04	409	Law 95 Commercial	Regular	Alterno 2	MCO
71	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
72	05	501	Law 95 Advantage	Regular	Oro	HMO
72	05	502	Law 95 Advantage	Regular	Plata	HMO
72	05	503	Law 95 Advantage	Regular	Bronce	HMO
72	05	504	Law 95 Advantage	Regular	Rubi	HMO
72	05	505	Law 95 Advantage	Auto-Enrollment	ELA Flex	HMO POS
72	05	506	Law 95 Advantage	Auto-Enrollment	ELA Relax	HMO POS
72	05	507	Law 95 Advantage	Auto-Enrollment	MMM ELA Relax (HMO-POS)	HMO
72	05	508	Law 95 Advantage	Auto-Enrollment	MMM ELA Premium (HMO-POS)	HMO
72	05	509	Law 95 Advantage	Auto-Enrollment	MMM ELA Advantage	HMO
72	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
75	04	401	Law 95 Commercial	Regular	Oro	MCO
75	04	402	Law 95 Commercial	Regular	Plata	MCO

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21 - 003
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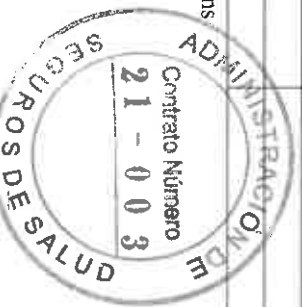| Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
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75	04	404	Law 95 Commercial	Regular	Rubi	MCO
75	04	405	Law 95 Commercial	Regular	Diamante	MCO
75	04	406	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
75	04	407	Law 95 Commercial	Regular	Mandatoria	MCO
75	04	408	Law 95 Commercial	Regular	Alterno 1	MCO
75	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
77	05	501	Law 95 Advantage	Regular	Oro	HMO
77	05	502	Law 95 Advantage	Regular	Plata	HMO
77	05	503	Law 95 Advantage	Regular	Bronce	HMO
77	05	504	Law 95 Advantage	Regular	Rubi	HMO
77	05	505	Law 95 Advantage	Auto-Enrollment	PR I	HMO
77	05	506	Law 95 Advantage	Auto-Enrollment	PR II	HMO
77	05	507	Law 95 Advantage	Auto-Enrollment	PR III	PPO
77	05	508	Law 95 Advantage	Auto-Enrollment	US Access Only	HMO
77	05	509	Law 95 Advantage	Auto-Enrollment	HMO FL	HMO
77	05	510	Law 95 Advantage	Auto-Enrollment	ELA HMO Rubi	HMO
77	05	511	Law 95 Advantage	Auto-Enrollment	ELA HMO Bronce	HMO
78	04	401	Law 95 Commercial	Regular	Oro	MCO
78	04	402	Law 95 Commercial	Regular	Plata	MCO
78	04	403	Law 95 Commercial	Regular	Bronce	MCO
78	04	404	Law 95 Commercial	Regular	Rubi	MCO
78	04	405	Law 95 Commercial	Regular	Diamante	MCO
78	04	406	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
78	04	407	Law 95 Commercial	Regular	Mandatoria	MCO
78	04	408	Law 95 Commercial	Regular	Alterno 1	MCO
78	04	409	Law 95 Commercial	Regular	Alterno 2	MCO
78	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
79	05	501	Law 95 Advantage	Regular	Oro	HMO
79	05	502	Law 95 Advantage	Regular	Plata	HMO
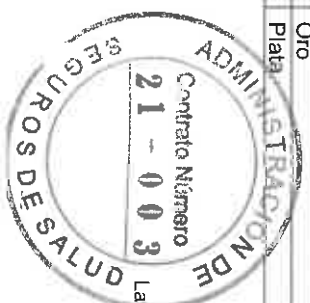
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

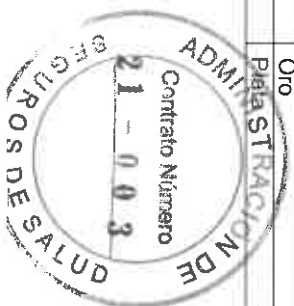| Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
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79	05	504	Law 95 Advantage	Regular	Rubi	HMO
79	05	505	Law 95 Advantage	Auto-Enrollment	ELA Crédito	HMO
79	05	506	Law 95 Advantage	Auto-Enrollment	ELA Ahorro	HMO
79	05	507	Law 95 Advantage	Auto-Enrollment	ELA Crédito Rubí	HMO
79	05	508	Law 95 Advantage	Auto-Enrollment	ELA Enlace	HMO
79	05	509	Law 95 Advantage	Auto-Enrollment	Classicare Gobierno Ahorro	HMO
80	04	401	Law 95 Commercial	Regular	Oro	MCO
80	04	402	Law 95 Commercial	Regular	Plata	MCO
80	04	403	Law 95 Commercial	Regular	Bronce	MCO
80	04	404	Law 95 Commercial	Regular	Rubi	MCO
80	04	405	Law 95 Commercial	Regular	Diamante	MCO
80	04	406	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
80	04	407	Law 95 Commercial	Regular	Mandatoria	MCO
80	04	408	Law 95 Commercial	Regular	Alterno 1	MCO
80	04	409	Law 95 Commercial	Regular	Alterno 2	MCO
80	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
82	04	401	Law 95 Commercial	Regular	Oro	MCO
82	04	402	Law 95 Commercial	Regular	Plata	MCO
82	04	403	Law 95 Commercial	Regular	Bronce	MCO
82	04	404	Law 95 Commercial	Regular	Rubi	MCO
82	04	405	Law 95 Commercial	Regular	Diamante	MCO
82	04	406	Law 95 Commercial	Regular	Complementaria de Medicare	MCO
82	04	407	Law 95 Commercial	Regular	Mandatoria	MCO
82	04	408	Law 95 Commercial	Regular	Alterno 1	MCO
82	04	409	Law 95 Commercial	Regular	Alterno 2	MCO
82	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
84	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
85	06	400	Law 95 - ELA-Puro (Cubierta ASES)	Regular	Coverage 400 (ELA)	HMO
87	05	501	Law 95 Advantage	Regular	Oro	HMO
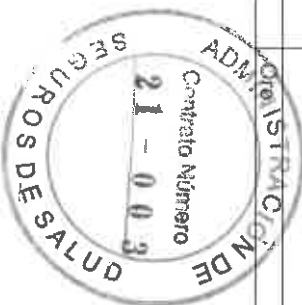
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Carrier Code	Plan Type	Plan Version Code	Plan Type Description	Plan Act	Plan Version Description	Plan Version Access
87	05	502	Law 95 Advantage	Regular	Plata	HMO
87	05	503	Law 95 Advantage	Regular	Bronce	PPO
87	05	504	Law 95 Advantage	Regular	Rubi	HMO
87	05	505	Law 95 Advantage	Auto-Enrollment	ELA Royal	HMO
87	05	506	Law 95 Advantage	Auto-Enrollment	ELA Óptimo	HMO
87	05	507	Law 95 Advantage	Auto-Enrollment	ELA Royal Plus	HMO
87	05	508	Law 95 Advantage	Auto-Enrollment	ELA Titán	HMO
87	05	509	Law 95 Advantage	Auto-Enrollment	ELA Óptimo Plus	HMO
88	05	501	Law 95 Advantage	Regular	Oro	PPO
88	05	502	Law 95 Advantage	Regular	Plata	PPO
88	05	503	Law 95 Advantage	Regular	Bronce	PPO
88	05	504	Law 95 Advantage	Regular	Rubi	PPO
88	05	505	Law 95 Advantage	Auto-Enrollment	Premium	PPO
88	05	506	Law 95 Advantage	Auto-Enrollment	Premium 2	PPO
88	05	507	Law 95 Advantage	Auto-Enrollment	Plus	PPO

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
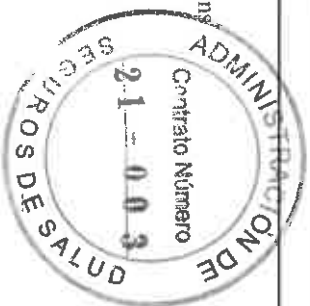
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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.
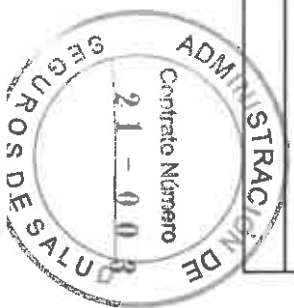
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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Last Update: December 23, 2019

MA-10
Rev. 05/2016 (Español)

Departamento de Salud de Puerto Rico – PROGRAMA MEDICAID
NOTIFICACIÓN DE ACCIÓN TOMADA SOBRE SOLICITUD O REEVALUACIÓN

Página 1 de 1

Número Caso: _____   Núm. de Solicitud: _____   Fecha de Certificación: _____

Municipio de Residencia: _____   Región de Medicaid: _____   Región de ASES: _____

Se ha evaluado la información que usted ha ofrecido y se ha corroborado con los documentos que se le han solicitado, y los cuales constan en nuestro expediente, y hemos determinado:

Resultados de determinación de elegibilidad -

Nombre	MPI	Otro Plan Médico	Ingreso Elegibilidad	Unidad Familiar	Elegibilidad	Fecha Efectividad	Fecha Vencimiento

Resultados de determinación para copagos -

Nombre	MPI	Ingreso para Copagos	Unidad Familiar	Elegibilidad	Código Cubierta	Tope de Copagos

NOTAS:
A. Tope de Copagos: (1) La reglamentación federal establece que las personas elegibles a Medicaid o CHIP tendrán un tope en el total de los copagos. (2) El tope es de un 5% trimestral, y se determine a base del Ingreso MAGI de la Unidad Familiar MAGI y para llegar al tope se suman los copagos que pagan por trimestre cada uno de los beneficiarios que son Medicaid o CHIP de la unidad familiar MAGI. (3) Si en el transcurso del periodo de elegibilidad, un beneficiario a Medicaid o CHIP considera que pagó más de un 5% por concepto de copagos en un trimestre, él o ella pueden radicar una Solicitud de Reembolso de Copagos, la cual será evaluada por la Administración de Seguros de Salud de Puerto Rico (ASES). (4) La información sobre el Proceso de Reembolso y la Solicitud están disponible en las Oficinas Locales del Programa Medicaid y en la página web del Programa Medicaid (https://www.medicaid.pr.gov/) y en la de ASES (http://www.ases.pr.gov/). (5) La regla federal no aplica a quien es elegible Estatal.

B. Determinaciones de Elegibilidad y para Copagos: (1) Usted tiene derecho a radicar una apelación y solicitar una audiencia para que se revise la determinación de elegibilidad y/o la determinación para copagos que se les notifican mediante esta MA-10 cuando no está conforme con la decisión tomada en su caso. (2) La solicitud debe ser presentada por escrito y dentro de un plazo de 30 días, contados a partir de la Fecha de Certificación indicada en esta MA-10. (3) La misma podrá someterse - (a) en persona: en cualquier Oficina Local del Programa Medicaid de PR, (b) por correo a la siguiente dirección: Programa Medicaid, Departamento de Salud, P.O. Box 70184, San Juan, PR 00936-8184, o (c) por facsímil (fax): al número (787) 759-8361. (4) El término para apelar vence el: 5 de abril de 2017. (5) La determinación será final si usted no apela dentro del término de 30 días.

Nombre y Firma del Certificador   Fecha

Para el Cliente / Para el Expediente

QUERY RESPONSE FILE LAYOUT

October 20, 2008

This file is sent by ASES to Carriers as a response to query records. The Response Record informs if a Beneficiary is elegible for GHIP (Reform) coverage. It provides the key data elements which the Carrier will use to notify enrollment to ASES once approved by CMS.

Query Response Record

# Field	Record Fields	Position	Size	Notes
1	RECORD_TYPE	1	1	"R" for Response
2	CARRIER_PROCESS_DATE	2	8	YYYYMMDD
3	**BENEFICARY SSN**	10	9	
4	CARRIER_1ST_LAST_NAME	19	15	
5	CARRIER_2ND_LAST_NAME	34	15	
6	CARRIER_FIRST_NAME	49	20	
7	CARRIER_SEX	69	1	1 = Male, 2 = Female
8	CARRIER_DATE OF BIRTH	70	8	YYYYMMDD
9	CARRIER_REGION	78	1	
10	CARRIER	79	2	Carrier Code
11	ASES_1ST_LAST_NAME	81	15	
12	ASES_2ND_LAST_NAME	96	15	
13	ASES_FIRST_NAME	111	20	
14	ASES_SEX	131	1	1 = Male, 2 = Female
15	ASES_DATE OF BIRTH	132	8	YYYYMMDD
16	**ASES_REGION**	140	1	
17	ELEGIBILITY_INDICATOR	141	1	**Y or N**
18	**ODSI_FAMILY_ID**	142	11	
19	**MEMBER_SUFFIX**	153	2	
20	**MPI**	155	13	Alpha-numeric ej.-"0080012345678"
21	MEDICAID_INDICATOR	168	1	**1 = Federal Medicaid**
22	ELEGIBILITY_EFFECTIVE_DATE	169	8	YYYYMMDD
23	ELEGIBILITY_EXPIRATION_DATE	177	8	YYYYMMDD
24	ASES_PROCESS_DATE	185	8	YYYYMMDD
25	MESSAGE_CODE	193	6	Spaces= no errors, 01=MPI no match, 02=Sex no match, 03=DOB no match, 04=Region no match, 05=Miembro de municipio no contratado por Carrier, 06=Empleado ELA, 07=SSN no match (history records)
26	ASES_DEDUCTIBLE_LEVEL	199	1	
27	MUNICIPIO	200	4	Código Municipio en ASES
28	FECHA DE EFECTIVIDAD	204	8	Para uso en queries historicos. Formato YYYYMMDD.
29	CODIGO DE CUBIERTA	212	3	Código de Cubierta (Coverage Code)
30	FILLER	215	5	
		220		

*** All are Text Fields

ELIGIBILITY QUERY FILE LAYOUT

August 1, 2008

This file is produced by MA Carriers and sent to ASES to verify the elegibility of Medicare Beneficiaries in the GHIP (Reforma). **NMCI changes 04/2018**

Query Record

# Field	Record Fields	Position	Size	Notes
1	RECORD TYPE	1	1	"Q" for Query
2	PROCESS DATE	2	8	YYYYMMDD
3	BENEFICARY SSN	10	9	
4	1ST LAST NAME	19	15	
5	2ND LAST NAME	34	15	
6	FIRST NAME	49	20	
7	SEX	69	1	1 = Male, 2 = Female
8	DATE OF BIRTH	70	8	YYYYMMDD
9	REGION	78	1	
10	CARRIER	79	2	Carrier Code
11	FECHA DE EFECTIVIDAD	81	8	Para uso en queries historicos. Entrar fecha en que comienza la suscripcion del Beneficiario. Formato YYYYMMDD. El dia debe ser primero de mes. Si el query no es historico se deja en blanco.
12	MPI number	89	11	MPI number Last eleven digits
		100		

*** All are Text Fields

CARRIER ELIGIBLITY OUTPUT FILE

This file is created by the ASSIST export program and contains the demographic and eligibility information sent to ASES from the Department of Health and verified by ASES as eligible for Health Reform. **Modified on May 2003 for the direct contracting pilot project. See entries in bold. Modified on March 2004 for Smartcard project. See entries in bold and highlighted.** Modified on July 2005 for Medicare Project. Modified on January 2008 to add tran_id = H for sysprem records. Modified for Mediti on January 2011. FIELDS IN YELLOW ARE NOT USED BY CARRIERS (Nov-1024). MAGI required changes to 7/2017. New Fileds MMIS 1/29/2018. ASES New Health Model 11/1/2018.

# Field	Record Fields	Pos	Size	Notes
1	RECORD-TYPE	0	1	"F" for family
2	TRAN-ID	1	1	E=eligible, I=ineligible, R=reject, H= SYSPREM (history), "1", "2", "3" = retroactive period (1,2,3 respond to records group, do not respond to period
3	PROCESS-DATE	2	8	MMDDYYYY
4	FAMILY-SSN	10	9	Member SSN
5	FAMILY-SUFFIX	19	2	"00"
6	Filler	21	14	fill blanks
7	FAMILY_ID	35	11	eleven last digit of MPI (MAGI Fam id) Previous version identify like MEMBER ID
8	Contact last name 1	46	15	Paternal last name of contact person
9	Contact last name 2	61	15	Maternal last name of contact person
10	Contact first name	76	20	First name of contact person
11	REGION	96	1	
12	MUNICIPALITY	97	4	Zero fill, right justify.
13	FACILITY	101	4	Zero fill, right justify.
14	INVESTIGATION-IND	105	1	
15	TRANSACTION-TYPE	106	1	
16	EFFECTIVE-DATE	107	8	Start date of eligibility MMDDYYYY
17	FINANCIAL-RESP-PCT	115	1	
18	CERTIFIER-NUMBER	116	2	
19	EXPIRATION-DATE	118	8	End date of eligibility MMDDYYYY
20	COND-ELIG-IND	126	1	
21	MAILING-ADDRESS1	127	75	
22	MAILING-ADDRESS2	202	75	
23	MAILING-CITY	277	16	
24	MAILING-ZIP	293	5	Zero fill, right justify.
25	MAILING-ZIP4	298	4	Zero fill, right justify.
26	RESIDENCE-ADDRESS1	302	75	
27	RESIDENCE-ADDRESS2	377	75	
28	RESIDENCE-CITY	452	16	
29	RESIDENCE-ZIP	468	5	Zero fill, right justify.
30	RESIDENCE-ZIP4	473	4	Zero fill, right justify.
31	PHONE	477	10	Including area code
32	OTHER-INSURER1	487	2	Insurance co. code NOT USED
33	OTH-POLICY1	489	20	Policy number NOT USED
34	OTHER-INSURER2	509	2	Insurance co. code NOT USED
35	OTH-POLICY2	511	20	Policy number NOT USED
36	OTHER-INSURER3	531	2	Insurance co. code NOT USED
37	OTH-POLICY3	533	20	Policy number NOT USED
38	MEMBERS	553	2	# members in family
39	ODSI-MEMBERS-ELIGIBLE	555	2	# members eligible ODSI / optionals ELA-SB-Vet
40	USER-CODE	557	6	
41	ENTRY-DATE	563	8	MMDDYYYY
42	PCT-OF-POVERTY-LEVEL	571	3	Zero fill, right justify. NOT USED
43	DEDUCTIBLE-LEVEL-CODE	574	1	Zero fill, right justify. NOT USED
44	HCRE-MEMBERS-ELIGIBLE	575	2	# members eligible by ASES. Zero fill, right justify.
45	HCRE-DENIAL-CODE	577	2	See Cancel Reasons table
46	CARRIER-CODE	579	2	
47	EFFECTIVE-CARRIER-DATE	581	8	For Family Carrier . MMDDYYYY
48	ELA-ERRORS	589	10	Zero fill, right justify. NOT USED
49	MANCOMUNADO	599	1	Zero fill, right justify. NOT USED
50	FILLER	600	3	
51	PMG_Tax_ID	603	9	PMG Tax ID
52	NEW-CARRIER	612	2	New carrier code
53	NEW_PMG_Tax_ID	614	9	new IPA or PHO for families changing carrier
54	NEW_PMG_eff_date	623	8	MMDDYYYY - effective date of IPA/PHO change
55	CONTRACT NUMBER	631	13	MCO contract number
56	REGION ASES	644	1	
57	NEW CARRIER EFFECTIVE DATE	645	8	New Carrier MMDDYYYY
58	PMG_eff_date	653	8	MMDDYYYY

59	CERTIFICATION DATE	661	8	MMDDYYYY
60	PRIMARY CENTER PCP CHANGE REASO	669	2	Basado en tabla de Código de Razón.
61	AUTO_ENROLL_INDICATOR	671	1	0 = Not Auto; >0 = Auto Enroll
62	AUTO_ENROLL_DATE	672	8	MMDDYYYY
63	PAM NEW FAMILY_ID	680	11	New Family_id assigned by PAM for Meditis. Use as a reference only.
64	Application Number	691	10	Medicaid application form number
65	Medicaid_cancellation_dt	701	8	MMDDYYYY
66	Region_move_eff_dt	709	8	MMDDYYYY
67	Rate_cell	717	2	See Rate Cell Table
68	gender	719	1	1=Male, 2= Female, 3=Unnkown
69	new_card_id_date	720	8	MMDDYYYY, For future enrollment
70	FILLER	728	11	
		739		

*** All are Text Fields

CARRIER ELIGIBLITY OUTPUT FILE

This file is created by the ASSIST export program and contains the demographic and eligibility information sent to ASES from the Department of Health and verified by ASES as eligible for Health Reform. Modified on May 2003 for the direct contracting pilot project. Modified on March 2004 for Smartcard project. **Modified on Sept. 2005 for Medicare Project. Modified August 2006 to add Coverage Fiels for new PSG contrating. Modified on January 2008 to add tran_id = H for sysprem records. Modified for Mediti on January 2011. MAGI required changes to 7/2017. New value in Extension flag field and Included MBI number.**

# Field	Record Fields	Position	Pos	Size	Notes
1	RECORD-TYPE	1	0	1	"M" for member
2	TRAN-ID	2	1	1	E=eligible, I=ineligible, R=reject, H= SYSPREM (history), "1", "2", "3" = retroactive period (1,2,3 respond to records group, do not respond to period order)
3	PROCESS-DATE	3	2	8	MMDDYYYY
4	FAMILY-SSN	11	10	9	Family-SSN = Member-SSN
5	FAMILY-SUFFIX	20	19	2	Zero fill, right justify.
6	FILLER	22	21	1	
7	MEMBER-SSN	23	22	9	Family-SSN = Member-SSN
8	MEMBER-SUFFIX	32	31	2	"01"
9	CONTACT_MEMBER	34	33	11	eleven last digit of MPI of contact member
10	FILLER	45	44	3	
11	LAST NAME 1	48	47	15	
12	LAST NAME 2	63	62	15	
13	FIRST NAME	78	77	20	
14	MIDDLE-INITIAL	98	97	1	
15	RELATIONSHIP	99	98	1	Zero fill, right justify. NOT USED
16	DATE-OF-BIRTH	100	99	8	MMDDYYYY
17	PLACE-OF-BIRTH	108	107	1	Zero fill, right justify. NOT USED
18	SEX	109	108	1	
19	CATEGORY	110	109	1	Zero fill, right justify. NOT USED
20	CATEGORY-2	111	110	1	Zero fill, right justify. NOT USED
21	CONDITION	112	111	1	Zero fill, right justify. NOT USED
22	SOURCE-CODE	113	112	1	
23	RECEIVE-SS	114	113	1	
24	MED-INS-CODE	115	114	1	Zero fill, right justify. NOT USED
25	POLICY	116	115	2	Zero fill, right justify. NOT USED
26	CLASS	118	117	1	Zero fill, right justify. NOT USED
27	CLASS-2	119	118	1	Zero fill, right justify. NOT USED
28	DENIAL-CAT	120	119	1	Zero fill, right justify. NOT USED
29	DENIAL-CAT-2	121	120	1	Zero fill, right justify. NOT USED
30	MARITAL-STATUS	122	121	1	
31	SSN	123	122	9	
32	PREG-IND	132	131	1	
33	ABSENT-PARENT	133	132	1	
34	HICN	134	133	11	
35	PILOT-CAT	145	144	1	Zero fill, right justify. NOT USED
36	PILOT-CLASS	146	145	1	Zero fill, right justify. NOT USED
37	PILOT-DENIAL	147	146	1	Zero fill, right justify. NOT USED
38	HCRE-ELIGIBILITY-IND	148	147	1	
39	HCRE-DENIAL-CODE	149	148	2	Zero fill, right justify.
40	OTHER-INSURER1	151	150	2	Insurance co. code NOT USED
41	OTH_POLICY1	153	152	20	Policy number NOT USED
42	OTHER-INSURER2	173	172	2	Insurance co. code NOT USED
43	OTH_POLICY2	175	174	20	Policy number NOT USED
44	OTHER-INSURER3	195	194	2	Insurance co. code NOT USED
45	OTH_POLICY3	197	196	20	Policy number NOT USED
46	GROUP-IDENT	217	216	2	See reference Table
47	MPI	219	218	11	eleven last digit of MPI (MAGI Fam id)
48	ELA-ERRORS	230	229	10	5 2-digit error codes for ELA-SB-Vet
49	AGENCY	240	239	5	Agency # for ELA / Group Num for SB. Zero fill, right justify.
50	MASTER PATIENT INDEX (MPI)	245	244	13	
51	MEMBER CERTIFICATION DATE	258	257	8	MMDDYYYY
52	CONTRACT NUMBER	266	265	13	Include Suffix.
53	MEMBER PRIMARY CENTER	279	278	4	IPA code
54	MEMBER PRIMARY CENTER EFFECTIVE DATE	283	282	8	MMDDYYYY
55	MEMBER NEW PRIMARY CENTER	291	290	4	
56	MEMBER NEW PRIMARY CENTER EFFECTIVE DATE	295	294	8	MMDDYYYY
57	PCP1	303	302	15	
58	PCP1 EFFECTIVE DATE	318	317	8	MMDDYYYY
59	PCP2	326	325	15	
60	PCP2 EFFECTIVE DATE	341	340	8	MMDDYYYY
61	NEW PCP1	349	348	15	
62	NEW PCP1 EFFECTIVE DATE	364	363	8	MMDDYYYY
63	NEW PCP2	372	371	15	
64	NEW PCP2 EFFECTIVE DATE	387	386	8	MMDDYYYY
65	CARD ID NUMBER	395	394	15	
66	CARD ID DATE	410	409	8	MMDDYYYY
67	ELA INDICATOR	418	417	1	1=NO PREMIUM 2=PREMIUM Spaces when not ELA.
68	PRIMARY CENTER PCP CHANGE REASON	419	418	2	Basado en tabla de Código de Razón.
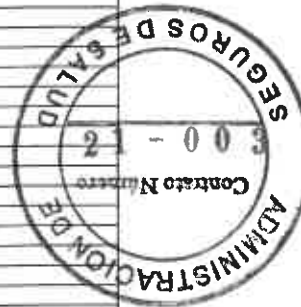
69	MEDICAID INDICATOR	421	420	1	1=Medicaid Federal, 2=SCHIPS 3=Estatal 4= Estatal otros
70	MEDICARE INDICATOR	422	421	1	1=A&B, 3=A, 9=B
71	CARRIER	423	422	2	
72	CARRIER_EFF_DATE	425	424	8	MMDDYYYY
73	NEW_CARRIER	433	432	2	
74	NEW_CARRIER_EFF_DATE	435	434	8	MMDDYYYY
75	PLAN_TYPE	443	442	2	"bb"=elegible no suscrito, Ver tabla Plan Type
76	PLAN_TYPE_EFF_DATE	445	444	8	MMDDYYYY
77	PLAN_VERSION	453	452	3	Version del plan MA suscrito
78	PLAN_VERSION_EFF_DATE	456	455	8	MMDDYYYY
79	NEW_PLAN_TYPE	464	463	2	
80	NEW_PLAN_TYPE_EFF_DATE	466	465	8	MMDDYYYY
81	NEW_PLAN_VERSION	474	473	3	
82	NEW_PLAN_VERSION_EFF_DATE	477	476	8	MMDDYYYY
83	INSTITUTIONAL_STATUS	485	484	1	Y or N
84	HIC NUMBER MA	486	485	12	If it is Medicare, the MBI number will be included
85	AUTO_ENROLL_INDICATOR	498	497	1	0 = Not Auto; >0 = Auto Enroll
86	AUTO_ENROLL_DATE	499	498	8	MMDDYYYY
87	IPA_ESPECIAL	507	506	1	1 = IPA Especial
88	CMS_Cert_Status	508	507	2	Status de Certificación en CMS
89	Coverage_Code	510	509	3	
90	New Contract Number	513	512	13	
91	Special_Enroll	526	525	1	E = Emergency N = New Born
92	Cost Sharing flag	527	526	1	N=No exception, C=Child, P=Pregnant, A=American Indian, I=Institutionalized, H=Hospice
93	Max copay	528	527	5	Max co-pay for household. Will include two decimal positions.
94	Extension Flag	533	532	1	N=No extension, A=Pending Appeal, U=Appeal closed, P=pregnancy, X=Other extension, H=Natural Desaster
95	Spend_down Flag	534	533	1	N=No spend-down involved, S=Spend-down satisfied (If S, required at least one spend-down recordon recod group)
96	Group_code	535	534	3	See group code table
97	Deceased Date	538	537	8	Format: MMDDYYYY. Member deceased date. Required where hcre_denial_code = '08' (Cancellation Reason). Reject if not 08 only in 'D' records.
98	Filler	546	545	194	
		731	739		

*** All are Text Fields

CARRIER ELIGIBLITY OUTPUT FILE - Household Recor

This file is created by the ASSIST export program and contains the MPI
Project to 10/2016

# Field	Record Fields	Position	Pos	Size
1	Record Type	1	0	1
2	TRAN_ID	2	1	1
3	Process_date	3	2	8
4	MEMBER ID	11	10	11
5	MPI_1	22	21	11
6	MPI_2	33	32	11
7	MPI_3	44	43	11
8	MPI_4	55	54	11
9	MPI_5	66	65	11
10	MPI_6	77	76	11
11	MPI_7	88	87	11
12	MPI_8	99	98	11
13	MPI_9	110	109	11
14	MPI_10	121	120	11
15	MPI_11	132	131	11
16	MPI_12	143	142	11
17	MPI_13	154	153	11
18	MPI_14	165	164	11
19	MPI_15	176	175	11
20	MPI_16	187	186	11
21	MPI_17	198	197	11
22	MPI_18	209	208	11
23	Filler	220	219	520
		739	739	

Last Update: Feb 2016

d

related to Member_id, New record for MAGI

Notes
"O"
E=eligible, I=ineligible, R=Reject, H= SYSPREM (history), "1", "2", "3" = retroactive period (1,2,3 respond to records group, do not respond to period order)
MMDDYYYY
eleven last digit of MPI (MAGI Fam id)
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Medicaid MPI related
Fill with empty spaces.

Last Update: Feb 2016

CARRIER ELIGIBLITY OUTPUT FILE - Insurance Record

This file is created by the ASSIST export program and contains the demographic
Department of Health and verified by ASES as eligible for Health Reform. This **In:**
Implementation on Febrary 2011. **MAGI changes to 7/2017. NMCI changes to 4**

# Field	Record Fields	Position		Size
1	RECORD-TYPE	1	0	1
2	TRAN-ID	2	1	1
3	PROCESS-DATE	3	2	8
4	Family_id	11	10	11
5	Member Suffix	22	21	2
6	Health Insurer Code	24	23	3
7	Policy Number	27	26	20
8	Policy-EXPIRATION-DATE	47	46	8
9	Covered Services	55	54	40
10	*FILLER*	95	94	*645*
		739	739	

*** All are Text Fields

Last Update: Feb 2016

and eligibility information sent to ASES from the
surance Record is adeded for the Meditis
/1/2018

Notes
"I" for Insurance
E=eligible, "1", "2", "3" = retroactive period (1,2,3 respond to records group, do not respond to period order)
MMDDYYYY
eleven last digit of MPI (MAGI Fam id)
"01"
Code identifies Insurance Company
If it is Medicare, the MBI number will be included
MMDDYYYY
20 coverage code fields (2 character each).

type	code	title	description
Status	A	Automatic	Automatically eligible
Status	M	MAGI	Qualified under MAGI
Status	N	Non-MAGI	Qualified under non-MAGI
Status	T	Transition	Transition period with temporary medical expense deduction
Status	H	History	History Data with eligibility conversion
Category	E	Title IV-E Child	Title IV-E Foster Care or Adoptive Assistance Child
Category	N	Deemed Newborn	Deemed Newborn
Category	C	Child	Child and not excepted
Category	P	Parent/CR	Parent or Other Caretaker Relative
Category	W	Pregnant Woman	Pregnant Woman
Category	X	Formaer Foster Care Child	ADFAN & Medicaid at 18th birthday and less than 26 years old
Category	T	Adult	19 years and less than 65 w/o Medicare
Category	A	Aged	65 years or older
Category	B	Blind	Blind
Category	D	Disabled	Disabled
Eligibility	M	Medicaid - Categorical	Eligible for Medicaid - Categorically Needy
Eligibility	C	CHIP	Eligible for MAGI CHIP or MOE CHIP
Eligibility	N	Medicaid - Medically Needy	Eligible for Medicaid - Medically Needy
Eligibility	S	State	Eligible for Commonwealth-only coverage
Eligibility	I	INELIGIBLE	Not eligible for any coverage

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

Element	4010A1 Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	5010 Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
ISA	**Interchange Control Header**	**R**					**Interchange Control Header**	**R**				
ISA01	Authorization Information Qualifier	R	ID	2/2			Authorization Information Qualifier	R	ID	2/2		
ISA02	Authorization Information	R	AN	10/10			Authorization Information	R	AN	10/10		
ISA03	Security Information Qualifier	R	ID	2/2			Security Information Qualifier	R	ID	2/2		
ISA04	Security Information	R	AN	10/10			Security Information	R	AN	10/10		
ISA05	Interchange ID Qualifier	R	ID	2/2			Interchange ID Qualifier	R	ID	2/2		
ISA06	Interchange Sender ID	R	AN	15/15			Interchange Sender ID	R	AN	15/15		
ISA07	Interchange ID Qualifier	R	ID	2/2			Interchange ID Qualifier	R	ID	2/2		
ISA08	Interchange Receiver ID	R	AN	15/15			Interchange Receiver ID	R	AN	15/15		
ISA09	Interchange Date	R	DT	6/6			Interchange Date	R	DT	6/6		
ISA10	Interchange Time	R	TM	4/4			Interchange Time	R	TM	4/4		
ISA11	Interchange Control Standards Identifier	R	ID	1/1		U	Repetition Separator	R	ID	1/1		^
ISA12	Interchange Control Version Number	R	ID	5/5		00401	Interchange Control Version Number	R	ID	5/5		00501
ISA13	Interchange Control Number	R	NO	9/9			Interchange Control Number	R	NO	9/9		
ISA14	Acknowledgment Requested	R	ID	1/1			Acknowledgment Requested	R	ID	1/1		
ISA15	Production Data	R	ID	1/1		P, T	Production Data	R	ID	1/1		P, T
ISA16	Component Element Separator	R	ID	1/1		:	Component Element Separator	R	ID	1/1		:
GS	**Functional Group Header**	**R**					**Functional Group Header**	**R**				
GS01	Functional Identifier Code	R	ID	2/2		PO, RA	Functional Identifier Code	R	ID	2/2		
GS02	Application Sender's Code	R	AN	2/15			Application Sender's Code	R	AN	2/15		
GS03	Application Receiver's Code	R	AN	2/15			Application Receiver's Code	R	AN	2/15		
GS04	Date	R	DT	8/8			Date	R	DT	8/8		
GS05	Time	R	TM	4/8			Time	R	TM	4/8		
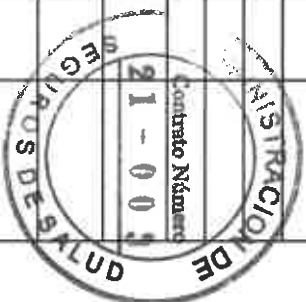
Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
		4010A1						**5010**				
GS06	Group Control Number	R	NO	1/9			Group Control Number	R	NO	1/9		
GS07	Responsible Agency Code	R	ID	1/2			Responsible Agency Code	R	ID	1/2		
GS08	Version / Release / Industry Identifier Code	R	AN	1/12		004010X061 A1	Version / Release / Industry Identifier Code	R	AN	1/12		005010X218
ST	Transaction Set Header	R					Transaction Set Header	R				
ST01	Transaction Set Identifier Code	R	ID	3/3		820	Transaction Set Identifier Code	R	ID	3/3		820
ST02	Transaction Set Control Number	R	AN	4/9			Transaction Set Control Number	R	AN	4/9		
ST03							Implementation Convention Reference	R	AN	1/35		005010X218
BPR	Financial Information	R					Financial Information	R				
BPR01	Transaction Handling Code	R	ID	1/2		C,D,U,I,P,U, X	Transaction Handling Code	R	ID	1/2		X
BPR02	Total Premium Payment Amount	R	R	1/18			Total Premium Payment Amount	R	R	1/18		
BPR03	Credit or Debit Flag Code	R	ID	1/1		C,D	Credit or Debit Flag Code	R	ID	1/1		C,D
BPR04	Payment Method Code	R	ID	3/3		ACH,BOP,C HK,FWT,S WT	Payment Method Code	R	ID	3/3		ACH,BOP,C HK,FWT,NO N,SWT
BPR05	Payment Format Code	S	ID	1/10		CCP,CTX	Payment Format Code	S	ID	1/10		CCP,CTX
BPR06	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2/2		01,04	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2/2		01,02,04
BPR07	Originating Depository Financial Institution (DFI) Identifier	S	AN	3/12			Originating Depository Financial Institution (DFI) Identifier	S	AN	3/12		
BPR08	Account Number Qualifier	S	ID	1/3		ALC,DA	Account Number Qualifier	S	ID	1/3		ALC,DA
BPR09	Sender Bank Account Number	S	AN	1/35			Sender Bank Account Number	S	AN	1/35		
BPR10	Originating Company Identifier	S	AN	10/10			Originating Company Identifier	R	AN	10/10		
BPR11	Originating Company Supplemental Code	S	AN	9/9			Originating Company Supplemental Code	S	AN	9/9		
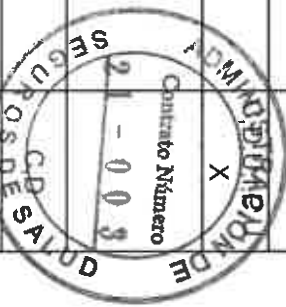
Element	Identifier Description	4010A1					5010				
		Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
BPR12	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2/2		01,04	S	ID	2/2		01,02,04
BPR13	Receiving Depository Financial Institution (DFI) Identifier	S					S				
BPR14	Account Number Qualifier	S	ID	1/3		DA,SG	S	ID	1/3		DA,SG
BPR15	Receiver Bank Account Number	S	AN	1/35			S	AN	1/35		
BPR16	Check Issue or EFT Effective Date	R	DT	8/8			R	DT	8/8		
TRN	**Reassociation Key** (4010) / **Reassociation Trace Number** (5010)	**R**					**R**				
TRN01	Trace Type Code	R	ID	1/2		1,3	R	ID	1/2		1,3
TRN02	Check or EFT Trace Number	R	AN	1/30			R	AN	1/50		
TRN03	Originating Company Identifier	S	AN	10/10			S	AN	10/10		
TRN04	Originating Company Supplemental Code	S	AN	1/30			S	AN	1/50		
CUR	**Non-US Dollars Currency** (4010) / **Foreign Currency Information** (5010)	**S**					**S**				
CUR01	Entity Identifier Code	R	ID	2/3			R	ID	2/3		
CUR02	Currency Code	R	ID	3/3		MXP,CAD,USD	R	ID	3/3		MXP,CAD
CUR03	Exchange Rate	S	R	4/10							
REF	**Premium Receiver Identification Key**	**S**					**S**				
REF01	Reference Identification Qualifier	R	ID	2/3		2B,PR	R	ID	2/3		2B,PR
REF02	Premium Receiver Reference Identifier	R	AN	1/30		14,18,2F,38,72	R	AN	1/50		14,17,18,2F,38,72,LB
DTM	**Process Date**	**S**					**S**				
DTM01	Date Time Qualifier	R	ID	3/3		009	R	ID	3/3		009
DTM02	Payer Process Date	R	DT	8/8			R	DT	8/8		
DTM	**Delivery Date**	**S**					**S**				
DTM01	Date Time Qualifier	R	ID	3/3		009	R	ID	3/3		009
DTM02	Premium Delivery Date	R	DT	8/8			R	DT	8/8		
DTM	**Coverage Period**	**S**					**S**				
DTM01	Date Time Qualifier	R	ID	3/3		582	R	ID	3/3		582
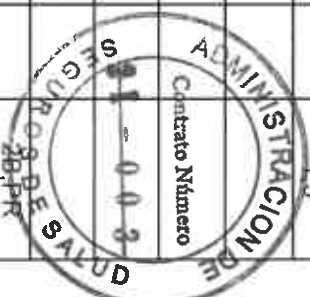
Element	Identifier Description (4010A1)	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	Identifier Description (5010)	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
DTM05	Date Time Period Format Qualifier	R	ID	2/3			Date Time Period Format Qualifier	R	ID	2/3		
DTM06	Coverage Period	R	AN	1/35			Coverage Period	R	AN	1/35		
DTM							**Creation Date**	**S**				
DTM01							Date Time Qualifier	R	ID	3/3		097
DTM02							Creation Date	R	DT	8/8		
N1	**Premium Receiver's Name**	**R**			**1000A**		**Premium Receiver's Name**	**R**			**1000A**	
N101	Entity Identifier Code	R	ID	2/3	1000A	PE	Entity Identifier Code	R	ID	2/3	1000A	PE
N102	Information Receiver Last or Organization Name	R	AN	1/60	1000A		Information Receiver Last or Organization Name	R	AN	1/60	1000A	
N103	Identification Code Qualifier	R	ID	1/2	1000A	1,9,EQ,FI,XV	Identification Code Qualifier	R	ID	1/2	1000A	1,9,EQ,FI,XV
N104	Receiver Identifier	R	AN	2/80	1000A		Receiver Identifier	R	AN	2/80	1000A	
N2	**Premium Receiver's Additional Name**	**S**			1000A		**Premium Receiver's Additional Name**	**S**			1000A	
N201	Receiver Additional Name	R	AN	1/60	1000A		Receiver Additional Name	R	AN	1/60	1000A	
N3	**Premium Receiver's Address**	**S**			1000A		**Premium Receiver's Address**	**S**			1000A	
N301	Receiver Address Line	R	AN	1/55	1000A		Receiver Address Line	R	AN	1/55	1000A	
N302	Receiver Address Line	S	AN	1/55	1000A		Receiver Address Line	S	AN	1/55	1000A	
N4	**Premium Receiver's City, State, Zip**	**S**			1000A		**Premium Receiver's City, State, Zip Code**	**S**			1000A	
N401	Information Receiver City Name	R	AN	2/30	1000A		Information Receiver City Name	R	AN	2/30	1000A	
N402	Information Receiver State Code	R	ID	2/2	1000A		Information Receiver State Code	S	ID	2/2	1000A	
N403	Information Receiver Postal Zone or ZIP Code	R	ID	3/15	1000A		Information Receiver Postal Zone or ZIP Code	S	ID	3/15	1000A	
N404	Country Code	S	ID	2/3	1000A		Country Code	S	ID	2/3	1000A	
N407							Country Subdivision Code	S	ID	1/3	1000A	
RDM							**Premium Receiver's Remittance Delivery Method**	**S**				
RDM01							Report Transmission Code	R	ID	1/2	1000A	BM,EM,FT,X,IA,OL

Element	4010A1 Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	5010 Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
RDM02							Name	S	AN	1/60	1000A	
RDM03							Communication Number	S	AN	1/256	1000A	
N1	**Premium Payer's Name**	**R**			**1000B**		**Premium Payer's Name**	**R**			**1000B**	
N101	Entity Identifier Code	R	ID	2/3	1000B	PR	Entity Identifier Code	R	ID	2/3	1000B	PR
N102	Premium Payer Name	S	AN	1/60	1000B		Premium Payer Name	S	AN	1/60	1000B	
N103	Identification Code Qualifier	S	ID	1/2	1000B	1,9,24,75,EQ,FI,PI	Identification Code Qualifier	S	ID	1/2	1000B	1,9,24,75,EQ,FI,PI
N104	Premium Payer Identifier	S	AN	2/80	1000B		Premium Payer Identifier	S	AN	2/80	1000B	
N2	**Premium Payer's Additional Name**	**S**					**Premium Payer's Additional Name**	**S**				
N201	Premium Payer Additional Name	R	AN	1/60	1000B		Premium Payer Additional Name	R	AN	1/60	1000B	
N3	**Premium Payer's Address**	**S**					**Premium Payer's Address**	**S**				
N301	Premium Payer Address Line	R	AN	1/55	1000B		Premium Payer Address Line	R	AN	1/55	1000B	
N302	Premium Payer Address Line	S	AN	1/55	1000B		Premium Payer Address Line	S	AN	1/55	1000B	
N4	**Premium Payer's City State Zip**	**S**					**Premium Receiver's City, State, Zip Code**	**S**				
N401	Premium Payer City Name	R	AN	2/30	1000B		Premium Payer City Name	R	AN	2/30	1000B	
N402	Premium Payer State Code	R	ID	2/2	1000B		Premium Payer State Code	S	ID	2/2	1000B	
N403	Premium Payer Postal Zone or ZIP Code	R	ID	3/15	1000B		Premium Payer Postal Zone or ZIP Code	S	ID	3/15	1000B	
N404	Country Code	S	ID	2/3	1000B		Country Code	S	ID	2/3	1000B	
N407							Country Subdivision Code	S	ID	1/3	1000B	
PER	**Premium Payer's Administrative Contact**	**S**					**Premium Payer's Administrative Contact**	**S**				
PER01	Contact Function Code	R	ID	2/2	1000B	IC	Contact Function Code	R	ID	2/2	1000B	IC
PER02	Premium Payer Contact Name	R	AN	1/60	1000B		Premium Payer Contact Name	R	AN	1/60	1000B	
PER03	Communication Number Qualifier	S	ID	2/2	1000B	EM,FX,TE	Communication Number Qualifier	R	ID	2/2	1000B	EM,FX,TE
PER04	Communication Number	S	AN	1/80	1000B		Communication Number	R	AN	1/256	1000B	
PER05	Communication Number Qualifier	S	ID	2/2	1000B	EM,EX,FX,TE	Communication Number Qualifier	S	ID	2/2	1000B	EM,EX,FX,TE
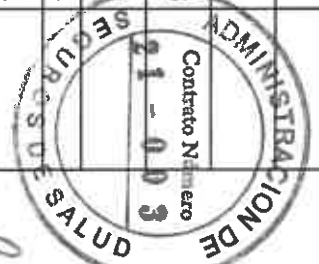
4010A1

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
PER06	Communication Number	S	AN	1/80	1000B	
PER07	Communication Number Qualifier	S	ID	2/2	1000B	EM,EX,FX,TE
PER08	Communication Number					
N1						
N101						
N102						
N103						
N104						
N2						
N201						
N3						
N301						
N302						
N4						
N401						
N402						
N403						
N404						
N407						
PER						
PER01						
PER02						
PER03						
PER04						
PER05						

5010

Element	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
PER06	Communication Number	S	AN	1/256	1000B	
PER07	Communication Number Qualifier	S	ID	2/2	1000B	EM,EX,FX,TE
PER08	Communication Number	S	AN	1/256	1000B	
N1	**Intermediary Bank Information**	**S**			**1000C**	
N101	Entity Identifier Code	R	ID	2/3	1000C	04,0B,8W,A K,BE,BK,C1, C2,IAT,MJ,R B,Z6,ZB,ZL
N102	Name	S	AN	1/60	1000C	
N103	Identification Code Qualifier	S	ID	1/2	1000C	31,57,94,A3, A4,A6,CF,G, PA
N104	Identification Code	S	AN	2/80	1000C	
N2	**Intermediary Bank Additional Name**	**S**				
N201	Name	R	AN	1/60	1000C	
N3	**Intermediary Bank's Address**	**S**				
N301	Address Information	R	AN	1/55	1000C	
N302	Address Information	S	AN	1/55	1000C	
N4	**Intermediary Bank's City, State, Zip Code**	**S**				
N401	City Name	R	AN	2/30	1000C	
N402	State or Province Code	S	ID	2/2	1000C	
N403	Postal Code	S	ID	3/15	1000C	
N404	Country Code	S	ID	2/3	1000C	
N407	Country Subdivision Code	S	ID	1/3	1000C	
PER	**Intermediary Bank's Administrative Contact**	**S**				
PER01	Contact Function Code	R	ID	2/2	1000C	IC
PER02	Name	R	AN	1/60	1000C	
PER03	Communication Number Qualifier	R	ID	2/2	1000C	EM,FX,TE
PER04	Communication Number	R	AN	1/256	1000C	
PER05	Communication Number Qualifier	S	ID	2/2	1000C	EM,EX,FX,TE
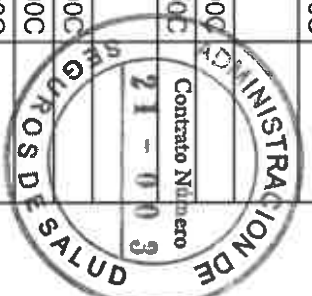
4010A1

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
PER06						
PER07						
PER08						
ENT	**Organization Summary Remittance**	**S**			**2000A**	
ENT01	Assigned Number	R	NO	1/6	2000A	
ENT02	Entity Identifier Code	R	ID	2/3	2000A	2L
ENT03	Identification Code Qualifier	S	ID	1/2	2000A	1,9,FI
ENT04	Organization Identification Code	S	AN	2/80	2000A	
ADX						
ADX01						
ADX02						
RMR	**Organization Summary Remittance Detail**	**R**			**2300**	
RMR01	Reference Identification Qualifier	R	ID	2/3	2300	11,1L,CT,IK
RMR02	Contract, Invoice, Account, Group, or Policy Number	R	AN	1/30	2300	
RMR03	Payment Action Code	S	ID	2/3	2300	PA,PI,PO,PP
RMR04	Detail Premium Payment Amount	R	R	1/18	2300	
RMR05	Billed Premium Amount	S	R	1/18	2300	
REF						
REF01						
REF02						

5010

Element	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
PER06	Communication Number	S	AN	1/256	1000C	
PER07	Communication Number Qualifier	S	ID	2/2	1000C	
PER08	Communication Number	S	AN	1/256	1000C	
ENT	**Organization Summary Remittance**	**S**			**2000A**	EM,EX,FX,TE
ENT01	Assigned Number	R	NO	1/6	2000A	
ENT02	Entity Identifier Code	R	ID	2/3	2000A	2L,AG,NH,RGA,UN
ENT03	Identification Code Qualifier	R	ID	1/2	2000A	1,9,24,FI
ENT04	Organization Identification Code	R	AN	2/80	2000A	
ADX	**Organization Summary Remittance Level Adjustment for Previous Payment**	**S**			**2200A**	
ADX01	Premium Payment Adjustment Amount	R	R	1/18	2200A	
ADX02	Premium Payment Adjustment Reason	R	ID	2/2	2200A	52,53,80,81,86,BJ,H1,H6,RU,WO,W
RMR	**Organization Summary Remittance Detail**	**R**			**2300**	
RMR01	Reference Identification Qualifier	R	ID	2/3	2300	11,1L,CT,IK
RMR02	Contract, Invoice, Account, Group, or Policy Number	R	AN	1/50	2300	
RMR03	Payment Action Code	S	ID	2/2	2300	PA,PI,PO,PP
RMR04	Detail Premium Payment Amount	S	R	1/18	2300	
RMR05	Billed Premium Amount	S	R	1/18	2300	
REF	**Premium Receivers Identification Key**	**S**			**2300A**	
REF01	Reference Identification Qualifier	R	ID	2/3	2300A	14,17,18,38,E9,LB,ZZ
REF02	Reference Identification	R	AN	1/50	2300A	

4010A1 / 5010

Element	4010A1 — Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	5010 — Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
DTM	▮	▮	▮	▮	▮	▮	**Organizational Coverage Period**	S			2300A	
DTM01	▮	▮	▮	▮	▮	▮	Date Time Qualifier	R	ID	3/3	2300A	582,AAG
DTM02	▮	▮	▮	▮	▮	▮	Date	S	DT	8/8	2300A	
DTM05	▮	▮	▮	▮	▮	▮	Date Time Period Format Qualifier	S	ID	2/3	2300A	RD8
DTM06	▮	▮	▮	▮	▮	▮	Date Time Period	S	AN	1/35	2300A	
IT1	**Summary Line Item**	S			2310A		**Summary Line Item**	S	AN	1/20	2310A	
IT101	Line Item Control Number	R	AN	1/20	2310A		Line Item Control Number	R	AN	1/20	2310A	A172,B680, D940,G740
SAC	▮	▮	▮	▮	▮	▮	Service, Promotion, Allowance or Charge Information	S			2312A	
SAC01	▮	▮	▮	▮	▮	▮	Service, Promotion, Allowance or Charge Indicator	R	ID	1/1	2312A	
SAC02	▮	▮	▮	▮	▮	▮	Service, Promotion, Allowance or Charge Code	R	ID	4/4	2312A	
SAC05	▮	▮	▮	▮	▮	▮	Amount	R	ID	1/15	2312A	
SLN	**Member Count**	S			2315A		**Member Count**	S			2315A	
SLN01	Line Item Control Number	R	AN	1/20	2315A		Line Item Control Number	R	AN	1/20	2315A	
SLN03	Information Only Indicator	R	ID	1/1	2315A	O	Information Only Indicator	R	ID	1/1	2315A	O
SLN04	Head Count	R	R	1/15	2315A		Head Count	R	R	1/15	2315A	
SLN05	Unit or Basis for Measurement Code	R	ID	2/2	2315A	10,IE,PR	Unit or Basis for Measurement Code	R	ID	2/2	2315A	10,IE,PR
ADX	**Organization Summary Remittance Level Adj.**	S			2320A		**Organization Summary Remittance Level Adj.**	S			2320A	
ADX01	Adjustment Amount	R	R	1/18	2320A		Adjustment Amount	R	R	1/18	2320A	
ADX02	Adjustment Type	R	ID	2/2	2320A	20,52,53,AA, H1,H6,IA,J3	Adjustment Reason Code	R	ID	2/2	2320A	20,52,53,AA, H1,H6,IA,J3
ENT	**Individual Remittance**	S			2000B		**Individual Remittance**	S			2000B	
ENT01	Assigned Number	R	NO	1/6	2000B		Assigned Number	R	NO	1/6	2000B	
ENT02	Entity Identifier Code	R	ID	2/3	2000B	2J	Entity Identifier Code	R	ID	2/3	2000B	2J
ENT03	Identification Code Qualifier	R	ID	1/2	2000B	34,EI,ZZ	Identification Code Qualifier	R	ID	1/2	2000B	34,EI,

4010A1 — ASES 820 — 5010 — SIDE BY SIDE

Element	Element Description	4010A1 Usage Req.	4010A1 Type	4010A1 Min/Max	4010A1 Loop	4010A1 Req./Rec. Values	Element Description	5010 Usage Req.	5010 Type	5010 Min-Max	5010 Loop	5010 Req./Rec. Values
ENT04	Receiver's Individual Identifier	R	AN	2/80	2000B		Receiver's Individual Identifier	R	AN	2/80	2000B	
NM1	**Individual Name**	**S**			2100B		**Individual Name**	**S**			2100B	
NM101	Entity Identifier Code	R	ID	2/3	2100B	EY,QE	Entity Identifier Code	R	ID	2/3	2100B	DO,EY,IL,QE
NM102	Entity Type Qualifier	R	ID	1/1	2100B	1	Entity Type Qualifier	R	ID	1/1	2100B	1
NM103	Individual Last Name	S	AN	1/35	2100B		Individual Last Name	S	AN	1/60	2100B	
NM104	Individual First Name	S	AN	1/25	2100B		Individual First Name	S	AN	1/35	2100B	
NM105	Individual Middle Name	S	AN	1/25	2100B		Individual Middle Name	S	AN	1/25	2100B	
NM106	Individual Name Prefix	S	AN	1/10	2100B		Individual Name Prefix	S	AN	1/10	2100B	
NM107	Individual Name Suffix	S	AN	1/10	2100B		Individual Name Suffix	S	AN	1/10	2100B	
NM108	Identification Code Qualifier	S	ID	1/2	2100B	34,EI,N	Identification Code Qualifier	S	ID	1/2	2100B	
NM109	Individual Identifier	S	AN	2/80	2100B		Individual Identifier	S	AN	2/80	2100B	
ADX							**Individual Premium Adjustment for Previous Payment**	**S**			2200B	
ADX01							Premium Payment Adjustment Amount	R	R	1/18	2200B	
ADX02							Adjustment Reason Code	R	AN	2/2	2200B	52,53,80,81,86,BJ,H1,H6,RU,WO
RMR-1	**Individual Premium Remittance Detail**	**S**			2300B		**Individual Premium Remittance Detail**	**S**			2300B	
RMR01	Reference Identification Qualifier	R	ID	2/3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Reference Identification Qualifier	R	ID	2/3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
RMR02	Insurance Remittance Reference Number	R	AN	1/30	2300B		Insurance Remittance Reference Number	R	AN	1/50	2300B	
RMR03	**Payment Action Code**	**S**	**ID**	**2/2**	2300B	Rate Cell						
RMR04	Detail Premium Payment Amount	R	R	1/18	2300B		Detail Premium Payment Amount	R	R	1/18	2300B	
RMR05	Billed Premium Amount	S	R	1/18	2300B		Billed Premium Amount	S	R	1/18	2300B	
REF-1							**Reference Information**	**S**			2300B	
REF01							Reference Identification Qualifier	R	ID	2/3	2300B	14,18,2F,38,E9,LU,ZZ
REF02							Reference Identification	R	AN	1/50	2300B	
DTM - 1	**Individual Coverage Period**	**S**			2300B		**Individual Coverage Period**	**S**			2300B	

Element	4010A1 Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	5010 Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
DTM01	Date Time Qualifier	R	ID	3/3	2300B	582	Date Time Qualifier	R	ID	3/3	2300B	582,AAG
DTM02							Date	S	DT	8/8	2300B	
DTM05	Date Time Period Format Qualifier	R	ID	2/3	2300B	RD8	Date Time Period Format Qualifier	S	ID	2/3	2300B	RD8
DTM06	Coverage Period	R	AN	1/35	2300B		Coverage Period	S	AN	1/35	2300B	
RMR - 2	**Individual Premium Remittance Detail**	**S**			**2300B**	▓▓▓	**Individual Premium Remittance Detail**	**S**			**2300B**	▓▓▓
RMR01	Reference Identification Qualifier	R	ID	2/3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Reference Identification Qualifier	R	ID	2/3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
RMR02	Insurance Remittance Reference Number	R	AN	1/30	2300B		Insurance Remittance Reference Number	R	AN	1/50	2300B	
RMR03	Payment Action Code	S	ID	2/2	2300B	PI,PP						
RMR04	Detail Premium Payment Amount	S	R	1/18	2300B		Billed Premium Amount	R	R	1/18	2300B	
RMR05	Billed Premium Amount	R	R	1/18	2300B		Detail Premium Payment Amount	R	R	1/18	2300B	
REF - 2							**Reference Information**	**S**			**2320B**	
REF01							Reference Identification Qualifier	R	ID	2/3	2300B	14,18,2F,38,E9,LU,ZZ
REF02							Reference Identification	R	AN	1/50	2300B	
ADX - 2	**Individual Premium Adjustment**	**S**			**2320B**	▓▓▓	**Individual Premium Adjustment**	**S**			**2320B**	▓▓▓
ADX01	Adjustment Amount	R	R	1/18	2320B		Adjustment Amount	R	R	1/18	2320B	
ADX02	Adjustment Reason Code	R	ID	2/2	2320B	20,52,53,AA,AX,H1,H6,IA,J3	Adjustment Reason Code	R	ID	2/2	2320B	20,52,53,AA,AX,H1,H6,IA,J3
RMR - 3	**Individual Premium Remittance Detail**	**S**			**2300B**	▓▓▓	**Individual Premium Remittance Detail**	**S**			**2300B**	▓▓▓
RMR01	Reference Identification Qualifier	R	ID	2/3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Reference Identification Qualifier	R	ID	2/3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
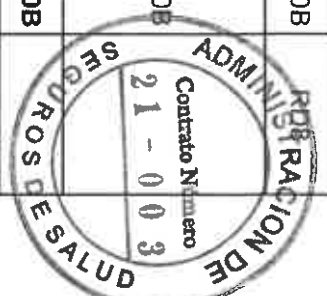
4010A1

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
RMR02	Insurance Remittance Reference Number	R	AN	1/30	2300B	
RMR03	Payment Action Code	S	ID	2/2	2300B	PI,PP
RMR04	Detail Premium Payment Amount	R	R	1/18	2300B	
RMR05	Billed Premium Amount	S	R	1/18	2300B	
REF - 3						
REF01						
REF02						
SE	**Transaction Set Trailer**	**R**				
SE01	Transaction Segment Count	R	NO	1/10		
SE02	Transaction Set Control Number	R	AN	4/9		
GE	**Functional Group Trailer**	**R**				
GE01	Number of Transaction Sets Included	R	NO	1/6		
GE02	Group Control Number	R	NO	1/9		
IEA	**Interchange Control Trailer**	**R**				
IEA01	Number of Included Functional Groups	R	NO	1/5		
IEA02	Interchange Control Number	R	NO	9/9		

5010

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
RMR02	Insurance Remittance Reference Number	R	AN	1/50	2300B	
RMR04	Detail Premium Payment Amount	R	R	1/18	2300B	
RMR05	Billed Premium Amount	S	R	1/18	2300B	
REF - 3	Reference Information	S				
REF01	Reference Identification Qualifier	R	ID	2/3	2300B	14,18,2F,38, E9,LU,ZZ
REF02	Reference Identification	R	AN	1/50	2300B	
SE	**Transaction Set Trailer**	**R**				
SE01	Transaction Segment Count	R	NO	1/10		
SE02	Transaction Set Control Number	R	AN	4/9		
GE	**Functional Group Trailer**	**R**				
GE01	Number of Transaction Sets Included	R	NO	1/6		
GE02	Group Control Number	R	NO	1/9		
IEA	**Interchange Control Trailer**	**R**				
IEA01	Number of Included Functional Groups	R	NO	1/5		
IEA02	Interchange Control Number	R	NO	9/9		

Notes	ASES
Changes	
	00
	SPACES(10)
	00
	SPACES(10)
	ZZ
	ASES+SPACES(11)
	ZZ
	(CARRIER_NAME)+SP ACES(VAR) SYSTEM DATE (YYMMDD)
	SYSTEM TIME (HHMM)
Usage	^
Values	00501
	SYSTEM DATE (YYMMDD)+001
	0
	P
	I
	RA
	ASES
	(CARRIER_NAME)+SP ACES(VAR) SYSTEM DATE (YYYYMMDD)
	SYSTEM TIME (HHMM)

Notes	ASES
Changes	1+SYSTEM DATE (YYMMDD)
	X
Values	005010X218
	YYMM+CARRIER_ID+REGION+PLAN_TYPE
New	820
	005010X218
	I
	Sum of CALC_AMOUNT for Carrier/Region/Plan_Type
	C
Values	CHK
Values	
	ASES_FEDERAL_TAX_ID
Usage Req.	

Contrato Número
21 - 00
ADMINISTRACION DE SEGUROS DE SALUD

Notes	ASES
Changes	
Values	
Check Date	
Desc.	3
Max	Check Number
Max	
Values	
Usage Req.	
Values	14
Max	CARRIER+REGION_ID +PRIMARY_CENTER

Contrato Número
21 - 003
ADMINISTRACION DE
SEGUROS DE SALUD

Notes	Changes
ASES	
	New
	New
	New
CARRIER_NAME	PE
FI	N/U w/N102
CARRIER_FEDERAL_TAX_ID	N/U w/N102
	Desc.
	Usage Req.
	Usage Req.
	New
	New
	New

Contrato Número 21 - 00

ADMINISTRACION DE SEGUROS DE SALUD
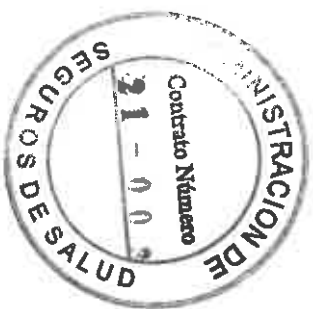
Notes	Changes
	ASES
New	
New	
	PR
	ASES_NAME
N/U w/N102	FI
N/U w/N102	ASES_FEDERAL_TAX_ID
N/U w/N102	
Desc.	
Usage Req.	
Usage Req.	
New	
Usage Req.	
U. Req./Max	

Contrato Número
21 - 003
ADMINISTRACION DE SEGUROS DE SALUD

ASES 820
4010A1 - 5010 SIDE BY SIDE

Changes	Notes
Max	ASES
Max	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	
New	

ASES 820
4010A1 - 5010 SIDE BY SIDE

Changes	Notes
	ASES
New	
New	
New	
Values	
U. Req./Values	
Usage Req.	
New	
New	
New	
Max	
Max	
New	
New	
New	

ADMINISTRACION DE
SEGUROS DE SALUD
Contrato Número
21 - 003

Notes	
Changes	ASES
	MEMBER Social Security Number
Values	QE
Max	1
Max	MEMBER_LAST_NAME
	1
New	
New	
New	
New	
Max	11
Max	FAMILY_ID+Member_Suffix+MPI+Municipio
Usage Req.	
New	CALC_AMOUNT
New	
New	
New	

Contrato Número
21 - 00
ADMINISTRACION DE SEGUROS DE SALUD

Notes	
Changes	ASES
Values	582
Usage Req.	RD8
Usage Req.	
Usage Req.	Coverage Start Dt-Coverage End Dt based upon CALC_DAYS. Use Accounting Dt for retro and adjustments. (YYYYMMDD)
Max	IK
	CARRIER_ID+REGION +BILLING_DATE (YYMM)
Usage Req.	
New	CALC_AMOUNT
New	BILLED_AMOUNT
New	
New	
New	(CALC_AMMOUNT minus BILLED_AMOUNT)+adjustment_carrier_code
	IA
	KW

Contrato Número
21 - 002
ADMINISTRACION DE SEGUROS DE SALUD
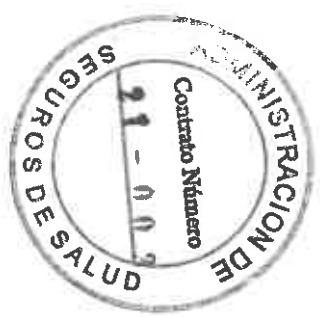
Notes	
Changes	ASES
Max	ERROR_CODES
Usage Req.	0
New	
New	
New	
	YYMM+CARRIER_ID+REGION+PLAN_TYPE
	Count of segments including ST and SE
1	
	1+SYSTEM DATE(YYMMDD)
1	
	SYSTEM DATE (YYMMDD)+001
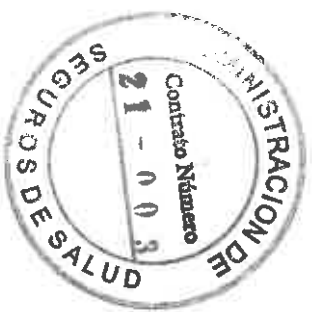
Changes	Notes
New	ASES
New	
New	
New	
New	
New	
New	
New	
New	

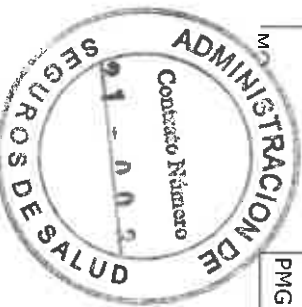|				
Values	34	2J	ST	AUTONUMBER(+1) RESET TO 1 AT NEXT

ADMINISTRACION DE
SEGUROS DE SALUD
Contrato Número

Validation Response Code	Response Type	Focus Field(s)	Special Enroll	Data Source	Validation Response Issues/Scenarios	Possible Action(s)
011	IC	Record Type	Any	Any	Invalid content for the Record Type.	Valid content for Record Type is: E = Enrollment.
021	BF	Tran Id	Any	Any	The Tran Id field is blank.	Insert valid content.
022	CIC	Tran Id	Any	MO	The Tran Id should be E, C, I, 1, 2 or 3.	Change the Tran Id to E, C, 1, 2 or 3. Otherwise, check the Data Source.
				MA	Invalid content for the Tran Id.	Insert valid content.
				JC CO	The Tran Id should be C.	Change the Tran Id to C. Otherwise, check the Data Source.
023	CIC	Tran Id	T	Any	The Tran Id should be E or C.	Change the Tran Id to E or C. Otherwise check the Special Enroll.
031	IC	Process Date	Any	Any	Invalid Process Date.	Insert a valid date.
032	RIC	Process Date	Any	Any	The enrollment Process Date is before 1/1/2010.	Insert a date on or after 1/1/2010.
033	CIC	Process Date, PMG Tax Id Effective Date, PCP1 Effective Date	Any	CO	using the enrollment change Process Date as reference.	Effective Date.
				JC	The enrollment Effective Date, PCP1 Effective Date and PMG Tax Id Effective Date should follow the carrier enrollment change's twenty days rule	Check the enrollment Process Date. Otherwise, check the Effective Date, PCP1 Effective Date or PMG Tax Id Effective Date.
034	CIC	Process Date	Not T	MO	The enrollment Process Date should be on or before the ASES process date.	Check the enrollment Process Date. Otherwise, check the Data Source.
				JC CO	The enrollment Process Date should be before the enrollment Effective Date. The enrollment Process Date should be on or after three months before the enrollment Effective Date.	Check that the enrollment Process Date is on or after the first day of the month following the enrollment Effective Date. Check that the enrollment Process Date is set appropriately. Otherwise, check the enrollment Effective Date.
035	CIC	Process Date, Effective Date	T	MA	The enrollment Process Date should be on or after the first day of the month following the enrollment Effective Date.	Check that the enrollment Process Date is on or after the first day of the month following the enrollment Effective Date. Otherwise, check the enrollment Effective Date.

Code	Category	Fields			Description	Action
036	RIC	Process Date, PCP1 Effective Date	Any	Any	The enrollment Process Date is more than three months before the PCP1 Effective Date.	Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP1 Effective Date.
037	RIC	Process Date, PCP2 Effective Date	Any	Any	The enrollment Process Date is more than three months before the PCP2 Effective Date.	Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP2 Effective Date.
038	RIC	Process Date, PMG Tax Id Effective Date	Any	Any	The enrollment Process Date is more than three months before the PMG Tax Id Effective Date.	Check that the enrollment Process Date is set appropriately. Otherwise, check the PMG Tax Id Effective Date.
041	BF	Region	Any	Any	The Region field is blank.	Insert valid content.
042	RIC	Region	Any	Any	The Region is different from the ASES process region. This is put in place to prevent a silent enrollment rejection.	Contact ASES to initiate a case review.
043	CIC	Region	Any	MO / MA / JC / CO	If the Tran Id is C, then the Region should not be P. The Region should not be P.	Check the Tran Id. Otherwise, check the Region. Check the Region. Otherwise, check the Data Source.
051	BF	Carrier	Any	Any	The Carrier field is blank.	Insert valid content.
052	IC	Carrier	Any	Any	Invalid content for the Carrier code.	Insert valid content.
053	CAI	Carrier, Effective Date	Not T / T	MO / MA / CO	The Tran Id is C, but the currently enrolled carrier found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date matches the Carrier field. The Tran Id is C, but the currently enrolled carrier found at ASES member data matches the Carrier field. The Tran Id is E, but the current enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields.	Check the Carrier. Otherwise, check the Tran Id or if an enrollment is needed. Check the Tran Id. Otherwise, check member data sent by ASES and if...

ID	Type	Fields	Cond 1	Cond 2	Description	Action
				CO	The Tran Id is C, but the prospective enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields.	...member data sent by ASES and if the enrollment still applies.
054	CAI	Carrier, PMG Tax Id, PCP1	Not T	JC	The Tran Id is C, but the prospective enrollment carrier found at ASES member data matches the Carrier field.	Check if the enrollment transaction is needed.
055	CAI	Carrier, Effective Date	Not T	CO	The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data.	Check the enrollment Effective Date. Otherwise, check the Carrier.
			Any		The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date.	
056	CIC	Carrier, Region	Any	Any	The Region is P then Data Source should be MO and the Carrier should be 09.	Check that the Data Source is MO and the Carrier is 09. Otherwise, check the Region.

057	CAI	Carrier, PMG Tax Id, PMG Tax Id Effective Date, Effective Date, PCP2, PCP1 Effective Date	Not T	MO

The Tran Id is 1, the PMG Tax Id Effective Date is after the ASES process date and the Carrier is the same as the currently enrolled carrier at ASES member data, but at least one of the following situations occur:
▼ The prospectively enrolled carrier at ASES member data is neither blank nor the same as the Carrier.
▼ The card id date at ASES member data is not populated.
▼ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date.

The Tran Id is 1, the PMG Tax Id Effective Date is after the ASES process date and the Carrier is different from the currently enrolled carrier at ASES member data, but at least one of the following situations occur:
▼ The prospectively enrolled carrier at ASES member data is different from the Carrier.
▼ The new card id date at ASES member data is not populated.
▼ The prospective enrollment effective date at ASES member data is not populated.
▼ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date.

Check the Tran Id and the enrollment information against ASES data and make adjustments accordingly. Otherwise, check if the enrollment still applies.

The Tran Id is I, the PMG Tax Id Effective Date is on or before the ASES process date, but at least one of the following situations occur: ▶ The Carrier is different from the currently enrolled carrier at ASES member data. ▶ The card id date at ASES member data is not populated.	The Tran Id is 1 or 3, the PCP1 Effective Date is after the ASES process date and the Carrier and PMG are the same as the currently enrolled carrier and PMG at ASES member data, but at least one of the following situations occur: ▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG. ▶ The card id date at ASES member data is not populated. ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

The Tran Id is 1 or 3, the PCP1 Effective Date is after the ASES process date and the Carrier is different from the currently enrolled carrier at ASES member data, but at least one of the following situations occur:

▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.
▶ The prospectively enrolled PMG at ASES member data is different from the PMG.
▶ The prospective enrollment card id date at ASES member data is not populated.
▶ The prospective enrollment effective date at ASES member data is not populated.
▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

The Tran Id is 1 or 3, the PCP1 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:

▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.
▶ The prospectively enrolled PMG at ASES member data is different from the PMG.
▶ The prospective enrollment card id date at ASES member data is not populated.
▶ The prospective enrollment effective date at ASES member data is not populated.
▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

The Tran Id is 1 or 3, the PCP1 Effective Date on or before the ASES process date, but at least one of the following situations occur:

▶ The Carrier is different from the currently enrolled carrier at ASES member data.
▶ The PMG is different from the currently enrolled PMG at ASES member data.
▶ The card id date at ASES member data is not populated.

The Tran Id is 2, the PCP2 Effective Date is after the ASES process date and the Carrier and PMG are the same as the currently enrolled carrier and PMG at ASES member data, but at least one of the following situations occur:

▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG.

▶ The card id date at ASES member data is not populated.

▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.

The Tran Id is 2, the PCP2 Effective Date is after the ASES process date and the Carrier is different from the currently enrolled carrier at ASES member data, but at least one of the following situations occur:
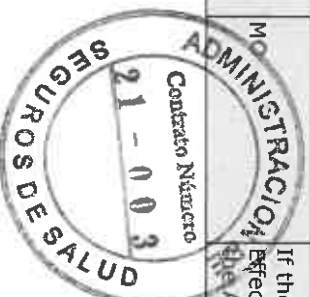
▶ The prospectively enrolled carrier at ASES member data is different from the Carrier

▶ The prospectively enrolled PMG at ASES member data is different from the PMG.

▶ The prospective enrollment card id date at ASES member data is not populated.

▶ The prospective enrollment effective date at ASES member data is not populated.

▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.

The Tran Id is 2, the PCP2 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:

▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.
▶ The prospectively enrolled PMG at ASES member data is different from the PMG.
▶ The prospective enrollment card id date at ASES member data is not populated.
▶ The prospective enrollment effective date at ASES member data is not populated.
▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.

The Tran Id is 2, the PCP2 Effective Date is on or before the ASES process date but at least one of the following situations occur:

▶ The Carrier is different from the currently enrolled carrier.
▶ The PMG is different from the currently enrolled PMG.
▶ The card id date at ASES member data is not populated.

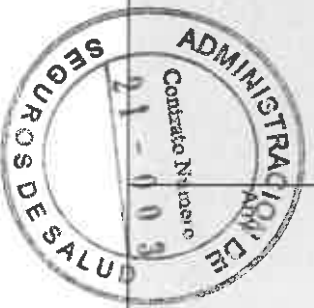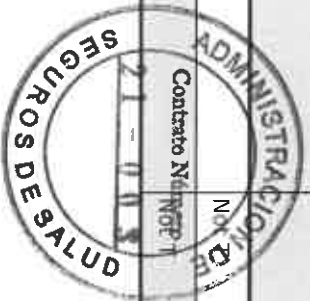| Num	Code	Field			Condition	Action
061	CIC	PMG Tax Id	Any	Any	If the Tran Id is E, C, V or I and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PMG then the PMG Tax Id should not be blank.	Insert a PMG Tax Id. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id.
062	CAI	PMG Tax Id, Tran Id	Not T	Any	The Tran Id is 1, 2, or 3 and the PMG Tax Id is not blank but the PMG is different from the currently enrolled PMG in ASES member data.	Change the PMG Tax Id accordingly. Otherwise check the Tran Id.
063	CAI	PMG Tax Id, Tran Id	Not T	Any	The Tran Id is I and PMG is required for the plan (Carrier, Plan Version) by the given enrollment Effective Date but the PMG is the same as the currently enrolled PMG in ASES member data.	Check the PMG Tax Id. Otherwise, check if the change is still needed.
071	BF	Family Id	Any	Any	The Family Id field is blank.	Insert valid content.
072	IC	Family Id	Any	Any	The content for the field is not 11 characters long and hence long.	Insert content that is 11 characters long.
073	CAI	Family Id, Region	Not T	Any	The member (Region, Family Id) was not found in ASES data.	Check the Family Id and Region.
081	BF	Member SSN	Any	Any	The Member SSN field is blank.	Insert valid content.
082	IC	Member SSN	Any	Any	The content for the field is not 9 characters long and hence is invalid.	Insert content that is 9 characters long.
091	BF	Member Suffix	Any	Any	The Member Suffix field is blank.	Insert valid content.
092	IC	Member Suffix	Any	Any	Invalid content for the Member Suffix.	Valid content for Member Suffix is 01.
093	CAI	Member Suffix, Family Id, Region	Not T	Any	The Member (Region, Family Id, Member Suffix) was not found in ASES data.	Check that the Member Suffix is 01. Otherwise check the Family Id and Region.
101	IC	Effective Date	Any	Any	Invalid enrollment Effective Date.	Insert a valid date.
102	RIC	Effective Date	Any	Any	The enrollment Effective Date is before 1/1/2010.	Insert a date on or after 1/1/2010.
103	CIC	Effective Date	Any	Any	If the Tran Id is E then the enrollment Effective Date should be before the ASES process date.	Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.

ID	Code	Field	Condition	Data Source	Description	Action
104	CIC	Effective Date	Not T	MO	If the Tran Id is E then the enrollment Effective Date should be before the ASES process date.	Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.
				JC / CO	If the Tran Id is C then the enrollment Effective Date should be on or after the first day of the month following the ASES process date.	Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.
105	CIC	Effective Date	Any	MA	If the Tran Id is not 1, 2 or 3 then the enrollment Effective Date should be a first day of the month.	Change the enrollment Effective Date to be a first day of the month. Otherwise, check the Tran Id.
107	CAI	Effective Date	Not T	MA	The member (Region, Family Id) had an interruption of eligibility after the enrollment Effective Date.	Change the enrollment Effective Date appropriately.
109	CAI	Effective Date	Not T	Any	The Effective Date is within a retroactive eligibility period for the member.	Change the enrollment Effective Date appropriately.
10A	CAI	Special Enroll	E		The Tran Id is E, but the ASES member data does not indicate Medicaid federal program membership and thus Late Eligibility enrollment does not apply.	Change the Special Enroll field content. Otherwise, check the enrollment Effective Date.
10B	CAI	Effective Date, Special Enroll	N	MO	The Tran Id is E, but the enrollment Effective Date occurs before the member birth date found at ASES member data.	Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.
					The Tran Id is E, but the Effective Date occurs more than a year after the member birth date found at ASES member data.	Change the Special Enroll appropriately. Otherwise, check the Tran Id.
					The Tran Id is E, but ASES member data does not indicate Medicaid Deemed Newborn classification.	Change the enrollment Effective Date, Tran Id.
10D	CIC	Special Enroll	E	Any	The Plan Type should be 01 and the Data Source should be MO.	Check the Plan Type, Data Source or Special Enroll.
111	BF	Plan Type	Any	Any / MA	The Plan Type field is blank.	Insert valid content.
				JC	The Plan Type should be 02.	Check that the Plan Type is 02.
112	CIC	Plan Type	Any	CO / MO	The Plan Type should be 01.	Check that the Plan Type is 01.

Code	Type	Field	Cond 1	Cond 2	Description	Action
			Any		The content for the field is not 2 characters long and hence is invalid.	Insert content that is 2 characters long.
113	CAI	Plan Type, Carrier, Plan Version, Effective Date	Any	Any	A match for the Carrier and Plan Version according to the given enrollment Effective Date was not found in ASES data.	Check the Carrier and Plan Version. Otherwise, check the enrollment Effective Date.
121	BF	Plan Version	Any	Any	The Plan Version field is blank.	Insert valid content.
122	IC	Plan Version	Any	Any	The content for the field is not 3 characters long and hence is invalid.	Insert content that is 3 characters long.
123	CAI	Plan Version, Effective Date	Any	Any	A match for the Plan Version according to the given enrollment Effective Date was not found in ASES data.	Check the Plan Versio. Otherwise, check the Effective Date.
131	IC	MPI Number	Any	Any	The content for the field is not 13 characters long and hence is invalid.	Insert content that is 13 characters long.
132	CAI	MPI Number	Not T	Any	The member (Region, MPI Number) was not found at ASES member data.	Check the MPI Number. Otherwise check the Region.
141	CIC	PCP1	Any	Any	If the Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1, then the PCP1 should not be blank.	Insert a PCP1. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id.
142	CIC	PCP1	Not T	Any	If the Tran Id is 2, then the PCP1 should be blank.	Clear the PCP1 field. Otherwise, check the Tran Id.
151	CIC	PCP1 Effective Date	Any	Any	If the Tran Id is not 2 and the plan (carrier, plan version) contract corresponding to the Effective Date requires a PCP1, then the PCP1 Effective Date should contain a valid date.	Insert a valid date. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.
152	CIC	PCP1 Effective Date	Any	Any	If the Tran Id is not V and the PCP1 Effective Date is populated, then the PCP1 Effective Date should be on or after 2015-01-01 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date should require a PCP1	Insert a valid date if appropriate. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.

#		Field			Description	Action
153	CIC	PCP1 Effective Date	Any	Any	If Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date does not require a PCP1 then PCP1 Effective Date should be blank.	Clear the PCP1 Effective Date field. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.
154	CIC	PCP1 Effective Date	Not T	Any	If the Tran Id is 2 then, the PCP1 Effective Date should be blank.	Clear the PCP1 Effective Date field. Otherwise, check the Tran Id.
155	CIC	PCP1 Effective Date	Any	Any	If the Tran Id is E and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 then the PCP1 Effective Date should be on or before the ASES process date.	Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.
156	CIC	PCP1 Effective Date	Any	Any	If the Tran Id is C, the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 and the PCP1 Effective Date is on or before the month of the ASES process date, then the PCP1 Effective Date should be a first day of the month	Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.
157	CIC	PCP1 Effective Date, PCP1	Any	Any	If the PCP1 Effective Date is blank, then the PCP1 should be blank If the PCP1 Effective Date is not blank, then the PCP1 should not be blank.	Clear the PCP1 field. Otherwise, check the PCP1 Effective Date. Insert a PCP1. Otherwise, clear the PCP1 Effective Date field.
158	CAI	PCP1 Effective Date, PCP1, Effective Date	Not T	Any	The PCP1 is not blank and the Tran Id is E, C or I, but the PCP1 Effective Date is different from the enrollment Effective Date. The PCP1 is not blank and the Tran Id is V, 1 or 3, but the PCP1 Effective Date is earlier than the current enrollment effective date at ASES member data.	Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date. Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id.
161	CIC	PCP2	Not T	Any	If the Tran Id is 2, then PCP2 should not be blank.	Insert a PCP2. Otherwise, check the Tran Id.
162	CIC	PCP2	Any	Any	If the Tran Id is 1, then the PCP2 should be blank.	Clear the PCP2 field. Otherwise, check the Tran Id.

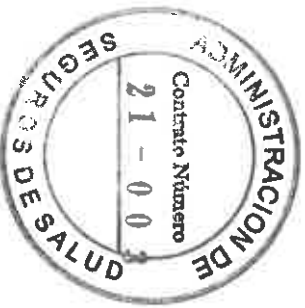| #	Code	Field	Condition 1	Condition 2	Description	Action
171	CIC	PCP2 Effective Date	Not T	Any	If the Tran Id is 2 or 3, then pcp2 effective date should contain a valid date.	Insert a valid date. Otherwise, check the Tran Id.
172	RIC	PCP2 Effective Date	Any	Any	The PCP2 Effective Date is before 1/1/2010.	Insert a date on or after 1/1/2010.
173	CIC	PCP2 Effective Date, PCP2	Any	Any	If Tran Id is E and PCP2 is not blank then PCP2 Effective Date should be on or before the ASES process date.	Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or PCP2.
174	CIC	PCP2 Effective Date	Any	Any	If the Tran Id is C and the PCP2 Effective Date is on or before the month of the ASES process date, then the PCP2 Effective Date should be a first day of the month.	Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id.
175	CIC	PCP2 Effective Date, PCP2	Any	Any	If the PCP2 Effective Date is blank, then the PCP2 should be blank. If the PCP2 Effective Date is not blank, then the PCP2 should not be blank.	Clear the PCP2 field. Otherwise, check the PCP2 Effective Date. Insert a PCP2. Otherwise, clear the PCP2 Effective Date field.
177	CAI	Effective Date, Process Date	Any	Any	The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date.	Check the Effective Date. Otherwise, check if the enrollment still applies.
					The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date and on or before the current enrollment effective date at ASES member data, but the Process Date is on or before the process date for the current enrollment at ASES member data.	

Not T

PJA

The Tran Id is C, the prospective enrollment carrier is populated at ASES member data, the Carrier is different from the prospective enrollment carrier at ASES member data, the Effective Date is after the ASES process date and on or before the prospective enrollment effective date at ASES member data but the Process Date is on or before the process date for the prospective enrollment at ASES member data.

Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.

The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is the same as the historical enrollment period effective date, but the Process Date is on or before the process date for the historical enrollment period at ASES member data.

The Tran Id is E, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date, but it is also on or before the current enrollment effective date at ASES member data.

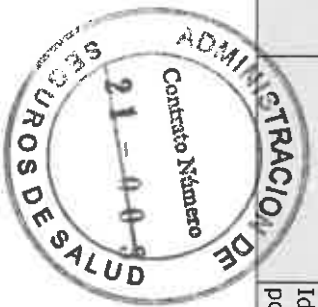| 178	CAI	PCP2 Effective Date, PCP2, Effective Date			
			MO		
			T	The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date.	Check the Effective Date. Otherwise, check if the enrollment still applies.
				The Tran Id is E, the enrollment Effective Date is on or before the ASES process date, but the current enrollment carrier is not populated at ASES member data.	Check if the enrollment still applies.
				The Tran Id is E or C, there is a previous retroactive eligibility enrollment at ASES member data for the period implicated by the enrollment Effective Date and the enrollment Effective Date is on or after the previous retroactive eligibility enrollment Effective Date but the Process Date is on or before the process date of the previous retroactive eligibility enrollment.	Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.
			Any	The PCP2 is not blank and the Tran Id is E, C or I, but the PCP2 Effective Date is different from the enrollment Effective Date.	Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date.
			Not T	The PCP2 is not blank and the Tran Id is V, 1 or 3, but the PCP2 Effective Date is earlier than the current enrollment effective date at ASES member data.	Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id.

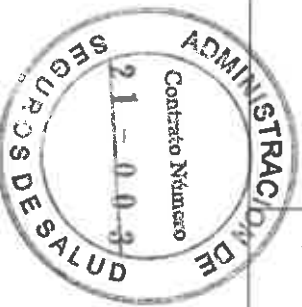|						
179	CAI	Process Date, Effective Date	Not T	MA	The Tran Id is E or C, the prospective enrollment carrier and effective date are populated at ASES member data, the enrollment carrier at prospective enrollment effective date at ASES member data and the Carrier is different from the prospective enrollment carrier at ASES member data but the Process Date is the same as the prospective enrollment effective Date is on or before the process date of the prospective enrollment at ASES member data.	Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.
181	CIC	PMG Tax Id	Any	Any	If the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a family PMG then PMG Tax Id should not be blank.	Insert a PMG Tax Id. Otherwise check the Carrier, Plan Version or Effective Date.
191	CIC	PMG Tax Id Effective Date	Any	Any	If the plan (Carrier, Plan version) contract corresponding to the Effective Date requires a PMG then the PMG Tax Id Effective Date should contain a valid date.	Insert a valid date. Otherwise, check the Effective Date, Carrier and Plan Version.
192	RIC	PMG Tax Id Effective Date	Any	Any	The PMG Tax Id Effective Date should be on or after 1/1/2010.	Insert a date on or after 1/1/2010.
51?	CIC	PMG Tax Id Effective Date	Not T	Any	The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date, but a record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated.	Insert a valid PMG Tax Id Effective Date. Otherwise, check the Effective...

ID	Code	Field(s)	Type	Value	Condition	Action
211	CAI	PMG Tax Id Effective Date	T	MO	The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date but a retroactive eligibility record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated.	…Date, Otherwise, check the Effective Date, Carrier and Plan Version.
221	DR	Region, Family Id, Data Source	Not T	Any	Only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions is allowed.	Include only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions.
222	CAI	Carrier	Not T	MA	Only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch is allowed.	Include only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch.
			T	MO	The Tran Id is E but the Carrier is the same as the currently enrolled carrier at ASES member data and the card id date at ASES member data is populated.	Check if an enrollment is needed. Otherwise, check the Tran Id or Carrier.
223	CAI	Carrier	T	Any	The Tran Id is E but the Carrier and Plan Version are the same as the currently enrolled for the corresponding retroactive eligibility period at ASES member data and the card id date at ASES member data is populated.	Check if an enrollment is needed. Otherwise, check the Tran Id, Carrier or Plan Version.
			Not T	MO	The Tran Id is E but the Carrier is different from the currently enrolled carrier at ASES member data.	Check if an enrollment is needed. Otherwise, check the Tran Id or Carrier.
				MA	The Tran Id is E but the Carrier is different from the currently enrolled for the corresponding retroactive eligibility period at ASES member data.	Check if an enrollment still applies. Otherwise, check the Tran Id or Carrier.

ID	CAI	Field(s)	T / Not T	Value	Description	Action
224	CAI	Effective Date, Special Enroll	Not T	MO, MA	The member is not eligible by the enrollment Effective Date at ASES member data.	Check the Effective Date.
			T	MO, MA	The member is not eligible at ASES member data by (i.e. there was no retroactive eligibility period corresponding to) the enrollment Effective Date.	
225	CAI	Member SSN	Not T	MO	The Member SSN is not the same as the one found at ASES member data.	Check the Member SSN.
				JC	The Member SSN is not the same as the one found at ASES member historical data.	
				CO	The Member SSN is not the same as the one from the corresponding retroactive eligibility record at ASES member data.	
226	CAI	MPI Number	Not T	MO	The MPI Number is not the same as the one from the corresponding retroactive eligibility record at ASES member data.	Check the MPI Number.
			T	Any	The MPI Number is not the same as the one from ASES member data.	
228	CAI	Carrier, Data Source	Not T	MA	Tran Id is V but the Carrier is different from the currently enrolled at ASES member data.	Check the Carrier. Otherwise, check the Tran Id.
				MO, JC, CO	Tran Id is V.	Check the Tran Id. Otherwise, check the Data Source.
229	CAI	Carrier, Plan Type, Plan Version	Not T	Any	Tran Id is I but the Carrier or Plan Version are different from the currently enrolled at ASES member data.	Check the Carrier or Plan Version. Otherwise, check the Tran Id.
22A	CAI	Carrier, Plan Type, Plan Version, PMG Tax Id	Not T	Any	Tran Id is 1, 2 or 3, but the Carrier, Plan Version or PMG Tax Id are different from the currently enrolled at ASES member data.	Check the Carrier, Plan Version or PMG Tax Id. Otherwise, check the Tran Id.

Code		Field	Cond1	Cond2	Description	Resolution
22B	CIC	PCP1 Effective Date, PCP2 Effective Date	Not T	Any	If Tran Id is 3 then the PCP1 Effective Date and the PCP2 Effective Date should both be prospective or both be immediate relative to the ASES process date.	Check the PCP1 Effective Date or PCP2 Effective Date, PCP2 Effective Date. Otherwise, check the Tran Id.
22D	CIC	Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date	Any	Any	The Effective Date, PCP1 Effective Date, PCP2 Effective Date, PCP1 Effective Date and PMG Tax Id Effective Date should not be later than 4 months after the ASES process date.	Check the Effective Date, PCP1 Effective Date, PCP2 Effective Date or PMG Tax Id Effective Date.
22E	CAI	Plan Version, Effective Date	Not T	MO	The Plan Version is different from the coverage code found at ASES member data according to the enrollment Effective Date. The Plan Version is different from the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date.	Check the Plan Version. Otherwise, check the Effective Date.
22G	CAI	Plan Version, Effective Date	T			
			Not T	MA	The Plan Version does not correspond with the coverage code found at ASES member data according to the enrollment Effective Date. The Plan Version does not correspond with the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date.	Check the Plan Version. Otherwise, check the Effective Date.
			T			
230	BF	Data Source	Any	Any	The Data Source field is blank.	Insert valid content.
231	IC	Data Source	Any	Any	Invalid content.	Insert valid content.
232	CIC	Data Source	Any	MO / JC / CO	Plan Type should be 01.	Change the Plan Type to 01. Otherwise, check the Data Source.
233	CIC	Data Source	Any	MA	The Plan Type should be 02.	Change the Plan Type to 02. Otherwise, check the Data Source.
251	CIC	HIC Number, Plan Type	Any	Any	The content for the field is not 11 characters long and hence is invalid.	Insert content that is 11 characters long.

#					Description	Action
280	CAI	Region, Family Id	Not T	Any	The member (Region, Family Id) was found in ASES data but is not currently eligible.	Check Region, Family Id and Effective Date.
281	CAI	Region, Family Id	Not T	Any	The member (Region, Family Id) was not found in ASES data.	Check Region and Family Id.
980	CAI	Effective Date	Not T	MO	The enrollment is a VITAL SYSPREM candidate and there is a match for the enrollment assignment at ASES member historical data, but there is a later assignment or enrollment to another carrier that is effective during the same month at ASES member historical data.	Check the Effective Date.
				MA	The enrollment is a Platino SYSPREM candidate but, at ases member historical data, there is a later assignment or enrollment to another carrier that is effective on the same date or later during the same month and the process date for said assignment or enrollment is on or after the Process Date for the SYSPREM candidate.	Check the Process Date. Otherwise, check the Effective Date.
				MA	The enrollment is a Platino SYSPREM candidate, but the Effective Date is before 2015-01-01.	Check the Effective Date.
982	CAI	Effective Date	Not T	MO	The enrollment is a VITAL SYSPREM candidate, but the Effective Date is before 2018-01-01.	Check the Effective Date.
					The enrollment is a VITAL SYSPREM candidate and the Effective Date is on or after 2018-01-01, but there is not an eligible record in ASES member historical data containing an enrollment carrier and effective date which matches the SYSPREM candidate record Carrier and Effective Date.	Check the Carrier or Effective Date.

Number	CAI	Field	Code	MO/MA	Description	Action
983	CAI	Carrier, Plan Type, Plan Version	Not T	MO	The enrollment is a VITAL SYSPREM candidate and there is a match for the enrollment assignment at ASES member historical data but the period implicated by the Effective Date is already enrolled under the same enrollment information (Carrier, Plan Version) at ASES member historical data.	Check the Carrier or Plan Version. Otherwise, check the Effective Date or if the enrollment is still needed.
				MA	The enrollment is a Platino SYSPREM candidate, but the period implicated by the Effective Date is already enrolled under the same enrollment information (Carrier, Plan Version) at ASES member historical data.	
984	CAI	Carrier, Effective Date	Not T	MO	The enrollment is a VITAL SYSPREM candidate and there is a match for the enrollment assignment at ASES member historical data but the period implicated by the Effective Date is already enrolled under another carrier at ASES member historical data.	Check the Effective Date. Otherwise, check the Carrier or if the enrollment still applies.
				MA	The enrollment is a Platino SYSPREM candidate and the Tran Id is E but the period implicated by the Effective Date is already enrolled under another carrier at ASES member historical data.	Check the Effective Date. Otherwise, check the Tran Id, Carrier or if the enrollment still applies.
985	CAI	Special Enroll	E	MO	The enrollment is a Late Enrollment (Special Enroll "E") SYSPREM candidate, but the group code from determined sysprem base record at ASES member historical data does not identify the member as a federal program beneficiary.	Check the Special Enroll. Otherwise, check if the enrollment still applies.

Code	Status	Field	Flag		Description	Action
986	CAI	Effective Date	Not T	MO	The enrollment is a SYSPREM candidate and the member is currently eligible, but the Effective Date is on or after the enrollment effective date at ASES member data.	
				MA	The enrollment is a SYSPREM candidate and the member is currently not eligible but the Effective Date is on or after the eligibility cancellation date at ASES member data.	Check the Effective Date.
987	CAI	Member SSN	Not T	MO	The enrollment is a SYSPREM candidate but the Member SSN was not found at ASES member historical data.	Check the Member SSN.
				MA		
988	CAI	N/A	Not T	MO	A SYSPREM base record could not be determined and, hence, the SYSPREM enrollment failed. This is a catchall to prevent a silent enrollment failure.	Check if enrollment still applies. Contact ASES to continue a joint investigation.
				MA		
989	CAI	Special Enroll, Effective Date	N	MO	The enrollment is a Newborn Enrollment (Special Enroll "N") SYSPREM candidate, but a record containing a group code identifying the member as Deemed Newborn was not found at ASES member historical data.	Check the Special Enroll. Otherwise, check if the enrollment still applies.
996	ACK	N/A	Not T	MA	The enrollment was successfully processed as a historical enrollment (SYSPREM).	Confirm enrollment through the member data received from ASES on the same ASES process date.
				MO		

Response Type Description
Field has been left blank
Field content is invalid.
Field content is invalid according to another field.
Field content is invalid in comparison to ther field or data.
Record is duplicate in a certain context.
Some issue in the in the context
Historical Enrollment Acknowledgement

Transaction Id Codes	Data Source	Transaction Id Type
E	MO	New or Immediate Enrollment
	MA	
	MO	Prospective Enrollment
	JC	
	CO	
C	MA	Enrollment Carrier Change
I	MO	Enrollment PMG Change
	MA	
1	MO	Enrollment PCP1 Change
	MA	
2	MO	Enrollment PCP2 Change
	MA	
3	MO	Enrollment PCP1 and PCP2 Change
	MA	
V	MO	Enrollment Plan Version Change
	MA	

Special Enrollment Code	Special Enrollment Type
T	Retroactive Eligibility Enrollment
N	Deemed Newborn Enrollment
E	Late Eligibility Enrollment
	Ordinary Enrollment

Any

Not T

Data Source Code	Data Source
MO	VITAL Carrier
MA	Platino Carrier
JC	Just Cause Process
CO	Enrollment Counselor

Any

MO, JC, CO

Region Code	ASES Process Region Name
A	Arecibo
B	Bayamon
E	East
F	Fajardo
G	Guayama
J	San Juan
P	Special
S	Southeast
Z	Mayaguez

Region Business Name
North
Metro-North
East
Northeast
Southeast
San Juan
Foster Children and Domestic Violence Victims Population
Southeast
West

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

SYSPREM Trand Id Code	Data Sources
E	MA, MO
C	MA

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

ENROLLMENT AND CARRIER IPA/PCP CHANGE FILE

This file is received by ASES from the insurance companies and TPO's on a daily basis. It contains data pertinent to **new enrollment** and families which have selected to **change their enrollment** to the organization producing the file. **Modified for Medicare Plans Enrollment on September 2005. Concept change form one record per family enrolled to one record per member. Modify** to include special enroll field on novembre 2007 **Modified on April 2013 to include Trailer record for the Migracion Project. MAGI project changes 7/2017. MMIS/NMCI changes 1/29 - 4/1/2018.** ASES New Health Model changes eff 11/1/2018

Member Record

Record Fields	Position	Size	Required/Optional	Notes
RECORD_TYPE	1	1	R	"E" for Enrollment Record (Constant)
TRAN_ID	2	1	R	E=new enrollment, P=Plan Type change, C=Carrier change, V= Version change, I=IPA change, 1=PCP1 change, 2=PCP2 change, 3=PCP1 and PCP2 change, For Platino, carriers 'D' = Disensollment
PROCESS_DATE	3	8	R	MMDDYYYY - Date Enrolled in Carrier
REGION	11	1	R	Region code
CARRIER	12	2	R	Carrier code
MEMBER_PRIMARY_CENTER	14	4	R	
ODSI_FAMILY_ID	18	11	R	
MEMBER_SSN	29	9	R	
MEMBER_SUFFIX	38	2	R	
EFFECTIVE_DATE	40	8	R	MMDDYYYY- Card issue date for new Reforma enrollment (Trans_ID= E) or Effective date (1st day of month) for other Trans_ID's
PLAN_TYPE	48	2	R	See Plan Type Table
PLAN_VERSION	50	3	R	Used to identify version of Plan within PLAN_TYPE (if needed)
MPI	53	13	R	Alpha-numeric ej.-"0080012345678"
PCP1	66	15	R	**NPI number**
PCP1_EFFECTIVE_DATE	81	8	R	MMDDYYYY
PCP2	89	15	O	**NPI number**
PCP2_EFFECTIVE_DATE	104	8	O	MMDDYYYY, If PCP2 has the NPI number
FAMILY_PRIMARY_CENTER	112	4		
PMG_tax_ID_eff_d	116	8	R	MMDDYYYY, Required for MCOs
IPA_PCP_CHANGE_REASON	124	2	O	Code Table to be supplied, Requires in IPA-PCP change
MEDICARE INDICATOR	126	1	R	1=A&B, 3=A, 9=B
HIC NUMBER	127	12	O	**If it is Medicare, the MBI number will be included**
Reject Identifier	139	1	R	"A" = Accepted; "M" = MA Retroactive; "R" = Rejected; "X" = Deleted, ASES Field
Record Key	140	14	R	YYYYMMDD999999, ASES Field
Error Code 1	154	3	O	Indicates error (see error code table), ASES Field
Error Code 2	157	3	O	Indicates error (see error code table), ASES Field
Error Code 3	160	3	O	Indicates error (see error code table), ASES Field
Error Code 4	163	3	O	Indicates error (see error code table), ASES Field
Error Code 5	166	3	O	Indicates error (see error code table), ASES Field
Error Code 6	169	3	O	Indicates error (see error code table), ASES Field
Error Code 7	172	3	O	Indicates error (see error code table), ASES Field
Error Code 8	175	3	O	Indicates error (see error code table), ASES Field
Error Code 9	178	3	O	Indicates error (see error code table), ASES Field
Error Code 10	181	3	O	Indicates error (see error code table), ASES Field

	Position	Size		Notes
Update Date	184	8	R	YYYYMMDD , ASES Field
Update User	192	8	R	"SYSTUPD "
IPA_ESPECIAL	200	1	O	1 = IPA Especial
Contract Number	201	13	R	Character left justified
Special Enroll	214	1	O	E = Emergency, N = Deemed Newborn, T = Retroactive Period
PMG_tax_id	215	9	R	PMG Tax ID
Data_Source	224	2	R	MO=MCO, MA=Platino, CO=Counselor
Filler	226	4	R	
	230			

TRAILER Record				
Record Fields	Position	Size		Notes
RECORD_TYPE	1	7		**"TRAILER"** for Record (Constant)
FILLER	8	10		SPACES
NUMBER OF RECORDS	18	8		99999999 Numeric - right justified - zero filled
Filler	26	10		SPACES
RECORD LENGTH	36	3		"230" (Numeric Constant)
Filler	39	191		SPACES
	230			

*** **NUMBER OF RECORDS** FIELD CONTAINS THE SUM OF THE NUMBER OF RECORDS IN THE FILE **NOT INCLUDING THE TRAILER**.

ASES COB Data Submissions

File Layout

Version 1.8.2

March 31, 2020

ASES

ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

Contrato Número

21 - 00 3

TABLE OF CONTENTS

Version Changes

Version 1.8.1

Modifications

Field SSN

Optional for INSURANCE_COVERAGE (C, G or F)

Added Field MBI

For Medicare Beneficiaries INSURANCE_ COVERAGE (C,G or F)) please include the MBI number.

The field size is 11 characters.

NOTES

This document is prepared to comply with the 27 Act of 2010 which add a new Article VIII Section 4 of Act No. 72 of September 7, 1993, as amended, known as the "Law of Health Insurance Administration of Puerto Rico."; establish a requirement for insurers and others to share information of eligibility with the Health Insurance Administration or its duly authorized Subcontractor; allow recovery of fees paid by the Administration, and for other purposes.

The insurer shall provide for the physical safeguarding of its Data processing facilities and the Systems and Information housed therein. The Insurer shall provide ASES with access to Data facilities upon ASES's request. The physical security provisions shall be in effect for the life of this Contract.

The Insurer shall ensure that the operation of all of its Systems is performed in accordance with Puerto Rico and Federal regulations and guidelines related to security and confidentiality of the protected information managed by the Insurer, and shall strictly comply with HIPAA Privacy and Security Rules, as amended, and with the Breach Notification Rules under the HITECH Act.

The Insurer will put in place procedures, measures and technical security to prohibit unauthorized access to the regions of the Data communications network inside of an Insurer's Span of Control.

The Insurer shall submit all reports electronically to ASES's FTP site unless directed otherwise by ASES. ASES shall provide the Insurer with access to the FTP site. The email generated by the FTP upload will be used as the time stamp for the submission of the report(s).

The Insurer Data transfers shall occur in standard format as prescribed by ASES and will be compliant with HIPAA and Federal regulations. The Insurer shall submit in formats as prescribed by ASES so long as ASES's direction does not conflict with any Federal law. With each submitted file the Insurer will include a Transmittal Sheet to indicate the record's totals submitted. See a Transmittal Sheet model in Attachment III.

ASES will make available a secure FTP server, accessible via the Internet, for receipt of electronic files and reports from the Insurer. The Insurer shall provide a similar system for ASES to transmit files and reports deliverable by ASES to the Insurer. When such systems are not operational, ASES and the Insurer shall agree mutually on alternate methods for the exchange of files.
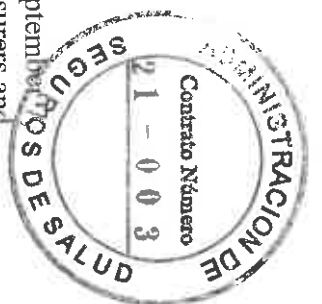
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

COORDINATION OF BENEFITS – COB

Some people who are beneficiaries of Government Health Plan of Puerto Rico, which thrives on federal funds under certain circumstances may be eligible to receive benefits for a private plan or other health insurance funded by the Government of Puerto Rico. In accordance with applicable laws and federal guidelines, Medicaid is the payer of last resort and the rest of the remedies must be exhausted before resorting to the services under the Medicaid funds provided.

By provision of Public Law 109-171, the Federal Government will require governments of the states and territories beneficiaries of Medicaid funds, authorizing him to health insurers to share certain information with the State agency responsible for administering the program Medicaid. The collection of this information facilitates coordination of services and the sound administration of the funds received and ensures that Medicaid is not paying for care to be covered by another payer.
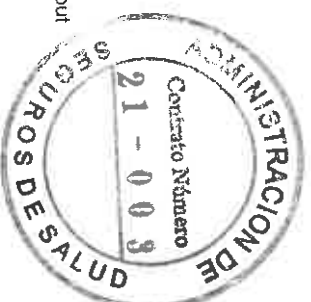
DATA VALIDATION PROCESS –

All files will pass through a validation process. Validation will check the basic structure of the file and its records and may result in a file being rejected. Such rejections may be caused for example, by file names which fail to follow the naming convention, a file containing wrong length records, wrong field coding or other basic tests.

All files which are rejected will be notified to the Insurer with an explanation of why the file is rejected. No records from such a file will be retained in the system and the Insurer will be required to re-submit the rejected file in its entirety before the next month 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.

General Notes on data layout 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 9(7)v99 where v represents an 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 9(7)v99 where v represents an implied decimal 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

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	[ ]

Data File Naming Convention

All data files to be delivered to ASES by the Insurers must follow the naming conventions below. Files which do not fit the naming convention will be ignored and the Insurer 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 Insurer, dates and file type. If not named correctly the file cannot be processed properly.

The general format of file names will be – **cccyymms.fff**

Where:

Character 1-3	ccc	=	Insurer Code (See attachment I)
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

COB	for	COORDINATION OF SERVICES

Files are always dated for the month being reported. For example, when sending coverage information in September 2013 the **yymm** part of the file name will be **1309** while the file will be sent to ASES in October.

Examples of completing this naming convention are –

For imaginary Insurer 096 in the files for COB in April 2013 will be named as follows –

    Coordination of Services   09613040.COB

When the COB file is rejected, the corrected file will be re-submitted as
    09612041.COB

The error log generated when the COB file is rejected will reference to the rejected file name with ERR extension on it.
The error file name will look as
    09612041.ERR

All data files submitted must include a Transmittal Sheet with the following file name format.

The general format of file names will be – **Cccyymmdds-tr.xls**

Where:

Character 1-3	ccc	=	Insurer's Code(See attachment I)
Character 4-5	yy	=	Last two digits of year
Characters 6-7	**mm**	=	Month
Characters 8-9			
Character 10	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 …

Characters 11-13		Always "-tr"	
Character 14		Always "."	
Characters 15-17		Extension code identifying type of file (Always XLS)	
XLS	for	MS EXCEL FILE FORMAT	

Examples of completing this naming convention are –

For imaginary Insurer 096 in the Transmittal Sheet for file submitted in April 23, 2013 will be named as follows –

Transmittal Sheet   0961304230-tr.XLS

Data File Text Format

All files should be generated using one of the following text formats:

- utf-8 o
- text/plain; charset=us-ascii

Include Windows EOL (End of Line) on each record.

INSURER COB OUTPUT FILE - COB Record

| # Field	Field	Description	Position	Size	Deliverable Data Format	Validation Rules
1	RECORD_TYPE	Record Type	1	1	"I" for Insurance	Required
2	TRAN_ID	Insurance status with Insurer	2	1	A=Active, I=Inactive	Required
3	PROCESS_DATE	Date of report. Last day of month.	3	8	MM/DD/YYYY	Required.
4	PROCESS_BEG_DATE	Identify the initial date that reflects the total time covered by the reported data.	11	8	MM/DD/YYYY	Required
5	HEALTH_INSURER_CODE	Code that identifies Insurance Company	19	3	(See Attachment I)	Required
6	GROUP_NUMBER	Group number	22	20	X(20)	Required
7	POLICY_NUMBER	Policy or Contract number.	42	20	Required.	Required. Must be left justified, blank filled to the right.
8	POLICY_EFFECTIVE_DATE	Start Date of Covered Individual's Primary Coverage by Insurer.	62	8	MM/DD/YYYY	Required.
9	POLICY_TERMINATION_DATE	End Date of Covered Individual's Primary Coverage.	70	8	MM/DD/YYYY	Required if the policy does have a termination date, otherwise leave blank.
10	INSURANCE_TYPE	Insurance Type	78	1	1=Private; 2=Medicare; 3=Medicaid	Required
11	INSURANCE_COVERAGE	Insurance Coverage	79	20	(See Attachment II) Include all coverage codes with Insurance for covered Individual.Concatenate all codes.	Required. For Medicare coverage Plans use letter C,F or G only. DO NOT USE COMMAS TO SEPARATE CODES.
12	COVERED_SERVICES	Covered Services	99	20	Identify the insurer's codes for covered services. Concatenate all codes.	Required. DO NOT USE COMMAS TO SEPARATE CODES.
13	SSN	Covered Individual's social security number.	119	9	(X9)	Required if INSURANCE_COVERAGE NOT in (C,G or F)
14	LAST_NAME_1	Covered Individual's first last name	128	25	X(25)	Required Must be left justified, blank filled to the right.
15	LAST_NAME_2	Covered Individual's second last name	153	25	X(25)	Required if the Individual has a Second Last Name. Must be left justified, blank filled to the right.
16	FIRST_NAME	Covered Individual's First Name	178	25	X(25)	Required Must be left justified, blank filled to the right.
17	MIDDLE_INITIAL	Covered Individual's Middle Initial	203	1	X(1)	Required if he Individual has a Middle Initial
18	RELATIONSHIP	Covered Individual's Relation to Policy Holder	204	1	1 = Policy Holder, 2 = Spouse, 3 = Child, 4 = Other, 5 = Domestic Partner	Required
19	DATE_OF_BIRTH	Covered Individual's Date of Birth	205	8	MM/DD/YYYY	Required.
20	GENDER	Covered Individual's Sex Code	213	1	0 - Unknown 1 - Male 2 – Female	Required
21	RX_BIN	Pharmacy Insurance BIN.	214	6	X(6)	Required if INSURANCE_COVERAGE in (P,C or F)
22	RX_PCN	Pharmacy Insurance Processor Control Number (PCN).	220	10	Pharmacy Insurance Processor Control Number (PCN).	Required if INSURANCE_COVERAGE in (P,C or F)
23	RX_GROUP	Pharmacy Insurance Group ID.	230	15	Alternate Insurance Group ID	Required if INSURANCE_COVERAGE in (P,C or F)
24	MBI	Medicare Beneficiary Identifier (MBI)	245	11	X(11)	Required if INSURANCE_COVERAGE in (C,G or F)
25	FILLER	End of Record Filler	256	1	*	Required

*** All are Text Fields

ERROR COB OUTPUT FILE - COB Error

# Field	Field	Record Fields	Position	Size	Notes
1	RECORD_LINE	RECORD_LINE	1	6	Record line number.
2	ERROR_CODE	ERROR_CODE	7	5	Three digits error code
3	FIELD_NAME	FIELD_NAME	12	25	
4	DESCRIPTION	DESCRIPTION	37	50	
5		FILLER	87	1	*
			88		End of Record Filler
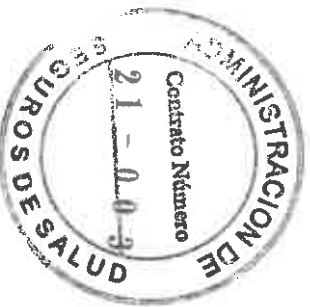
*** All are Text Fields

ATTACHMENTS

ATTACHMENT I - INSURER CODES

CODE	Insurer
000	00
001	MEDICARE HOSP.Y AMBULATORIO - Parte A B
002	MEDICARE Y MUCHO MAS
003	MEDICARE HOSP. - Parte A
004	PREFERRED MEDICARE CHOICE
005	MCS CLASSICARE
006	TRIPLE-S MEDICARE OPTIMO
007	LA CRUZ AZUL DE PUERTO RICO
008	TRIPLE-S
009	MEDICARE AMBULATORIO - Parte B
010	INTERNATIONAL MEDICAL CARD
011	ASOCIACION DE MAESTROS
012	HUMANA ADVANTAGE
013	COSVI DE P.R.
014	MCS
015	HOSPITAL DE LA CONCEPCIÓN
016	HUMANA
017	SERVICIOS DE SALUD BELLA VISTA
018	AUXILIO MUTUO
019	UNION TRABAJADORES DE MUELLES
020	GOLDEN CROSS HEALTH PLAN
021	MENONITA DE P. R.

ATTACHMENT I - INSURER CODES

CODE	Insurer
022	AETNA LIFE INS. CO.
023	AMERICAN CENTRAL INVESTOR LIFE
024	AMERICAN FAMILY LIFE INSURANCE
025	AMERICAN HOME ASSURANCE
026	ALLSTATES INSURANCE CO.
027	AMERICAN HARDWARE LIFE INS.
028	AMERICAN NATIONAL INS. CO.
029	ATLANTIC SOUTHERN INS. CO.
030	AMERICAN CENTRAL INVESTOR INS. CO.
031	ARGONAUT INS. CO.
032	CONFEDERATION LIFE INS. CO.
033	COMBINED INS. CO.
034	CROWN LIFE INSURANCE CO.
035	CONNECTICUT GENERAL LIFE INS. CO.
036	COOPERATIVA SEGUROS MULTIPLES
037	COMMUWEALTH INS. CO.
038	CONTINENTAL ASSURANCE CO.
039	CHAMPURS, BLUE SHIELD OF CALIFORNIA
040	CONFEDERATION LIFE GROUP HEALTH CLAIMS
041	GENERAL ACCIDENT AND INSURANCE CORP.
042	INTERCONTINENTAL LADIES GARMENT WORKERS
043	JOHN HANCOCK

ATTACHMENT I - INSURER CODES

CODE	Insurer
044	LINCOLN NATIONAL LIFE INS. CO.
045	LA ATLANTICA
046	LINCOLN INCOME LIFE INS. CO.
047	MUTUAL LIFE INC.
048	MUTUAL LIFE INC.
049	MASSACHUSSETS MUTUAL LIFE INS. CO.
050	METROPOLITAN LIFE INS.
051	MONEY MUTUAL LIFE INS. OF N. Y.
052	NATIONAL LIFE INS. CO.
053	N.M.U. PENSION AND WELFARE PLAN
054	NEW ENGLAND MUTUAL LIFE INS. CO.
055	NORTH AMERICAN CO. LIFE INS. CO.
056	NATIONAL HOME LIFE INS.
057	NEW YORK LIFE INS. CO.
058	OCCIDENTAL LIFE INS.
059	PROVIDENT LIFE AND ACCIDENT INS. CO.
060	PRUDENTIAL LIFE INS. CO.
061	PACIFIC MUTUAL LIFE INS. CO.
062	PUERTO RICAN AMERICAN INS. CORP.
063	PLAN UNION MARINOS MERCANTES
064	PILOT LIFE INS. CO.
065	PAN AMERICAN LIFE INS. CO.
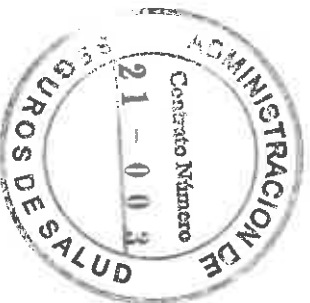
ATTACHMENT I - INSURER CODES

CODE	Insurer
066	PLAN DE SALUD U.I.A.
067	REPUBLIC NATIONAL LIFE INS. CO.
068	SEAFARES WELFARE MEDICAL PLAN
069	SUN LIFE ASSURANCE CO.
070	SALUD PREVENTIVA, INC.
071	SECURITY NATIONAL LIFE INS. CO.
072	STATE MUTUAL LIFE INS. CO. OF AMERICA
073	THE PRUDENTIAL INS. CO.
074	TRANS OCEANIC LIFE INS.
075	TRANS WORLD INS. CO.
076	THE BANKERS LIFE
077	THE CARBORUNDUM CO. OF P.R.
078	THE NEW YORK LIFE INS. CO.
079	THE HERFORD INS. CO.
080	THE MUTUAL LIFE INS. CO. OF NEW YORK
081	THE GUARDIAN LIFE INS. CO.
082	THE EQUITABLE LIFE ASSURANCE
083	THE TRAVELERS INS. CO.
084	THE MONEY MUTUAL LIFE INS. CO.
085	UNITED BENEFITS LIFE INS. CO.
086	UNITED OF OMAHA
087	UNITED LIFE INS. CO.

ATTACHMENT I - INSURER CODES

CODE	Insurer
088	SERVI MEDICAL
089	PLAN DE LA POLICIA
090	FIRST MEDICAL ADVANTAGE
091	AUXILIO MUTUO ADVANTAGE
092	RYDERS HEALTH PLAN
093	CIGNA
094	COSVI ADVANTAGE
095	MAPFRE ADVANTAGE
096	AMERICAN HEALTH MEDICARE
097	SALUD DORADA ADVANTAGE
098	MEDICARE PLATINO
099	OTRAS COMPANIAS ASEGURADORAS
100	ACCA
101	COVEL
102	FONDO DEL SEGURO DEL ESTADO
103	TRICARE
104	CIGNA PREFERED
105	CIGNA EXCLUSIVE
106	CANADA LIFE
107	CHAMPUS/CHAMPVA
108	MEDPLUS
109	COLVER

Contrato Número
21 - 003

ADMINISTRACION DE SEGUROS DE SALUD

ATTACHMENT I - INSURER CODES

CODE	Insurer
110	GLOBAL HEALTH PLAN
111	HOFFA
112	INTEGRATE COMMUNITY HEALTH
113	PROSALUD
114	INTERNATIONAL MANAGED CARE
115	MMM
116	NIÑOS LISIADOS (DEPT DE SALUD)
117	OPTIONS
118	PALIC
119	PROSAM
120	UTM
121	UTI
122	UIA
123	UNITEDHEALTHCARE INS. CO.
124	SDM HEALTH MANAGEMENT, INC.
125	PHARMACY INSURANCE CORPORATION OF AMERICA
126	MCS ADVANTAGE, INC.
127	PROSALUD HMO, CORP.
128	FEDERACION DE MAESTROS DE PUERTO RICO
129	First Plus
130	Delta Dental
131	Constellation Health

ATTACHMENT I - INSURER CODES

CODE	Insurer
132	Molina Healthcare
133	Envision Rx
134	Correctional Health Services Corp.
135	Optima Health PR

ATTACHMENT II – INSURANCE COVERAGE

CODE	COVERAGE
A	Ambulance Services
R	Ambulatory Rehabilitation Services
D	Dental Services
T	Diagnostic Testing Services
E	Emergency Room Services
H	Hospitalization Services
M	Maternity and Prenatal Services
S	Medical and Surgical Services
C	Medicare Advantage Plans with prescription drug coverage
G	Medicare Advantage Plans without prescription drug coverage
F	Medicare stand-alone Part D Plans for prescription drug coverage
V	Mental Health Hospitalization Services
W	Mental Health Services
N	Non-Emergency Transportation Services (NEMT)
P	Pharmacy Services

ATTACHMENT III – TRANSMITTAL SHEET

Contrato Número
21 - 0 0 3
ADMINISTRACIÓN DE SEGUROS DE SALUD

Last Update: March 31, 2020

NOMBRE DE ASEGURADORA
HOJA DE TRAMITE ARCHIVOS COB
ENVIO DE ARCHIVOS

FECHA DE ENVIO:

ENVIADO A: ASES_COB@asespr.org

ENVIADO POR:

	USO ASEGURADORA				USO DE ASES	
	NOMBRE DEL ARCHIVO	NUMERO DE RECORDS	TAMAÑO ARCHIVO	VIA FTP	PROCESO EN ASES DD/MM/AA	INIC. OPERADOR
1		0	0	FTP Server		
2				FTP Server		
3				FTP Server		

RECIBIDO EN ASES POR:

PARA USO DE ASES

FECHA: / /

******************INSTRUCCIONES ESPECIALES:******************

SE ENVIARA ESTA HOJA DE TRAMITE ADJUNTA AL ARCHIVO POR FTP
TIENE QUE LLENAR TODOS LOS ENCASILLADOS QUE LE CORRESPONDE A LA ASEGURADORA.

Contrato Número 21-003

ADMINISTRACION DE SEGUROS DE SALUD
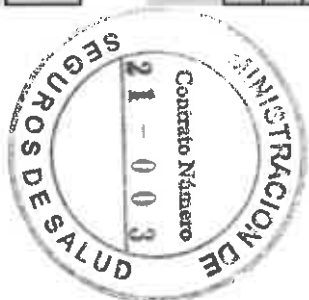
ATTACHMENT IV – ERROR CODES

ERR_CODE	ERROR DESCRIPTION
R1202	Unexpected NULL value for TRAN_ID field
R1204	Unexpected NULL value for PROCESS_DATE field
R1206	Unexpected NULL value for INSURANCE_TYPE field
R1208	Unexpected NULL value for INSURANCE_COVERAGE field
R1210	Unexpected NULL value for COVERED_SERVICES field
R1212	Invalid value for HEALTH_INSURER_CODE field
R1214	Unexpected NULL value for GROUP_NUMBER field
R1216	Unexpected NULL value for POLICY_NUMBER field
R1218	Unexpected NULL value for RELATIONSHIP field
R1220	Unexpected NULL value for RX_BIN field based on COVERED_SERVICES Field
R1222	Unexpected NULL value for RX_PCN field based on COVERED_SERVICES Field
R1224	Unexpected NULL value for RX_GROUP field based on COVERED_SERVICES Field
R1459	Unexpected NULL value for PROCESS_BEG_DATE field
R1479	Unexpected NULL value for GENDER field
R1481	Unexpected NULL value for SSN field
R1483	Unexpected NULL value for POLICY_TERMINATION_DATE field
R1485	Unexpected NULL value for POLICY_EFFECTIVE_DATE field
R1499	Invalid value for COVERED_SERVICES field
R562	Invalid value for GENDER field
R563	Invalid value for INSURANCE_COVERAGE field
R564	Invalid value for HEALTH_INSURER_CODE field
R565	Unexpected NULL value for RECORD_TYPE field
R566	Invalid value for RELATIONSHIP field
R567	Invalid value for TRAN_ID field
R568	PROCESS_DATE is not set to the last day of the month
R569	Invalid value for PROCESS_BEG_DATE field
R570	Invalid value for GROUP_NUMBER field
R572	Unexpected NULL value for LAST_NAME_1 field
R573	Unexpected NULL value for FIRST_NAME field
R574	Invalid value for DATE_OF_BIRTH field
R575	Invalid value for POLICY_EFFECTIVE_DATE field
R576	Invalid value for POLICY_TERMINATION_DATE field
R577	Invalid value for INSURANCE_TYPE field
R578	Invalid value for SSN field
DTE	Data Type Error
EOL	End Of Line Error: Bad Filler
LEN	Unexpected Record Length

Special Adjustment Payments Layouts

This file layout is for ascii file created by EDW to included special adjustment transactions.

This file is created tab delimited format.

Field	size	Comments
Carrier	2	
Carrier name	20	
Region	1	
Region name	19	
Billing date	10	Premium payment process date mm/dd/yyyy
Adjustment type	1	
Adjustment type description	25	
Adjustment amount	6,2	
Original payment	6,2	
Final payment	6,2	
MPI number	13	
Deceased date	10	If adjustment type is decease otherwise is blank, format mm/dd/yyyy
Account date	10	Date to which the payment corresponds

5/22/2017