

# MEDICARE PLATINO CONTRACT

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## APPENDIX K (23)

### INFORMATION DATA PROCESSES AND DATA EXCHANGE LAYOUT

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# Attachment K Information Systems

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INTRODUCTION	
Puerto Rico Health Insurance Administration	
<b>Description</b>	The Puerto Rico Health Insurance Administration, hereinafter known as PRHIA or ASES, is a government corporation created in accordance with the Act No. 72 of September 7, 1993 as amended, also known as the "Puerto Rico Health Insurance Administration Act". PRHIA was created for the purpose of administering, negotiating and contracting health insurance plans that allow eligible beneficiaries, particularly those who are medically needy, to obtain quality hospital services.
<b>Responsibilities</b>	<p>Moving in this direction, PRHIA is the entity responsible for negotiating, on behalf of the Puerto Rico Department of Health, the federal coverage authorized by CMS (that is, Medicare Platino and Federal PRGHP, which is made up of the Medicaid and CHIP programs), with health insurance companies. PRHIA handles contracting matters with the coverage provided by the Health Program of the Government of the State of Puerto Rico "PRGHP" that serves the Population of the State or Commonwealth where it is determined that they are not eligible to receive benefits, under a coverage classification federal contracted health insurance companies.</p> <p>PRHIA is in charge of the administration of the services provided to eligible beneficiaries, under various health programs including Medicare Platino; The PRHIA Information Systems Office is responsible for managing and processing the enrollment of all eligible beneficiaries and for validating premium payment processes for contracted health insurance.</p>
About This Document	
<b>Description</b>	This document constitutes a reference manual, designed with the purpose of helping the Medicare Advantage Organizations (MAO) contracted by the PRHIA, in the enrollment processes of eligible

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	<p>Beneficiaries. The eligibility and registration processes of the transactions that are executed daily, monthly and annually in the Information Systems Office of the PRHIA are defined. The criteria to be considered in the processes of registration and payment of the premiums according to the contract are explained.</p> <p>This version of the reference manual represents the first since the Plan VITAL became operational on November 1, 2018. With its introduction, Plan VITAL received its own Manual and in that sense, this document provides an exclusive reference of the processes to follow for Medicare Platino.</p>	
<b>Purpose</b>	This Manual acts as the main support document for the Processes to be followed in Medicare Platino.	
<b>Content Highlights</b>	<p>Among the issues to consider are the following: the initial eligibility and the transmission of the eligibility records of the Beneficiary in the Puerto Rico Medicaid Program. The information contained in the daily, monthly and annual registries, where it contemplates the processing of new registries, updates, rejections and disaffiliations, exchange of information between the AEP and the health insurance companies; premium payment processes and the enrollment of eligible beneficiaries in historical data files.</p> <p>This document includes tables, diagrams, and examples that will help you understand the transactions. This will help improve efficiency and allow processes to be completed within agreed timeframes with a successful outcome.</p>	
<b>Revision Form</b>		
<b>Release No.</b>	<b>Date</b>	<b>Revision Description</b>
20190611	6/11/2016	Baseline Version
20220321	03/21/2022	Update Version
20220609	06/09/2022	Update Version - <b>change will be effective from July 31, 2022 and January 2023)</b>

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TERMS AND CONCEPTS	
<b>Definitions</b>	
<b>Adjustments</b>	A payment adjustment is calculated when there is a need to reverse a payment that was awarded to a Contractor during a previous premium payment process.
<b>ASES</b>	Puerto Rico Health Insurance Administration (ASES for its acronym in Spanish). It is a public corporation created by Law in order to manage MCO services administered to the eligible population. Specifically, it is the organization responsible for the supervision and management of the Puerto Rico Government Health Insurance Plan (State and Federal GHP). In addition, it is the entity responsible for contracting the Medicare Advantage Organizations that will provide managed care to beneficiaries of the Medicare Platino. It also develops and supervises the administrative functions related to the beneficiaries' enrollment, providers, claims and premium payments.
<b>ASES Information Systems Office</b>	The Information Systems Office is responsible of the management and processing of the enrollments for all the beneficiaries that are recipient of the services that the government administrated health insurance plans provide and is also responsible of validating the processes in progression to the payments of the contracted health insurance premium.
<b>Beneficiary</b>	A person who is eligible to receive services under a State GHP Program (State Population), Federal GHP Program (Medicaid and CHIP), or Medicare Platino, under federal and local laws and regulations.
<b>Business Day</b>	Every official working day of the week (Monday, Tuesday, Wednesday, Thursday, Friday). Puerto Rico holidays are excluded.
<b>Calendar Days</b>	The seven days of the week, except as otherwise stated.
<b>Cancellation Date</b>	The date a member loses their eligibility for the GHP Program. The Office of Medicaid is the only entity with authority to terminate

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	eligibility.
<b>Contractor</b>	Provides Managed Care Services to beneficiaries. It is responsible for contracting with PMG's, PCP's and other providers. The Contractor charges ASES a PMPM Premium for its services.
<b>Centers for Medicare and Medicaid Services (CMS)</b>	The agency within the U.S. Department of Health and Human Services which is responsible for the Medicare, Medicaid and the Children's Health Insurance Plan (CHIP).
<b>Certification</b>	A confirmation granted by the Medicaid office in Puerto Rico to a person who has completed the eligibility requirements to receive services under the GHP Program (Medicaid, CHIP or Commonwealth)
<b>Certification Date</b>	Date on which it is confirmed that a person has completed the eligibility requirements for the Medicaid Program and will receive health care services under the GHP Program (Medicaid, CHIP or Commonwealth)
<b>Contractor</b>	The Managed Care Organization that is a Party to this Contract, authorized as an insurer by the Puerto Rico Insurance Commissioner ("PRICO"), which hereby contracts with ASES under the GHP program for the provision of Covered Services and Benefits to Affiliates based on PMPM Payments.
<b>Coverage Code</b>	Code assigned by the Medicaid Program of Puerto Rico to all beneficiaries eligible to receive healthcare services under Federal and State GHP. This code establishes the level of indigence and, therefore, the Plan Type that should apply according to such a code. In the State GHP plans ("Commonwealth Population") the coverage code will coincide with the Plan Version.
<b>Daily Run Processes Date</b>	Day on which the validation processes of the eligibility data received from the Medicaid Program in Puerto Rico and subscription of the Contractors are carried out. These processes are carried out daily in the ASES Information Systems Office.



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<b>Data</b>	It is a value that the computer receives by different means, it represents the information that the programmer manipulates, assigns or establishes. Example: demographic data, health or other information elements suitable for a specific use.
<b>Disenrollment</b>	The process by which an Enrollee's membership in the Contractor's Medicare Platino terminates.
<b>Dual Eligible Beneficiaries</b>	An Enrollee or potential enrollee eligible for both Medicaid and Medicare Programs.
<b>Effective Date of Disenrollment</b>	The date on which an Enrollee ceases to be covered under the Contractor's Plan.
<b>Eligibility Effective Date</b>	The period that the Medicaid Office in Puerto Rico grants a member's eligibility for Medicare Platino.
<b>Enrollment Effective Date</b>	Date on which the Contractor enrolls an eligible Beneficiary in the database of its systems
<b>PCP Effective Date</b>	Date a change in a Primary Care Physician (PCP1 or PCP2) becomes effective.
<b>Recertification Date</b>	Date on which the Puerto Rico Medicaid Program reassesses the eligibility requirements of a Beneficiary.
<b>Eligibility</b>	It is granted when the requirements established for the Medicare Platino Program in the Puerto Rico Medicaid Office of the Department of Health are met.
<b>Eligible Person</b>	A person who meets the requirements established in the Medicare Platino program
<b>Enrollee</b>	An Eligible Person who, either personally or through an authorized representative, has enrolled in the Contractor's Medicare Platino Program.
<b>Federal GHP</b>	Federal coverage under the CFR regulations issued by the Centers

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	of Medicare and Medicaid Services granted according to the poverty level of the individual requesting
<b>Government Health Insurance Plan (GHP)</b>	It is the health plan that the government of Puerto Rico (previously known as “La Reforma” or “Plan Vital”) grants through federal Medicaid funds. This plan addresses the health needs of the population with limited economic resources or special needs.
<b>Health Insurer Code</b>	This is the code assigned to the Insurance Company <b>(this change will be effective from July 31, 2022)</b>
<b>HIPAA Transaction 834</b>	The ANSI 834 EDI Enrollment Implementation Format is a standard file format for the electronic interchange of health plan enrollment data. The Health Insurance Portability and Accountability Act (HIPAA) requires that all health plans or health insurance companies accept a standard enrollment format: ANSI 834A Version 5010. An 834 file contains an order of data, such as a subscriber's name, hire date, etc. in a data segment. The 834 is used to transfer enrollment information from the insurance coverage sponsor, benefits, or policy to a payer. The intent of this implementation guide is to meet the specific need of the health care industry for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of healthcare products only. One or more separate flexible spending and retirement guidelines may be developed.” <b>(This change will be effective from January 2023)</b>
<b>HIPAA Transaction 820</b>	Health Insurance Exchange Related Payments <b>((this change will be effective from January 2023)</b>
<b>Identification Card (ID)</b>	To access health services, includes the name of the beneficiary, contract number, assigned coverage, copayments, among others.
<b>Id Card Issue Date</b>	This is the member ID card issue date <b>(this change will be effective from July 31, 2022)</b>
<b>Managed Care Services</b>	The services provided to the Beneficiaries by the doctors who belong to the network of preferred providers in their Primary

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	Medical Group (PMG). The Primary Care Physician (PCP) is the primary service provider and responsible for periodically evaluating the Beneficiary's health and coordinating medical services.
<b>Master Patient Index (MPI)</b>	Unique number that is assigned in the information systems of the Office of Medicaid in Puerto Rico to an individual, when they determine that he is eligible for Medicare Platino and continues to be an identifier number in the ASES information systems.
<b>Medicare Advantage Organization (MAO)</b>	A public or private organization licensed by the Insurance Commissioner Office of Puerto Rico as a risk-bearing entity that is under contract with CMS to provide the Medicare Advantage Benefit Package.
<b>Medicaid</b>	The medical assistance federal/state joint government program established by Title XIX of the Social Security Act. It also refers to the Program through which, in Puerto Rico, eligibility is determined for the Government Health Insurance Plan for an individual with low income, no income or limited resources, in compliance with regulations established by the Federal government and the Commonwealth of Puerto Rico.
<b>Medicare</b>	The Federal Program of medical assistance for persons over sixty-five (65) and certain disabled persons under Title XVIII of the Social Security Act.
<b>Medicare Beneficiaries</b>	People older than sixty-five (65) years of age or disabled or people who have kidney conditions, who are eligible for Medicare Part A coverage which covers hospital services or Parts A and B, which cover hospital, ambulatory and medical care services.
<b>Medicare Part A</b>	The part of the Medicare program that covers inpatient hospital stays, skilled nursing facilities, home health and hospice care.
<b>Medicare Part B</b>	The part of the Medicare program that covers physician, outpatient, home health, and preventive services.
<b>Medicare Part C</b>	The part of the Medicare program that permits Medicare recipients

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	to select coverage among various private insurance plans.
<b>Medicare Platino</b>	A program administered by ASES for Dual Eligible Beneficiaries, in which Managed Care Organizations (MCOs) or other insurers under contract with ASES function as Part C plans to provide services covered by Medicare, and also provide a “wraparound” benefit Covered Services and Benefits under the GHP.
<b>National Provider Identifier (NPI)</b>	The unique identifying number system for health care providers created by the Centers for Medicare and Medicaid Services (CMS), through the National Plan and Provider Enumeration System.
<b>Notice of Decision</b>	Form issued by the Puerto Rico Medicaid Program, entitled “Notice of Action Taken or Application and/or Recertification” containing the Certification decision (whether a person was determined eligible or ineligible for Medicaid, CHIP, or the Commonwealth Population).
<b>New Id Card Issue Date</b>	It is used for the future enrollment period, populated with the member's new ID card issue date. <b>((this change will be effective from July 31, 2022</b>
<b>Plan</b>	The Contractor’s Managed Care Plan offering services to enrollees under the GHP.
<b>Plan Type</b>	Plan identifier in ASES Information Systems (Code 01: Plan VITAL (GHP); Code 02 Medicare Platino.
<b>Plan Version</b>	Identification number according to the product approved by CMS, tied to the coverage code for contracted insurers
<b>Medicare Platino Health Plans</b>	It is a supplementary coverage to a Medicare Advantage Plan contracted by ASES, which covers the benefits and services that Medicare does not cover.
<b>Premium Payment (PMPM Payment)</b>	It is the rate established in the contract according to the actuarial analysis, which is carried out according to the trend of the eligible beneficiary's claims, comparing from the reference period to the

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	demonstration year. ASES makes a monthly payment after completing the enrollment process by the contracted insurer.
<b>Potential Enrollee</b>	A person who has been certified by the Puerto Rico Medicaid Program as eligible to enroll in the GHP Program whether on the basis of Medicaid Eligibility, CHIP eligibility or eligibility as a member of the Commonwealth Population, but who has not yet enrolled with the Contractor.
<b>Primary Care Physician (PCP)</b>	A primary care physician (PCP), or primary care provider, is a health professional who practices general medicine. PCPs are our first stop for medical care. Most PCPs are physicians, provide continuity of care, and provide referrals to physicians, OB/GYNs, or pediatricians. This type of provider is contracted as part of the PMG on a PMPM basis.
<b>Primary Medical Group (PMG-IPA)</b>	A grouping of associated Primary Care Physicians and other Providers for the delivery of services to GHP Enrollees using a coordinated care model. PMGs may be organized as provider care organizations, or as another group of Providers who have contractually agreed to offer a coordinated care model to GHP Enrollees under the terms of the Contract. This Type of provider is contracted by the Contractor on a PMPM basis.
<b>Process Date</b>	It is the date related to the process of updating eligibility in the ASES information systems, which is carried out daily and monthly. This date field is found in the defined file in (*.exp) format, for changes in beneficiaries sent by the contracted insurer in the date field in the file in (*.sus) format. In a new enrollment in Medicare Platino, the date field is used when the Beneficiary contracted the coverage services with the corresponding insurer in the contract. In Medicare Platino, the Process Date field must be prior to the Effective Date field of the new enrollment or change in question, but later than three (3) months prior to the Effective Date field of the new enrollment or change.
<b>Provider</b>	A natural Person or facility authorized to offer healthcare services under the laws of the Government of Puerto Rico.

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<b>Re-enrollment</b>	Refers to the process of re-enrollment for a Beneficiary of Federal GHP (Medicaid or CHIP) or State GHP (State Population) or Medicare Platino who has lost eligibility for a period of six (6) months. A Medicare Platino Beneficiary that recovers his/her eligibility within a period of two (2) consecutive months, may be enrolled automatically and prospectively under the Medicare Platino plan of the Contractor in question.
<b>Recertification</b>	A determination by the Puerto Rico Medicaid Program that a person previously enrolled in the GHP subsequently received a Negative Redetermination Decision, is once again eligible for services under the GHP Program. If you are registered with CMS and your cancellation is for at least six (6) months; will be reinstated in the insurer contracted by the system of the Medicaid Office in PR
<b>Retroactive Payment</b>	Refers to a payment that corresponds to a period prior to the month in which the premium payment is made.
<b>Special Adjustments</b>	The special adjustments are carried out as a result of internal audit processes that reveal that a wrongly adjudicated payment must be reverted or that, on the contrary, an omitted payment must be adjudicated.
<b>State Population</b>	A group eligible to participate in the GHP as Other Eligible Persons, with no Federal participation supporting the cost of their coverage, which is comprised of low-income persons and other groups.
<b>SYSPREM</b>	System that provides for the enrollment of a Beneficiary in historical data. It allows the update and/or enrollment of data that corresponds to eligibility periods prior to the cancellation period of the eligibility of a Beneficiary or before an enrollment to a different Contractor comes into effect.
<b>SYSRETRO</b>	Term used by ASES which means retroactive eligibility record.

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Eligibility Concepts	
<p><b>Eligibility Determination</b></p>	<p>For each applicant for the Government Health Insurance Plan, hereinafter GHP, an eligibility determination precedes the enrollment and premium payment processes carried out at the ASES Information Systems Office. The Medicaid Program of the Commonwealth of Puerto Rico, which administers the Puerto Rico Medical Assistance Program, is the entity with authority to determine if a person is eligible to receive medical services under the Federal GHP (Medicaid and CHIP) and the GHP State (Commonwealth Population) and Medicare Platinum.</p> <p>The evaluation of eligibility for each of the programs is based on the requirements established in state and federal regulations. Generally, the eligibility assessment for an individual is determined by income level and its correlation with indigence levels. In Platinum Medicare, the applicant's age (65 years or older) or disability status referred to in Title XVIII of the Social Security Act is considered.</p> <p>In any of the categories of health plans, beneficiaries are certified annually. This means that your eligibility is normally extended for a period of one (1) year on each successful certification. However, for Medicare Platino the enrollment period may be extended for a period of eighteen (18) months. In those cases in which the Medicaid Program has granted an eligibility period of less than twelve (12) months, the enrollment period will correspond to the shorter period granted.</p>
<p><b>Notice of Decision</b></p>	<p>The determination of eligibility of the Puerto Rico Medicaid Program granted to an applicant under both GHP programs is contained in a Notice of Decision, which is provided to the Beneficiary on the day it is certified.</p> <p>The potential Beneficiary may receive covered medical services by submitting the Notice of Decision to the health care provider from the day they were certified by the Medicaid Program until the day they receive their health insurance card by regular mail. Only eligible applicants for Federal GHP (Medicaid and CHIP) and State GHP (State Population) receive a Notice of Decision and can access</p>

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	covered medical services by submitting it.
<p><b>Eligibility Effective Date</b></p>	<p>The Effective Date of Eligibility for purposes of a Medicaid or CHIP Potential Enrollee is the first day of the month in which the Medicaid Office determines eligibility. This should be the same date indicated as the eligibility period on the Notice of Decision.</p> <p>When an Enrollee re-certification is filed, and the Enrollee is again eligible, as determined by the Medicaid Office, the Effective Date of Eligibility for the subsequent period is generally the 1st of the month after eligibility expires from the previous eligibility period. If an Enrollee does not apply for Re-certification at the Medicaid Office once his/her eligibility period has expired, the eligibility for the GHP is lost. This will happen even in cases in which the Enrollee's eligibility was lost for at least one (1) day. The Effective Date of Eligibility for a new eligibility period for these cases will be the first (1st) day of the month of the new application for certification.</p> <p>The Effective Date of Eligibility for the State Population is the eligibility period specified on the Notice of Decision, and Potential Enrollees are eligible to be enrolled as of that date.</p> <p>Recertification for State Enrollees in which the Enrollee is found eligible again, the Effective Date of Eligibility is the first (1st) day of the month after the current eligibility expires. The date of certification for State beneficiaries will be when the certification is completed.</p> <p>If a State Enrollee's eligibility period expires before re-certification, the State Enrollee's eligibility will be processed as a new case and the Effective Date of Eligibility will be the new Effective Date of Eligibility provided in Notice of Decision.</p>
<p><b>Certification Date and its Relationship with the Effective Date</b></p>	<p>The date on which the Medicaid Program issued an eligibility determination is known as the Certification Date. Under the State GHP the Effective Date will always coincide with the Certification Date and it would mark the beginning of the eligibility period granted to the Beneficiary. Under Federal GHP (Medicaid and CHIP), the Effective Date will fall in the first day of the month in</p>

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	which the Beneficiary is certified by the Medicaid Office of Puerto Rico. In both cases, the Certification Date is provided on the Notice of Decision.
<b>Dual Eligible</b>	An Enrollee or Potential Enrollee eligible for both Medicaid and Medicare (Part A or Part A and B).
<b>Enrollment Concepts</b>	
<b>Effective Date of Enrollment</b>	<p>The Effective Date of an Enrollment refers to the date that the contracted insurer establishes as the beginning of the coverage period for a Beneficiary.</p> <p>The Effective Date for Enrollment of a Beneficiary under a Medicare Platino Plan will fall on the first day of the month in which the Beneficiary's name appears in the CMS Prepaid Premium Plan List and the first day of the month in which the Beneficiary appears enrolled in the Medicare Platino plan of the contracted insurer. This information must be received in the ASES information systems in the data field of the Effective Date of the Enrollment Registry.</p>
<b>PCP/PMG Change Enrollment Effective Date</b>	If an eligible beneficiary changes their PCP/PMG during the first five days of the month, the change will be effective the following month, if they change their PCP/PMG after the fifth day of the month, the change will be effective the second month after the change . Eligible beneficiaries may still receive services until the change is effective through the original PCP/PMG assigned by the contracting carrier.
<b>Process Date</b>	<p>The Process Date is relevant both in cases of new enrollment of a Beneficiary and in cases of changes of PMG, PCP or Version of the Plan in relation to an enrollment record of an eligible Beneficiary.</p> <p>In the case of a new enrollment under a Medicare Platinum Plan, it refers to the date on which the Beneficiary contracted the coverage services with the contracted insurer.</p> <p>This date can be provided by the insurer under contract where the day on which a change of PMG/PCP or Plan Version was</p>

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	<p>processed in its information systems in the enrollment record of an eligible Beneficiary is identified.</p> <p>In Medicare Platino plans, the Processing Date must be prior to the Effective Date of the new enrollment. However, it must not date back more than three (3) months prior to that Effective Date.</p>
<b>Transfer of Beneficiaries to Medicare Platino Products</b>	<p>Medicare Advantage beneficiaries who receive Medicaid coverage can choose to transfer to Medicare Platino products offered by a contracting insurer of their choice or they can enroll in Medicare Platino products available to dual eligibles. In these cases, ASES and the contracting insurer have to process a new enrollment in order to transfer the eligible Beneficiary from the Medicare Advantage product to Medicare Platino.</p> <p>To the extent possible, such enrollments will be effective on the first day of the month in which the Eligible Beneficiary's Medicaid coverage becomes effective.</p>
<b>Recovery of Eligibility and Prospective Enrollment</b>	<p>In those cases in which an eligible Medicare Platino Beneficiary is disenrolled due to loss of eligibility under the Medicaid Program, but regains said eligibility within two (2) consecutive months, he or she may be automatically and prospectively enrolled under the plan. Medicare Platino from the contracted insurer in question assigning the same PCP/PMG in which the Beneficiary was previously enrolled.</p>
<b>Retroactive Enrollment for Medicare Platino Plans</b>	<p>For Medicare Platino plans, enrollment may be retroactively extended from six (6) to eighteen (18) months prior to the date the eligible Beneficiary's enrollment is processed in ASES. The ASES Information Systems Office may accept the enrollment of an eligible Beneficiary of the Medicare Platino Plan for up to eighteen (18) retroactive months as long as the limits of the period to be enrolled are within the eligibility periods granted by the Program. Medicaid.</p>
<b>MEDICARE PLATINO ENROLLMENT PROCESS</b>	
<b>Main Process</b>	
<b>Description</b>	<p>ASES uses a variety of methods in order to enroll people eligible for Medicare Platino coverage, together with contracted insurers. The</p>



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	<p>following process is established to follow for the enrollment of Medicare Platino.</p>
<p><b>Eligibility Query Preceding a Medicare Platino Enrollment</b></p> <p>*See Reference C for Files Nomenclature</p>	<p><b>Step 1a: CMS Query/Enrollment:</b> The Contractor requests a verification of a Beneficiary's eligibility for the Medicare Program with CMS and proceeds to enroll the Beneficiary accordingly.</p> <p><b>Step 1b: ASES Query:</b> Through a file (".qry"), the Contractor requests to ASES a verification of a Beneficiary's eligibility for the Medicaid Program.</p> <p>Step 2: Response: ASES processes this query file and sends a response to the request in a (.res) file. This file includes information on the eligibility of the Beneficiary for the Medicaid Program, the coverage to which he was assigned, after the evaluation carried out (federal or state), with his demographic information in the information systems of ASES and the Office of Medicaid in PR.</p> <p>Step 3: Enrollment: If the Beneficiary is eligible with defined coverage for Medicaid, the contracted insurer will complete an enrollment record where it will include the data as required in the established file delivery format.</p> <p>Enrollment Rejections:</p> <p>Step 4a: Rejections in the registration file integrity validation process: Once the registration file validation process has been completed, it may have errors, a file in *.err format is generated. ASES sends to the insurer in contract to correct and resubmit for processing. The integrity validation criteria used is the following: the length of the content of the mandatory fields, the region and the data source.</p> <p>Step 4b: Rejections in the data quality validation process: Once the registration file validation process has been completed, it may have errors, a file in *.rjc format is generated. ASES sends to the insurer in contract to correct and resubmit for processing.</p> <p>Step 4c: Validated Enrollment Records: Once the validation process is completed, ASES will edit and update the data in the electronic enrollment record to identify the beneficiary eligible for Medicare Platino. A file in *.exp format will be sent to the insurer in contract confirming the inscription.</p>

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	<p>Step 5: PCP/PMG Enrollment Updates and Plan Version: The contracting carrier must submit enrollment updates for an eligible Beneficiary to ASES for the PCP/PMG Version and Plan. The registration, validation, correction and forwarding processes will be carried out in ASES as established in steps 3 to 4c.</p>
<b>Enrollment Record</b>	
<p><b>Description</b></p>	<p>The registration process established for the insurers in contract has data of the eligible beneficiary and the purpose is to be able to highlight the details of the registrations, verify the accuracy and certainty of the information received. Enrollment confirms ASES and guarantees that the contracted insurer has sent a Platinum Medicare Eligible Beneficiary Welcome Packet and ID card.</p> <p>Medicare Platino Plans contracted with ASES require the assignment of Primary Care Physicians (PCP) to eligible beneficiaries by contracted insurers. The enrollment includes these fields, the Plan Type, the Plan Version, the date it was processed by the contracted insurer, and the Effective Date of Enrollment.</p>
<b>Enrollment Record Fields</b>	
<p><b>RECORD_TYPE</b></p>	<p>Code "E" identifies the entry as a registration record, for new registrations of eligible beneficiaries and for previously registered beneficiaries.</p>
<p><b>TRAN_ID</b></p> <p>*See Reference A for supporting information.</p>	<p>Field in the "layout" where the action to complete in the file received is identified in the information systems. You have to consider one of the values defined below.</p> <p>E=new enrollment  C=Change of operator  V= Version change  I=IPA change  1=change PCP1  2=PCP2 change  3=PCP1 and PCP2 change</p>
	<p><b>E</b> New Registration. This value in the "layout" field for "Trans_ID" is</p>

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	<p>used to register a new enrollment of an eligible Beneficiary, who has not been previously enrolled or is currently inactive. To consider in the previous enrollment processes, for the same insurer contracted or different from the previous registration, a "C" will be inserted.</p> <p>Note: For New Enrollments ("E"): It is required that all fields with the information about the contracting insurer, Plan Type, Plan Version, PMG and PCP1 be completed. PCP2 information will remain as optional information as required.</p>
<p><i>28</i></p>	<p><b>C</b> This value in the "layout" field for "Trans_ID" is used to record a change of contracting carrier. It is used when the eligible Beneficiary has selected a different contracting carrier than the one they are enrolled in. In Medicare Platino used for initial enrollment where eligible beneficiaries were previously enrolled in a GHP plan and decide to switch to Medicare Platino.</p> <p>Note: For Contracted Insurer Change Transactions ("C"): The process requires registering the name of the new contracted insurer selected and inserting information on the Type of Plan, Version of the Plan, Primary Medical Group, PCP1 and PCP2 ( optional) and Date of Issuance of the ID Card and the Date of Registration Process.</p>
	<p><b>V</b> This value in the "layout" field for "Trans_ID" is used to record a Plan Version Change. In contract insurers for Medicare Platino, it is the change from a product offered by the insurer in contract, to one that is identified under the same Plan Type. This transaction code can be considered when a GHP Beneficiary's coverage code changes. When this situation arises, the contracted insurer must reissue a health plan ID card that contains the new benefits and send a version change registration record to ASES, where the version number corresponds to the new coverage code . If the ASES process is not carried out, an automatic withdrawal of the eligible Beneficiary will be made in the contracted insurer where it was omitted as required. In this situation, the Beneficiary will continue with his eligibility, so he will receive the medical services,</p>

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## Attachment K Information Systems

	<p>the contracted insurer will not be able to receive the payment rate until the required information is submitted.</p> <p>Note: For Plan Version Change Transactions ("V"): The code of the insurer in the Contractor contract and the information on the Type of Plan provided must coincide with the information in the ASES information systems. Only information about the new assigned Plan Version and information regarding the PMG Center and PCP1 will be provided.</p>
<p style="color: blue; font-size: 2em;">JH</p>	<p><b>I</b> This value in the "layout" field for "Trans_ID" is used where there is a primary medical group (PMG) change. It is used to register in the ASES information systems a change in the PMG selected by the eligible beneficiaries under the same insurer in contract, Type of Plan and Version.</p> <p>Note: For PMG Change Transaction ("I"): The information of the contracted insurer, Type of Plan and Version of the Plan must coincide with the information contained in the ASES information systems. New information will be sent to ASES regarding the new PMG that corresponds to the Beneficiary.</p>
	<p><b>1</b> This value is used in the "layout" field for "Trans_ID" Change of PCP1 to register in the ASES information systems a change in the PCP1 selected by the eligible beneficiaries under the same insurer in contract, Type of Plan, Version and PMG .</p> <p>Note: For Transactions to Change PCP1 ("1"): the information on the contracted insurer, Plan Type, Plan Version and PMG received coincides with the information contained in the ASES information systems. You have to submit the new change information for PCP1 and not PCP2.</p>
	<p><b>2</b> This value is used in the "layout" field for "Trans_ID" PCP2 change. It is used to record in the ASES information systems a change in the PCP2 selected by the eligible beneficiaries under the same insurer under contract, Type of Plan, Version and PMG.</p> <p>Note: For PCP2 ("2") Change Transactions: You will not have to</p>

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## Attachment K Information Systems

	provide information about PCP1. The only information that may differ from that contained in the ASES records will be that related to the PCP2.
<b>3</b>	<p>This value is used in the "layout" field for "Trans_ID" PCP1 and PCP2 change. It is used to register, in ASES, a change in the beneficiaries' selected PCP1 and PCP2 under the same Contractor, Plan Type, Version and PMG.</p> <p>Note: For Change of PCP1 and PCP2 ("3"): It will be necessary to submit new information regarding the assigned PCP1 and PCP2. The information provided regarding the other fields should remain unchanged.</p>
<b>PROCESS_DATE</b>	Processing date. It is the date on which the eligible Beneficiary contracted the coverage services with the contracted insurer or the date the contracting insurer requested a change in PMG, Plan Version, Plan Type, or PCP.
<b>REGION</b>  *See Reference B for supporting information.	This code corresponds according to the municipality to which the eligible Beneficiary received from the Medicaid Office in Puerto Rico belongs.
<b>CARRIER</b>	Insurer code in contract for Medicare Platino defined in the ASES information systems to identify the insured.
<b>MEMBER_PRIMARY_CENTRE</b>	Primary Medical Group (PMG) code.
<b>ODSI_FAMILY_ID</b>	Identifier assigned to the eligible beneficiary in the information systems of the Office of Medicaid in PR – Master Patient Index (MPI). The content of the field in the "layout" is defined as eleven (11) last digits of the MPI number. Insurers in contract for Medicare Platino obtain this code from the ASES query response.
<b>MEMBER_SSN</b>	Social Security number of the eligible beneficiary. This number must coincide in the ASES information systems.

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<b>MEMBER_SUFFIX</b>	Number that identifies a member within a family, it is defined with two digits. This is the second part of the identifier of the eligible beneficiaries in the ASES information system.
<b>EFFECTIVE_DATE</b>	The date the contracting insurers begin providing coverage to the eligible Beneficiary under the enrolled Plan or when the change for which the enrollment record was submitted becomes effective, including the effective date of the PMG change, PCP or Plan Version.
<b>PLAN_TYPE</b>	Type of Plan Code that identifies where the eligible beneficiary is enrolled.
<b>PLAN_VERSION</b>	Plan Version code that identifies where the eligible beneficiary is enrolled.
<b>MPI- Master Patient Index.</b>	Unique number assigned by the Medicaid office in PR to identify a beneficiary. It is used in the information systems of ASES and the Medicaid Office in PR.
<b>PCP1</b>	Is a unique identification number for covered health care providers.(NPI). It is used to identify the PCP1 assigned by the insurer under contract selected by eligible beneficiaries.
<b>PCP1_EFFECTIVE_DATE</b>	This is the effective date of PCP1's assignment. If there is a PCP1 change, the PCP1 Initial Effective Date will be maintained until the PCP1 Change Effective Date is reached.
<b>PCP2</b>	It is a unique identification number for covered health care providers (NPI). It is used to identify as a second option in the field of PCP2 assigned by the insurer under contract selected by the eligible beneficiaries.
<b>PCP2_EFFECTIVE_DATE</b>	This is the effective date of PCP2's assignment. If there is a PCP2 change, the PCP2 Initial Effective Date will be maintained until the PCP2 Change Effective Date is reached.
<b>FAMILY_PRIMARY_CENTER</b>	Not in use.

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<b>PMG_TAX_EFF_DT</b>	It is the date on which the transfer of the PMG of the Eligible Beneficiary became effective.
<b>IPA_PCP_CHANGE_REASON</b>	This field is not currently in use.
<b>MEDICARE INDICATOR</b>	Required for Medicare Platino enrollments only. (01=A&B, 03=A, 09=B).
<b>Health Insurance Claim Number (HICN Number)</b>	It is The Medicare Beneficiary Identifier (MBI) is the new identification number that has replaced SSN-based health insurance claim numbers (HICNs) on all Medicare transactions, such as billing, claim submissions and appeals. Required for enrollment of eligible beneficiaries in Medicare Platino.
<b>Additional Data Elements</b>	When the registration of a Beneficiary is validated, the ASES information system enters the data in the registration record.
<b>REJECT IDENTIFIERS</b>	These are the Reject Identifiers A = Accepted Enrollment M = Accepted Retroactively R = Rejected Enrollment
<b>A = Accepted Enrollment</b>	Identifier = "A": Used to identify an accepted enrollment to be applied on a current or future effective date. The update process transfers the registration fields of the insurer in contract, Type of Plan, Version of the Plan, PMG and PCP to the fields defined for new registrations in the file of the eligible Beneficiary. Until the new Effective Date is completed, the Beneficiary will remain under the current enrollment status (same contracted carrier, Plan, Version, PMG and PCP). During the month-end cycle, the new fields are moved into the current fields and enrollment becomes effective.
<b>M = Accepted Retroactively</b>	Identifier = "M": Indicates a retroactive enrollment, the Enrollment data (insurer under contract, Plan Type, Plan Version, PMG and PCP) are updated directly in the history of the eligible Beneficiary.
<b>R = Rejected</b>	Reject Identifier "R": Used when an enrollment record is not processed correctly because an error has been identified, indicates a record returned for correction.

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<b>Reservation Number</b>	Not applicable to Medicare Platino enrollments.
<b>Error Codes one (1) to ten (10)</b>	It is possible to record up to ten (10) error codes.
<b>Update Date</b>	This Date is used to identify the validation process of the daily cycle that is carried out in the ASES information systems.
<b>Update User</b>	Internal user code in the information systems in ASES.
<b>IPA_ESPECIAL</b>	Not applicable to Medicare Platino enrollments.
<b>CONTRACT NUMBER</b>	Contract number assigned by the insurer in the contract, to the eligible beneficiary in its information systems. This number is found as an identifier on the id card.
<b>SPECIAL ENROLL</b>	Not applicable to Medicare Platino enrollments.
<b>PMG Tax ID</b>	A tax identification number (TIN) is a nine-digit number used as a tracking number by the Internal Revenue Service (IRS). Information is required on all tax returns filed with the IRS. All U.S. Tax Identification Numbers (TINs) or tax identification that recognizes the service provider
<b>Data Source</b>	File format identifier *.sus where you have to consider MA in the data source field for Medicare Platino enrollments.
<b>Enrollment Record Rejection</b>	
<b>Description</b>	The registration process to be modified or updated may present some rejection if it does not meet the validation requirements in the ASES information systems. These rejections are sent daily to the insurers under contract in a defined file in *.rjc format, including error codes to be considered by the insurer, to resubmit corrected as appropriate.
<b>ERROR CODES</b>	See Enrollment Error Codes Table

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<b>DISENROLLMENT</b>	
<b>Description</b>	The disenrollment process can arise from any of the following events: when the PR Medicaid Office determines that the beneficiary does not meet the eligibility criteria for Medicare Platino (termination of eligibility), when the coverage code changes and if the change version of the plan was not sent correctly before the end of the month (programmatic cancellation) in the ASES information systems
<b>Disenrollment Concepts</b>	
<b>Termination of Eligibility</b>	Termination of eligibility refers to the cancellation of the health services transaction due to the expiration of the eligibility period. The cancellation of the beneficiary's eligibility will be received from the Medicaid Office in PR and will be carried out in the processes in the ASES information system on the last day of each month. ASES will be updating the information through the file in *.exp format. The contracting insurer must terminate the Medicare Platino Beneficiary.
<b>Programmatic Disenrollment</b>	<p>Contract insurers have to identify when a record received has a coverage code different from the one registered in their information system.</p> <p>This cancellation occurs when the Medicaid Office in PR sends a coverage change code for a Beneficiary and the insurer under contract has not submitted an enrollment with the new Version of the Plan related to the change of coverage.</p> <p>The contracting insurer has to assess whether the new Coverage Code requires the Beneficiary to be enrolled in a different Plan Version. If so, they must re-enroll these beneficiaries in the new Plan Version to match the new coverage code. This process must be sent to ASES to make a Plan Version change before the end of the current month.</p> <p>Beneficiaries who are not registered with a Version of the Plan that</p>

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## Attachment K Information Systems

	<p>corresponds to the coverage code will be discharged during the month-end cycle in the ASES information systems.</p> <p>The insurer must re-enroll beneficiaries who have been canceled or terminated for this reason.</p>
<b>Carrier Change</b>	<p>When receiving an inscription from a contracted insurer and in the ASES information systems the beneficiary appears registered in another insurer, it is understood that the beneficiary made a change of insurer. The previous insurer will be notified in the file in *.exp format and it has to cancel the beneficiary in its systems. If the change is prospective, the old insurer's enrollment data remains in the current data fields and the future insurer's data fills the new data fields. At the end of the month prior to the prospective enrollment effective date, the data in the new fields is moved to the current data fields and both insurers are notified.</p> <p>A recovery of the payment fee will be made if a payment has previously been made to an insurer that loses the Beneficiary retroactively.</p>
<b>Effective Date of Disenrollment</b>	<p>The effective date of disenrollment will fall on the last day of the month in which any of the events mentioned above take place.</p>
<b>SYSPREM</b>	
<b>Description</b>	<p>The main function of SYSPREM will be to allow the registration of the Beneficiary's registration in historical data in those cases that cannot be processed as current registrations. Insurers in contract</p> <p>they have to modify their systems so that the SYSPREM data is not included as current data at the time of processing the file in *.exp eligibility format. Once a transaction is received, which must be processed through SYSPREM, a verification and validation process of the information in the registry is carried out. Once the validation tests have been passed, the registry is updated in the information systems that contains the information corresponding to the historical transactions. Those files that do not satisfactorily complete</p>

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## Attachment K Information Systems

	<p>the verification processes will be sent in a file in *.exp format of corresponding rejected registrations for correction.</p> <p>Some beneficiaries will not appear as enrolled on the record because they are not eligible on the effective date or because they are enrolled with a different provider. Insurers have to evaluate the cases rejected by SYSPREM to identify errors in the assigned Effective Date and the correctness of the beneficiary data included in the registration record.</p>
<b>SYSPREM Classification Codes: Primary Error Codes</b>	
<b>Description</b>	The following are enrollment validation error codes that represent base cause for classification for SYSPREM processing.
107	Effective Date before ineligibility period.
177	Effective date on or before current enrollment.
280	Not currently eligible.
<b>SYSPREM Allowed Error Codes: Secondary Error Codes</b>	
<b>Description</b>	The following are enrollment validation error codes that are allowed as secondary to any Classification Codes during a SYSPREM candidate enrollment record evaluation.
053	Currently enrolled in same carrier (Medicare Platino Carrier Change).
132	Failed MPI match in current data.
211	Coverage limited to Federal Medicaid and beneficiary is not currently classified as so.
222	Currently enrolled in same carrier (Immediate Enrollment).
223	Currently enrolled in another carrier (Immediate Enrollment).

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## Attachment K Information Systems

225	Failed SSN match in current data.
226	Failed MPI match for the given family id and member suffix.
<b>SYSPREM Validation Error Codes</b>	
<b>Description</b>	SYSPREM will perform certain validations in the process of evaluating candidate enrollment records for registering in historical data.
980	The latest enrollment from ASES historical data with effective date on or after but during the same month as the Effective Date of the Enrollment candidate to SYSPREM was processed later by the source of the enrollment.
982	Medicare Platino enrollment Effective Date is earlier than '2015-01-01'.
983	Already enrolled in the same carrier in ASES historical data by the Effective Date specified in the enrollment candidate to SYSPREM.
984	Already enrolled in ASES historical data by the Effective Date specified in the enrollment with Tran_Id = 'E' candidate to SYSPREM.
986	Effective Date is on or later than current enrollment Effective Date or Cancellation Date.
987	Member SSN not found in ASES historical data.
988	The MPI number specified by the enrollment candidate to SYSPREM did not match the MPI number found in ASES historical data by the stated Effective Date.
996	Not an error, but a notification that the record was processed by SYSPREM.

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PREMIUM PAYMENT	
<p><b>Description</b></p>	<p>The premium payment system according to the contract has the criterion of making payment only when the beneficiaries are enrolled before the first day of the month to which the payment corresponds. Beneficiaries registered after that date will be considered for the next payment, after all the updating and cancellation procedures in force in that month.</p> <p>To standardize the payment schedule for Medicare Platino (rate cell: 38) and state (rate cell: 40) beneficiaries. The detailed information of the premium payment for each beneficiary is transmitted to the insurer in an EDI 820 format file.</p>
Premium Payment Concepts	
<p><b>Payment Execution</b></p>	<p>On a monthly basis, the system performs an automatic execution of the payment. The premium paid by each member will depend on their classification in the Rate Cell. The payment of the premium corresponding to Rate Cell will be made on the first day of the month following the acceptance of the registration by ASES. ASES will not pay premiums to beneficiaries who are not duly registered in the ASES information systems nor will it pay premiums to beneficiaries whose records contain transactions that have been rejected in the ASES information systems and have not been corrected within the established deadlines. by contract. This applies Plan Vital, not Medicare Platino</p>

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## Attachment K Information Systems

<b>Reasons for Not Executing a Payment</b>	<p>The payment rate will not be executed in favor of an insurer under contract for the following circumstances:</p> <ol style="list-style-type: none"><li>(1) If the beneficiary is not registered in the ASES information systems before the first day of the month for which the payment transaction is being executed;</li><li>(2) If the registration had been rejected by ASES and the insurer did not submit a new registration with the corresponding corrections</li><li>(3) If the ASES eligibility data shows that the beneficiary had a disenrollment (blank card issuance date), cancellation of eligibility or change of insurer.</li></ol>
 <b>Monthly Payments</b>	<p>In this case, the system produces a payment for those beneficiaries whose registration has already been made effective before the first day of the month for which the payment operation is executed. The execution of the payment tariff is executed on the first day of the month.</p>
<b>Retroactive Payments</b>	<p>These payments are calculated when the Membership Effective Date falls in a period prior to the month in which the fee payment process is being executed. In other words, this type of payment is executed when payments corresponding to months prior to the month in which the payment is made are identified. Retroactive payments will be calculated based on the effective date of enrollment. The system will process the payments of registered beneficiaries with an Effective Date prior to the payment date in the case of monthly payments or prorated payments that have not been previously paid within the retroactive payment terms. Retroactive payments may result in an adjusted payment if they are the result of the cancellation of a previous enrollment or an insurer change by the insurer.</p>

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<p><b>Adjustments</b></p>	<p>A payment adjustment is calculated when there is a need to reverse a payment that was awarded to an insurer during a previous payment process. It occurs when, as a result of a retroactive payment calculation, a payment made in relation to the same beneficiary within the same period in which a change of insurer has been executed is identified. In these cases, an adjustment is made to the rate paid to the first insurer.</p>																		
<p><b>Special Adjustments</b></p>	<p>Generally, the special adjustments are carried out as a result of internal audit processes that reveal that a wrongly adjudicated payment (like for example, deceased beneficiaries, duplicate payments, PARIS eligibility match, etc.) must be reverted or that, on the contrary, an omitted payment must be adjudicated. For this type of adjustment, the insurer will receive a list of transactions in which they can identify the type of adjustment (for example: a deceased), the adjusted months and the amount adjusted. The description of this list is found in Attachment 9, Special Adjustment File Layout.</p>																		
<p><b>Adjustment Type</b></p>	<p>The table below describes the various adjustment types identified by the payment process.</p> <table border="1" data-bbox="649 1249 1461 1650"> <thead> <tr> <th>Adjustment Type Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>DbIPay</td> </tr> <tr> <td>2</td> <td>Deceased</td> </tr> <tr> <td>4</td> <td>COB</td> </tr> <tr> <td>5</td> <td>Rate Adjustment</td> </tr> <tr> <td>6</td> <td>Reverse Adjustments</td> </tr> <tr> <td>7</td> <td>Fix Rate</td> </tr> <tr> <td>8</td> <td>Full Month Adjustment</td> </tr> <tr> <td>9</td> <td>Newborn</td> </tr> </tbody> </table>	Adjustment Type Code	Description	1	DbIPay	2	Deceased	4	COB	5	Rate Adjustment	6	Reverse Adjustments	7	Fix Rate	8	Full Month Adjustment	9	Newborn
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	<table border="1"> <tr> <td>10</td> <td>Ineligible</td> </tr> <tr> <td>11</td> <td>Special Reconciliation</td> </tr> <tr> <td>12</td> <td>Rate Cell</td> </tr> <tr> <td>13</td> <td>Maternity Kick Payment</td> </tr> </table>	10	Ineligible	11	Special Reconciliation	12	Rate Cell	13	Maternity Kick Payment
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<p><i>WFB</i></p> <p><b>EDI 820 Payment File</b></p>	<p>The conciliation process that is carried out between ASES and the insurers in contract in relation to the payment of established rates must take into account the content of the EDI 820 files. This file is generated monthly by insurer and Type of Plan, this includes the detail of the payments that correspond to each one of the beneficiaries enrolled in the insurers per month. This encompasses the rate cell and, if applicable, adjustment type information for each of those payments.</p> <p>This file does not distinguish whether the payment corresponds to an adjustment of a regular payment process or a special adjustment. ASES will deliver a separate file for the special adjustments to the insurer.</p>								

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REFERENCES							
Reference A: Enrollment Hierarchy Table	<b>Tran Id</b>	<b>Contractor</b>	<b>Plan Type</b>	<b>Version</b>	<b>PMG</b>	<b>PCP1</b>	<b>PCP2</b>
	E	Y	Y	Y	Y	Y	O
<p>Note: The table on the right identifies the information that each change will require and states the fields that will be impacted by each one.</p> <p><b>Legend</b></p> <p><b>Y:</b> Information required for the transaction type specified.</p> <p><b>O =</b> Optional information.</p> <p><b>N =</b> Information that should not be sent for the transaction type specified.</p>	C	Different than ASES	Y	Y	Y	Y	O
	P	Same as ASES	Different than ASES	Y	Y	Y	O
	V	Same as ASES	Same as ASES	Different than ASES	Y	Y	O
	I	Same as ASES	Same as ASES	Same as ASES	Different than ASES	Y	O
	1	Same as ASES	Same as ASES	Same as ASES	Same as ASES	Y	N
	2	Same as ASES	Same as ASES	Same as ASES	Same as ASES	N	Y
	3	Same as ASES	Same as ASES	Same as ASES	Same as ASES	Y	Y

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<p><b>Reference B: Region Codes</b></p>	<table border="1"> <thead> <tr> <th>Region</th> <th>Data Region Codes</th> </tr> </thead> <tbody> <tr> <td>North</td> <td>A</td> </tr> <tr> <td>Metro-North</td> <td>B</td> </tr> <tr> <td>East</td> <td>E</td> </tr> <tr> <td>Northeast</td> <td>F</td> </tr> <tr> <td>San Juan</td> <td>J</td> </tr> <tr> <td>Southeast</td> <td>G</td> </tr> <tr> <td>Southwest</td> <td>S</td> </tr> <tr> <td>Special</td> <td>P</td> </tr> <tr> <td>West</td> <td>Z</td> </tr> </tbody> </table>	Region	Data Region Codes	North	A	Metro-North	B	East	E	Northeast	F	San Juan	J	Southeast	G	Southwest	S	Special	P	West	Z
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<p><b>Reference C: File Nomenclature</b></p>	<p>The tables below explain the nomenclature for several files that play important roles in the exchange of data pertaining with the eligibility and enrollment of beneficiaries.</p>																				
<p><b>1</b></p>	<table border="1"> <thead> <tr> <th><b>ENROLLMENT FILE [CCYYMMDD.sus]</b></th> </tr> </thead> <tbody> <tr> <td>CC = Contractor Code</td> </tr> <tr> <td>YY = Year</td> </tr> <tr> <td>MM = Month</td> </tr> <tr> <td>DD = Day</td> </tr> <tr> <td>.sus = Identifies the file as an enrollment file. The enrollment file may contain records belonging to any of the regions contracted by the Contractor.</td> </tr> <tr> <td><b>Notes:</b></td> </tr> <tr> <td>✓ Files received at 9:00 am are entered in the ASES daily cycle.</td> </tr> <tr> <td>✓ If a file is received after 9:00 am, it will be entered in the next day's cycle.</td> </tr> <tr> <td>See File Layout Attachment – Enrollment Record Layout</td> </tr> </tbody> </table>	<b>ENROLLMENT FILE [CCYYMMDD.sus]</b>	CC = Contractor Code	YY = Year	MM = Month	DD = Day	.sus = Identifies the file as an enrollment file. The enrollment file may contain records belonging to any of the regions contracted by the Contractor.	<b>Notes:</b>	✓ Files received at 9:00 am are entered in the ASES daily cycle.	✓ If a file is received after 9:00 am, it will be entered in the next day's cycle.	See File Layout Attachment – Enrollment Record Layout										
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See File Layout Attachment – Enrollment Record Layout																					

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## Attachment K Information Systems

	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">(.sus)</div>
2	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>ELIGIBILITY FILE [VYYMMDD.ref]</b></p> <p>a. V = indicates that it is an eligibility file</p> <p>b. YY = Year</p> <p>c. MM = Month</p> <p>d. DD = Day</p> <p>e. .ref = Indicates that it is a file containing the records of the beneficiaries' eligibility.</p> </div>
3	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>DATA EXPORT FILE [CCYYMMDD.exp]</b></p> <p>b. CC = Contractor code</p> <p>c. YY = Year</p> <p>d. MM = Month</p> <p>e. DD = Day</p> <p>f. .exp = Indicates that it is a file containing all the eligibility and enrollment transactions processed during the daily run. See File Layout Attachment – Carrier Eligibility File Layout (.exp)</p> </div>
4	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;"><b>ENROLLMENT FILE [CCYYMMDD.err]</b></p> <p>a. CC= Contractor Code</p> <p>b. YY = Year</p> <p>c. MM = Month</p> <p>d. DD = Day</p> <p>e. .err = Indicates that the records it contains did not pass</p> </div>

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## Attachment K Information Systems

	<p>the file integrity validation. These records are not going to be processed.</p> <p><b>Notes:</b> The format is the same as the subscriptions file (.sus)</p>							
<p>5</p> <p style="color: blue; font-size: 2em; font-family: cursive;">JH</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: center; padding: 5px;">REJECTED ENROLLMENTS FILE [CCYYMMDD.rjc]</th> </tr> <tr> <td style="padding: 2px 5px;">a. CC= Contractor Code</td> </tr> <tr> <td style="padding: 2px 5px;">b. YY = Year</td> </tr> <tr> <td style="padding: 2px 5px;">c. MM = Month</td> </tr> <tr> <td style="padding: 2px 5px;">d. DD = Day</td> </tr> <tr> <td style="padding: 2px 5px;">e. .rjc= Indicates that it is a file containing the records of the beneficiaries who have been rejected.</td> </tr> <tr> <td style="padding: 2px 5px;"><b>Notes:</b> ASES will continue to run a separate edition and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure.</td> </tr> </table>	REJECTED ENROLLMENTS FILE [CCYYMMDD.rjc]	a. CC= Contractor Code	b. YY = Year	c. MM = Month	d. DD = Day	e. .rjc= Indicates that it is a file containing the records of the beneficiaries who have been rejected.	<b>Notes:</b> ASES will continue to run a separate edition and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure.
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<p>6</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: center; padding: 5px;">Contract fee payment Transactions [PRCC0YYMM0000.820]</th> </tr> <tr> <td style="padding: 2px 5px;">a. P = Identify contract fee payment</td> </tr> <tr> <td style="padding: 2px 5px;">b. R = region code</td> </tr> <tr> <td style="padding: 2px 5px;">c. CC = Insurer code</td> </tr> </table>	Contract fee payment Transactions [PRCC0YYMM0000.820]	a. P = Identify contract fee payment	b. R = region code	c. CC = Insurer code			
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a. P = Identify contract fee payment								
b. R = region code								
c. CC = Insurer code								

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## Attachment K Information Systems

	<p>d. 9 = Frequency</p> <p>e. YY = Year</p> <p>f. MM = Month</p> <p>g. 0000 = IPA Direct Contract</p> <p>h. .820 = Indicates that it is a file containing all contract fee payment transactions processed monthly run.</p>							
7	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Eligibility Query File [CCYYMMDD.qry]</th> </tr> <tr> <td>a. CC= Carrier Code</td> </tr> <tr> <td>b. YY=Year</td> </tr> <tr> <td>c. MM=Month</td> </tr> <tr> <td>d. DD=Day</td> </tr> <tr> <td>e. .qry =Indicates that is a file for eligibility verification.</td> </tr> <tr> <td><b>Notes:</b> A '.qry' file is submitted by the carriers to verify a person's eligibility for the Medicare Platino Plan and GHIP Plans if necessary. Consequently, ASES generates a response in a '.res' (response) file with the requested information.</td> </tr> </table>	Eligibility Query File [CCYYMMDD.qry]	a. CC= Carrier Code	b. YY=Year	c. MM=Month	d. DD=Day	e. .qry =Indicates that is a file for eligibility verification.	<b>Notes:</b> A '.qry' file is submitted by the carriers to verify a person's eligibility for the Medicare Platino Plan and GHIP Plans if necessary. Consequently, ASES generates a response in a '.res' (response) file with the requested information.
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Eligibility Query Response File [CCYYMMDD.res]
a. CC=Carrier Code
b. YY=Year
c. MM=Month
d. DD=Day
e. .res = Indicates that it is a query response file.
Notes: This file is sent by ASES in response to a query file.

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

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APPENDICES

Notice of Decision

820 File Layout

Enrollment File Layout

CARRIER to ASES ver 4.1C\_rev.20220609

COB File Layout

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Attachment K Information Systems

PREPARED BY		
Winda J. Lorenzo Gonzalez		
(Print name)	(signature)	
(date)		06/10/2022
REVIEWED BY		
(Print name)	(signature)	(date)
APPROVED BY		
Rafael Vizcarra		
(Print name)	(signature)	(date)
		6/14/2022



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# Notice of Decision

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You can get this notice in English, or in another way that's best for you. Call us at **1-787-641-4224** (TTY: 1-787-625-6955).

Usted puede obtener esta notificación en inglés, o en otro formato que sea mejor para usted. Llámenos al **1-787-641-4224** (TTY: 1-787-625-6955).

Número de caso: 32858

Fecha de la carta: 25 de mayo de 2021

Jerry Rosas Mcquire  
737 Main Street  
San Juan, PR 00901

## Notificación de Decisión - Solicitud de Beneficios Médicos

Procesamos su solicitud y determinamos la elegibilidad para los solicitantes que se muestran a continuación en el Resumen de Decisiones de Elegibilidad. Después del resumen encontrará detalles de los resultados de elegibilidad que pueden continuar en páginas adicionales. Asegúrese de leer ambos lados de cada página.

### Resumen de Decisiones de Elegibilidad

Nombre	MPI	Elegibilidad	Fecha de Efectividad	Fecha de Vencimiento
Rosas Mcquire, Jerry	96000002846	Medicaid	1 de mayo de 2021	30 de septiembre de 2021

Nombre	MPI	Código Cubierta	Tope de Copagos	MCO/MAO
Rosas Mcquire, Jerry	96000002846	100	0.00	MEN

MCO	FMH = First Medical Health Plan, MEN = Plan de Salud Menonita, MMH = MMM Multi Health, MOL = Molina Health Care, TSS = Triple-S Salud
MAO	HUM = Humana Health Plans, MCS = MCS Advantage, MMM = Medicare y Mucho Mas, TSA = Triple-S Advantage

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## Cómo Tomamos Nuestras Decisiones de Elegibilidad

Utilizando la información proporcionada en su solicitud, determinamos el tamaño del núcleo familiar y los ingresos de cada persona que se muestra en el Resumen de Decisiones de Elegibilidad. Se utilizó la información de cada persona con el propósito de corroborar si cumplía con los criterios para los programas de cubierta de salud y se determinó a qué categoría pertenecen. Los ingresos fueron verificados para determinar si estaban dentro de los límites de la categoría correspondiente con los siguientes resultados:

---

Debido a la actual emergencia de salud pública, Rosas Mcquire, Jerry: determinamos que el tamaño de su núcleo familiar "Medicaid" es 1 y su ingreso "Medicaid" es \$0.00 por mes. El límite de ingresos "Medicaid" para este tamaño de núcleo familiar es \$1,247.00 por mes, por lo tanto, Jerry es elegible para la cubierta "Medicaid" desde 1 de mayo de 2021 a 30 de septiembre de 2021. Para copagos, contamos el tamaño de su núcleo familiar MAGI de 1 y un ingreso MAGI de \$0.00 por mes, lo que resulta en un código de cubierta de 100

## Uso de Su Cubierta de Beneficios Médicos

El/Los individuo(s) mostrado(s) anteriormente como elegible(s) puede(n) recibir servicios de salud de los proveedores de servicios médicos que acepten el plan de la compañía de seguros (MCO o MAO) bajo el cual está cubierto. La aseguradora le proveerá un Manual de Beneficiario donde explica en detalle cómo acceder a los servicios médicos.

El/Los nuevo(s) beneficiario(s) recibirá(n) de su compañía aseguradora una tarjeta de identificación para cada beneficiario. Mientras espera su tarjeta de identificación, cada persona puede acceder a servicios de salud utilizando su MPI, como se muestra arriba en el Resumen de Decisiones de Elegibilidad, o mostrándole al proveedor de servicios médicos una copia de esta notificación.

Si esta notificación es el resultado de una reevaluación debido a un cambio notificado que afecte su cubierta de beneficios, el/los beneficiario(s) recibirá(n) una nueva tarjeta de identificación.

## Servicios y Costos de Salud

Los beneficiarios elegibles pueden obtener servicios de salud a través de sus compañías de seguros, como visitas al médico, atención hospitalaria y recetas médicas. No se deben pagar primas (costos mensuales) por esta cobertura de salud. Usted puede tener copagos para algunos servicios. Pero hay un límite a los posibles costos cada trimestre para aquellas personas elegibles bajo Medicaid o CHIP. La cantidad que cada persona puede pagar por copagos y el límite de costos trimestrales dependen del tamaño del núcleo familiar y de los ingresos calculados para determinar la elegibilidad de la persona. Hay más detalles sobre copagos y los topes de copago al final de esta sección. La compañía de seguros enviará para cada persona información más detallada sobre los servicios de salud y copagos.

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Si no está de acuerdo con las decisiones reportadas en esta notificación, como el cálculo del tamaño del núcleo familiar o los ingresos de cualquier persona en esta notificación y cree que afecta la elegibilidad o el nivel de copagos, puede apelar. Consulte la sección al final de esta notificación para obtener más información sobre el proceso y los plazos para las apelaciones.

**Copagos:** Los copagos que se pueden cobrar por los servicios se basan en el ingreso MAGI y el tamaño del núcleo familiar MAGI para cualquier persona elegible como Medicaid o CHIP. Para cualquier persona elegible bajo el Programa Estatal, los cálculos se basan en los cálculos del Programa Estatal de ingreso y tamaño del núcleo familiar.

**Tope de Copagos:** (1) las regulaciones federales establecen que las personas elegibles para Medicaid o CHIP tienen un tope en los copagos totales que están obligados a hacer. (2) El límite es del 5% por trimestre, basado en el Ingreso MAGI tamaño del núcleo familiar MAGI del Individuo y para alcanzar el tope, los copagos pagados durante un trimestre por cada beneficiario en el núcleo familiar del Individuo que es Medicaid o CHIP se suman. Los trimestres se determinan a partir de la fecha de elegibilidad inicial del individuo. (3) Si, en el transcurso de un período de elegibilidad para Medicaid o CHIP, un beneficiario de Medicaid o CHIP cree que los copagos en un trimestre se han pagado por encima del tope, puede presentar una Solicitud de Reembolso de Copagos, que será evaluada por la Administración de Seguros de Salud de Puerto Rico (ASES). (4) La información sobre el Proceso de Reembolso y sobre la Solicitud está disponible en las oficinas locales del Programa Medicaid, en el sitio web del Programa de Medicaid (<https://www.medicaid.pr.gov/>) y en el sitio web de ASES (<http://www.ases.pr.gov/>). (5) La regla federal que exige límites máximos en copagos no se aplica a nadie que sea elegible bajo el Programa Estatal.

## Debe Reportar Cambios

Debe notificar cualquier cambio que pueda afectar su cubierta de salud. Favor de reportar sus cambios y los de otras personas en su núcleo familiar, tales como:

- Si alguien se muda.
- Si los ingresos de alguien cambian.
- Si la composición de su hogar cambia.

Por ejemplo, alguien en su núcleo familiar se casa o se divorcia, queda embarazada, tiene o adopta un hijo.

Para reportar los cambios, llámenos al **1-787-641-4224** (TTY: 1-787-625-6955) o acceda a **[www.medicaid.pr.gov](http://www.medicaid.pr.gov)**.

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## Si No Está de Acuerdo con las Decisiones Informadas en Esta Notificación

Puede apelar nuestras decisiones sobre su cubierta médica. Por ejemplo, puede apelar si está en desacuerdo con la determinación del tamaño del núcleo familiar, los ingresos, la ciudadanía, el estatus migratorio o el domicilio de cualquiera persona. También puede apelar qué tipo de cubierta de salud (Medicaid, CHIP o Estatal) se le otorgó o denegó, o el nivel de costo compartido (deducibles, copagos) requerido, basado en el código de cubierta.

Si tiene una necesidad urgente de atención médica, puede solicitar una apelación expedita (más rápida) para una pronta respuesta. Una necesidad urgente de atención de salud se define como una que podría resultar en un grave daño a la salud de la persona interesada si no se trata pronto. Si solicita una apelación expedita, es posible que deba proporcionar documentación de la necesidad de atención médica urgente.

Para solicitar una apelación, debe presentar la apelación por escrito dentro de los 30 días contados a partir de la fecha de esta notificación (que se encuentra en la parte superior de esta notificación).

La solicitud de apelación se puede hacer: 1) en persona en cualquier oficina local del Programa Medicaid de Puerto Rico; 2) por correo a la siguiente dirección – Programa Medicaid de Puerto Rico, Departamento de Salud, P.O. Box 70184, San Juan, PR 00936-8184; 3) por fax (Fax) a – (787) 759-8361. El plazo que tiene para presentar una apelación expira el 24 de junio de 2021. La determinación en esta notificación será definitiva si usted no apela dentro del plazo de 30 días.

Una vez que solicite una apelación, trataremos de solucionar el desacuerdo por teléfono o personalmente. Si una llamada telefónica o una reunión no solucionan el asunto, usted tiene derecho a una audiencia justa.

Una audiencia es una reunión entre usted, personal del Programa Medicaid de Puerto Rico y un oficial de audiencias. En la audiencia puede explicar por qué no está de acuerdo con la decisión.

Para prepararse para su audiencia, puede:

- Solicitar una copia de su expediente antes de la audiencia.
- Traiga a alguien con usted a la audiencia, como un amigo, pariente o abogado, o venga solo.
- Traiga documentos, información o testigos para explicar su desacuerdo con la decisión.

Si una persona tiene cubierta de salud, y la decisión en esta notificación la elimina o la reduce, puede conservarla durante el periodo de apelación, siempre que la solicitud de apelación se realice dentro de los primeros 10 días a partir del recibo de esta notificación.

Decidiremos su apelación dentro de los 90 días de su solicitud.

Sinceramente,  
Programa Medicaid de Puerto Rico  
Departamento de Salud de PR  
P.O. Box 70184  
San Juan, PR 00936-8184



Siempre mantendremos su información segura y privada.

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# Coordination Of Benefits (COB)

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# ASES COB Data Submissions

## File Layout

### Version 1.8.2

March 31, 2020



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## 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. 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 as 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



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

<u>Value</u>	<u>Field</u>
P.R.	[ P.R. ]
José Rivera	[ José Rivera ]
blanks	[ ]

### 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 – **ccyyymmms.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



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Files are always dated for the month being reported. For example, when sending coverage information in September 2013 the **yyymm** 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 – **Ccyyymmdds-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.

*Handwritten signature*



*Handwritten signature: EMR*



**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	MMDDYYYY	Required.
4	PROCESS_BEG_DATE	Identify the initial date that reflects the total time covered by the reported data.	11	8	MMDDYYYY	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. Must be left justified, blank filled to the right.
7	POLICY_NUMBER	Policy or Contract number.	42	20	Required.	
8	POLICY_EFFECTIVE_DATE	Start Date of Covered Individual's Primary Coverage by Insurer.	62	8	MMDDYYYY	Required.
9	POLICY_TERMINATION_DATE	End Date of Covered Individual's Primary Coverage.	70	8	MMDDYYYY	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 I) 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 the 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	MMDDYYYY	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	(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



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## ERROR COB OUTPUT FILE - COB Error

# Field	Field	Record Fields	Position	Size	Notes	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	FILLER	87	1	*	End of Record Filler
			88			

\*\*\* All are Text Fields

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# ATTACHMENTS

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**ATTACHMENT I - INSURER CODES**

<b>CODE</b>	<b>Insurer</b>
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.

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**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

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## 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	MASSACHUSETTS 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.

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**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.

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# 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

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**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

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**ATTACHMENT I - INSURER CODES**

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

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## 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

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**ATTACHMENT III – TRANSMITTAL SHEET**

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NOMBRE DE ASEGURADORA  
HOJA DE TRAMITE ARCHIVOS COB  
ENVIO DE ARCHIVOS

FECHA DE ENVIO:

ENVIADO A: [ASES\\_COB@asespr.org](mailto:ASES_COB@asespr.org)

ENVIADO POR:

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

PARA USO DE ASES

FECHA: / /

RECIBIDO EN ASES POR:

\*\*\*\*\*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.



*EMR*

**ATTACHMENT IV – ERROR CODES**

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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

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# CARRIER to ASES ver 4.1C\_rev.20220609

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# Carrier to ASES Data Submissions

## New File Layouts

### Version 4.1C

June 7, 2022



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*AB*

MedInsight@asespr.org

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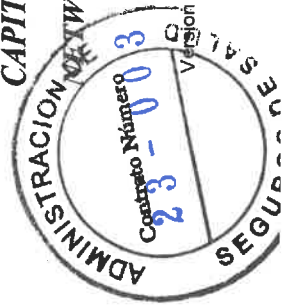
*Handwritten signature: E.M.R.*

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**Carrier to ASES Data Submissions**  
**File Layouts**

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**Carrier to ASES Data Submissions**  
**File Layouts**

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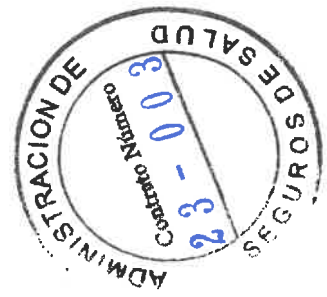
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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**Carrier to ASES Data Submissions**  
**File Layouts**

**Version Changes**

**Version 3.0A**

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

**CAPITATION Input File Layout**

CAPITATION TYPE field was modified.

**PROVIDER Input File Layout**

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

**CLAIMSERVICES Input File Layout - Added**

New fields added to the layout.

**Data Validation and Auditing Change**

New section regarding data validation and auditing added.

**Version 3.0A rev3**

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

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

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

**CLAIMSERVICES Input File Layout**

PLAN TYPE field and PLAN VERSION LIST were modified.

**Version 3.0A rev4**

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



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**Carrier to ASES Data Submissions**  
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**Version 3.0A rev5**

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

**Version 4.0B**

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

**Version 4.0C**

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

**Version 4.1C**

Descriptions and/or validation rules were added to the CLAIMSERVICES and Capitation Input File Layouts, to the Plan Type related fields, applicable to Government Employee Carriers.  
ATTACHMENT IV - PLACE OF SERVICE CODES – updated  
ATTACHMENT VI – PLAN VERSION LIST – updated  
IPA Code Deliverable Data Format at IPA, CAPITATION and NETWORK Input File Layouts were changed.  
Specialty and Specialty Code fields at NETWORK Input File Layouts were changed.



Carrier to ASES Data Submissions  
File Layouts

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## Introduction

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

## Claims Transaction Handling

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

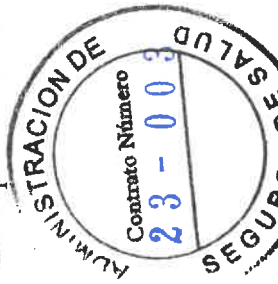
### Paid or Denied FFS Claims

Individual service lines are adjusted or reversed at the line level with additional adjustment services marked with a claim line status code of 'A' or 'R', while the original claim has a status code of 'P' for paid, 'D' for denied claims, or 'E' for encounter claims. The adjusted or reversed service:

- must include the claim id of the original claim to be adjusted or reversed, at the field named Original Claim Id Number, and
- may have the same claim ID and line number or a different claim ID and line number.

### Encounter Claims

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



## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

On the other hand, if an encounter needs to be submitted as a Fee For Service claim the carrier must:

- reverse the original service, by submitting the reversal with a claim line status code of 'R' and the same values as the original claim for the following fields: claim ID, service line number and Original Claim Id Number
- submit a new Fee for Service claim record, that may have the same claim ID and line number or a different claim ID and line number.

### Provider, IPA and Network Files

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

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

The Provider and Network files must include:

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

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

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



Carrier to ASES Data Submissions  
File Layouts

*EMK*



## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

For pharmacy claims only

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

### Capitation Files

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

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

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

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

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

### Capitation Adjustments

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



Carrier to ASES Data Submissions  
File Layouts

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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

### Data Validation and Audit Process

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

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

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

### Claims, Capitation and Encounter Lag Reports

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



Carrier to ASES Data Submissions  
File Layouts

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Last Update: June 7, 2022

Version 4.1C

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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

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

CLAIMLAG\_cyyymm.xls(x)

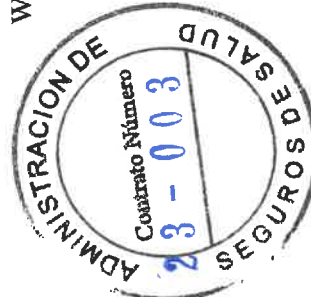
Where:

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

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

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

Carrier to ASES Data Submissions  
File Layouts



## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

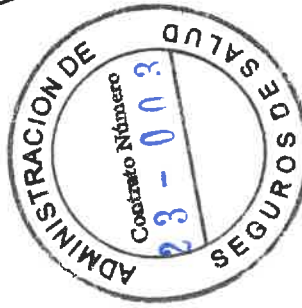
Pharmacy	East	201801	201801	686.89
Pharmacy	South	201801	201802	2,342.22
Dental	North	201801	201803	780,989.16
...	...	...	...	...

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

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

CAPLAG\_ccyyymm.xls(x)

Where:



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

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

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

Carrier to ASES Data Submissions  
File Layouts

# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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

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

ENCOUNTERLAG\_ccyyymm.xls(x)

Where:

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



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

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

Carrier to ASES Data Submissions  
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## Primary Carrier ID

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

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

## General Notes on Field Level Requirements

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

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

\$1.23 will be coded as	000000123
\$100.00 will be coded as	000010000

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



Carrier to ASES Data Submissions  
File Layouts

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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

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

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

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

Value	Field
12.50	000001250
101	000010100
1,234.56	000123456
1,000,000	100000000
-1,234.56	-00123456



Carrier to ASES Data Submissions  
File Layouts

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## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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

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

### Data File Naming Conventions

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

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

The general format of file names will be --

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



Carrier to ASES Data Submissions  
 File Layouts

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Character 4-5    yy    =    Last two digits of year  
 Characters 6-7    mm    =    Month  
 Character 8    s    =    sequence number of file submission.

All submission start with s = 0 and continue in numeric if files are re-submitted to 9  
 If files must be re-submitted beyond 9, then alphabetic characters will be used a, b, c ...

Character 9    Always “.”

Characters 10-12    Extension code identifying type of file  
 CLM    for    CLAIMSERVICES  
 PRV    for    PROVIDERS  
 IPA    for    IPA  
 CAP    for    CAPITATIONS  
 NET    for    NETWORK

Characters 13-16    .zip    =    Extension code identifying a compressed file

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

Examples of completing this naming convention are --

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

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

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

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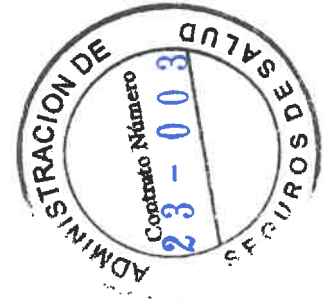


Carrier to ASES Data Submissions  
 File Layouts

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
CLAIMSERVICES INPUT FILE LAYOUT**

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



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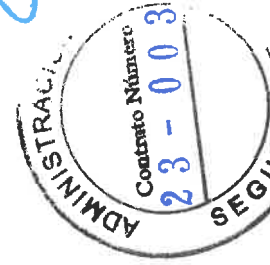
*ASB*

# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
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 07 = Commercial non-Law 95 08 = Advantage non-Law 95 09 = LAW 95 Pensioned Police	XX	Required Must equal "01", "02", "03", "04", "05", "06", "09" 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 Government Employee Carrier ID for ELA-GHP ("ELA Puros"). Values of "07" or "08" must correspond to carrier, which is not plan type "01", "06" or "09". Value "09" must correspond to government employee carrier ID for Pensioned Police.
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", "06" and "09" (Government Employee) Not required for Plan Type "01", "02", or "03".
5	claim_id	Claim ID	Unique identification number within Carrier for the claim.	X(20)	Required Left justified, blank filled to 20 characters if value is less than 20 characters.

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File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

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

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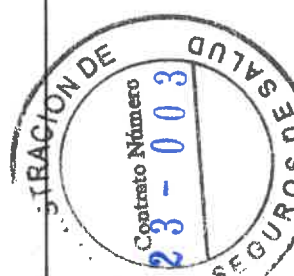
Carrier to ASES Data Submissions File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

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

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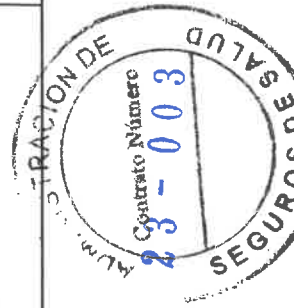
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

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

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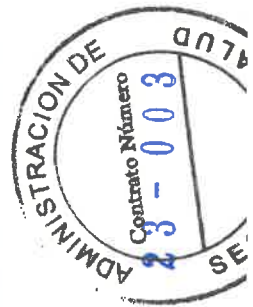
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
29	municipality_res	Municipality Residence	Municipality of residence of member. See Municipality Codes in Attachment I.	XXXX	Required Must be a valid ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code
30	municipality_code	Municipality Service	Municipality in which services are provided based on provider address. See municipality Codes in Attachment I.	XXXX	Required Must be a valid ASES Municipality Code All numeric, right justified, zero filled. For outside of Puerto Rico, code 0666 is included in the list of Municipality Codes.
31	drg_code	DRG Code	Diagnosis Related Group Code	XXXX	Must be a valid DRG Code
32	drg_type	DRG Type Code	DRG Type Code, representing the type of DRG Code submitted on the claim.	X	Required when DRG is provided. Must be one of the following: 1= MS DRG 2= CMS DRG 3= AP DRG 4= APR DRG
33	drg_outlier_amt	DRG Outlier Amount	Additional amount paid by carrier on a claim that is associated with either a cost outlier or length of stay outlier.	S9(7)v99	For claims submitted on Uniform Bill (UB) claim form. Must be zero for encounters. Must be zero for Services with Payment Status of "D". On non-UB claims must be blank.
34	drg_re_weight	Relative DRG Weight	Indicates the relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year.	X(6)	If populated, must be a valid weight without any decimal points. Left justified, blank filled. A DRG weight of 2.397 should be reported as 2397.

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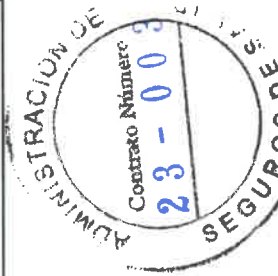
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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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



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**CLAIMSERVICES INPUT FILE LAYOUT**

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

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Carrier to ASES Data Submissions  
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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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

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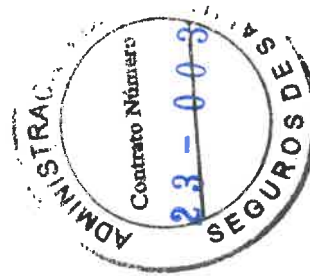
**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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**CLAIMSERVICES INPUT FILE LAYOUT**

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



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



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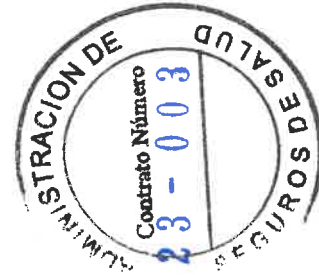
**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

#	Field	Name	Description	Deliverable Data Format	Validation Rules
72	primary_carrier_id	Primary Carrier ID	Value that identifies the primary carrier providing service to the patient. May be the same as the carrier_id field or another carrier as a sub-contractor – a MBHO, Vision, or Dental plan. See Carrier ID List in Attachment II	XX	Required Must be two (2) digits (alpha-numeric). Must equal a valid Carrier ID as assigned by ASES if one has been assigned.  If sub-contracted entity does not have a carrier code assigned by ASES, the following default codes may be used to represent the type of sub-contracted entity is the primary carrier: MB – Mental Health VS – Vision DN – Dental OT – Other/Unknown Carrier Type
73	pos_code	Place of Service	Place of Service Code identifying the place in which the service is delivered. See POS Code List in Attachment IV	XX	Required Must be a valid Place of service Code.
74	cob_code	COB Code	Identify if the beneficiary has other Health Insurance for this service. "Y" if member has other health insurance. "N" otherwise.	X	Required Must be "Y" or "N"
75	amt_billed	Billed Amount	For non-Pharmacy Cost of service as billed by the provider.	S9(7)v99	Required for non-Pharmacy claims. Must be a number on all non-pharmacy records. Cannot be left blank for non-pharmacy.

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

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#	Field	Name	Description	Deliverable Data Format	Validation Rules
81	amt_paid	Paid Amount	Amount paid by carrier for this service	S9(7)v99	<p>Required Must be zero for encounters Must be zero for Services with Payment Status of "D" For Services with sv_stat = "P" (Payment Status = Paid) one of the following calculations must be valid within a record –</p> <p>For non-Pharmacy: amt_paid = amt_allowed - deduct - copay - cob - coins For Pharmacy: amt_paid = rx_ingr_cost - deduct - copay - cob - coins + rx_disp_fee</p> <p>For Plan Type "02", "03", "04", "05", "06", "09" only - amt_paid may be zero if the appropriate calculation above results in 0.00.</p> <p>For Plan Type "01" the amt_paid must be greater than zero.</p>
82	enc_proxy_price	Encounter Proxy Price	This field shows the amount that would have been paid for this exact same service if it had been processed as a Fee For Service claim. It does not represent an actual dollar disbursement.	S9(7)v99	<p>Required on Encounter claims. On non-encounter claims, it must be blank.</p>

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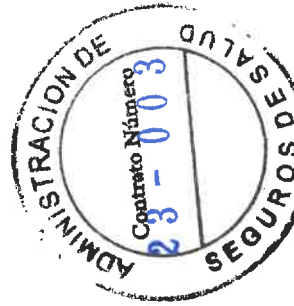
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
83	rx_disc	Drug Discount	For Pharmacy only Amount Discounted at the Pharmacy This is the discount given from AWP to get the Ingredient Cost When drug is paid from a MAC list the discount amount will be Zero (0) This field does not form part of the calculation to get Amount Paid but can be used with Ingredient Cost to work back to AWP.	S9(7)v99	Required on Pharmacy claims. On non-Pharmacy claims must be blank.
84	rx_ingr_cost	Ingredient Cost	For Pharmacy only. Cost of ingredient(s) dispensed for this Service.	S9(7)v99	Required on Pharmacy claims. Must be greater than zero. On non-Pharmacy claims must be blank.
85	rx_disp_fee	Dispensing Fee	For Pharmacy only. Dispensing fee charged by pharmacy.	S9(7)v99	Required on Pharmacy claims. Must be a number On non-Pharmacy claims must be blank.
86	rx_total_disp	Total Quantity Dispensed	For Pharmacy only. Total quantity of drug dispensed by pharmacy.	S9(7)v99	Required on Pharmacy claims. For non-Pharmacy claims must be blank. May include decimal point. This field is only applicable when the NDC code billed can be quantified in discrete units. Left justified, blank filled.
87	rx_days_supply	Prescription Days	For Pharmacy only. Number of days prescribed and dispensed.	999	Required on Pharmacy claims Must be greater than zero On non-Pharmacy claims must be blank.
88	rx_drug_type	Drug Type Code	For Pharmacy only. Code identifying type of drug on pharmacy claims.	XX	Required on Pharmacy claims When present it must be one of the valid codes. On non-Pharmacy claims must be blank.

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

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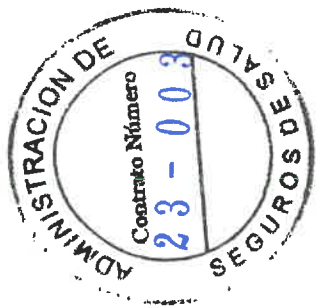


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#	Field	Name	Description	Deliverable Data Format	Validation Rules
92	compound_dosage_form	Compound Dosage Form	<p>For Pharmacy only. Indicates the Dosage form of the complete compound mixture.</p> <p>Compound code are identified as:                      01 = Capsule                      02 = Ointment                      03 = Cream                      04 = Suppository                      05 = Powder                      06 = Emulsion                      07 = Liquid                      10 = Tablet                      11 = Solution                      12 = Suspension                      13 = Lotion                      14 = Shampoo                      15 = Elixir                      16 = Syrup                      17 = Lozenge                      18 = Enema                      Blank = Not Specified</p>	XX	<p>Required on Pharmacy claims                      On non-Pharmacy claims must be blank                      All numeric, right justified, zero filled.</p>
93	compound_drug_ind	Compound Drug Indicator	<p>For Pharmacy only.                      Indicator for whether to specify if the drug is compound or not.                      Y= Drug is compound                      N= Drug is not compound</p>	X	<p>Required on Pharmacy claims.                      On non-Pharmacy claims must be blank.                      Must be "Y" or "N"</p>
94	date_prescribed	Prescription Date	<p>For Pharmacy claims, this is the date where a prescription was written for the member individual.</p>	YYYYMMDD	<p>Required on Pharmacy claims.                      Must be a valid date.                      Must be on or before Service From Date.                      For non-Pharmacy claims must be blank.</p>



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



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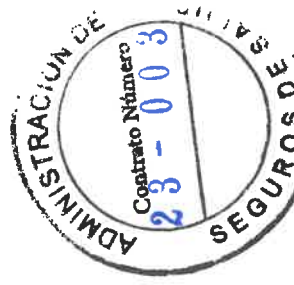
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
99	ub_dis_stat	UB Discharge Status Code	On UB-04 claims, Patient Status Code at discharge.	XX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be 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. 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" 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)	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		X	Required Must be filled "Y" or "N"
102	applied_cost	Cost Applied To		X	Required for Plan Type "02" and "03" (Medicare Platino) Must be filled and be a valid value. Not Required for Plan Type "01", "04", "05", "06", "09"



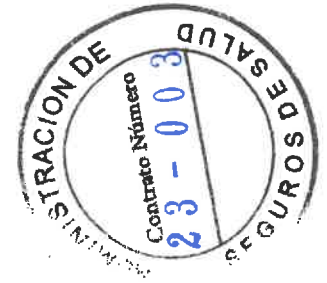
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
103	ases_split_amt	ASES Split Amount	For Medicare Platino, indicates the part of the Paid Amount allocated to ASES coverage.	S9(7)v99	Must be filled if Cost Applied To = "1" or "3" Not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

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



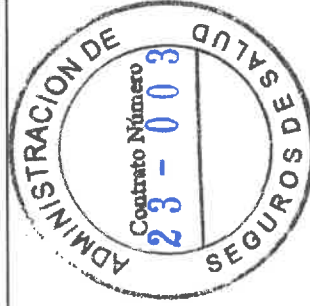
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#	Field	Name	Description	Deliverable Data Format	Validation Rules
113	adm_prov_taxonomy	Admitting Provider Taxonomy	Indicates the corresponding provider taxonomy of admitting provider, to define provider's type, classification, and area of specialization.	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	<p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p>	X	<p>Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.</p> <p>Valid values:                      "Y" = Diagnosis was present at time of inpatient admission                      "N" = Diagnosis was not present at time of inpatient admission                      "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission                      "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.</p>
122	poa_ind_3	Third Present on Admission (POA) Indicator Flag	<p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p>	X	<p>Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.</p> <p>Valid values:                      "Y" = Diagnosis was present at time of inpatient admission                      "N" = Diagnosis was not present at time of inpatient admission                      "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission                      "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.</p>



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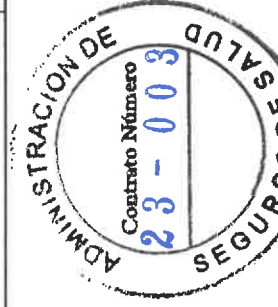
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## CLAIMSERVICES INPUT FILE LAYOUT

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

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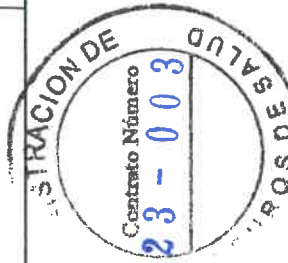
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Version 4.1C



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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

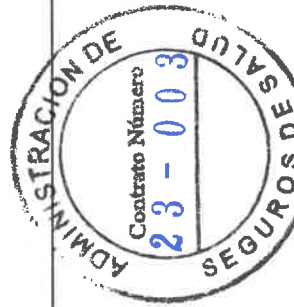


Carrier to ASES Data Submissions  
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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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



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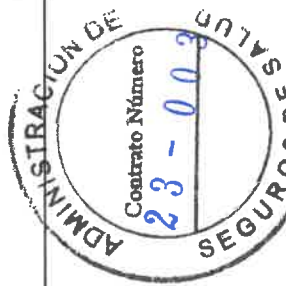


PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

#	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. 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. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.

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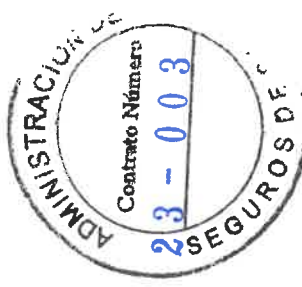
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

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

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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



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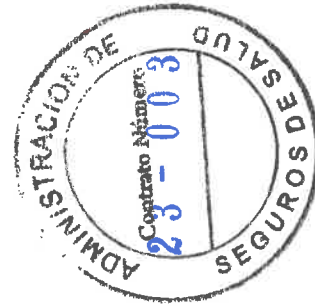
# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

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

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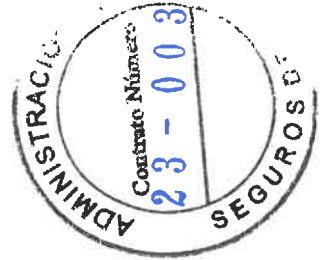
**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CLAIMSERVICES INPUT FILE LAYOUT**

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

#	Field	Description	Deliverable Data Format	Validation Rules
1	prov_carrier	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	Must be the NPI, or if none exists, may be the Tax Id.	X(20)	Required Must be left justified and blank filled to the right. If NPI is used, must be 10 digit numeric NPI. For all providers found in the CLAIMSERVICES files, must be the NPI.
3	prov_lname	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	For an individual, First Name (Nombre)	X(30)	Required for Individual providers Must be left justified, blank filled to the right
5	prov_mname	For an individual, Middle Name	X(30)	Optional Must be left justified, blank filled to the right
6	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	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	Second line of provider's physical address (if required)	X(45)	Optional Must be left justified, blank filled to the right
9	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	Provider's city	X(45)	Required Must be left justified, blank filled to the right
11	prov_state	Provider's state	X(45)	Required Must be left justified, blank filled to the right

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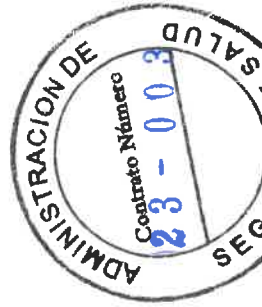
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

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



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

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





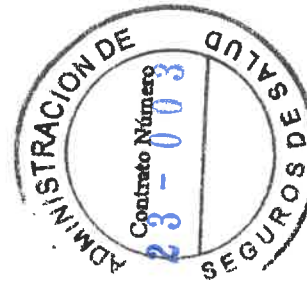
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

#	Field	Field	Description	Deliverable Data Format	Validation Rules
32	dea_number	DEA Number	DEA number	X(20)	Optional Should be supplied when available Must be left justified, blank filled to the right
33	medicare_number	Medicare Number	Medicare number	X(20)	Optional Must be left justified, blank filled to the right
34	medicaid_number	Medicaid Number	Medicaid number	X(20)	Optional Must be left justified, blank filled to the right.
35	extract_date	Extract Date	Date on which record is originally extracted from Carrier's system to create the Provider Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record
36	clia_id	CLIA Number	Indicates the Clinical Laboratory Improvement Act (CLIA) certification number for laboratory services billed by an entity performing CLIA covered procedures.  CLIA number consists of ten alphanumeric positions.	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.

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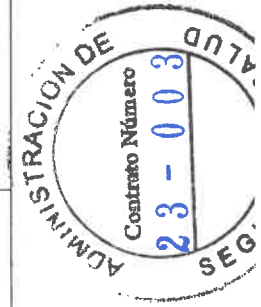
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

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

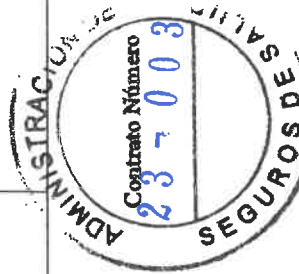




# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

#	Field	Field	Description	Deliverable Data Format	Validation Rules
42	license_type	License Type	A code to identify the kind of provider's license.  Valid values: "1" = State, county, or municipality professional or business license "2" = DEA license "3" = Professional society accreditation "4" = CLIA accreditation "5" = Other "9" = Unknown	<b>X</b>	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.	<b>X(50)</b>	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	<b>X</b>	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.	<b>YYYYMMDD</b>	Required

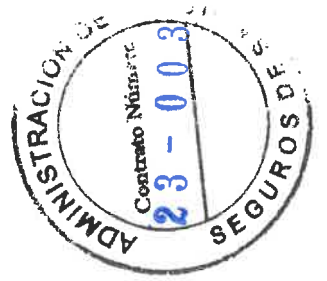


# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

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

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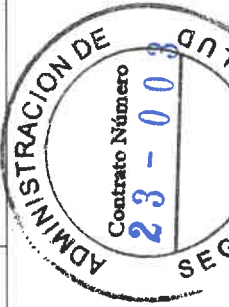
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## IPA INPUT FILE LAYOUT

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



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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**IPA INPUT FILE LAYOUT**

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

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Carrier to ASES Data Submissions  
File Layouts

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

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Carrier to ASES Data Submissions  
File Layouts

# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

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

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Carrier to ASES Data Submissions  
File Layouts

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CAPITATION INPUT FILE LAYOUT**

#	Field	Name	Description	Deliverable Data Format	Validation Rules
13	member_suffix	Member Suffix	Identifies the beneficiary within the family group. For non-governmental employees - Must be the two digit member suffix as supplied in ASES Eligibility data. For governmental employees - Must be one of the following: 01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 = Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint (Mancomunado)	99	Required Must be 2 digits (numeric)
14	cap_amt	Capitation Amount	Capitation amount paid to provider MAY BE NEGATIVE  SEE NOTES – Changes and Additions in Data File Layouts: CAPITATION AMOUNT	S9(7)v99	Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.
15	gross_cap_amt	Gross Capitation Amount	Gross Capitation amount paid to provider per MPI for all risk types. MAY BE NEGATIVE  SEE NOTES – Changes and Additions in Data File Layouts: CAPITATION AMOUNT	S9(7)v99	Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.
16	net_cap_amt	Net Capitation Amount	Net Capitation amount paid to provider per MPI for all risk types. MAY BE NEGATIVE  SEE NOTES – Changes and Additions in Data File Layouts: CAPITATION AMOUNT	S9(7)v99	Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.



Carrier to ASES Data Submissions  
File Layouts

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**CAPITATION INPUT FILE LAYOUT**

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

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Carrier to ASES Data Submissions  
File Layouts

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Last Update: June 7, 2022

Version 4.1C

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

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



Carrier to ASES Data Submissions  
File Layouts

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
1	carrier	Carrier ID	ASES assigned carrier code. Must be (2) digits (numeric)	99	Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	provider_type	Provider Type	PCP, Specialist, Dentist, X-Ray, Ancillary Services, Special Case, Laboratory, Other Facility, Hospital	X(20)	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".	X(10)	Required IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right
6	pmg_name	PMG Name	Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters	X(80)	Required
7	npi	NPI	The name or title of the primary medical group. If not applicable enter "N/A". The national provider identification number. All providers are required to have an NPI number.	X(10)	Required
8	provider_duplicate_entry	Provider Duplicate Entry	Indicate if the provider is entered multiple times in the list. A provider may be entered multiple times if the provider has more than one office location providing services. Enter a "0" for the first entry of the provider in the list. Enter an "X" for any duplicate entries of the same provider in the list.	X	Required



Carrier to ASES Data Submissions  
File Layouts

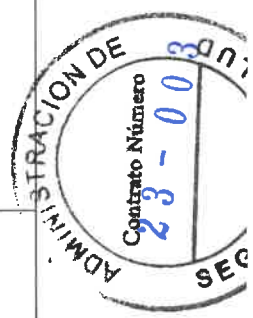
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

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

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Carrier to ASES Data Submissions  
File Layouts

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

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



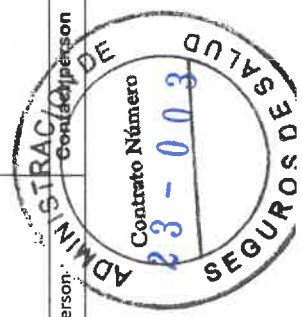
Carrier to ASES Data Submissions  
File Layouts

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules
29	phone	Phone	Provider's telephone number. <i>SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers</i>	X(20)	Required Must be left justified, blank filled to the right Must include only numbers with no spaces or (-) characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
30	fax	Fax	The primary fax number of the provider. <i>SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers</i>	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



Carrier to ASES Data Submissions  
File Layouts

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**NETWORK INPUT FILE LAYOUT**

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

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Carrier to ASES Data Submissions  
File Layouts



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENTS**

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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

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Carrier to ASES Data Submissions  
 File Layouts

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# 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	Z	0140
Humacao	E	0144
Isabela	Z	0148
Jayuya	S	0152
Juana Diaz	G	0156
Juncos	E	0160
Lajas	Z	0164
Lares	A	0168
Las Marias	Z	0172
Las Piedras	E	0176
Loiza	F	0180
Luquillo	F	0184
Manatí	A	0188
Maricao	Z	0192
Maunabo	G	0196
Mayagüez	Z	0200

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

Carrier to ASES Data Submissions  
File Layouts

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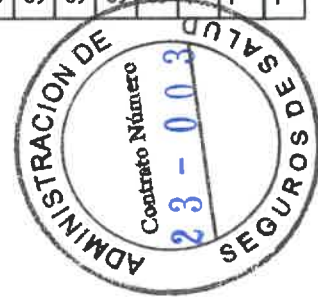
# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT I - MUNICIPALITY CODES

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

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

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Carrier to ASES Data Submissions  
File Layouts

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# 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	O	0666

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

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

NOTE: Any municipality code may appear in region SPECIAL.



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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT II - CARRIER CODES**

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT II - CARRIER CODES

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

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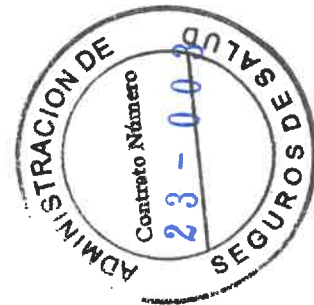
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT II - CARRIER CODES

CODE	Carrier	Type
74	Ryder Health Plan, Inc.	Government Employee
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	(discontinued) PROSSAM	Government Employee
81	Asociacion de Maestros de Puerto Rico	Government Employee
82	First Medical Health Plan, Inc.	Government Employee
83	(discontinued) APS	MBHO
84	(discontinued) APS	Government Employee
85	PMC Medicare Choice, LLC	Government Employee
86	(discontinued) Molina Healthcare of Puerto Rico, Inc.	Government Employee
87	Triple-S Advantage	Government Employee
88	(discontinued) MMM-First Plus	Government Employee
89	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

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# 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

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**ATTACHMENT III - SPECIALTY CODES**

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

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

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT III - SPECIALTY CODES**

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

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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT III - SPECIALTY CODES**

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
Z4	Cardiovascular Surgery Program

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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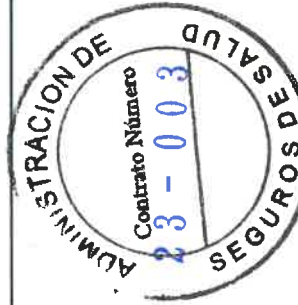
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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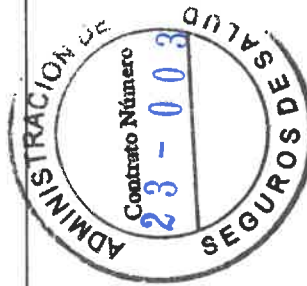


# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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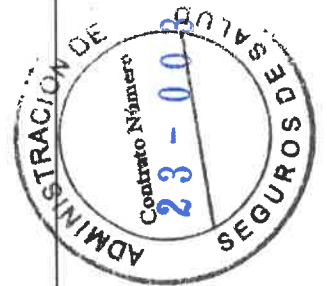
# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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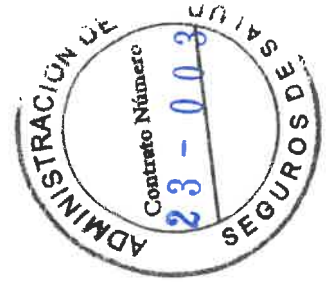
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

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

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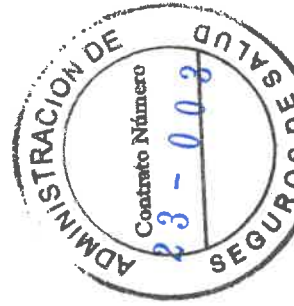
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT V - PROVIDER TYPE CODES

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

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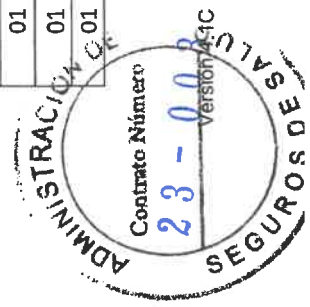
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT VI – PLAN VERSION LIST

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
01	09	100				Plan Vital
01	09	110				Plan Vital
01	09	120				Plan Vital
01	09	130				Plan Vital
01	09	220				Plan Vital
01	09	230				Plan Vital
01	09	300				Plan Vital
01	09	310				Plan Vital
01	09	320				Plan Vital
01	09	330				Plan Vital
01	09	970				Plan Vital
01	10	100				Encarcelados
01	10	110				Plan Vital
01	10	120				Plan Vital
01	10	130				Plan Vital
01	10	220				Plan Vital
01	10	230				Plan Vital
01	10	300				Plan Vital
01	10	310				Plan Vital
01	10	320				Plan Vital
01	10	330				Plan Vital
01	10	970				Encarcelados
01	12	100				Plan Vital
01	12	110				Plan Vital
01	12	120				Plan Vital
01	12	130				Plan Vital
01	12	220				Plan Vital
01	12	230				Plan Vital
01	12	300				Plan Vital
01	12	310				Plan Vital
01	12	320				Plan Vital

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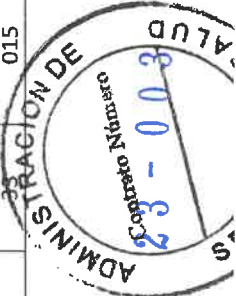


# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
01	12	330				Plan Vital
01	12	970				Encarcelados
01	13	100				Plan Vital
01	13	110				Plan Vital
01	13	120				Plan Vital
01	13	130				Plan Vital
01	13	220				Plan Vital
01	13	230				Plan Vital
01	13	300				Plan Vital
01	13	310				Plan Vital
01	13	320				Plan Vital
01	13	330				Plan Vital
01	13	970				Encarcelados
02	29	004				Medicare Platino - MA-SNP
02	29	005				Medicare Platino - MA-SNP
02	29	014				Medicare Platino - MA-SNP
02	29	015				Medicare Platino - MA-SNP
02	29	017				Medicare Platino - MA-SNP
02	29	018				Medicare Platino - MA-SNP
02	29	019				Medicare Platino - MA-SNP
02	29	020				Medicare Platino - MA-SNP
02	29	023				Medicare Platino - MA-SNP
02	29	024				Medicare Platino - MA-SNP
02	29	025				Medicare Platino - MA-SNP
02	29	026				Medicare Platino - MA-SNP
02	33	005				Medicare Platino - MA-SNP
02	33	006				Medicare Platino - MA-SNP
02	33	007				Medicare Platino - MA-SNP
02	33	008				Medicare Platino - MA-SNP
02	33	009				Medicare Platino - MA-SNP
02	33	010				Medicare Platino - MA-SNP
02	33	015				Medicare Platino - MA-SNP

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Carrier to ASES Data Submissions  
File Layouts

# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

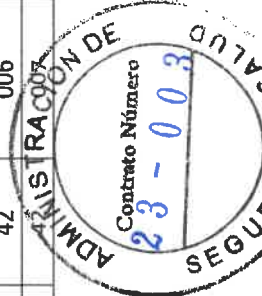
Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
02	33	016				Medicare Platino - MA-SNP
02	33	017				Medicare Platino - MA-SNP
02	33	018				Medicare Platino - MA-SNP
02	33	019				Medicare Platino - MA-SNP
02	33	020				Medicare Platino - MA-SNP
02	34	003				Medicare Platino - MA-SNP
02	34	004				Medicare Platino - MA-SNP
02	34	011				Medicare Platino - MA-SNP
02	34	012				Medicare Platino - MA-SNP
02	34	029				Medicare Platino - MA-SNP
02	34	030				Medicare Platino - MA-SNP
02	34	031				Medicare Platino - MA-SNP
02	34	032				Medicare Platino - MA-SNP
02	34	035				Medicare Platino - MA-SNP
02	34	036				Medicare Platino - MA-SNP
02	34	043				Medicare Platino - MA-SNP
02	34	044				Medicare Platino - MA-SNP
02	34	045				Medicare Platino - MA-SNP
02	34	046				Medicare Platino - MA-SNP
02	34	047				Medicare Platino - MA-SNP
02	34	048				Medicare Platino - MA-SNP
02	34	049				Medicare Platino - MA-SNP
02	34	050				Medicare Platino - MA-SNP
02	34	051				Medicare Platino - MA-SNP
02	34	052				Medicare Platino - MA-SNP
02	34	053				Medicare Platino - MA-SNP
02	34	054				Medicare Platino - MA-SNP
02	34	055				Medicare Platino - MA-SNP
02	34	056				Medicare Platino - MA-SNP
02	42	005				Medicare Platino - MA-SNP
02	42	006				Medicare Platino - MA-SNP
02	42	007				Medicare Platino - MA-SNP

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Carrier to ASES Data Submissions  
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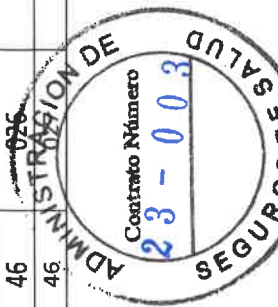


# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan_ACT	Plan Version Access	Plan Detail
02	42	008				Medicare Platino - MA-SNP
02	42	013				Medicare Platino - MA-SNP
02	42	014				Medicare Platino - MA-SNP
02	42	015				Medicare Platino - MA-SNP
02	42	016				Medicare Platino - MA-SNP
02	42	017				Medicare Platino - MA-SNP
02	42	018				Medicare Platino - MA-SNP
02	42	019				Medicare Platino - MA-SNP
02	42	020				Medicare Platino - MA-SNP
02	42	021				Medicare Platino - MA-SNP
02	42	022				Medicare Platino - MA-SNP
02	42	023				Medicare Platino - MA-SNP
02	42	024				Medicare Platino - MA-SNP
02	46	003				Medicare Platino - MA-SNP
02	46	004				Medicare Platino - MA-SNP
02	46	005				Medicare Platino - MA-SNP
02	46	006				Medicare Platino - MA-SNP
02	46	007				Medicare Platino - MA-SNP
02	46	008				Medicare Platino - MA-SNP
02	46	011				Medicare Platino - MA-SNP
02	46	012				Medicare Platino - MA-SNP
02	46	013				Medicare Platino - MA-SNP
02	46	014				Medicare Platino - MA-SNP
02	46	015				Medicare Platino - MA-SNP
02	46	016				Medicare Platino - MA-SNP
02	46	017				Medicare Platino - MA-SNP
02	46	018				Medicare Platino - MA-SNP
02	46	019				Medicare Platino - MA-SNP
02	46	020				Medicare Platino - MA-SNP
02	46	025				Medicare Platino - MA-SNP
02	46	026				Medicare Platino - MA-SNP
02	46					Medicare Platino - MA-SNP

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Carrier to ASES Data Submissions  
File Layouts



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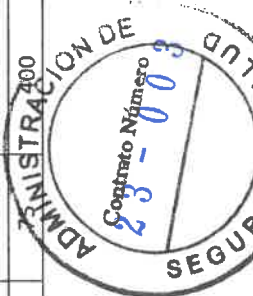
# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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Carrier to ASES Data Submissions  
File Layouts

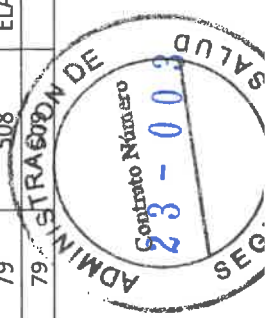
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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Carrier to ASES Data Submissions  
File Layouts

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Plan Type	Carrier Id	Plan Version	Plan Version Description	Plan Act	Plan Version Access	Plan Detail
05	79	510	ELA TE AYUDA OSS-PDS	Regular	HMO	
05	79	511	ELA MAXIMO OSS-PDS	Regular	HMO	
04	80	401	Oro	Regular	MCO	
04	80	402	Plata	Regular	MCO	
04	80	403	Bronce	Regular	MCO	
04	80	404	Rubi	Regular	MCO	
04	80	405	Diamante	Regular	MCO	
04	80	406	Complementaria de Medicare	Regular	MCO	
04	80	407	Mandatoria	Regular	MCO	
04	80	408	Alterno 1	Regular	MCO	
04	80	409	Alterno 2	Regular	MCO	
04	80	410	Mandatorio ULTRA	Regular	MCO	
04	80	411	Alternativa 1 MAX	Regular	MCO	
04	80	412	Alternativa 2 FIT	Regular	MCO	
04	82	403	Bronce	Regular	MCO	
04	82	404	Alternativa 1 Premium ELA RUBI	Regular	MCO	
04	82	405	Diamante	Regular	MCO	
04	82	406	Complementaria de Medicare	Regular	MCO	
04	82	407	Alternativa 2 Classic ELA RUBI	Regular	MCO	
04	82	408	Alterno 1	Regular	MCO	
04	82	409	Alterno 2	Regular	MCO	
06	82	400	Coverage 400 (ELA)	Regular	HMO	
09	82	400	Coverage 400 (ELA)	Retired Policemen	HMO	
05	87	501	Oro	Regular	HMO	
05	87	502	Plata	Regular	HMO	
05	87	503	Bronce	Regular	PPO	
05	87	504	Rubi	Regular	HMO	
05	87	505	ELA Royal	Auto-Enrollment	HMO	
05	87	506	ELA Óptimo	Auto-Enrollment	HMO	
05	87	507	ELA Royal Plus	Auto-Enrollment	HMO	
05	87	508	ELA Titán	Auto-Enrollment	HMO	
05	87	509	ELA Óptimo Plus	Auto-Enrollment	HMO	

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Carrier to ASES Data Submissions  
File Layouts

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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

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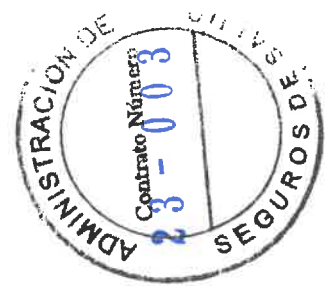
Carrier to ASES Data Submissions  
File Layouts

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT VII – CAPITATION TYPE LIST**

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

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Carrier to ASES Data Submissions  
File Layouts

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

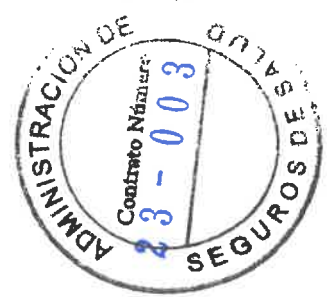
**ATTACHMENT VIII - HOUR CODES**

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

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

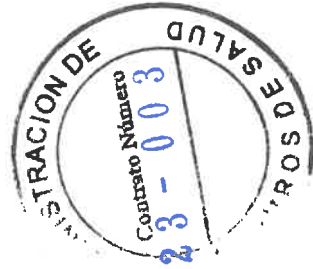
Carrier to ASES Data Submissions  
File Layouts

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION



Carrier to ASES Data Submissions  
File Layouts

# Enrollment Record Layout

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# Enrollment Record Layout Migracion 20181130

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**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 Migration Project. MAGI project changes 7/2017. MMIS/NMCI changes 1/29 - 4/1/2018. ASES New Health Model changes eff 11/1/2018**

<b>Member Record</b>				
<b>Record Fields</b>	<b>Position</b>	<b>Size</b>	<b>Required/O ptional</b>	<b>Notes</b>
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' = Disenrollment
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	<b>NPI number</b>
PCP1_EFFECTIVE_DATE	81	8	R	MMDDYYYY
PCP2	89	15	O	<b>NPI number</b>
PCP2_EFFECTIVE_DATE	104	8	O	MMDDYYYY, If PCP2 has the NPI number
FAMILY_PRIMARY_CENTER	112	4		
PMG_tax_ID_eff_dt	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	<b>If it is Medicare, the MBI number will be included</b> "A" = Accepted; "M" = MA Retroactive; "R" = Rejected; "X" = Deleted, ASES Field
Reject Identifier	139	1	R	YYYYMMDD999999, ASES Field
Record Key	140	14	R	Indicates error (see error code table), 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

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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	25	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.

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Response Type Code	Response Type
BF	Blank Field Error
IC	Invalid Content Error
CIC	Conditionally Invalid Content
RIC	Relative Invalid Content
DR	Duplicate Records
CAI	Contextual Applicability Issue
HEA	Historical Enrollment Acknowledgement

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*EMR*



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

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# Enrollment Validation Response Codes Table 20200405\_tran\_id

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Transaction Id Codes	Data Source	Transaction Id Type
E	MO	New or Immediate Enrollment
	MA	
C	MO	Prospective Enrollment
	JC	
	CO	
	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	

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# Enrollment Validation Response Codes Table 20200405\_SpecialEnroll

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

Any

Not T

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# Enrollment Validation Response Codes Table 20200405\_DataSource

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

Any

MO, JC, CO

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# Enrollment Validation Response Codes Table 20200405\_Sysprem

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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

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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

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# \*.820 Premium Payment File Layout

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

4010A1		5010		ASES 820		Req./Rec. Values
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	
Interchange Control Header	R					
Authorization Information Qualifier	R	ID	2/2			
Authorization Information	R	AN	10/10			
Security Information Qualifier	R	ID	2/2			
Security Information	R	AN	10/10			
Interchange ID Qualifier	R	ID	2/2			
Interchange Sender ID	R	AN	15/15			
Interchange ID Qualifier	R	ID	2/2			
Interchange Receiver ID	R	AN	15/15			
Interchange Date	R	DT	6/6			
Interchange Time	R	TM	4/4			
Repetition Separator	R	ID	1/1			^
Interchange Control Version Number	R	ID	5/5			00501
Interchange Control Number	R	NO	9/9			
Acknowledgment Requested	R	ID	1/1			
Production Data	R	ID	1/1			P, T
Component Element Separator	R	ID	1/1			I
Functional Group Header	R					
Functional Identifier Code	R	ID	2/2			
Application Sender's Code	R	AN	2/15			
Application Receiver's Code	R	AN	2/15			
Date	R	DT	8/8			
Time	R	TM	4/8			

4010A1		5010		ASES 820		Req./Rec. Values
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	
Interchange Control Header	R					
Authorization Information Qualifier	R	ID	2/2			
Authorization Information	R	AN	10/10			
Security Information Qualifier	R	ID	2/2			
Security Information	R	AN	10/10			
Interchange ID Qualifier	R	ID	2/2			
Interchange Sender ID	R	AN	15/15			
Interchange ID Qualifier	R	ID	2/2			
Interchange Receiver ID	R	AN	15/15			
Interchange Date	R	DT	6/6			
Interchange Time	R	TM	4/4			
Interchange Control Standards Identifier	R	ID	1/1			U
Interchange Control Version Number	R	ID	5/5			00401
Interchange Control Number	R	NO	9/9			
Acknowledgment Requested	R	ID	1/1			
Production Data	R	ID	1/1			P, T
Component Element Separator	R	ID	1/1			I
Functional Group Header	R					
Functional Identifier Code	R	ID	2/2			PO, RA
Application Sender's Code	R	AN	2/15			
Application Receiver's Code	R	AN	2/15			
Date	R	DT	8/8			
Time	R	TM	4/8			

Element	Notes
ISA	
ISA01	
ISA02	
ISA03	
ISA04	
ISA05	
ISA06	
ISA07	
ISA08	
ISA09	
ISA10	
ISA11	
ISA12	
ISA13	
ISA14	
ISA15	
ISA16	
GS	
GS01	
GS02	
GS03	
GS04	
GS05	



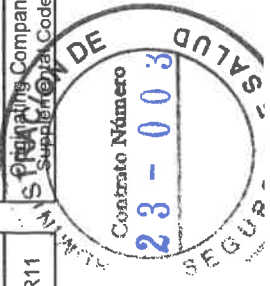
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Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
GS06	Group Control Number	R	NO	1 / 9			Changes
GS07	Responsible Agency Code	R	ID	1 / 2			ASES
GS08	Version / Release / Industry Identifier Code	R	AN	1 / 12		004010X061A1	1+SYSTEM DATE (YYMMDD)
ST	Transaction Set Header	R					X
ST01	Transaction Set Identifier Code	R	R	3 / 3		820	005010X218
ST02	Transaction Set Control Number	R	ID	4 / 9			YMMM+CARRIER_ID+REGION+PLAN_TYPE
ST03							New
BPR	Financial Information	R					
BPR01	Transaction Handling Code	R	ID	1 / 2		C,D,U,I,P,U,X	I
BPR02	Total Premium Payment Amount	R	R	1 / 18			Sum of CALC_AMOUNT for Carrier/Region/Plan_Type
BPR03	Credit or Debit Flag Code	R	ID	1 / 1		C,D	C
BPR04	Payment Method Code	R	ID	3 / 3		ACH,BOP,C HK,FWT,S WT	CHK
BPR05	Payment Format Code	S	ID	1 / 10		CCP,CTX	
BPR06	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,04	Values
BPR07	Originating Depository Financial Institution (DFI) Identifier	S	AN	3 / 12			Values
BPR08	Account Number Qualifier	S	ID	1 / 3		ALC,DA	
BPR09	Sender Bank Account Number	S	AN	1 / 35			
BPR10	Originating Company Identifier	S	AN	10 / 10			Usage Req.
BPR11	Originating Company Supplemental Code	S	AN	9 / 9			ASES_FEDERAL_TAX_ID

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
GS06	Group Control Number	R	NO	1 / 9			Changes
GS07	Responsible Agency Code	R	ID	1 / 2			ASES
GS08	Version / Release / Industry Identifier Code	R	AN	1 / 12		005010X218	1+SYSTEM DATE (YYMMDD)
ST	Transaction Set Header	R					X
ST01	Transaction Set Identifier Code	R	R	3 / 3		820	005010X218
ST02	Transaction Set Control Number	R	ID	4 / 9			YMMM+CARRIER_ID+REGION+PLAN_TYPE
ST03							New
BPR	Financial Information	R					
BPR01	Transaction Handling Code	R	ID	1 / 2		C,D,U,I,P,U,X	I
BPR02	Total Premium Payment Amount	R	R	1 / 18			Sum of CALC_AMOUNT for Carrier/Region/Plan_Type
BPR03	Credit or Debit Flag Code	R	ID	1 / 1		C,D	C
BPR04	Payment Method Code	R	ID	3 / 3		ACH,BOP,C HK,FWT,NO N,SWT	CHK
BPR05	Payment Format Code	S	ID	1 / 10		CCP,CTX	
BPR06	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,02,04	Values
BPR07	Originating Depository Financial Institution (DFI) Identifier	S	AN	3 / 12			Values
BPR08	Account Number Qualifier	S	ID	1 / 3		ALC,DA	
BPR09	Sender Bank Account Number	S	AN	1 / 35			
BPR10	Originating Company Identifier	R	AN	10 / 10			Usage Req.
BPR11	Originating Company Supplemental Code	S	AN	9 / 9			ASES_FEDERAL_TAX_ID

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
GS06	Group Control Number	R	NO	1 / 9			Changes
GS07	Responsible Agency Code	R	ID	1 / 2			ASES
GS08	Version / Release / Industry Identifier Code	R	AN	1 / 12		004010X061A1	1+SYSTEM DATE (YYMMDD)
ST	Transaction Set Header	R					X
ST01	Transaction Set Identifier Code	R	R	3 / 3		820	005010X218
ST02	Transaction Set Control Number	R	ID	4 / 9			YMMM+CARRIER_ID+REGION+PLAN_TYPE
ST03							New
BPR	Financial Information	R					
BPR01	Transaction Handling Code	R	ID	1 / 2		C,D,U,I,P,U,X	I
BPR02	Total Premium Payment Amount	R	R	1 / 18			Sum of CALC_AMOUNT for Carrier/Region/Plan_Type
BPR03	Credit or Debit Flag Code	R	ID	1 / 1		C,D	C
BPR04	Payment Method Code	R	ID	3 / 3		ACH,BOP,C HK,FWT,S WT	CHK
BPR05	Payment Format Code	S	ID	1 / 10		CCP,CTX	
BPR06	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,04	Values
BPR07	Originating Depository Financial Institution (DFI) Identifier	S	AN	3 / 12			Values
BPR08	Account Number Qualifier	S	ID	1 / 3		ALC,DA	
BPR09	Sender Bank Account Number	S	AN	1 / 35			
BPR10	Originating Company Identifier	S	AN	10 / 10			Usage Req.
BPR11	Originating Company Supplemental Code	S	AN	9 / 9			ASES_FEDERAL_TAX_ID



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

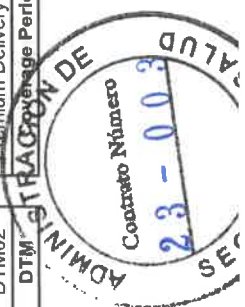
4010A1		4010A1		5010		5010		Req./Rec. Values
Identifier Description	Usage Req.	Min/Max	Loop	Type	Usage Req.	Min/Max	Loop	
Depository Financial Institution (DFI) ID Number Qualifier	S	2 / 2		ID	S	2 / 2		01,02,04
Receiving Depository Financial Institution (DFI) Identifier	S	3 / 12		AN	S	3 / 12		
Account Number Qualifier	S	1 / 3		ID	S	1 / 3		DA,SG
Receiver Bank Account Number	S	1 / 35		AN	S	1 / 35		
Check Issue or EFT Effective Date	R	8 / 8		DT	R	8 / 8		
Reassociation Trace Number	R				R			
Trace Type Code	R	1 / 2		ID	R	1 / 2		1,3
Check or EFT Trace Number	R	1 / 50		AN	R	1 / 50		
Originating Company Identifier	S	10 / 10		AN	S	10 / 10		
Originating Company Supplemental Code	S	1 / 50		AN	S	1 / 50		
Foreign Currency Information	S				S			
Entity Identifier Code	R	2 / 3		ID	R	2 / 3		2B,PR
Currency Code	R	3 / 3		ID	R	3 / 3		MXP,CAD
Exchange Rate	S	4 / 10		R	S	4 / 10		
Premium Receiver Identification Key	S				S			
Reference Identification Qualifier	R	2 / 3		ID	R	2 / 3		14,17,18,2F,38,72,LB
Premium Receiver Reference Identifier	R	1 / 30		AN	R	1 / 50		
Process Date	S				S			
Date Time Qualifier	R	3 / 3		ID	R	3 / 3		009
Payer Process Date	R	8 / 8		DT	R	8 / 8		
Delivery Date	S				S			
Date Time Qualifier	R	3 / 3		ID	R	3 / 3		009
Premium Delivery Date	R	8 / 8		DT	R	8 / 8		
Coverage Period	S				S			

4010A1		4010A1		4010A1		4010A1		Req./Rec. Values
Identifier Description	Usage Req.	Min/Max	Loop	Type	Usage Req.	Min/Max	Loop	
Depository Financial Institution (DFI) ID Number Qualifier	S	2 / 2		ID	S	2 / 2		01,04
Receiving Depository Financial Institution (DFI) Identifier	S	3 / 12		AN	S	3 / 12		
Account Number Qualifier	S	1 / 3		ID	S	1 / 3		DA,SG
Receiver Bank Account Number	S	1 / 35		AN	S	1 / 35		
Check Issue or EFT Effective Date	R	8 / 8		DT	R	8 / 8		
Reassociation Key	R				R			
Trace Type Code	R	1 / 2		ID	R	1 / 2		1,3
Check or EFT Trace Number	R	1 / 30		AN	R	1 / 30		
Originating Company Identifier	S	10 / 10		AN	S	10 / 10		
Originating Company Supplemental Code	S	1 / 30		AN	S	1 / 30		
Non-US Dollars Currency	S				S			
Entity Identifier Code	R	2 / 3		ID	R	2 / 3		2B,PR
Currency Code	R	3 / 3		ID	R	3 / 3		MXP,CAD,U SD
Exchange Rate	S	4 / 10		R	S	4 / 10		
Premium Receiver Identification Key	S				S			
Reference Identification Qualifier	R	2 / 3		ID	R	2 / 3		14,18,2F,38,72
Premium Receiver Reference Identifier	R	1 / 30		AN	R	1 / 30		
Process Date	S				S			
Date Time Qualifier	R	3 / 3		ID	R	3 / 3		009
Payer Process Date	R	8 / 8		DT	R	8 / 8		
Delivery Date	S				S			
Date Time Qualifier	R	3 / 3		ID	R	3 / 3		009
Premium Delivery Date	R	8 / 8		DT	R	8 / 8		
Coverage Period	S				S			

Element	
BPR12	
BPR13	
BPR14	
BPR15	
BPR16	
TRN	
TRN01	
TRN02	
TRN03	
TRN04	
CUR	
CUR01	
CUR02	
CUR03	
REF	
REF01	
REF02	
DTM	
DTM01	
DTM02	
DTM	
DTM01	
DTM02	
DTM	

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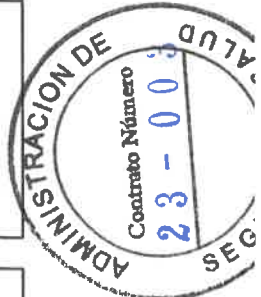


Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
DTM01	Date Time Qualifier	R	ID	3 / 3		582	Changes
DTM05	Date Time Period Format Qualifier	R	ID	2 / 3			
DTM06	Coverage Period	R	AN	1 / 35			
DTM	Creation Date	S					New
DTM01	Date Time Qualifier	R	ID	3 / 3		097	New
DTM02	Creation Date	R	DT	8 / 8			New
N1	Premium Receiver's Name	R			1000A		
N101	Entity Identifier Code	R	ID	2 / 3	1000A	PE	PE
N102	Information Receiver Last or Organization Name	R	AN	1 / 60	1000A		CARRIER_NAME
N103	Identification Code Qualifier	R	ID	1 / 2	1000A	1,9,EQ,FI,X V	FI
N104	Receiver Identifier	R	AN	2 / 80	1000A		CARRIER_FEDERAL_T AX_ID
N2	Premium Receiver's Additional Name	S					
N201	Receiver Additional Name	R	AN	1 / 60	1000A		
N3	Premium Receiver's Address	S					
N301	Receiver Address Line	R	AN	1 / 55	1000A		
N302	Receiver Address Line	S	AN	1 / 55	1000A		
N4	Premium Receiver's City, State, Zip	S					Desc.
N401	Information Receiver City Name	R	AN	2 / 30	1000A		
N402	Information Receiver State Code	R	ID	2 / 2	1000A		Usage Req.
N403	Information Receiver Postal Zone or ZIP Code	R	ID	3 / 15	1000A		Usage Req.
N404	Country Code	S	ID	2 / 3	1000A		New
N407	Country Subdivision Code	S	ID	1 / 3	1000A		New
RDM	Premium Receiver's Remittance Delivery Method	S					

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
DTM01	Date Time Qualifier	R	ID	3 / 3		582	Changes
DTM05	Date Time Period Format Qualifier	R	ID	2 / 3			
DTM06	Coverage Period	R	AN	1 / 35			
DTM	Creation Date	S					New
DTM01	Date Time Qualifier	R	ID	3 / 3		097	New
DTM02	Creation Date	R	DT	8 / 8			New
N1	Premium Receiver's Name	R			1000A		
N101	Entity Identifier Code	R	ID	2 / 3	1000A	PE	PE
N102	Information Receiver Last or Organization Name	R	AN	1 / 60	1000A		CARRIER_NAME
N103	Identification Code Qualifier	R	ID	1 / 2	1000A	1,9,EQ,FI,X V	FI
N104	Receiver Identifier	R	AN	2 / 80	1000A		CARRIER_FEDERAL_T AX_ID
N2	Premium Receiver's Additional Name	S					
N201	Receiver Additional Name	R	AN	1 / 60	1000A		
N3	Premium Receiver's Address	S					
N301	Receiver Address Line	R	AN	1 / 55	1000A		
N302	Receiver Address Line	S	AN	1 / 55	1000A		
N4	Premium Receiver's City, State, Zip	S					Desc.
N401	Information Receiver City Name	R	AN	2 / 30	1000A		
N402	Information Receiver State Code	S	ID	2 / 2	1000A		Usage Req.
N403	Information Receiver Postal Zone or ZIP Code	S	ID	3 / 15	1000A		Usage Req.
N404	Country Code	S	ID	2 / 3	1000A		New
N407	Country Subdivision Code	S	ID	1 / 3	1000A		New
RDM	Premium Receiver's Remittance Delivery Method	S					

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
DTM01	Date Time Qualifier	R	ID	3 / 3		582	Changes
DTM05	Date Time Period Format Qualifier	R	ID	2 / 3			
DTM06	Coverage Period	R	AN	1 / 35			
DTM	Creation Date	S					New
DTM01	Date Time Qualifier	R	ID	3 / 3		097	New
DTM02	Creation Date	R	DT	8 / 8			New
N1	Premium Receiver's Name	R			1000A		
N101	Entity Identifier Code	R	ID	2 / 3	1000A	PE	PE
N102	Information Receiver Last or Organization Name	R	AN	1 / 60	1000A		CARRIER_NAME
N103	Identification Code Qualifier	R	ID	1 / 2	1000A	1,9,EQ,FI,X V	FI
N104	Receiver Identifier	R	AN	2 / 80	1000A		CARRIER_FEDERAL_T AX_ID
N2	Premium Receiver's Additional Name	S					
N201	Receiver Additional Name	R	AN	1 / 60	1000A		
N3	Premium Receiver's Address	S					
N301	Receiver Address Line	R	AN	1 / 55	1000A		
N302	Receiver Address Line	S	AN	1 / 55	1000A		
N4	Premium Receiver's City, State, Zip	S					Desc.
N401	Information Receiver City Name	R	AN	2 / 30	1000A		
N402	Information Receiver State Code	R	ID	2 / 2	1000A		Usage Req.
N403	Information Receiver Postal Zone or ZIP Code	R	ID	3 / 15	1000A		Usage Req.
N404	Country Code	S	ID	2 / 3	1000A		New
N407	Country Subdivision Code	S	ID	1 / 3	1000A		New
RDM	Premium Receiver's Remittance Delivery Method	S					

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
DTM01	Date Time Qualifier	R	ID	3 / 3		582	Changes
DTM05	Date Time Period Format Qualifier	R	ID	2 / 3			
DTM06	Coverage Period	R	AN	1 / 35			
DTM	Creation Date	S					New
DTM01	Date Time Qualifier	R	ID	3 / 3		097	New
DTM02	Creation Date	R	DT	8 / 8			New
N1	Premium Receiver's Name	R			1000A		
N101	Entity Identifier Code	R	ID	2 / 3	1000A	PE	PE
N102	Information Receiver Last or Organization Name	R	AN	1 / 60	1000A		CARRIER_NAME
N103	Identification Code Qualifier	R	ID	1 / 2	1000A	1,9,EQ,FI,X V	FI
N104	Receiver Identifier	R	AN	2 / 80	1000A		CARRIER_FEDERAL_T AX_ID
N2	Premium Receiver's Additional Name	S					
N201	Receiver Additional Name	R	AN	1 / 60	1000A		
N3	Premium Receiver's Address	S					
N301	Receiver Address Line	R	AN	1 / 55	1000A		
N302	Receiver Address Line	S	AN	1 / 55	1000A		
N4	Premium Receiver's City, State, Zip	S					Desc.
N401	Information Receiver City Name	R	AN	2 / 30	1000A		
N402	Information Receiver State Code	R	ID	2 / 2	1000A		Usage Req.
N403	Information Receiver Postal Zone or ZIP Code	R	ID	3 / 15	1000A		Usage Req.
N404	Country Code	S	ID	2 / 3	1000A		New
N407	Country Subdivision Code	S	ID	1 / 3	1000A		New
RDM	Premium Receiver's Remittance Delivery Method	S					



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Element	Changes	Notes
RDM01	New	ASES
RDM02	New	
RDM03	New	
N1		
N101		PR
N102		ASES_NAME
N103	N/U w/N102	FI
N104	N/U w/N102	ASES_FEDERAL_TAX_ID
N2		
N201		
N3		
N301		
N302		
N4	Desc.	
N401		
N402	Usage Req.	
N403	Usage Req.	
N404		
N407	New	
PER		
PER01		
PER02		
PER03	Usage Req.	

4010A1		5010		Req./Rec. Values	
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
Report Transmission Code	R	ID	1 / 2	1000A	BM,EM,FT,F
Name	S	AN	1 / 60	1000A	X,IA,OL
Communication Number	S	AN	1 / 256	1000A	
Premium Payer's Name	R			1000B	
Entity Identifier Code	R	ID	2 / 3	1000B	PR
Premium Payer Name	S	AN	1 / 60	1000B	
Identification Code	S	ID	1 / 2	1000B	1,9,24,75,E
Qualifier	S	AN	2 / 80	1000B	Q,FI,PI
Premium Payer Identifier	S	AN	2 / 80	1000B	
Premium Payer's Additional Name	S				
Premium Payer Additional Name	R	AN	1 / 60	1000B	
Premium Payer's Address	S				
Premium Payer Address Line	R	AN	1 / 55	1000B	
Premium Payer Address Line	S	AN	1 / 55	1000B	
Premium Receiver's City, State, Zip Code	S				
Premium Payer City Name	R	AN	2 / 30	1000B	
Premium Payer State Code	S	ID	2 / 2	1000B	
Premium Payer Postal Zone or Zip Code	S	ID	3 / 15	1000B	
Country Code	S	ID	2 / 3	1000B	
Country Subdivision Code	S	ID	1 / 3	1000B	
Premium Payer's Administrative Contact	S				
Contact Function Code	R	ID	2 / 2	1000B	IC
Premium Payer Contact Name	R	AN	1 / 60	1000B	
Communication Number	R	ID	2 / 2	1000B	EM,FX,TE
Qualifier	S				

4010A1		5010		Req./Rec. Values	
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
Premium Payer's Name	R			1000B	
Entity Identifier Code	R	ID	2 / 3	1000B	PR
Premium Payer Name	S	AN	1 / 60	1000B	
Identification Code	S	ID	1 / 2	1000B	1,9,24,75,E
Qualifier	S	AN	2 / 80	1000B	Q,FI,PI
Premium Payer Identifier	S	AN	2 / 80	1000B	
Premium Payer's Additional Name	S				
Premium Payer Additional Name	R	AN	1 / 60	1000B	
Premium Payer's Address	S				
Premium Payer Address Line	R	AN	1 / 55	1000B	
Premium Payer Address Line	S	AN	1 / 55	1000B	
Premium Payer's City State Zip	S				
Premium Payer City Name	R	AN	2 / 30	1000B	
Premium Payer State Code	R	ID	2 / 2	1000B	
Premium Payer Postal Zone or Zip Code	R	ID	3 / 15	1000B	
Country Code	S	ID	2 / 3	1000B	
Premium Payer's Administrative Contact	S				
Contact Function Code	R	ID	2 / 2	1000B	IC
Premium Payer Contact Name	R	AN	1 / 60	1000B	
Communication Number	R	ID	2 / 2	1000B	EM,FX,TE
Qualifier	S				


  
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Element	Changes	Notes
PER04	U. Req./Max	ASES
PER05		
PER06	Max	
PER07		
PER08	Max	
N1	New	
N101	New	
N102	New	
N103	New	
N104	New	
N2	New	
N201	New	
N3	New	
N301	New	
N302	New	
N4	New	
N401	New	
N402	New	
N403	New	
N404	New	
N407	New	
PER	New	
PER01	New	

4010A1		5010		ASES 820		5010		ASES 820			
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
Communication Number	S	AN	1 / 80	1000B		Communication Number	R	AN	1 / 256	1000B	
Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E
Communication Number	S	AN	1 / 80	1000B		Communication Number	S	AN	1 / 256	1000B	
Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E
Communication Number	S	AN	1 / 80	1000B		Communication Number	S	AN	1 / 256	1000B	
						Intermediary Bank Information	S			1000C	
						Entity Identifier Code	R	ID	2 / 3	1000C	04,0B,8W,A K,BE,BK,C1, C2,IAT,MJ, RB,Z6,ZB,Z L
						Name	S	AN	1 / 60	1000C	
						Identification Code Qualifier	S	ID	1 / 2	1000C	31,57,94,A3, A4,A6,CF,G, PA
						Identification Code	S	AN	2 / 80	1000C	
						Intermediary Bank Additional Name	S				
						Name	R	AN	1 / 60	1000C	
						Intermediary Bank's Address	S				
						Address Information	R	AN	1 / 55	1000C	
						Address Information	S	AN	1 / 55	1000C	
						Intermediary Bank's City, State, Zip Code	S				
						City Name	R	AN	2 / 30	1000C	
						State or Province Code	S	ID	2 / 2	1000C	
						Postal Code	S	ID	3 / 15	1000C	
						Country Code	S	ID	2 / 3	1000C	
						Country Subdivision Code	S	ID	1 / 3	1000C	
						Intermediary Bank's Administrative Contact	S				
						Contact Function Code	R	ID	2 / 2	1000C	IC

4010A1		5010		ASES 820		5010		ASES 820			
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
Communication Number	S	AN	1 / 80	1000B		Communication Number	R	AN	1 / 256	1000B	
Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E
Communication Number	S	AN	1 / 80	1000B		Communication Number	S	AN	1 / 256	1000B	
Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,T E
Communication Number	S	AN	1 / 80	1000B		Communication Number	S	AN	1 / 256	1000B	
						Intermediary Bank Information	S			1000C	
						Entity Identifier Code	R	ID	2 / 3	1000C	04,0B,8W,A K,BE,BK,C1, C2,IAT,MJ, RB,Z6,ZB,Z L
						Name	S	AN	1 / 60	1000C	
						Identification Code Qualifier	S	ID	1 / 2	1000C	31,57,94,A3, A4,A6,CF,G, PA
						Identification Code	S	AN	2 / 80	1000C	
						Intermediary Bank Additional Name	S				
						Name	R	AN	1 / 60	1000C	
						Intermediary Bank's Address	S				
						Address Information	R	AN	1 / 55	1000C	
						Address Information	S	AN	1 / 55	1000C	
						Intermediary Bank's City, State, Zip Code	S				
						City Name	R	AN	2 / 30	1000C	
						State or Province Code	S	ID	2 / 2	1000C	
						Postal Code	S	ID	3 / 15	1000C	
						Country Code	S	ID	2 / 3	1000C	
						Country Subdivision Code	S	ID	1 / 3	1000C	
						Intermediary Bank's Administrative Contact	S				
						Contact Function Code	R	ID	2 / 2	1000C	IC



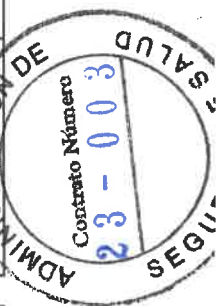
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Element	4010A1							5010							Notes	
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Changes	ASES		
PER02	Name	R	AN	1 / 60	1000C		Name	R	AN	1 / 60	1000C		New			
PER03	Communication Number Qualifier	R	ID	2 / 2	1000C	EM,FX,TE	Communication Number Qualifier	R	ID	2 / 2	1000C	EM,FX,TE	New			
PER04	Communication Number	R	AN	1 / 256	1000C		Communication Number	R	AN	1 / 256	1000C		New			
PER05	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	New			
PER06	Communication Number	S	AN	1 / 256	1000C		Communication Number	S	AN	1 / 256	1000C		New			
PER07	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	New			
PER08	Communication Number	S	AN	1 / 256	1000C		Communication Number	S	AN	1 / 256	1000C		New			
ENT	Organization Summary Remittance	S			2000A		Organization Summary Remittance	S			2000A					
ENT01	Assigned Number	R	NO	1 / 6	2000A		Assigned Number	R	NO	1 / 6	2000A					
ENT02	Entity Identifier Code	R	ID	2 / 3	2000A	2L,AG,NH,R GA,UN	Entity Identifier Code	R	ID	2 / 3	2000A	2L,AG,NH,R GA,UN	Values			
ENT03	Identification Code Qualifier	S	ID	1 / 2	2000A	1,9,FI	Identification Code Qualifier	R	ID	1 / 2	2000A	1,9,24,FI	U. Req./Values			
ENT04	Organization Identification Code	S	AN	2 / 80	2000A		Organization Identification Code	R	AN	2 / 80	2000A		Usage Req.			
ADX	Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		New			
ADX01	Premium Payment Adjustment Amount	R	R	1 / 18	2200A		Premium Payment Adjustment Amount	R	R	1 / 18	2200A		New			
ADX02	Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81, 86,BJ,H1,H6 ,RU,WO,W W	Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81, 86,BJ,H1,H6 ,RU,WO,W W	New			
RMR	Organization Summary Remittance Detail	R			2300		Organization Summary Remittance Detail	R			2300					
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300	11,1L,CT,IK	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		Contract, Invoice, Account, Group, or Policy Number	R	AN	1 / 50	2300		Max			

Element	4010A1							5010							Notes	
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Changes	ASES		
PER02	Name	R	AN	1 / 60	1000C		Name	R	AN	1 / 60	1000C		New			
PER03	Communication Number Qualifier	R	ID	2 / 2	1000C	EM,FX,TE	Communication Number Qualifier	R	ID	2 / 2	1000C	EM,FX,TE	New			
PER04	Communication Number	R	AN	1 / 256	1000C		Communication Number	R	AN	1 / 256	1000C		New			
PER05	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	New			
PER06	Communication Number	S	AN	1 / 256	1000C		Communication Number	S	AN	1 / 256	1000C		New			
PER07	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	New			
PER08	Communication Number	S	AN	1 / 256	1000C		Communication Number	S	AN	1 / 256	1000C		New			
ENT	Organization Summary Remittance	S			2000A		Organization Summary Remittance	S			2000A					
ENT01	Assigned Number	R	NO	1 / 6	2000A		Assigned Number	R	NO	1 / 6	2000A					
ENT02	Entity Identifier Code	R	ID	2 / 3	2000A	2L	Entity Identifier Code	R	ID	2 / 3	2000A	2L,AG,NH,R GA,UN	Values			
ENT03	Identification Code Qualifier	S	ID	1 / 2	2000A	1,9,FI	Identification Code Qualifier	R	ID	1 / 2	2000A	1,9,24,FI	U. Req./Values			
ENT04	Organization Identification Code	S	AN	2 / 80	2000A		Organization Identification Code	R	AN	2 / 80	2000A		Usage Req.			
ADX	Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		New			
ADX01	Premium Payment Adjustment Amount	R	R	1 / 18	2200A		Premium Payment Adjustment Amount	R	R	1 / 18	2200A		New			
ADX02	Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81, 86,BJ,H1,H6 ,RU,WO,W W	Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81, 86,BJ,H1,H6 ,RU,WO,W W	New			
RMR	Organization Summary Remittance Detail	R			2300		Organization Summary Remittance Detail	R			2300					
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300	11,1L,CT,IK	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		Contract, Invoice, Account, Group, or Policy Number	R	AN	1 / 30	2300		Max			

Element	4010A1							5010							Notes	
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Changes	ASES		
PER02	Name	R	AN	1 / 60	1000C		Name	R	AN	1 / 60	1000C		New			
PER03	Communication Number Qualifier	R	ID	2 / 2	1000C	EM,FX,TE	Communication Number Qualifier	R	ID	2 / 2	1000C	EM,FX,TE	New			
PER04	Communication Number	R	AN	1 / 256	1000C		Communication Number	R	AN	1 / 256	1000C		New			
PER05	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	New			
PER06	Communication Number	S	AN	1 / 256	1000C		Communication Number	S	AN	1 / 256	1000C		New			
PER07	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,T E	New			
PER08	Communication Number	S	AN	1 / 256	1000C		Communication Number	S	AN	1 / 256	1000C		New			
ENT	Organization Summary Remittance	S			2000A		Organization Summary Remittance	S			2000A					
ENT01	Assigned Number	R	NO	1 / 6	2000A		Assigned Number	R	NO	1 / 6	2000A					
ENT02	Entity Identifier Code	R	ID	2 / 3	2000A	2L	Entity Identifier Code	R	ID	2 / 3	2000A	2L,AG,NH,R GA,UN	Values			
ENT03	Identification Code Qualifier	S	ID	1 / 2	2000A	1,9,FI	Identification Code Qualifier	R	ID	1 / 2	2000A	1,9,24,FI	U. Req./Values			
ENT04	Organization Identification Code	S	AN	2 / 80	2000A		Organization Identification Code	R	AN	2 / 80	2000A		Usage Req.			
ADX	Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		New			
ADX01	Premium Payment Adjustment Amount	R	R	1 / 18	2200A		Premium Payment Adjustment Amount	R	R	1 / 18	2200A		New			
ADX02	Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81, 86,BJ,H1,H6 ,RU,WO,W W	Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81, 86,BJ,H1,H6 ,RU,WO,W W	New			
RMR	Organization Summary Remittance Detail	R			2300		Organization Summary Remittance Detail	R			2300					
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300	11,1L,CT,IK	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		Contract, Invoice, Account, Group, or Policy Number	R	AN	1 / 30	2300		Max			



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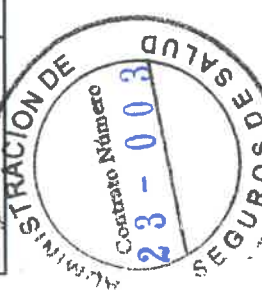
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Element	Req./Rec. Values	Loop	Min/Max	Type	Usage Req.	Identifier Description	Req./Rec. Values
RMR03	PA,PI,PO,P	2300	2 / 3	ID	S	Payment Action Code	PA,PI,PO,P
RMR04		2300	1 / 18	R	R	Detail Premium Payment Amount	
RMR05		2300	1 / 18	R	S	Billed Premium Amount	
REF							
REF01	14,17,18,2F,38,E9,LB,LU,ZZ	2300A	2 / 3	ID	R	Reference Identification Qualifier	14,17,18,2F,38,E9,LB,LU,ZZ
REF02		2300A	1 / 50	AN	R	Reference Identification	
DTM		2300A			S	Organizational Coverage Period	
DTM01	582,AAG	2300A	3 / 3	ID	R	Date Time Qualifier	582,AAG
DTM02		2300A	8 / 8	DT	S	Date	
DTM05	RD8	2300A	2 / 3	ID	S	Date Time Period Format Qualifier	RD8
DTM06		2300A	1 / 35	AN	S	Date Time Period	
IT1		2310A			S	Summary Line Item	
IT101		2310A	1 / 20	AN	R	Line Item Control Number	
SAC		2312A			S	Service, Promotion, Allowance or Charge Information	
SAC01	C	2312A	1 / 1	ID	R	Allowance or Charge Indicator	C
SAC02	A172,B680,D940,G740	2312A	4 / 4	ID	R	Service, Promotion, Allowance or Charge Code	A172,B680,D940,G740
SAC05		2312A	1 / 15	ID	R	Amount	
SLN		2315A			S	Member Count	
SLN01		2315A	1 / 20	AN	R	Line Item Control Number	
SLN03	O	2315A	1 / 1	ID	R	Information Only Indicator	O
SLN04		2315A	1 / 15	R	R	Head Count	
SLN05	10,IE,PR	2315A	2 / 2	ID	R	Unit or Basis for Measurement Code	10,IE,PR

Element	Req./Rec. Values	Loop	Min/Max	Type	Usage Req.	Identifier Description	Req./Rec. Values
RMR03	PA,PI,PO,P	2300	2 / 2	ID	S	Payment Action Code	PA,PI,PO,P
RMR04		2300	1 / 18	R	R	Detail Premium Payment Amount	
RMR05		2300	1 / 18	R	S	Billed Premium Amount	
REF		2300A			S	Premium Receivers Identification Key	
REF01	14,17,18,2F,38,E9,LB,LU,ZZ	2300A	2 / 3	ID	R	Reference Identification Qualifier	14,17,18,2F,38,E9,LB,LU,ZZ
REF02		2300A	1 / 50	AN	R	Reference Identification	
DTM		2300A			S	Organizational Coverage Period	
DTM01	582,AAG	2300A	3 / 3	ID	R	Date Time Qualifier	582,AAG
DTM02		2300A	8 / 8	DT	S	Date	
DTM05	RD8	2300A	2 / 3	ID	S	Date Time Period Format Qualifier	RD8
DTM06		2300A	1 / 35	AN	S	Date Time Period	
IT1		2310A			S	Summary Line Item	
IT101		2310A	1 / 20	AN	R	Line Item Control Number	
SAC		2312A			S	Service, Promotion, Allowance or Charge Information	
SAC01	C	2312A	1 / 1	ID	R	Allowance or Charge Indicator	C
SAC02	A172,B680,D940,G740	2312A	4 / 4	ID	R	Service, Promotion, Allowance or Charge Code	A172,B680,D940,G740
SAC05		2312A	1 / 15	ID	R	Amount	
SLN		2315A			S	Member Count	
SLN01		2315A	1 / 20	AN	R	Line Item Control Number	
SLN03	O	2315A	1 / 1	ID	R	Information Only Indicator	O
SLN04		2315A	1 / 15	R	R	Head Count	
SLN05	10,IE,PR	2315A	2 / 2	ID	R	Unit or Basis for Measurement Code	10,IE,PR

Element	Req./Rec. Values	Loop	Min/Max	Type	Usage Req.	Identifier Description	Req./Rec. Values
RMR03	PA,PI,PO,P	2300	2 / 3	ID	S	Payment Action Code	PA,PI,PO,P
RMR04		2300	1 / 18	R	R	Detail Premium Payment Amount	
RMR05		2300	1 / 18	R	S	Billed Premium Amount	
REF							
REF01	14,17,18,2F,38,E9,LB,LU,ZZ	2300A	2 / 3	ID	R	Reference Identification Qualifier	14,17,18,2F,38,E9,LB,LU,ZZ
REF02		2300A	1 / 50	AN	R	Reference Identification	
DTM		2300A			S	Organizational Coverage Period	
DTM01	582,AAG	2300A	3 / 3	ID	R	Date Time Qualifier	582,AAG
DTM02		2300A	8 / 8	DT	S	Date	
DTM05	RD8	2300A	2 / 3	ID	S	Date Time Period Format Qualifier	RD8
DTM06		2300A	1 / 35	AN	S	Date Time Period	
IT1		2310A			S	Summary Line Item	
IT101		2310A	1 / 20	AN	R	Line Item Control Number	
SAC		2312A			S	Service, Promotion, Allowance or Charge Information	
SAC01	C	2312A	1 / 1	ID	R	Allowance or Charge Indicator	C
SAC02	A172,B680,D940,G740	2312A	4 / 4	ID	R	Service, Promotion, Allowance or Charge Code	A172,B680,D940,G740
SAC05		2312A	1 / 15	ID	R	Amount	
SLN		2315A			S	Member Count	
SLN01		2315A	1 / 20	AN	R	Line Item Control Number	
SLN03	O	2315A	1 / 1	ID	R	Information Only Indicator	O
SLN04		2315A	1 / 15	R	R	Head Count	
SLN05	10,IE,PR	2315A	2 / 2	ID	R	Unit or Basis for Measurement Code	10,IE,PR

4010A1	ASES 820	5010	Notes
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Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
ADX	Organization Summary Remittance Level Adj.	S			2320A		
ADX01	Adjustment Amount	R	R	1 / 18	2320A		
ADX02	Adjustment Reason Code	R	ID	2 / 2	2320A	20,52,53,AA,H1,H6,JA,J3	
ENT	Individual Remittance	S			2000B		
ENT01	Assigned Number	R	NO	1 / 6	2000B		AUTONUMBER(+1) RESET TO 1 AT NEXT ST 2J
ENT02	Entity Identifier Code	R	ID	2 / 3	2000B	2J	
ENT03	Identification Code Qualifier	R	ID	1 / 2	2000B	34,EI,II	
ENT04	Receiver's Individual Identifier	R	AN	2 / 80	2000B		MEMBER Social Security Number
NM1	Individual Name	S			2100B		
NM101	Entity Identifier Code	R	ID	2 / 3	2100B	DO,EY,IL,QE	
NM102	Entity Type Qualifier	R	ID	1 / 1	2100B	1	
NM103	Individual Last Name	S	AN	1 / 60	2100B		Max
NM104	Individual First Name	S	AN	1 / 35	2100B		Max
NM105	Individual Middle Name	S	AN	1 / 25	2100B		
NM106	Individual Name Prefix	S	AN	1 / 10	2100B		
NM107	Individual Name Suffix	S	AN	1 / 10	2100B		
NM108	Identification Code Qualifier	S	ID	1 / 2	2100B	34,EI,N	
NM109	Individual Identifier	S	AN	2 / 80	2100B		
ADX	Individual Premium Adjustment for Premium Payment	S			2200B		New
ADX01	Premium Payment Adjustment Amount	R	R	1 / 18	2200B		New
ADX02	Adjustment Reason Code	R	ID	2 / 2	2200B	52,53,80,81,86,BJ,H1,H6,RU,WO	New
RMR -1	Individual Premium Remittance Detail	S			2300B		

Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
ADX	Organization Summary Remittance Level Adj.	S			2320A		
ADX01	Adjustment Amount	R	R	1 / 18	2320A		
ADX02	Adjustment Reason Code	R	ID	2 / 2	2320A	20,52,53,AA,H1,H6,JA,J3	
ENT	Individual Remittance	S			2000B		
ENT01	Assigned Number	R	NO	1 / 6	2000B		AUTONUMBER(+1) RESET TO 1 AT NEXT ST 2J
ENT02	Entity Identifier Code	R	ID	2 / 3	2000B	2J	
ENT03	Identification Code Qualifier	R	ID	1 / 2	2000B	34,EI,II	
ENT04	Receiver's Individual Identifier	R	AN	2 / 80	2000B		MEMBER Social Security Number
NM1	Individual Name	S			2100B		
NM101	Entity Identifier Code	R	ID	2 / 3	2100B	DO,EY,IL,QE	
NM102	Entity Type Qualifier	R	ID	1 / 1	2100B	1	
NM103	Individual Last Name	S	AN	1 / 60	2100B		Max
NM104	Individual First Name	S	AN	1 / 35	2100B		Max
NM105	Individual Middle Name	S	AN	1 / 25	2100B		
NM106	Individual Name Prefix	S	AN	1 / 10	2100B		
NM107	Individual Name Suffix	S	AN	1 / 10	2100B		
NM108	Identification Code Qualifier	S	ID	1 / 2	2100B	34,EI,N	
NM109	Individual Identifier	S	AN	2 / 80	2100B		
ADX	Individual Premium Adjustment for Premium Payment	S			2200B		New
ADX01	Premium Payment Adjustment Amount	R	R	1 / 18	2200B		New
ADX02	Adjustment Reason Code	R	ID	2 / 2	2200B	52,53,80,81,86,BJ,H1,H6,RU,WO	New
RMR -1	Individual Premium Remittance Detail	S			2300B		

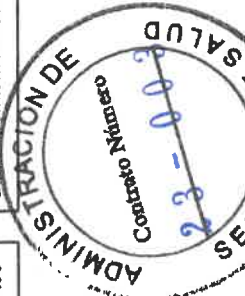
Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Notes
ADX	Organization Summary Remittance Level Adj.	S			2320A		
ADX01	Adjustment Amount	R	R	1 / 18	2320A		
ADX02	Adjustment Type	R	ID	2 / 2	2320A	20,52,53,AA,H1,H6,JA,J3	
ENT	Individual Remittance	S			2000B		
ENT01	Assigned Number	R	NO	1 / 6	2000B		
ENT02	Entity Identifier Code	R	ID	2 / 3	2000B	2J	
ENT03	Identification Code Qualifier	R	ID	1 / 2	2000B	34,EI,ZZ	
ENT04	Receiver's Individual Identifier	R	AN	2 / 80	2000B		
NM1	Individual Name	S			2100B		
NM101	Entity Identifier Code	R	ID	2 / 3	2100B	EY,QE	
NM102	Entity Type Qualifier	R	ID	1 / 1	2100B	1	
NM103	Individual Last Name	S	AN	1 / 35	2100B		
NM104	Individual First Name	S	AN	1 / 25	2100B		
NM105	Individual Middle Name	S	AN	1 / 25	2100B		
NM106	Individual Name Prefix	S	AN	1 / 10	2100B		
NM107	Individual Name Suffix	S	AN	1 / 10	2100B		
NM108	Identification Code Qualifier	S	ID	1 / 2	2100B	34,EI,N	
NM109	Individual Identifier	S	AN	2 / 80	2100B		
ADX	Individual Premium Adjustment for Premium Payment	S			2200B		
ADX01	Premium Payment Adjustment Amount	R	R	1 / 18	2200B		
ADX02	Adjustment Reason Code	R	ID	2 / 2	2200B	52,53,80,81,86,BJ,H1,H6,RU,WO	
RMR -1	Individual Premium Remittance Detail	S			2300B		

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Element	Changes	Notes
RMR01		ASES
RMR02	Max	FAMILY_ID+Member_Suffix+MPI+Municipio
RMR03	Usage Req.	CALC_AMOUNT
RMR04		
RMR05		
REF - 1	New	
REF01	New	
REF02	New	
DTM - 1		
DTM01	Values	582
DTM02	Usage Req.	
DTM05	Usage Req.	RD8
DTM06	Usage Req.	Coverage Start Dt- Coverage End Dt based upon CALC_DAYS. Use Accounting Dt for retro and adjustments. (YYYYMMDD)
RMR - 2		
RMR01		IK
RMR02	Max	CARRIER_ID+REGION+BILLING_DATE(YYMM)
RMR03	Usage Req.	
RMR04		CALC_AMOUNT
RMR05		BILLED_AMOUNT

4010A1		5010		ASES 820		ASES 820	
Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.
Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Reference Identification Qualifier	R
Insurance Remittance Reference Number	R	AN	1 / 50	2300B		Insurance Remittance Reference Number	R
Payment Action Code	S	ID	2 / 2	2300B	Rate Cell	Detail Premium Payment Amount	R
Detail Premium Payment Amount	R	R	1 / 18	2300B		Billed Premium Amount	S
Billed Premium Amount	S	R	1 / 18	2300B		Reference Information	S
Individual Coverage Period	S					Reference Identification Qualifier	R
Date Time Qualifier	R	ID	3 / 3	2300B	582	Reference Identification Qualifier	R
Date Time Period Format Qualifier	R	ID	2 / 3	2300B	RD8	Reference Identification Qualifier	R
Coverage Period	R	AN	1 / 35	2300B		Individual Coverage Period	S
Individual Premium Remittance Detail	S					Date Time Qualifier	R
Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Date	S
Insurance Remittance Reference Number	R	AN	1 / 30	2300B		Date Time Period Format Qualifier	S
Payment Action Code	S	ID	2 / 2	2300B	PI,PP	Coverage Period	S
Detail Premium Payment Amount	R	R	1 / 18	2300B		Individual Premium Remittance Detail	S
Billed Premium Amount	S	R	1 / 18	2300B		Reference Identification Qualifier	R
						Insurance Remittance Reference Number	R
						Detail Premium Payment Amount	R
						Billed Premium Amount	S

4010A1		5010		ASES 820		ASES 820	
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.
Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Reference Identification Qualifier	R
Insurance Remittance Reference Number	R	AN	1 / 30	2300B		Insurance Remittance Reference Number	R
Payment Action Code	S	ID	2 / 2	2300B	Rate Cell	Detail Premium Payment Amount	R
Detail Premium Payment Amount	R	R	1 / 18	2300B		Billed Premium Amount	S
Billed Premium Amount	S	R	1 / 18	2300B		Reference Information	S
Individual Coverage Period	S					Reference Identification Qualifier	R
Date Time Qualifier	R	ID	3 / 3	2300B	582	Reference Identification Qualifier	R
Date Time Period Format Qualifier	R	ID	2 / 3	2300B	RD8	Reference Identification Qualifier	R
Coverage Period	R	AN	1 / 35	2300B		Individual Coverage Period	S
Individual Premium Remittance Detail	S					Date Time Qualifier	R
Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	Date	S
Insurance Remittance Reference Number	R	AN	1 / 30	2300B		Date Time Period Format Qualifier	S
Payment Action Code	S	ID	2 / 2	2300B	PI,PP	Coverage Period	S
Detail Premium Payment Amount	R	R	1 / 18	2300B		Individual Premium Remittance Detail	S
Billed Premium Amount	S	R	1 / 18	2300B		Reference Identification Qualifier	R
						Insurance Remittance Reference Number	R
						Detail Premium Payment Amount	R
						Billed Premium Amount	S


  
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Element	Req./Rec. Values	Loop	Min/Max	Type	Usage Req.	Identifier Description	Req./Rec. Values
REF - 2							
REF01							
REF02							
ADX - 2		2320B		S		Individual Premium Adjustment	
ADX01		2320B	1 / 18	R		Adjustment Amount	
ADX02	20,52,53,AA ,AX,H1,H6,I A,J3	2320B	2 / 2	R		Adjustment Reason Code	
RMR - 3		2300B		S		Individual Premium Remittance Detail	
RMR01	11,9J,AZ,B7 ,CT,ID,IG,IK ,KW	2300B	2 / 3	R		Reference Identification Qualifier	
RMR02		2300B	1 / 30	R		Insurance Remittance Reference Number	
RMR03	PI,PP	2300B	2 / 2	S		Payment Action Code	
RMR04		2300B	1 / 18	R		Detail Premium Payment Amount	
RMR05		2300B	1 / 18	S		Billed Premium Amount	
REF - 3							
REF01							
REF02							
SE						Transaction Set Trailer	
SE01			1 / 10	R		Transaction Segment Count	
SE02			4 / 9	R		Transaction Set Control Number	
GE						Functional Group Trailer	
GE01			1 / 6	R		Number of Transaction Sets Included	

Element	Req./Rec. Values	Loop	Min/Max	Type	Usage Req.	Identifier Description	Req./Rec. Values
REF - 2							
REF01							
REF02							
ADX - 2		2320B		S		Individual Premium Adjustment	
ADX01		2320B	1 / 18	R		Adjustment Amount	
ADX02	20,52,53,AA ,AX,H1,H6,I A,J3	2320B	2 / 2	R		Adjustment Reason Code	
RMR - 3		2300B		S		Individual Premium Remittance Detail	
RMR01	11,9J,AZ,B7 ,CT,ID,IG,IK ,KW	2300B	2 / 3	R		Reference Identification Qualifier	
RMR02		2300B	1 / 50	R		Insurance Remittance Reference Number	
RMR03		2300B	1 / 18	R		Detail Premium Payment Amount	
RMR04		2300B	1 / 18	S		Billed Premium Amount	
REF - 3							
REF01							
REF02							
SE						Transaction Set Trailer	
SE01			1 / 10	R		Transaction Segment Count	
SE02			4 / 9	R		Transaction Set Control Number	
GE						Functional Group Trailer	
GE01			1 / 6	R		Number of Transaction Sets Included	

Element	Req./Rec. Values	Loop	Min/Max	Type	Usage Req.	Identifier Description	Req./Rec. Values
REF - 2							
REF01							
REF02							
ADX - 2		2320B		S		Individual Premium Adjustment	
ADX01		2320B	1 / 18	R		Adjustment Amount	
ADX02	20,52,53,AA ,AX,H1,H6,I A,J3	2320B	2 / 2	R		Adjustment Reason Code	
RMR - 3		2300B		S		Individual Premium Remittance Detail	
RMR01	11,9J,AZ,B7 ,CT,ID,IG,IK ,KW	2300B	2 / 3	R		Reference Identification Qualifier	
RMR02		2300B	1 / 30	R		Insurance Remittance Reference Number	
RMR03	PI,PP	2300B	2 / 2	S		Payment Action Code	
RMR04		2300B	1 / 18	R		Detail Premium Payment Amount	
RMR05		2300B	1 / 18	S		Billed Premium Amount	
REF - 3							
REF01							
REF02							
SE						Transaction Set Trailer	
SE01			1 / 10	R		Transaction Segment Count	
SE02			4 / 9	R		Transaction Set Control Number	
GE						Functional Group Trailer	
GE01			1 / 6	R		Number of Transaction Sets Included	

Notes

Changes

New

New

New

(CALC\_AMMOUNT minus BILLED\_AMOUNT)+adjustment\_carrier\_code

IA

KW

ERROR\_CODES

Usage Req.

0

New

New

New

Count of segments including ST and SE

YMMM+CARRIER\_ID+REGION+PLAN\_TYPE

1

4010A1

ASES,820

Reference Information

Reference Identification Qualifier

Reference Identification

Individual Premium Adjustment

Adjustment Amount

Adjustment Reason Code

Individual Premium Remittance Detail

Reference Identification Qualifier

Insurance Remittance Reference Number

Detail Premium Payment Amount

Billed Premium Amount

Reference Information

Reference Identification Qualifier

Reference Identification

Transaction Set Trailer

Transaction Segment Count

Transaction Set Control Number

Functional Group Trailer

Number of Transaction Sets Included

5010

ASES,820

Reference Information

Reference Identification Qualifier

Reference Identification

Individual Premium Adjustment

Adjustment Amount

Adjustment Reason Code

Individual Premium Remittance Detail

Reference Identification Qualifier

Insurance Remittance Reference Number

Detail Premium Payment Amount

Billed Premium Amount

Reference Information

Reference Identification Qualifier

Reference Identification

Transaction Set Trailer

Transaction Segment Count

Transaction Set Control Number

Functional Group Trailer

Number of Transaction Sets Included

ADMINISTRACION DE SALUD

Contrato Número

23-003

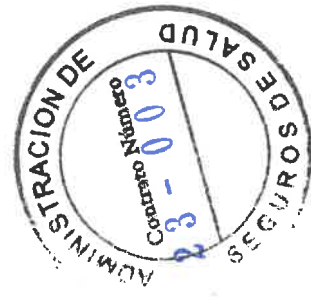
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Notes	
Changes	ASES
	1+SYSTEM DATE(YMMDD)
	1
	SYSTEM DATE (YMMDD)+001

ASES 820		5010			
Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
Group Control Number	R	NO	1 / 9		
Interchange Control Trailer	R				
Number of Included Functional Groups	R	NO	1 / 5		
Interchange Control Number	R	NO	9 / 9		

4010A1		5010			
Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
Group Control Number	R	NO	1 / 9		
Interchange Control Trailer	R				
Number of Included Functional Groups	R	NO	1 / 5		
Interchange Control Number	R	NO	9 / 9		

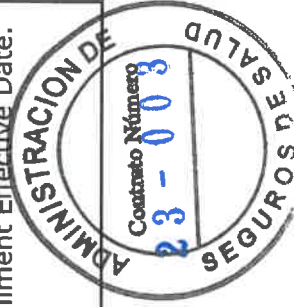
Element
GE02
IEA
IEA01
IEA02



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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 MA JC CO	The Tran Id should be E, C, I, 1, 2 or 3. Invalid content for the Tran Id. The Tran Id should be C.	Change the Tran Id to E, C, I, 1, 2 or 3. Otherwise, check the Data Source. Insert valid content. 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, Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date	Any	JC CO	The enrollment Effective Date, PCP1 Effective Date and PMG Tax Id Effective Date should follow the carrier enrollment change's twenty days rule using the enrollment change Process Date as reference.	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 JC CO	The enrollment Process Date should be on or before the ASES process date. The enrollment Process Date should be before the enrollment Effective Date.	Check the enrollment Process Date. Otherwise, check the Data Source.
035	CIC	Process Date, Effective Date	Not T	MA	The enrollment Process Date should be on or after three months before the enrollment Effective Date.	Check that the enrollment Process Date is set appropriately. Otherwise, check the enrollment Effective Date.

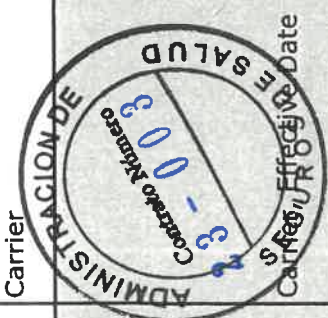


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			T		The enrollment Process Date should be on or after the first day of the month following the enrollment Effective Date.	Check that the enrollment Process Date is on or after the first day of the month following the enrollment Effective Date.
036	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	T	MO	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.	Check the Carrier. Otherwise, check the Tran Id or if an enrollment is needed.



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			Not T	MA		The Tran Id is C, but the currently enrolled carrier found at ASES member data matches the Carrier field.	
				CO			
054	CAI	Carrier, PMG Tax Id, PCP1	Not T	MO		<p>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.</p> <p>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.</p> <p>The Tran Id is C, but the prospective enrollment carrier found at ASES member data matches the Carrier field.</p>	<p>Check the Tran Id. Otherwise, check member data sent by ASES and if the enrollment still applies.</p>
055	CAI	Carrier, Effective Date	Not T	JC		<p>The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data.</p> <p>The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data.</p>	<p>Check if the enrollment transaction is needed.</p> <p>Check the enrollment Effective Date. Otherwise, check the Carrier.</p>
056	CIC	Carrier, Region	Any	Any		<p>The Region is P then Data Source should be MO and the Carrier should be 09.</p>	<p>Check that the Data Source is MO and the Carrier is 09. Otherwise, check the Region.</p>



5 MIP

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057	CAI	Carrier, PMG Tax Id, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date	MO	<p>Check the Tran Id and the enrollment information against ASES data and make adjustments accordingly. Otherwise, check if the enrollment still applies.</p>
<p>The Tran Id is I, 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:</p> <ul style="list-style-type: none"> <li>▶ The prospectively enrolled carrier at ASES member data is neither blank nor the same as the Carrier.</li> <li>▶ The card id date at ASES member data is not populated.</li> <li>▶ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date.</li> </ul>				
<p>The Tran Id is I, 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:</p> <ul style="list-style-type: none"> <li>▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.</li> <li>▶ The new card id date at ASES member data is not populated.</li> <li>▶ The prospective enrollment effective date at ASES member data is not populated.</li> <li>▶ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date.</li> </ul>				



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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.



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498

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.



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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.



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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.



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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.

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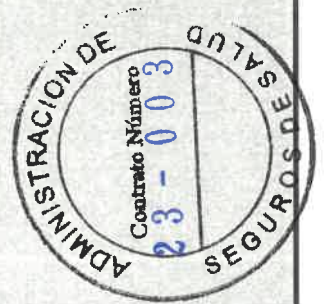
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The Tran Id is 2, the PCP2 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of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



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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 is invalid.	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 Suffix	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.



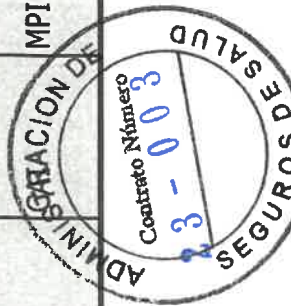
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102	RIC	Effective Date	Any	Any	Any	The enrollment Effective Date is before 1/1/2010.	Insert a date on or after 1/1/2010.
103	CIC	Effective Date	Any	Any	MO	If the Tran Id is E then the Effective Date should be before the ASES process date.	Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.
104	CIC	Effective Date	Not T	MO	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.	
105	CIC	Effective Date	Any	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	MO	MO	The member (Region, Family Id) had an interruption of eligibility after the enrollment Effective Date.	Change the enrollment Effective Date appropriately.
					MA		
109	CAI	Effective Date	Not T	Any	Any	The Effective Date is within a retroactive eligibility period for the member.	Change the enrollment Effective Date appropriately.
10A	CAI	Special Enroll	E	MO		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.	



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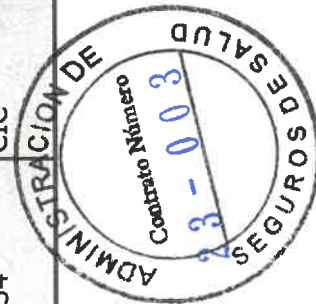
10D	CIC	Special Enroll	E	Any	The Tran Id is E, but ASES member data does not indicate Medicaid Deemed Newborn classification.	Change the Special Enroll appropriately. Otherwise, check the enrollment Effective Date, Tran Id.
111	BF	Plan Type	Any	Any	The Plan Type should be 01 and the Data Source should be MO.	Check the Plan Type, Data Source or Special Enroll.
112	CIC	Plan Type	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.
				CO	The Plan Type should be 01.	Check that the Plan Type is 01.
				MO	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		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.



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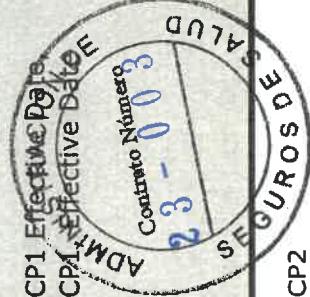


141	CIC	PCP1	Any	Any	If the Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1, then the PCP1 should not be blank.	Insert a PCP1. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id.
142	CIC	PCP1	Not T	Any	If the Tran 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) contract 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.
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.



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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	Any	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.	Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date.
			Not T	Any	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.
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	Not T	Any	If the Tran Id is 1, then the PCP2 should be blank.	Clear the PCP2 field. Otherwise, check the Tran Id.



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171	CIC	PCP2 Effective Date	Not T	Any	If the Tran Id is 2 or 3, then pc2 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			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.



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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.

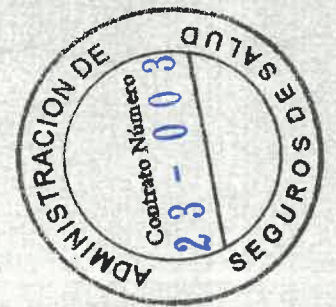
The Tran Id is C, the prospective enrollment carrier is populated at ASES member data, the Carrier is different from the prospective enrollment carrier at ASES member data, the Effective Date is after the ASES process date and on or before the prospective enrollment effective date at ASES member data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

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.

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

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<p>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.</p>	<p>Check the Effective Date. Otherwise, check if the enrollment still applies.</p>
<p>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.</p>	<p>Check if the enrollment still applies.</p>
<p>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.</p>	<p>Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.</p>

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178	CAI	PCP2 Effective Date, PCP2, Effective Date	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.
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 Effective Date is the same as the 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 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.



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211	CAI	PMG Tax Id Effective Date	Not T	Any	<p>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.</p>	<p>Insert a valid PMG Tax Id Effective Date. Otherwise, check the Effective Date, Carrier and Plan Version.</p>
221	DR	Region, Family Id, Data Source	Not T	Any	<p>Only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions is allowed.</p>	<p>Include only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions.</p>
			T		<p>Only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch is allowed.</p>	<p>Include only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch.</p>
			Not T	MO MA	<p>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.</p>	<p>Check if an enrollment is needed. Otherwise, check the Tran Id or Carrier.</p>



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222	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.
223	CAI	Carrier	Not T	MO MA	The Tran Id is E but the Carrier is different from the currently enrolled carrier at ASES member data.	Check if an enrollment still applies. Otherwise, check the Tran Id or Carrier.
			T	Any	The Tran Id is E but the Carrier is different from the currently enrolled for the corresponding retroactive eligibility period at ASES member data.	
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 MA	The Member SSN is not the same as the one found at ASES member data.	Check the Member SSN.
				JC CO	The Member SSN is not the same as the one found at ASES member historical data.	



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226	CAI		MPI Number		Not T	MO	Any							Check the MPI Number.
228	CAI		Carrier, Data Source		Not T	MA MO JC CO								Check the Carrier. Otherwise, check the Tran Id.
229	CAI		Carrier, Plan Type, Plan Version		Not T	Any								Check the Tran Id. Otherwise, check the Data Source.
22A	CAI		Carrier, Plan Type, Plan Version, PMG Tax Id		Not T	Any								Check the Carrier or Plan Version. Otherwise, check the Tran Id.
22B			PCP1 Effective Date, PCP2 Effective Date		Not T	Any								Check the Carrier, Plan Version or PMG Tax Id. Otherwise, check the Tran Id.
22D			Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date		Any	Any								Check the Effective Date, PCP1 Effective Date, PCP2 Effective Date or PMG Tax Id Effective Date.



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22E	CAI	Plan Version, Effective Date	Not T	MO	<p>The Plan Version is different from the coverage code found at ASES member data according to the enrollment Effective Date.</p> <p>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.</p>	<p>Check the Plan Version. Otherwise, check the Effective Date.</p>
22G	CAI	Plan Version, Effective Date	Not T	MA	<p>The Plan Version does not correspond with the coverage code found at ASES member data according to the enrollment Effective Date.</p> <p>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.</p>	<p>Check the Plan Version. Otherwise, check the Effective Date.</p>
230		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	MA	The content for the field is not 11 characters long and hence is invalid.	Insert content that is 11 characters long.
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.



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CAI	Region, Family Id	Not T	Any	The member (Region, Family id) was not found in ASES data.	Check Region and Family Id.
281			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.
980	Effective Date	Not T	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.
982	Effective Date	Not T	MA	The enrollment is a Platino SYSPREM candidate, but the Effective Date is before 2015-01-01.	Check the Effective Date.
				The enrollment is a VITAL SYSPREM candidate, but the Effective Date is before 2018-01-01.	



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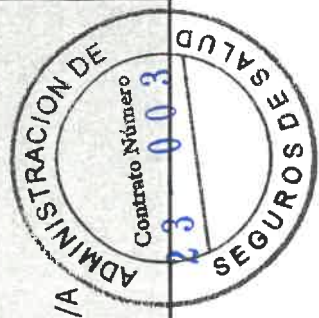
	<p>The enrollment is a VITAL SYSPREM candidate and the Effective Date is on or after 2018-01-01, but there is not an eligible record in ASES member historical data containing an enrollment carrier and effective date which matches the SYSPREM candidate record Carrier and Effective Date</p>	MO			<p>Check the Carrier or Effective Date.</p>
983	<p>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.</p>	MO	Not T	Carrier, Plan Type, Plan Version	<p>CAI</p> <p>Check the Carrier or Plan Version. Otherwise, check the Effective Date or if the enrollment is still needed.</p>
984	<p>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.</p>	MA	Not T	Carrier, Effective Date	<p>CAI</p> <p>Check the Effective Date. Otherwise, check the Carrier or if the enrollment still applies.</p>



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985	CAI	Special Enroll	E	MO	<p>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.</p> <p>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.</p>	<p>Check the Effective Date. Otherwise, check the Tran Id, Carrier or if the enrollment still applies.</p> <p>Check the Special Enroll. Otherwise, check if the enrollment still applies.</p>
986	CAI	Effective Date	Not T	MO MA	<p>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.</p> <p>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.</p>	<p>Check the Effective Date.</p>
987	CAI	Member SSN	Not T	MO MA	<p>The enrollment is a SYSPREM candidate but the Member SSN was not found at ASES member historical data.</p>	<p>Check the Member SSN.</p>
988	CAI	N/A	Not T	MO MA	<p>A SYSPREM base record could not be determined and, hence, the SYSPREM enrollment failed. This is a catchall to prevent a silent enrollment failure.</p>	<p>Check if enrollment still applies. Contact ASES to continue a joint investigation.</p>



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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 MO	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.



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Record Field	Name	Position	Size	Codes	Notes/Comments
E	Errors for Enrollment Effectuation and Maintenance				
E	1 Record Type	1	1	E	E - Errors for Enrollment Effectuation and Maintenance
E	2 Transaction Id	2	1	E,C,V,1,1,2,3,D	Filled with same value received from the insurance carrier.
E	3 Process Date	3	8		Filled with same value received from the insurance carrier.
E	4 Region	11	1	A, B, E, F, G, J, S, Z	Filled with same value received from the insurance carrier.
E	5 Carrier Code	12	2		Filled with same value received from the insurance carrier.
E	6 PMG Code	14	4		Filled with same value received from the insurance carrier.
E	7 Person Id	18	11		Filled with same value received from the insurance carrier.
E	8 SSN	29	9		Filled with same value received from the insurance carrier.
E	9 FILLER	38	2	01	Filled with same value received from the insurance carrier.
E	10 Effective Date	40	8		Filled with same value received from the insurance carrier.
E	11 Plan Type	48	2	01,02	Filled with same value received from the insurance carrier.
E	12 Plan Version	50	3	See ref table	Filled with same value received from the insurance carrier.
E	13 MPI	53	13		Filled with same value received from the insurance carrier.
E	14 PCP	66	15		Filled with same value received from the insurance carrier.
E	15 PCP Effective Date	81	8		Filled with same value received from the insurance carrier.
E	16 Second PCP	89	15		Filled with same value received from the insurance carrier.
E	17 Second PCP Effective Date	104	8		Filled with same value received from the insurance carrier.
E	18 PMG	112	4		Filled with same value received from the insurance carrier.
E	19 PMG Effective Date	116	8		Filled with same value received from the insurance carrier.
E	20 Primary Care Change Reason	124	2		Filled with same value received from the insurance carrier.
E	21 Medicare Indicator	126	1	1,3,9	Filled with same value received from the insurance carrier.
E	22 MBI	127	12		Filled with same value received from the insurance carrier.
E	23 Reject Identifier	139	1	A, M, T, R	A - Accepted T - Accepted for Retroactive Period (1,2,3)M - Accepted for History Period R - Rejected
E	24 PCP Authorization Token	140	14		Filled with same value received from the insurance carrier.
E	26 Error Code 1	154	3		Code of the first error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	27 Error Code 2	157	3		Code of the second error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	28 Error Code 3	160	3		Code of the third error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	29 Error Code 4	163	3		Code of the fourth error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	30 Error Code 5	166	3		Code of the fifth error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	31 Error Code 6	169	3		Code of the sixth error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	32 Error Code 7	172	3		Code of the seventh error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	33 Error Code 8	175	3		Code of the eighth error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	34 Error Code 9	178	3		Code of the ninth error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	35 Error Code 10	181	3		Code of the tenth error occurrence found in the carrier's effectuation file (.SUS) Filled with blanks if no error found at this p
E	36 FILLER	184	8		Filled with blanks
E	37 FILLER	192	8		Filled with blanks
E	38 FILLER	200	1		Filled with blanks
E	39 Policy Number	201	13		Filled with same value received from the insurance carrier.
E	40 FILLER	214	1		Filled with blanks
E	41 PMG Federal Tax Id	215	9		Filled with same value received from the insurance carrier.
E	42 Data Source	224	2	MO,MA	Filled with same value received from the insurance carrier.
E	42 Disenrollment Reason	226	4		Filled with same value received from the insurance carrier.
E	43 PMG NPI	230	10		Filled with same value received from the insurance carrier.
E	TRAILER				
TRAILER	1 Record Type	1	7	TRAILER	TRAILER - Trailer Record
TRAILER	2 FILLER	8	10	f	Filled with blanks
TRAILER	3 Record Count	18	8		Total number of records in the file#99999999 Numeric - right justified - zero filled
TRAILER	4 FILLER	26	10		Filled with blanks
TRAILER	5 Record Length	36	3	240	240 - Numeric Constant
TRAILER	6 FILLER	39	209		Filled with blanks



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Version Change Category

Previous Version:Field: RECORD_TYPE/Notes/Comments: E - Enrollment Effectuation Enabled Disenrollment transaction for Vital Carriers/Previous Version:Field: TRAN_ID/Notes/Comments: E=new enrollment, P=Plan Type change, C=Carrier change, V= Version ch.	No change required
Previous Version:Field: PROGRESS_DATE/Notes/Comments: MMDDYYYY - Date Enrolled in Carrier	No change required
Previous Version:Field: REGION/Notes/Comments: Region code	No change required
Previous Version:Field: CARRIER/Notes/Comments: Carrier code	No change required
Previous Version:Field: MEMBER_PRIMARY_CENTER/Notes/Comments: Region code	No change required
Previous Version:Field: ODSI_FAMILY_ID/Notes/Comments:	No change required
Previous Version:Field: MEMBER_SUFFIX/Notes/Comments:	No change required
Previous Version:Field: EFFECTIVE_DATE/Notes/Comments:MMDDYYYY- Card issue data for new Reforma enrollment (Trans_ID= E) or Effective date (1st day of month) for other	No change required
Previous Version:Field: PLAN_TYPE/Notes/Comments: See Plan Type Table	No change required
Previous Version:Field: PLAN_VERSION/Notes/Comments: Used to identify version of Plan within PLAN_TYPE (if needed)	No change required
Previous Version:Field: MPI/Notes/Comments: Alpha-numeric ej. "0080012345678"	No change required
Previous Version:Field: PCP1/Notes/Comments: MPI number	No change required
Previous Version:Field: PCP1_EFFECTIVE_DATE/Notes/Comments: MMDDYYYY	No change required
Previous Version:Field: PCP1_EFFECTIVE_DATE/Notes/Comments: MMDDYYYY	No change required
Previous Version:Field: FAMILY_PRIMARY_CENTER/Notes/Comments:	No change required
Previous Version:Field: PMG_tax_ID_eff_d/Notes/Comments: MMDDYYYY. Required for MCOs	No change required
Previous Version:Field: IPA_PCP_CHANGE_REASON/Notes/Comments: Code Table to be supplied, Requires In IPA-PCP change	No change required
Previous Version:Field: HIC_NUMBER/Notes/Comments: If it is Medicare, the MBI number will be included(MBI number is 11 length)	No change required
Previous Version:Field: Reject Identifier/Notes/Comments: "A" = Accepted; "M" = MA Retroactive; "R" = Rejected; "X" = Deleted; ASES Field	No change required
Previous Version:Field: Record Key/Notes/Comments: YYYYMMDD999999, ASES Field	No change required
Previous Version:Field: Error Code 1/Notes/Comments:	No change required
Previous Version:Field: Error Code 2/Notes/Comments:	No change required
Previous Version:Field: Error Code 3/Notes/Comments:	No change required
Previous Version:Field: Error Code 4/Notes/Comments:	No change required
Previous Version:Field: Error Code 5/Notes/Comments:	No change required
Previous Version:Field: Error Code 6/Notes/Comments:	No change required
Previous Version:Field: Error Code 7/Notes/Comments:	No change required
Previous Version:Field: Error Code 8/Notes/Comments:	No change required
Previous Version:Field: Error Code 9/Notes/Comments:	No change required
Previous Version:Field: Error Code 10/Notes/Comments:	No change required
Previous Version:Field: Update Date/Notes/Comments: YYYYMMDD , ASES Field	No change required
Previous Version:Field: Update User/Notes/Comments: "SYSTUPD"	No change required
Previous Version:Field: IPA_ESPECIAL/Notes/Comments: 1 = IPA Especial	No change required
Previous Version:Field: Contract Number/Notes/Comments: Character left justified	No change required
Previous Version:Field: Special Enrollment/Notes/Comments: E = Emergency, N = Deemed Newborn, T = Retroactive Period	No change required
Previous Version:Field: PMG_tax_ID/Notes/Comments: PMG Tax ID	No change required
Previous Version:Field: Data_Source/Notes/Comments: MO=MCO, MA=Platino, CO=Counselor	Change required
Field was previously a Filler	Change required
Field Added	Change required
Previous Version:Field: RECORD_TYPE/Notes/Comments: "TRAILER" for Record (Constant)	No change required
Previous Version:Field: FILLER/Notes/Comments: SPACES	No change required
Previous Version:Field: NUMBER OF RECORDS/Notes/Comments: 99999999 Numerc - right justified - zero filled	No change required
Previous Version:Field: FILLER/Notes/Comments: SPACES	No change required
Previous Version:Field: RECORD_LENGTH/Notes/Comments: "230" (Numeric Constant)	No change required
Field size extended/Previous Version:Field: FILLER/Notes/Comments: SPACES	Change required



# Elegibility Response(.res)

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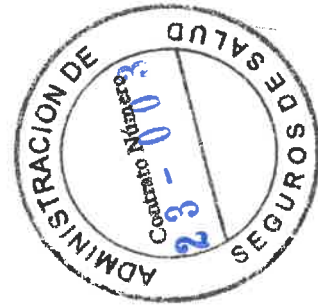
Record Id	Field Name	Position	Sub	Codes	Notes/Comments	Version Change	Version Change Category
R	1 RECORD_TYPE	1	1 R		R - Eligibility Response	Previous Version: Field: No changes required	No changes required
R	2 Inquiry's Process Date	2	8		Filled with same value received in the eligibility inquiry.	Previous Version: Field: CARRIER_PROCESS_DATE Notes/Comments: YYYYMMDD	No changes required
R	3 Inquiry's Social Security Number	10	9		Filled with same value received in the eligibility inquiry.	Previous Version: Field: BENEFICIARY_SSN Notes/Comments:	No changes required
R	4 Inquiry's Last Name	19	15		Filled with same value received in the eligibility inquiry.	Previous Version: Field: 1ST_LAST_NAME Notes/Comments:	No changes required
R	5 Inquiry's Second Last Name	34	15		Filled with same value received in the eligibility inquiry.	Previous Version: Field: 2ND_LAST_NAME Notes/Comments:	No changes required
R	6 Inquiry's First Name	49	20		Filled with same value received in the eligibility inquiry.	Previous Version: Field: FIRST_NAME Notes/Comments:	No changes required
R	7 Inquiry's Sex	69	1		Filled with same value received in the eligibility inquiry.	Field: SEX Notes/Comments: 1 = Male, 2 = Female	No changes required
R	8 Inquiry's Date of Birth	70	8		Filled with same value received in the eligibility inquiry.	Previous Version: Field: CARRIER_DATE_OF_BIRTH Notes/Comments: YYYYMMDD	No changes required
R	9 Inquiry's Region	78	1		Filled with same value received in the eligibility inquiry.	Field: CARRIER_REGION Notes/Comments:	No changes required
R	10 Inquiry's Carrier	79	2		Filled with same value received in the eligibility inquiry.	Field: CARRIER Notes/Comments: Carrier Code	No changes required
R	11 Last Name	81	15		Member's Last Name	Field: ASES_1ST_LAST_NAME Notes/Comments:	No changes required
R	12 Second Last Name	96	15		Member's Second Last Name	Field: ASES_2ND_LAST_NAME Notes/Comments:	No changes required
R	13 First Name	111	20		Member's First Name	Field: ASES_FIRST_NAME Notes/Comments:	No changes required
R	14 Sex	131	1 1,2		Member's sex at birth 1 - Male 2 - Female	Field: ASES_SEX Notes/Comments: Carrier Code	No changes required
R	15 Date of Birth	132	8		Member's date of birth Format: CCYYMMDD Code of the region assigned to the insured member	Field: ASES_DATE_OF_BIRTH Notes/Comments: Carrier Code	No changes required
R	16 Region	140	A, B, E, F, G, J, S, Z, P		A - Norte B - Metro Norte E - Este F - Noroeste G - Sureste J - San Juan S - Suroeste Z - Oeste	Previous Version: Field: ASES_REGION Notes/Comments: Carrier Code	No changes required
R	17 Eligibility Indicator	141	1 Y, N		Member's eligibility status Y - Eligible for the Effective Date in the Inquiry N - NOT eligible for the Effective Date in the Inquiry	Field: ELIGIBILITY_INDICATOR Notes/Comments: Y or N	No changes required
R	18 Person Id	142	11		Member's Person Id This identifier is assigned to beneficiaries and related contact and household persons in the Eligibility Determination process.	Field: ODSI_FAMILY_ID Notes/Comments:	No changes required
R	19 FILLER	153	2		Filled with blanks	Field: MEMBER_SUFFIX Notes/Comments:	No changes required
R	20 MPI	155	13		Member's MPI number Format: Alpha numeric value. Example "0080012345678"	Field: MPI Notes/Comments:	No changes required

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ADMINISTRACION  
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Affordability Insurance Program			
R	21 Program	168	1 1,2,3 1 - Medicaid 2 - CHIP 3 - Commonwealth
			Previous Version: Field: MEDICAID_INDICATOR Notes/Comments:
R	22 Eligibility Effective Date	169	8 YYYYMMDD
			Previous Version: Field: ELEGIBILITY_EFFECTIVE_DATE Notes/Comments: YYYYMMDD
R	23 Eligibility Expiration Date	177	8- YYYYMMDD
			Previous Version: Field: ELEGIBILITY_EXPIRATION_DATE Notes/Comments: YYYYMMDD
R	24 Process Date	185	8 Response Process Date Format: CCYYMMDD
			Previous Version: Field: ASES_PROCESS_DATE Notes/Comments: YYYYMMDD
R	25 Message Code	183	6 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)
			Notes/Comments: 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)
R	26 Deductible Level	199	1
			Previous Version: Field: ASES_DEDUCTIBLE_LEVEL Notes/Comments:
R	27 Municipality	200	4 See Ref table Municipality Code Format: Zero fill, right justify.
			Previous Version: Field: MUNICIPIO Notes/Comments: Código Municipio en
R	28 Inquiry's Effective Date	204	8 Filled with same value received from the insurance carrier inquiry.
			Previous Version: Field: FECHA DE EFECTIVIDAD Notes/Comments: Para uso en queries historicas. Formato YYYYMMDD.
R	29 Health Coverage	212	3 See Ref table
			Previous Version: Field: CODIGO DE CUBIERTA Notes/Comments: Código de Cubierta (Coverage Code)
R	30 FILLER	215	5
			Previous Version: Field: FILLER Notes/Comments:

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Eligibility  
Inquiry(.QRY)effective\_20220731

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Record Id	Name	Position	Size	Códex	Notes/Comments	Version Change	Category
Q	1	Query	1	1	Q - Eligibility Inquiry	Previous Version: Field: PROCESS_DATE Notes/Comments: YYYYMMDD	No changes required
Q	2	Record Type	2	8	Inquiry Date Format: CYYMMDD	Previous Version: Field: BENEFICIARY_SSN Notes/Comments:	No changes required
Q	3	Social Security Number	10	9	Member's Social Security Number	Previous Version: Field: 1ST_LAST_NAME Notes/Comments:	No changes required
Q	4	Last Name	19	15	Member's Last Name	Previous Version: Field: 2ND_LAST_NAME Notes/Comments:	No changes required
Q	5	Second Last Name	34	15	Member's Second Last Name	Previous Version: Field: FIRST_NAME Notes/Comments:	No changes required
Q	6	First Name	49	20	Member's First Name	Previous Version: Field: SEX Notes/Comments: 1 = Male, 2 = Female	No changes required
Q	7	Sex	69	1 1,2	Member's sex at birth 1 - Male 2 - Female	Previous Version: Field: DATE OF BIRTH Notes/Comments: YYYYMMDD	No changes required
Q	8	Date of Birth	70	8	Member's date of birth Format: CYYMMDD Region code assigned to the insured member	Previous Version: Field: REGION Notes/Comments:	No changes required
Q	9	Region	78	1, A, B, E, F, G, J, S, Z	A - Norte B - Metro Norte E - Este F - Noroeste G - Sureste J - San Juan S - Suroeste Z - OESTE	Previous Version: Field: CARRIER Notes/Comments: Carrier Code Version change requires to always fill this field	No changes required
Q	10	Carrier	79	2	Code of the carrier performing the eligibility inquiry	Previous Version: Field: FECHA DE EFECTIVIDAD Notes/Comments: Para uso en queries historicos. Entrar fecha en que comienza la suscripción del Beneficiario. Formato YYYYMMDD. El día debe ser primero de mes. Si el query no es historico se deja en blanco. Changes requires to use the full MPI number	No changes required
Q	11	Effective Date	81	8	Effective date to be verified for the members's eligibility status. This is the expected enrollment start date with the MA-SNP Insurance Carrier Format: CYYMMDD	Previous Version: Field: MPI_number Notes/Comments: MPI number Last eleven digits	Change required
Q	12	MPI	89	13	Member's MPI number		Change required



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**E Enrollment Effectuation and Maintenance**

E 1 Record Type 1 1 E E - Enrollment Effectuation and Maintenance  
 Previous Version:  
 Field: RECORD\_TYPE  
 Notes/Comments: 'E' for Enrollment Record (Constant) No changes required

Transaction Type Description

Effectuation of ASES Initiated Transactions:

This transaction is generated in response to the ASES Enrollment Export File

E - Effectuation of addition of subscriber or change in coverage code

Enabled Disenrollment transaction for Vital Carriers

Carrier Initiated Transactions:

These transactions are generated to notify ASES of the effectuation of changes originated in the carrier

- 1 - PMG change
- 1 - PCP change
- 2 - Second PCP change
- 3 - PCP and Second PCP change
- D - Disenrollment Initiated by Carrier
- C - Plan Transfer to a Platino Carrier
- V - Plan version change in a Platino Carrier

Previous Version:  
 Field: TRAN\_ID  
 Notes/Comments: E=new enrollment, P=Plan Type change, C=Carrier change, V= Version change, I=PA change, 1=PCP1 change, 2=PCP2 change, 3=PCP1 and PCP2 change, For Platino, carriers 'D' = Disenrollment Change required

Carrier's process data for the reported transaction

For Transaction Id = E,I,V,1,2,3  
 Use the Id Card Issue Date

For Transaction Id = C  
 Use the member's attestation signature date

For Transaction Id = D  
 Use the date the disenrollment was processed

Format: MMDDCCYY  
 Region code assigned to the insured member

- A - Norte
- B - Metro Norte
- E - Este
- F - Noreste
- G - Sureste
- J - San Juan
- S - Sureste
- Z - Oeste
- P - Virtual

Previous Version:  
 Field: REGION  
 Notes/Comments: Region code No changes required

Insurance Carrier code assigned by ASES

Code of PMG assigned to the insured member.

PMG Codes must be reported to ASES in a weekly basis (as included in carrier's contract Report I21)

Member's Person Id

Member's Social Security Number

Fill with '01'

Previous Version:  
 Field: CARRIER  
 Notes/Comments: Carrier code No changes required

Previous Version:  
 Field: MEMBER\_PRIMARY\_CENTER  
 Notes/Comments: Region code No changes required

Previous Version:  
 Field: ODSI\_FAMILY\_ID  
 Notes/Comments: No changes required

Previous Version:  
 Field: MEMBER\_SSN  
 Notes/Comments: No changes required

Previous Version:  
 Field: MEMBER\_SUFFIX  
 Notes/Comments: No changes required

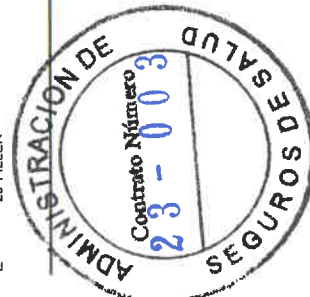
ADMINISTRACION DE SALUD  
 Correo Electronico  
 23-003

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Effective date for the transaction							
E	10	Effective Date	40	8	<p>For Transaction Id = E Use the <b>Carrier Effective Date</b> received from ASES in the Enrollment Export File (EXP)</p> <p>For Transaction Id = C,V,1,2,3 Use the effective date for the change. Effective dates must comply with the Days-Rule established in the carrier contract for each transaction type.</p> <p>For Transaction Id = D Use the effective date of the disenrollment.</p>	<p>Previous Version: Field: EFFECTIVE_DATE Notes/Comments:MMDDYYYY- Card issue date for new Reforma enrollment (Trans_ID= E) or Effective date (1st day of month) for other Trans_ID's Change required</p>	
E	11	Plan Type	48	2	01,02	<p>01 - Government Health Insurance Plan (Vital) 02 - Medicare Advantage Special Needs Plan (Platino)</p>	<p>Previous Version: Field: PLAN_TYPE Notes/Comments: See Plan Type Table No changes required</p>
E	12	Plan Version	50	3	See ref table	<p>Insurance carrier product matching the member's health coverage as established in the carrier contract</p>	<p>Previous Version: Field: PLAN_VERSION Notes/Comments: Used to identify version of Plan within PLAN_TYPE (if needed) No changes required</p>
E	13	MPI	53	13		MPI of the insured member	<p>Previous Version: Field: MPI Notes/Comments: Alpha-numeric-ej- "10880012445078" No changes required</p>
E	14	PCP	66	15		National Provider Identifier (NPI) of the PCP assigned to the insured member.	<p>Previous Version: Field: PCP1 Notes/Comments: NPI number No changes required</p>
E	15	PCP Effective Date	81	8		Effective start date of the PCP assigned to the insured member. Format: MMDDCCYY National Provider Identifier (NPI) of the Second Primary Care Physician assigned to the insured member.	<p>Previous Version: Field: PCP1_EFFECTIVE_DATE Notes/Comments: MMDDYYYY No changes required</p>
E	16	Second PCP	89	15		Fill with blanks if no Second PCP has been assigned to the member.	<p>Previous Version: Field: PCP1 Notes/Comments: NPI number No changes required</p>
E	17	Second PCP Effective Date	104	8		Effective start date of the Second PCP assigned to the insured member. Fill with blanks if no Second PCP has been assigned to the member.	<p>Previous Version: Field: PCP1_EFFECTIVE_DATE Notes/Comments: MMDDYYYY No changes required</p>
E	18	FILLER	112	4		Fill with blanks	<p>Previous Version: Field: FAMILY_PRIMARY_CENTER Notes/Comments: No changes required</p>
E	19	PMG Effective Date	116	8		Effective start date of the PMG assigned to the insured member. For Platino carriers, fill with blanks if no PMG has been assigned to the member.	<p>Previous Version: Field: PMG_tax_ID_eff_dt Notes/Comments: MMDDYYYY, Required for MCOs No changes required</p>
E	20	FILLER	124	2		Fill with blanks	<p>Previous Version: Field: IPA_PCP_CHANGE_REASON Notes/Comments: Code Table to be supplied, Requires in IPA-PCP change No changes required</p>
E	21	FILLER	126	1	1,3,9	Fill with blanks	<p>Previous Version: Field: MEDICARE_INDICATOR Notes/Comments: 1=A&amp;B, 3=A, 9=B Previous Version: No changes required</p>
E	22	MBI	127	12		Member's current Medicare Beneficiary Identifier Fill with blanks if member is not known to have Medicare coverage	<p>Previous Version: Field: HIC NUMBER Notes/Comments: If it is Medicare, the MBI number will be included MBI number is 11 length No changes required</p>
E	23	FILLER	139	1		Fill with blanks	<p>Previous Version: Field: Reject Identifier Notes/Comments: "A" = Accepted; "W" = MA Retroactive; "R" = Rejected; "X" = Deleted, ASES Field No changes required</p>



Fill with blanks

For future use:

Token received by the Carrier from ASES authorizing the PCP assignment to the insured member.

This is used to maintain PCP's cap for assigned members.

The PCP Confirmation Code is obtained using a reservation system implemented as a webservice by ASES. It also validates the PCP NPI number is valid.

Previous Version:  
Field: Record Key  
Notes/Comments: YYYYMMDD999999, ASES No changes required

E 24 PCP Authorization Token 140 14

Format: YYYYMMDD999999, ASES required value

Previous Version:  
Field: Error Code 1  
Notes/Comments: No changes required

Fill with blanks

E 26 FILLER 154 3

Previous Version:  
Field: Error Code 2  
Notes/Comments: No changes required

Fill with blanks

E 27 FILLER 157 3

Previous Version:  
Field: Error Code 3  
Notes/Comments: No changes required

Fill with blanks

E 28 FILLER 160 3

Previous Version:  
Field: Error Code 4  
Notes/Comments: No changes required

Fill with blanks

E 29 FILLER 163 3

Previous Version:  
Field: Error Code 5  
Notes/Comments: No changes required

Fill with blanks

E 30 FILLER 166 3

Previous Version:  
Field: Error Code 6  
Notes/Comments: No changes required

Fill with blanks

E 31 FILLER 169 3

Previous Version:  
Field: Error Code 7  
Notes/Comments: No changes required

Fill with blanks

E 32 FILLER 172 3

Previous Version:  
Field: Error Code 8  
Notes/Comments: No changes required

Fill with blanks

E 33 FILLER 175 3

Previous Version:  
Field: Error Code 9  
Notes/Comments: No changes required

Fill with blanks

E 34 FILLER 178 3

Previous Version:  
Field: Error Code 10  
Notes/Comments: No changes required

Fill with blanks

E 35 FILLER 181 3

Previous Version:  
Field: Update Date  
Notes/Comments: YYYYMMDD, ASES Field No changes required

Fill with blanks

E 36 FILLER 184 8

Previous Version:  
Field: Update User  
Notes/Comments: SYSTUPD \* No changes required

Fill with blanks

E 37 FILLER 192 8

Previous Version:  
Field: IPA\_ESPECIAL  
Notes/Comments: 1 = IPA Especial No changes required

Fill with blanks

E 38 FILLER 200 13

Previous Version:  
Field: Contract Number  
Notes/Comments: Character left Justified No changes required

Member's Policy Number (also known as Contract Number) assigned to the insurance carrier

E 39 Policy Number 13

Previous Version:  
Field: Special Enroll  
Notes/Comments: E = Emergency, N = Deemed Newborn, I = Retroactive Period No changes required

Respective Period

E 40 Special Enroll

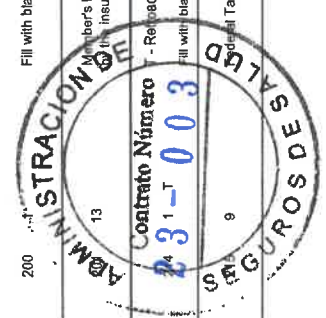
Fill with blanks if no retroactive period

231-003

E 41 PMG Federal Tax Id

PMG Federal Tax Id of the member's assigned PMG

E 41 PMG Federal Tax Id 9



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Field: Data_Source	224	2	MO,MA	Health Plan Type for the insurance carrier MO - Vital Carrier MA - Platino Carrier	Previous Version: Field: Data_Source Notes/Comments: MO=MCO, MA=Platino, CO=Counselor	No changes required
E	42	Disenrollment Reason	226	4	03,04,05,06,07,08	Change required
Carrier initiated Disenrollment, Required when Transaction Id = D						
03 - Member is notified to be deceased by Carrier						
04 - CMS rejected Medicare Advantage Enrollment (Platino)						
05 - Member enrollment was found to be an error (Platino)						
06 - Platino Enrollee lost Medicare Part A and/or Part B						
07 - Member voluntary request termination (Platino)						
08 - Carrier requested termination (following contract procedures)						
E	44	Disenrollment Date	230	8		Change required
Align date, filled with spaces						
Disenrollment effective Date, Required when Transaction Id = D						
E	45	PMG NPI	238	10		Change required
Format: CCYYMMDD						
National Provider Identifier (NPI) of the PMG assigned to the insured member						
TRAILER	1	TRAILER	1	7		Change required
TRAILER - Trailer Record						
TRAILER	2	FILLER	8	10		No changes required
Fill with blanks						
TRAILER	3	Record Count	18	8		No changes required
Total number of records in the file						
99999999 Numeric - right justified - zero filled						
TRAILER	4	FILLER	26	10		No changes required
Fill with blanks						
TRAILER	5	Record Length	36	3	248	No changes required
248 - Numeric Constant						
TRAILER	6	FILLER	39	209		Change required
Fill with blanks						

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Record Id	Field	Pos	Size	Code's	Notes	Version Change Description	Version Change Category
E	1	1	1	E	E - Enrollment Effectuation and Maintenance	Previous Version: Field: RECORD_TYPE Notes/Comments: 'E' for Enrollment Record (Constant)	No changes required
E	2	1	1	E,C,V,I,1,2,3,D	Carrier Initiated Transactions: These transactions are generated to notify ASES of the effectuation of changes originated in the carrier	Enabled Disenrollment transaction for Vital Carriers	Change required
E	3	3	8		Carrier's process date for the reported transaction For Transaction Id = E,I,V,1,2,3 Use the Id Card Issue Date For Transaction Id = C Use the member's attestation signature date For Transaction Id = D Use the date the disenrollment was processed	Previous Version: Field: PROCESS_DATE Notes/Comments: MIMDDYYYY - Date Enrolled in Carrier	No changes required
E	4	11	1	A,B,E,F,G,J,S,Z,P	Region code assigned to the insured member	Previous Version: Field: REGION Notes/Comments: Region code	No changes required
E	5	12	2		Insurance Carrier code assigned by ASES	Previous Version: Field: CARRIER Notes/Comments: Carrier code	No changes required
E	6	14	4		Code of PMG assigned to the insured member. PMG Codes must be reported to ASES in a weekly basis (as requested in carrier's contract Report 12)	Previous Version: Field: MEMBER_PRIMARY_CENTER Notes/Comments: Region code	No changes required
E	7	18	11		Member's Person Id	Previous Version: Field: ODSI_FAMILY_ID Notes/Comments:	No changes required
E	8	29	9		Member's Social Security Number	Previous Version: Field: MEMBER_SSN Notes/Comments:	No changes required
E	9	38	2	01	Fill with '01'	Previous Version: Field: MEMBER_SUFFIX Notes/Comments:	No changes required



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**EFFECTIVE DATE FOR THIS TRANSACTION**

For Transaction Id = E  
Use the Carrier Effective Date received from ASES in the Enrollment Export File (EXP)

For Transaction Id = C,V,1,2,3  
Use the effective date for the change. Effective dates must comply with the Days-Rule established in the carrier contract for each transaction type.

For Transaction Id = D  
Use the effective date of the disenrollment.

Previous Version:  
Field: EFFECTIVE\_DATE  
Notes/Comments:MMDDYYYY- Card issue date for new/Reforma enrollment (Trans\_ID=E) or Effective date (1st day of month) for other Trans\_ID's  
Change required

Previous Version:  
Field: PLAN\_TYPE  
Notes/Comments: See Plan Type Table  
No changes required

Previous Version:  
Field: PLAN\_VERSION  
Notes/Comments: Used to identify version of Plan within PLAN\_TYPE. If needed  
No changes required

Previous Version:  
Field: MPI  
Notes/Comments: Alpha-numeric ej.- "0080012345678"  
No changes required

Previous Version:  
Field: PCP1  
Notes/Comments: NPI number  
No changes required

Previous Version:  
Field: PCP1\_EFFECTIVE\_DATE  
Notes/Comments: MMDDYYYY  
No changes required

Previous Version:  
Field: PCP1  
Notes/Comments: NPI number  
No changes required

Previous Version:  
Field: PCP1\_EFFECTIVE\_DATE  
Notes/Comments: MMDDYYYY  
No changes required

Previous Version:  
Field: FAMILY\_PRIMARY\_CENTER  
Notes/Comments:  
No changes required

Previous Version:  
Field: PMG\_tax\_ID\_eff\_dt  
Notes/Comments: MMDDYYYY, Required for MCOs  
No changes required

Previous Version:  
Field: IPA\_PCP\_CHANGE\_REASON  
Notes/Comments: Code Table to be supplied, Resultes in IPA-PCP change  
No changes required

Previous Version:  
Field: MEDICARE\_INDICATOR  
Notes/Comments: 1=A&B, 3=A, 9=B  
No changes required

Previous Version:  
Field: HIC NUMBER  
Notes/Comments: If it is Medicare, the MBI number will be included  
No changes required

MBI number is 11 length  
Previous Version:  
Field: Reject Identifier  
Notes/Comments: "A" = Accepted, "M" = MA Retroactive, "R" = Rejected, "X" = Deleted, ASES Field  
No changes required

01 - Government Health Insurance Plan (Vital)  
02 - Medicare Advantage Special Needs Plan (Platino)

Insurance carrier product matching the member's health coverage as established in the carrier contract

MPI of the insured member

National Provider Identifier (NPI) of the PCP assigned to the insured member.

Effective start date of the PCP assigned to the insured member.  
Format: MMDDCCYY  
National Provider Identifier (NPI) of the Second Primary Care Physician assigned to the insured member.

Fill with blanks if no Second PCP has been assigned to the member.  
Effective start date of the Second PCP assigned to the insured member.

Fill with blanks if no Second PCP has been assigned to the member.

Fill with blanks  
Effective start date of the PMG assigned to the insured member.

For Platino carriers, fill with blanks if no PMG has been assigned to the member.  
Format: MMDDCCYY

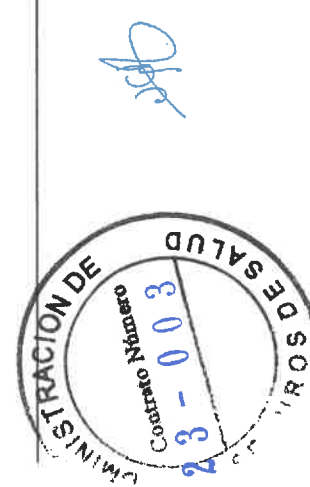
Fill with blanks

Fill with blanks

Member's current Medicare Beneficiary Identifier  
Fill with blanks if member is not known to have Medicare coverage

Fill with blanks

E	10	Effective Date	40	8		
E	11	Plan Type	48	2	01,02	
E	12	Plan Version	50	3	See ref table	
E	13	MPI	53	13		
E	14	PCP	66	15		
E	15	PCP Effective Date	81	8		
E	16	Second PCP	89	15		
E	17	Second PCP Effective Date	104	8		
E	18	FILLER	112	4		
E	19	PMG Effective Date	116	8		
E	20	FILLER	124	2		
E	21	FILLER	126	1, 1,3,9		
E	22	MBI	127	12		
E	23	FILLER	139	1		

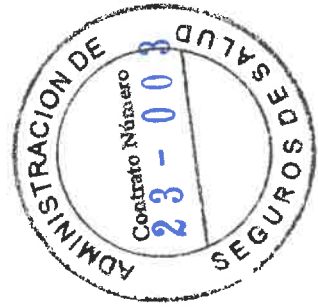




42 Data_Source	224	2	MO,MA	Health Plan Type for the insurance carrier MO - Vital Carrier MA - Platino Carrier	Previous Version: Field: Data_Source Notes/Comments: MO=MCO, MA=Platino, CO=Counselor	No changes required
Carrier initiated disenrollment, Required when Transaction Id = D						
E	43	Disenrollment Reason	226	4	03,04,05,06,07,08	Change required
03 - Member is notified to be deceased by Carrier 04 - CMS rejected Medicare Advantage Enrollment (Platino) 05 - Member enrollment was found to be an error (Platino) 06 - Platino Enrollee lost Medicare Part A and/or Part B 07 - Member voluntary request termination (Platino) 08 - Carrier requested termination (following contract procedures)						
Align right, filled with spaces						
E	44	Disenrollment Date	230	8		Change required
Disenrollment effective Date, Required when Transaction Id = 'D'						
E	45	PMG NPI	238	10		Change required
Format: CYYMMDD National Provider Identifier (NPI) of the PMG assigned to the insured member						
TRAILER						
R						
TRAILER	1		1	7	TRAILER	Change required
R						
TRAILER	2	FILLER	8	10	Fill with blanks	No changes required
R						
TRAILER	3	Record Count	18	8	Total number of records in the file 99999999 Numeric - right justified - zero filled	No changes required
R						
TRAILER	4	FILLER	25	10	Fill with blanks	No changes required
R						
TRAILER	5	Record Length	36	3	248 - Numeric Constant	No changes required
R						
TRAILER	6	FILLER	39	209	Fill with blanks	Change required
R						

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Record Id	Field Id	Field Name	Pos	Size	Codes	Notes/Comments	Version Change Description	Version Change Category
F	1	Member (First Segment)	1	1	F	F - Member (First Segment)	Previous Version: Field: RECORD-TYPE Notes/Comments: F - Family Record	No change required
F	2	Transaction Id	2	1	E,I,H,1,2,3	transaction type identifier E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*)	Previous Version: Field: TRAN-ID Notes/Comments: 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)	No change required
F	3	Process Date	3	8		(*) Correspond to record group, not to record order ASES Process Date for this transaction Format: MMDDCCYY	Previous Version: Notes/Comments: MMDDYYYY	No change required
F	4	Social Security Number	11	9		Social Security Number of the insured member	Previous Version: Field: FAMILY-SSN Notes/Comments: MEMBER-SSN	No change required
F	5	FILLER	20	2		filled with '00'	Previous Version: Field: FAMILY-SUFFIX Notes/Comments: 0	No change required
F	6	FILLER	22	14		filled with blanks	Previous Version: Field: FILLER Notes/Comments:	No change required
F	7	Person Id	36	11		Member's Person Id This identifier is assigned to beneficiaries and related contact and household persons in the Eligibility Determination process.	Previous Version: Field: FAMILY_ID Notes/Comments: eleven last digit of MPI (MAGI Fam id) Previous version identify like MEMBER ID	No change required
F	8	Contact Last Name	47	15		Last Name of the member's contact person	Previous Version: Field: Contact last name 1 Notes/Comments: Paternal last name or contact person	No change required
F	9	Contact Second Last Name	62	15		Second Last Name of the member's contact person	Previous Version: Field: Contact last name 2 Notes/Comments: Maternal last name of contact person	No change required
F	10	Contact First Name	77	20		First Name of the member's contact person Region code assigned to the insured member	Previous Version: Field: Contact first name Notes/Comments: First name of contact person	No change required
F	11	Region	97	1	A, B, E, F, G, J, S, Z, P	A - Norte B - Metro Norte E - Este F - Noreste G - Sureste J - San Juan S - Surcoeste Z - Oeste P - Virtual	Previous Version: Field: REGION Notes/Comments:	No change required
F	12	Municipality	88	4	See Ref table	Municipality Code	Previous Version: Field: MUNICIPALITY Notes/Comments: Zero fill, right justify.	No change required
F	13	Facility	102	4	See Ref table	Facility Code	Previous Version: Field: FACILITY Notes/Comments: Zero fill, right justify.	No change required
F	14	FILLER	106	1		filled with blanks	Previous Version: Field: INVESTIGATION-IND Notes/Comments:	No change required
F	15	FILLER	107	1		filled with blanks	Previous Version: Field: TRANSACTION-TYPE Notes/Comments:	No change required
F	16	Eligibility Effective Date	108	8		Effective start date of the eligibility period	Previous Version: Field: EFFECTIVE-DATE Notes/Comments: Start date of eligibility, MMDDYYYY	No change required
F	17	FILLER	116	1		filled with blanks	Previous Version: Field: FINANCIAL-RESP-PCT Notes/Comments:	No change required
F	18	FILLER	117	2		filled with blanks	Previous Version: Field: CERTIFIER-NUMBER Notes/Comments:	No change required





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F	19	Expiration Date	119	8	Re-certification cutoff date for the member's eligibility period.	Previous Version: Field: EXPIRATION-DATE Notes/Comments: End date of eligibility MMDDYYYY	No change required
F	20	FILLER	127	1	filled with blanks	Previous Version: Field: COND-ELIG-IND Notes/Comments:	No change required
F	21	Mailing Address 1	128	75	Address line of the current mailing address of the insured member	Previous Version: Field: MAILING-ADDRESS1 Notes/Comments:	No change required
F	22	Mailing Address 2	203	75	Second address line of the current mailing address of the insured member	Previous Version: Field: MAILING-ADDRESS2 Notes/Comments:	No change required
F	23	Mailing City	278	16	City name of the member's mailing address	Previous Version: Field: MAILING-CITY Notes/Comments:	No change required
F	24	Mailing ZIP	294	5	First 5 digits of the zip code of the member's mailing address	Previous Version: Field: MAILING-ZIP Notes/Comments: Zero fill, right justify.	No change required
F	25	Mailing ZIP4	299	4	Last 4 digits of the zip code of the member's mailing address	Previous Version: Field: MAILING-ZIP4 Notes/Comments: Zero fill, right justify.	No change required
F	26	Residence Address 1	303	75	Address line of the current residential address of the insured member	Previous Version: Field: RESIDENCE-ADDRESS1 Notes/Comments:	No change required
F	27	Residence Address 2	378	75	Second Address line of the current residential address of the insured member	Previous Version: Field: RESIDENCE-ADDRESS2 Notes/Comments:	No change required
F	28	Residence City	453	16	City name of the member's residential address	Previous Version: Field: RESIDENCE-CITY Notes/Comments:	No change required
F	29	Residence Zip	469	5	First 5 digits of the zip code of the member's residential address	Previous Version: Field: RESIDENCE-ZIP Notes/Comments: Zero fill, right justify.	No change required
F	30	Residence Zip4	474	4	Format: Zero fill, right justify. Last 4 digits of the zip code of the member's residential address	Previous Version: Field: RESIDENCE-ZIP4 Notes/Comments: Zero fill, right justify.	No change required
F	31	Communication Number	478	10	Format: Zero fill, right justify. Member's communication number.	Previous Version: Field: PHONE Notes/Comments: Including area code	No change required
F	32	FILLER	488	2	Filled with a qualified phone number including the area filled with blanks	Previous Version: Field: OTHER-INSURER1 Notes/Comments: Insurance co. code NOT USED	No change required
F	33	FILLER	490	20	filled with blanks	Previous Version: Field: OTH-POLICY1 Notes/Comments: Policy number NOT USED	No change required
F	34	FILLER	510	2	filled with blanks	Previous Version: Field: OTHER-INSURER2 Notes/Comments: Insurance co. code NOT USED	No change required
F	35	FILLER	512	20	filled with blanks	Previous Version: Field: OTH-POLICY2 Notes/Comments: Policy number NOT USED	No change required
F	36	FILLER	532	2	filled with blanks	Previous Version: Field: OTHER-INSURER Notes/Comments: Insurance co. code NOT USED	No change required
F	37	FILLER	534	20	filled with blanks	Previous Version: Field: OTH-POLICY3 Notes/Comments: Policy number NOT USED	No change required
F	38	FILLER	554	2	filled with blanks	Previous Version: Field: MEMBERS Notes/Comments: # members in family	No change required
F	39	FILLER	556	2	filled with blanks	Previous Version: Field: ODS-MEMBERS-ELIGIBLE Notes/Comments: # members eligible ODS / optional E.L.S.B. Val.	No change required
F	40	FILLER	558	6	filled with blanks	Previous Version: Field: USER-CODE Notes/Comments:	No change required
F	41	FILLER	564	8	filled with blanks	Previous Version: Field: ENTRY-DATE Notes/Comments: MMDDYYYY	No change required
F	42	FILLER	572	3	filled with blanks	Previous Version: Field: PCT-OF-POVERTY-LEVEL Notes/Comments: Zero fill, right justify, NOT USED	No change required



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F	43	FILLER	575	1	filled with blanks	Previous Version: Field: DEDUCTIBLE-LEVEL-CODE Notes/Comments: Zero fill, right justify, NOT USED	No change required
F	44	Eligible Members	576	2	Count of eligible members in the household of the insured member	Previous Version: Field: HCRE-MEMBERS-ELIGIBLE Notes/Comments: # members eligible by ASES. Zero fill, right justify	No change required
F	45	Cancellation or Termination Code	578	2	06.07.08.09, 09 - Moving Out of State 10,13,30,31 - Increase of the enrollee 13 - Enrollee Found Not Eligible 30 - Other Reasons 31 - Voluntary Closing	Eligibility determination reason code for member's cancellation or termination 06 - Change in Family Composition 07 - Income Changes 08 - Death of the enrollee 09 - Moving Out of State 10 - Increase of the enrollee 13 - Enrollee Found Not Eligible 30 - Other Reasons 31 - Voluntary Closing	No change required
F	46	Carrier Code	580	2	Code of insurance carrier assigned to the member.	Previous Version: Field: CARRIER_CODE Notes/Comments:	No change required
F	47	Carrier Effective Date	582	8	Effective Start Date for the member's coverage period in the assigned Insurance Carrier Format: MMDDCCYY Effective End Date for the member's coverage period in the assigned Insurance Carrier	Previous Version: Field: EFFECTIVE-CARRIER-DATE Notes/Comments: For Family Carrier, MMDDYYYY Change size from 10 to 8	No change required
F	48	Carrier End Date	590	8	Only for Transition Id = (History, otherwise filled with blanks	Previous Version: Field: ELA-ERRORS Notes/Comments: Zero fill, right justify, NOT USED Change position from 600 to 509 and size from 1 to 3	Change required
F	49	FILLER	598	3	Filled with blanks	Previous Version: Field: MANCOMUNADO Notes/Comments: Zero fill, right justify, NOT USED	Change required
F	50	FILLER	601	3	Filled with blanks	Previous Version: Field: FILLER Notes/Comments:	No change required
F	51	PMG Federal Tax Id	604	9	Federal Tax Id for the member's Primary Medical Group (PMG)	Previous Version: Field: PMG_Tax_ID Notes/Comments: PMG Tax ID	No change required
F	52	New Carrier	613	2	New carrier code	Previous Version: Field: NEW_CARRIER Notes/Comments: New carrier code	No change required
F	53	New PMG Federal Tax Id	615	9	Federal Tax Id for the PMG assigned to the insured member	Previous Version: Field: NEW_PMG_TAX_ID Notes/Comments: new IPA or PHO for families chamihit carrier	No change required
F	54	New PMG Effective Date	624	8	Effective start date for the new PMG assigned to the insured member	Previous Version: Field: NEW_PMG_eff_date Notes/Comments: MMDDYYYY - effective date of IPA/PHO change	No change required
F	55	Policy Number	632	13	Member's Policy Number (also known as Contract Number) assigned by the Insurance Carrier MCO contract number	Previous Version: Field: Contract Number Notes/Comments: MCO contract number Duplicated field, Record F, Field 11	No change required
F	56	FILLER	645	1	Filled with blanks	Previous Version: Field: REGION_ASES Notes/Comments:	Change required
F	57	New Carrier Effective Date	646	8	Effective date for the carrier assigned to the member	Previous Version: Field: NEW_CARRIER_EFFECTIVE_DATE Notes/Comments: New Carrier MMDDYYYY	No change required
F	58	PMG Effective Date	654	8	Effective date for the PMG assigned to the insured member	Previous Version: Field: PMG_eff_date Notes/Comments: MMDDYYYY	No change required
F	59	Certification Date	662	8	Member's certification date for the eligibility period Format: MMDDYYCC	Previous Version: Field: CERTIFICATION_DATE Notes/Comments: MMDDYYYY	No change required
F	60	PCP Change Reason	670	2	Code of member's reason for changing PCP	Previous Version: Field: PRIMARY_CENTER_PCP_CHANGE_REASON Notes/Comments: Basado en tabla de Código de	No change required



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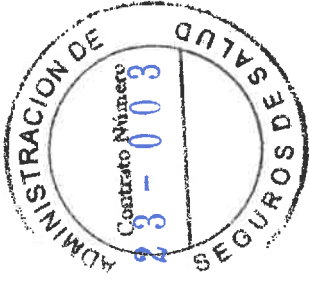
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F	61	FILLER	672	1	Filled with blanks	Previous Version: Field: AUTO_ENROLL_INDICATOR Notes/Comments: 0 = Not Auto; >0 = Auto Enroll	No change required
F	62	FILLER	673	8	Filled with blanks	Previous Version: Field: AUTO_ENROLL_DATE Notes/Comments: MMDDYYYY	No change required
F	63	FILLER	681	11	Filled with blanks	Previous Version: Field: PAM_NEW_FAMILY_ID Notes/Comments: New Family_id assigned by PAM for Medicaid. Use as a reference only.	No change required
F	64	Case Number	692	10	Member's case number assigned by the Department of Health / Medicaid Program This field is used depending on the member's eligibility status in Record M, Field 38 (Eligibility Indicator)	Previous Version: Field: Application Number Notes/Comments: Medicaid application form number	No change required
F	65	Extension or Cancellation Date	702	8	(1) Extension Date When the record Transaction id not valued '1' this is the member's Extension date for the cutoff Recertification Date (2) Cancellation Date When the record Transaction id is valued '1' this is the member's Termination or Cancellation date	Previous Version: Field: Medicaid_cancellation_dt Notes/Comments: MMDDYYYY	No change required
F	66	FILLER	710	8	Filled with blanks	Previous Version: Field: Region_move_eff_dt Notes/Comments: MMDDYYYY	No change required
F	67	FILLER	718	2	Filled with blanks	Previous Version: Field: Rate_cell Notes/Comments: See Rate Cell Table	No change required
F	68	Gender	720	1	Gender identity of the insured member 1 - Male 2 - Female 3 - Unknown For future enrollment period, filled with the member's new Identification Card Issue Date.	Previous Version: Field: gender Notes/Comments: 1=Male, 2= Female, 3=Unknown	No change required
F	69	New Id Card Issue Date	721	8	This field is filled with blanks when the insurance carrier has to submit an enrollment effectuation due to the addition of a subscriber or a change in the coverage code.	Previous Version: Field: new_card_id_date Notes/Comments: MMDDYYYY, For future enrollment	Change required
F	70	Enrollment Start Date	729	8	Member's start date for the current period of continuous enrollment in current insurance carrier.	Previous Version: Field: Eligibility_start_date Notes/Comments: Start date of the eligibility period evaluated by Medicaid MMDDYYYY	Change required
F	71	FILLER	737	3	Format: MMDDCCYY Filled with blanks	Notes/Comments: MMDDYYYY	No change required
M	1	Member (Second Segment)					No change required
M	1	Record Type	1	M	M - Member Second Segment transaction type identifier	Previous Version: Field: RECORD_TYPE Notes/Comments: M - Member Record	No change required
M	2	Transaction Id	2	1	E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*)	Previous Version: Field: TRAN_ID Notes/Comments: 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)	No change required
M	3	Process Date	3	8	(*) Correspond to record group, not to period order. Process Date for this transaction	Previous Version: Notes/Comments: MMDDYYYY	No change required
M	4	Social Security Number	11	9	Member's social security number	Previous Version: Field: MEMBER-SSN Notes/Comments: MEMBER-SSN=FAMILY-SSN	No change required
M	5	FILLER	20	2	filled with '00'	Previous Version: Field: FAMILY-SUFFIX	No change required
M	6	FILLER	22	1	Filled with blanks	Notes/Comments: 00	No change required



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Removed Duplicated Field Record M, Field 4	
M 7 FILLER	23 9 Filled with blanks No change required
M 8 FILLER	32 2 Filled with '0' No change required
M 9 Contact Person Id	34 11 Person Id assigned to the member's contact No change required
M 10 FILLER	45 3 filled with blanks No change required
M 11 Last Name	48 15 Member's Last Name No change required
M 12 Second Last Name	63 15 Member's Second Last Name No change required
M 13 First Name	78 20 Member's First Name No change required
M 14 Middle Initial	98 1 Member's Middle Initial No change required
M 15 FILLER	99 1 Filled with '0' No change required
M 16 Date Of Birth	100 8 Member's date of birth No change required
M 17 FILLER	108 1 Filled with '0' No change required
M 18 Sex	109 1 1,2,3 1 - Male 2 - Female 3 - Unknown No change required
M 19 FILLER	110 1 Filled with '0' No change required
M 20 FILLER	111 1 Filled with '0' No change required
M 21 FILLER	112 1 Filled with '0' No change required
M 22 FILLER	113 1 Filled with blanks No change required
M 23 Social Security Benefits	114 1 1,2 Code to identify if the member receives social security benefits 1 - Yes 2 - No No change required
M 24 FILLER	115 1 Filled with blanks No change required
M 25 FILLER	116 2 Filled with '00' No change required
M 26 FILLER	118 1 Filled with '0' No change required
M 27 FILLER	119 1 Filled with '0' No change required
M 28 FILLER	120 1 Filled with '0' No change required
M 29 FILLER	121 1 Filled with '0' No change required



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Code of the member's marital status		Code of the member's marital status		Previous Version:	Notes/Comments:	
M	30	Marital Status Code	122	1	1,2,3,4,5 1 - Single 2 - Married 3 - Divorced 4 - Widowed 5 - Other	No change required
M	31	FILLER	123	9	Filled with blanks	No change required
M	32	Pregnancy Indicator	132	1	1,2 Member's pregnancy indicator at the moment of the eligibility evaluation 1 - Member is not pregnant 2 - Member is pregnant	No change required
M	33	FILLER	133	1	filled with blanks	No change required
M	34	MBI	134	11	Member's current Medicare Beneficiary Identifier filled with blanks if member does not have Medicare coverage	No change required
M	35	FILLER	145	1	Filled with '0'	No change required
M	36	FILLER	146	1	Filled with '0'	No change required
M	37	FILLER	147	1	Filled with '0'	No change required
M	38	Eligibility Indicator	148	1	Y,N Member's eligibility indicator for this transaction Y - Yes, Member is Eligible N - No, Member is not Eligible	No change required
M	39	Cancellation Code	149	2	Duplicated field for Record F, Field 45	No change required
M	40	FILLER	151	2	Filled with value in Record F, Field 45	No change required
M	41	FILLER	153	20	Filled with blanks	No change required
M	42	FILLER	173	2	Filled with blanks	No change required
M	43	FILLER	175	20	Filled with blanks	No change required
M	44	FILLER	195	2	Filled with blanks	No change required
M	45	FILLER	197	20	Filled with blanks	No change required
M	46	Government Group	217	2	See Reference Table Group identifier related to other federal and local government entities associated with the insured member's Person Identifier	No change required
M	47	Person Id	219	11	This Identifier is assigned to beneficiaries and related contact and household persons by the Department of Health	No change required
M	48	FILLER	230	10	Filled with blanks	No change required
M	49	FILLER	240	5	Filled with blanks	No change required
M	50	MPI	245	13	Member's master patient index (MPI) number	No change required

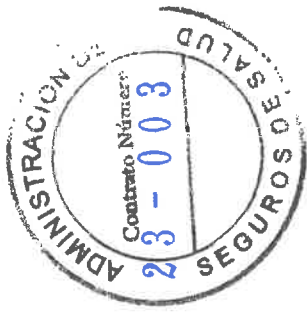




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M	51	Certification Date	258	8	Duplicate Field on Record F Field 59 Filled with value in Record F, Field 59	Previous Version: Field: MEMBER CERTIFICATION DATE Notes/Comments: MMDDYYYY	No change required
M	52	Policy Number	266	13	Member's Policy Number (Contract Number) assigned by the Insurance Carrier. Code of PMG assigned to the insured member.	Previous Version: Field: CONTRACT NUMBER Notes/Comments: Infillage Suffix	No change required
M	53	PMG Code	279	4	PMG code must be submitted to ASES in Report 12 by the insurance carrier in a weekly basis. Effective Start Date of the member's assignment to the PMG	Previous Version: Field: MEMBER PRIMARY CENTER Notes/Comments: IFA code	No change required
M	54	PMG Effective Date	283	8	Code of the PMG assigned to the insured member	Previous Version: Field: MEMBER PRIMARY CENTER EFFECTIVE DATE Notes/Comments:	No change required
M	55	New PMG Code	281	4	PMG Code must be provided by the Insurance Carrier in a weekly basis in Report 12. Effective Start Date of the PMG assigned to the insured member	Previous Version: Field: MEMBER NEW PRIMARY CENTER Notes/Comments:	No change required
M	56	New PMG Effective Date	295	8	Format: MMDDCCYY NPI of the PCP assigned to the insured member	Previous Version: Field: MEMBER NEW PRIMARY CENTER Notes/Comments: MMDDYYYY	No change required
M	57	PCP	303	15	Format: MMDDCCYY Effective start date for the PCP assigned to the insured member	Previous Version: Field: PCP1 Notes/Comments:	No change required
M	58	PCP Effective Date	318	8	Format: MMDDCCYY Effective start date for the PCP assigned to the insured member	Previous Version: Field: PCP1 EFFECTIVE DATE Notes/Comments: MMDDYYYY	No change required
M	59	Second PCP	326	15	Format: MMDDCCYY NPI of the Second PCP assigned to the insured member	Previous Version: Field: PCP2 Notes/Comments:	No change required
M	60	Second PCP Effective Date	341	8	Effective start date for the second PCP assigned to the insured member	Previous Version: Field: PCP2 EFFECTIVE DATE Notes/Comments: MMDDYYYY	No change required
M	61	New PCP	349	15	Format: MMDDCCYY NPI of the New PCP assigned to the insured member	Previous Version: Field: NEW PCP1 Notes/Comments:	No change required
M	62	New PCP Effective Date	364	8	Format: MMDDCCYY Effective start date for the New PCP assigned to the insured member	Previous Version: Field: NEW PCP1 EFFECTIVE DATE Notes/Comments: MMDDYYYY	No change required
M	63	New Second PCP	372	15	Format: MMDDCCYY NPI of the New Second PCP assigned to the insured member	Previous Version: Field: NEW PCP2 Notes/Comments:	No change required
M	64	New Second PCP Effective Date	387	8	Format: MMDDCCYY Effective start date for the New Second PCP assigned to the insured member	Previous Version: Field: NEW PCP2 EFFECTIVE DATE Notes/Comments: MMDDYYYY	No change required
M	65	FILLER	395	15	Filled with blanks Member's Identification Card Issue Date	Previous Version: Field: CARD ID NUMBER Notes/Comments: For Plano Carriers this field will start to be left blank when the Carrier is required to submit a Enrollment Effectuation for a change in Cost Sharing Coverage Code (.SUS)	No change required
M	66	Id Card Issue Date	410	8	This field is filled with blanks when the insurance carrier has to submit an enrollment effectuation due to the addition of a subscriber or a change in the coverage code.	Previous Version: Field: CARD ID DATE Previous Version: Field: ELA INDICATOR Notes/Comments: 1=NO PREMIUM, 2=PREMIUM, Spaces when not ELA.	Change required
M	67	FILLER	418	1	Filled with blanks member's primary care change (primary care Includes: PMG, PCP, Second PCP)	Previous Version: Field: ELA INDICATOR Notes/Comments: 1=NO PREMIUM, 2=PREMIUM, Spaces when not ELA.	No change required
M	68	Primary Care Change Reason	419	2	This is an informative field that may be used for audit purposes. Fill with blanks if no PMG, PCP or Second PCP changes.	Previous Version: Field: PRIMARY CENTER PCP CHANGE REASON Notes/Comments: Basado en tabla de Código de Razón.	No change required



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M	69	Program	421	1	1,2,3	Members Affordability Insurance Program 1 - Medicaid 2 - CHIP 3 - Commonwealth Member's current Medicare coverage for Part A, Part B	Previous Version: Field: MEDICAID_INDICATOR Notes/Comments: 1=Medicaid Federal, 2=SCHIPS 3=Estatal 4= Estatal otros	No change required
M	70	Medicare Plan Code	422	1	1,3,9	1 - A&B 3 - A 9 - B	Previous Version: Field: MEDICARE_INDICATOR Notes/Comments: 1=A&B, 3=A, 9=B	No change required
M	71	Carrier	423	2		Filled with blanks if no Medicare Coverage Code of the carrier assigned to the member	Previous Version: Field: CARRIER Notes/Comments:	No change required
M	72	Carrier Effective Date	425	8		Effective start date of the carrier assigned to the insured member Format: MMDDCCYY	Previous Version: Field: CARRIER_EFF_DATE Notes/Comments: MMDDYYYY	No change required
M	73	New Carrier	433	2		Code of the insurance new carrier assigned to the member	Previous Version: Field: NEW_CARRIER Notes/Comments:	No change required
M	74	New Carrier Effective Date	435	8		Effective start date of the new carrier assigned to the insured member Format: MMDDCCYY	Previous Version: Field: NEW_CARRIER_EFF_DATE Notes/Comments: MMDDYYYY	No change required
M	75	Plan Type	443	2	01,02	Code of the Plan Type assigned to the insured member 01 - Vital 02 - Platino	Previous Version: Field: PLAN_TYPE Notes/Comments: bb=eligible no suscrito, Ver tabla Plan Type	No change required
M	76	Plan Type Effective Date	445	8		Effective start date of the Plan Type assigned to the insured member Format: MMDDCCYY	Previous Version: Field: PLAN_TYPE_EFF_DATE Notes/Comments: MMDDYYYY	No change required
M	77	Plan Version	453	3	See Ref Table	Code of the insurance carrier's product matching member's health coverage entitlement	Previous Version: Field: PLAN_VERSION Notes/Comments: Version del plan MA suscrito	No change required
M	78	Plan Version Effective Date	456	8		Effective start date of the Plan Version assigned to the insured member Format: MMDDCCYY	Previous Version: Field: PLAN_VERSION_EFF_DATE Notes/Comments: MMDDYYYY	No change required
M	79	New Plan Type	464	2		Code of New Plan Type assigned to the insured member 01 - Vital 02 - Platino	Previous Version: Field: NEW_PLAN_TYPE Notes/Comments: bb=eligible no suscrito, Ver tabla Plan Type	No change required
M	80	New Plan Type Effective Date	466	8		Effective start date of the new Plan Type assigned to the insured member Format: MMDDCCYY	Previous Version: Field: NEW_PLAN_TYPE_EFF_DATE Notes/Comments: MMDDYYYY	No change required
M	81	New Plan Version	474	3		Code of the new insurance product the carrier assigned to the member matching the requested Health Coverage	Previous Version: Field: NEW_PLAN_VERSION Notes/Comments: Version del plan MA suscrito	No change required
M	82	New Plan Version Effective Date	477	8		Effective start date of the new Plan Version assigned to the insured member Format: MMDDCCYY	Previous Version: Field: NEW_PLAN_VERSION_EFF_DATE Notes/Comments: MMDDYYYY	No change required
M	83	FILLER	485	1		Filled with blanks	Previous Version: Field: INSTITUTIONAL_STATUS Notes/Comments: Y or N	No change required
M	84	FILLER	486	12		Filled with blanks	Field: HIC NUMBER MA Notes/Comments: If it is Medicare, the MBI number will be included	No change required
M	85	FILLER	488	1		Filled with blanks	Field: AUTO_ENROLL_INDICATOR Notes/Comments: 0 = Not Auto; >0 = Auto Enroll	No change required
M	86	FILLER	499	8		Filled with blanks	Field: AUTO_ENROLL_DATE Notes/Comments: MMDDYYYY	No change required
M	87	FILLER	507	1		Filled with blanks	Field: IPA_ESPECIAL Notes/Comments: 1 = IPA Especial	No change required
M	88	FILLER	508	2		Filled with blanks	Field: CMS Cert. Status Notes/Comments: Status de Certificación en CMS	No change required



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M	89	Coverage Code	510	3	See coverage codes table	Code for the member's health coverage entitlement	Previous Version: Field: Coverage_Code Notes/Comments:	No change required
M	90	New Policy Number	513	13	Member's Policy Number (Contract Number) assigned by the Insurance Carrier.	Field: New Contract Number Notes/Comments:	No change required	
M	91	FILLER	526	1	Filled with blanks	Field: Special_Enroll Notes/Comments: E = Emergency, N = New Born	No change required	
M	92	Cost Sharing Exception Code	527	1	N, C, P, A, I, H N - No exception C - Child P - Pregnant A - American Indian I - Institutionalized H - Hospice	Field: Cost Sharing Flag Notes/Comments: N=No exception, C=Child, P=Pregnant, A=American Indian, I=Institutionalized, H=Hospice	No change required	
M	93	Co-Payment Maximum	528	5	Maximum co-payment amount for the members household. Format: filled with number, includes two decimal N - No extension A - Pending Appeal U - Appeal closed P - Pregnancy X - Other extension H - Natural Disaster Fill with blanks	Field: Max copay Notes/Comments: Max co-pay for household. Will include two decimal positions.	No change required	
M	94	Extension Flag	533	1	N, A, U, P, X, H		No change required	
M	95	Spend Down Indicator	534	1	N, S N - No spend-down involved S - Spend-down satisfied	Field: Spend_down Flag Notes/Comments: N=No spend-down involved S=Spend-down satisfied (If S, required at least one spend-down record on record group)	No change required	
M	96	Eligibility Group	535	3	See Ref Table	Field: Group_code Notes/Comments: See group code table	No change required	
M	97	Date of Death	538	8	Member's date of death as reported by the Department of Health Format: MMDDCCYY This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field	Field: Deceased Date Notes/Comments: Format: MMDDYYYY; Member deceased date. Required where hire_denial_code = 00; (Cancellation Reason). Reject if not 00, only in PD	No change required	
M	98	Custom Property 1	546	8	For current use see reference table "Custom Property 1" This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field	Field: Custom Property 1 Notes/Comments: Custom Value 1. The value used in this field is defined by ASES according to specific reporting requirements for an effective period. - See Reference Table "Custom Properties"	No change required	
M	99	Custom Property 2	554	8	For current use see reference table "Custom Property 2" This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field	Field: Custom Property 2 Notes/Comments: Custom Value 1. The value used in this field is defined by ASES according to specific reporting requirements for an effective period. - See Reference Table "Custom Properties"	No change required	
M	100	Custom Property 3	562	15	For current use see reference table "Custom Property 3" This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field	Field: Custom Property 3 Notes/Comments: Custom Value 3. The value used in this field is defined by ASES according to specific reporting requirements for an effective period. - See Reference Table "Custom Properties"	No change required	
M	101	Custom Property 4	577	15	For current use see reference table "Custom Property 4" This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field	Field: Custom Property 4 Notes/Comments: Custom Value 4. The value used in this field is defined by ASES according to specific reporting requirements for an effective period. - See Reference Table "Custom Properties"	No change required	
O	102	FILLER	592	148	Filled with blanks		No change required	
O	1	Record Type	1	1	O - Household Record		No change required	



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Transaction Type	Transaction ID	Process Date	Member ID	Person ID	Household Person	Transaction Description	Notes/Comments	Previous Version	Required
O	2	11/03/11	11	22	11	Person id for member's household person 1	Field: MPL_1 Notes/Comments: Medicaid MPI related	No change required	No change required
O	3	11/03/11	33	44	11	Person id for member's household person 2	Field: MPL_2 Notes/Comments: Medicaid MPI related	No change required	No change required
O	4	11/03/11	44	55	11	Person id for member's household person 3	Field: MPL_3 Notes/Comments: Medicaid MPI related	No change required	No change required
O	5	11/03/11	55	66	11	Person id for member's household person 4	Field: MPL_4 Notes/Comments: Medicaid MPI related	No change required	No change required
O	6	11/03/11	66	77	11	Person id for member's household person 5	Field: MPL_5 Notes/Comments: Medicaid MPI related	No change required	No change required
O	7	11/03/11	77	88	11	Person id for member's household person 6	Field: MPL_6 Notes/Comments: Medicaid MPI related	No change required	No change required
O	8	11/03/11	88	99	11	Person id for member's household person 7	Field: MPL_7 Notes/Comments: Medicaid MPI related	No change required	No change required
O	9	11/03/11	99	100	11	Person id for member's household person 8	Field: MPL_8 Notes/Comments: Medicaid MPI related	No change required	No change required
O	10	11/03/11	100	111	11	Person id for member's household person 9	Field: MPL_9 Notes/Comments: Medicaid MPI related	No change required	No change required
O	11	11/03/11	111	122	11	Person id for member's household person 10	Field: MPL_10 Notes/Comments: Medicaid MPI related	No change required	No change required
O	12	11/03/11	122	133	11	Person id for member's household person 11	Field: MPL_11 Notes/Comments: Medicaid MPI related	No change required	No change required
O	13	11/03/11	133	144	11	Person id for member's household person 12	Field: MPL_12 Notes/Comments: Medicaid MPI related	No change required	No change required
O	14	11/03/11	144	155	11	Person id for member's household person 13	Field: MPL_13 Notes/Comments: Medicaid MPI related	No change required	No change required
O	15	11/03/11	155	166	11	Person id for member's household person 14	Field: MPL_14 Notes/Comments: Medicaid MPI related	No change required	No change required
O	16	11/03/11	166	177	11	Person id for member's household person 15	Field: MPL_15 Notes/Comments: Medicaid MPI related	No change required	No change required
O	17	11/03/11	177	188	11	Person id for member's household person 16	Field: MPL_16 Notes/Comments: Medicaid MPI related	No change required	No change required
O	18	11/03/11	188	199	11	Person id for member's household person 17	Field: MPL_17 Notes/Comments: Medicaid MPI related	No change required	No change required
O	19	11/03/11	199	200	11	Person id for member's household person 18	Field: MPL_18 Notes/Comments: Medicaid MPI related	No change required	No change required
O	20	11/03/11	200	200	520	Fill with empty spaces.		No change required	No change required
I	1	1	1	1	1	Insurance (COB) Record		No change required	No change required

*Handwritten note: \*1- Correspond to record group, not to period order.*

*Handwritten note: ASES Process Date for this transaction*

*Handwritten note: Format: MMDDYYYY*

*Handwritten note: Member's Person Id*

*Handwritten note: Person Id for member's household person 1*

*Handwritten note: Person Id for member's household person 2*

*Handwritten note: Person Id for member's household person 3*

*Handwritten note: Person Id for member's household person 4*

*Handwritten note: Person Id for member's household person 5*

*Handwritten note: Person Id for member's household person 6*

*Handwritten note: Person Id for member's household person 7*

*Handwritten note: Person Id for member's household person 8*

*Handwritten note: Person Id for member's household person 9*

*Handwritten note: Person Id for member's household person 10*

*Handwritten note: Person Id for member's household person 11*

*Handwritten note: Person Id for member's household person 12*

*Handwritten note: Person Id for member's household person 13*

*Handwritten note: Person Id for member's household person 14*

*Handwritten note: Person Id for member's household person 15*

*Handwritten note: Person Id for member's household person 16*

*Handwritten note: Person Id for member's household person 17*

*Handwritten note: Person Id for member's household person 18*

*Handwritten note: Fill with empty spaces.*

*Handwritten note: Insurance (COB) Record*



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Transaction Type Identifier		Transaction Type Identifier	
1	2	1	2
E - Eligible	E.I.H.1,2,3	E - Eligible	E.I.H.1,2,3
I - Ineligible		I - Ineligible	
H - History		H - History	
1 - Retroactive Period (*)		1 - Retroactive Period (*)	
2 - Retroactive Period (*)		2 - Retroactive Period (*)	
3 - Retroactive Period (*)		3 - Retroactive Period (*)	
(*) Correspond to record group, not to record order			
1	3	1	3
Process Date	8	Process Date	8
ASES Process Date for this transaction			
1	4	1	4
Person Id	11	Member's Person Id	11
Format: MMDDCCYY			
1	5	1	5
FILLER	22	filled with '0'	22
See Insurer Codes Tab			
1	6	1	6
Health Insurer Code	24	Code assigned to the Insurance Company	24
Policy number assigned by the Insurance Company to the member.			
1	7	1	7
Policy Number	27	Policy Number	27
Notes/Comments: If it is Medicare, the MBI number will be included			
1	8	1	8
Policy End Date	47	Policy End Date	47
1	9	1	9
Covered Services	55	20 coverage code fields (2 character each).	55
1	10	1	10
Policy Effective Date	95	Effective Date for policy (indicate business or private address).	95
1	11	1	11
FILLER	103	FILLER	103
Rate Cell	637	Rate Cell	637
R	1	R	1
Record Type	1	R - Rate Cell Record	1
Transaction Type Identifier			
R	2	R	2
Transaction Id	2	E.I.H.1,2,3	2
ASES Process Date for this transaction			
R	3	R	3
Process Date	3	Process Date	3
Format: MMDDCCYY			
R	4	R	4
Person Id	11	Member's Person Id	11
R	6	R	6
FILLER	22	Filled with blanks	22
R	7	R	7
Rate Code	36	Member's actualized rate cell	36
R	8	R	8
Rate Effective Date	38	Member's rate cell effective start	38
Format: MMDDCCYY			
R	9	R	9
Rate End Date	46	Member's rate cell effective end.	46
Filled with blanks when effective period ends with the end of the eligibility period			
R	10	R	10
FILLER	54	Filled with blanks	54
Format: MMDDCCYY, Optional			
Change required			

Previous Version:  
Field: TRAN-ID  
Notes/Comments: 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)  
No change required

Previous Version:  
Notes/Comments: MMDDYYYY  
No change required

Previous Version:  
Field: FAMILY\_ID  
Notes/Comments:  
No change required

Previous Version:  
Field: MEMBER\_SUFFIX  
Notes/Comments: 01  
Pill changes will be identified by a specific code instead of 088  
No change required

Previous Version:  
Field: Health Insurer Code  
Notes/Comments:  
Change required

Previous Version:  
Field: Policy Number  
Notes/Comments: If it is Medicare, the MBI number will be included  
No change required

Previous Version:  
Field: Policy-EXPIRATION-DATE  
Notes/Comments: MMDDYYYY  
No change required

Added  
Added  
Change required

Added  
Change required

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Added  
Added  
Added  
Added  
Change required

Added  
Change required

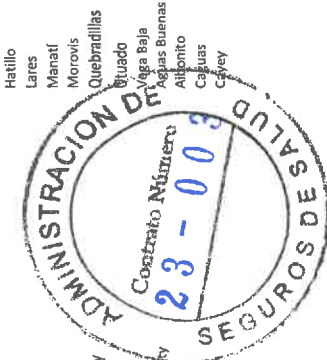
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Change required



Code	Description Español	English	Government Entity
01	Policía Estatal (Activo)	Police Officer with Active Employment	Puerto Rico Police Department
02	Veterano	Veteran	Department of Veterans Affairs
03	Administración de Instituciones Juveniles (AIJ)	Person in a Juvenile Detention Facility	Department of Correction And Rehabilitation
04	Psiquiatría Forense	Person in a Forensic Psychiatry Facility	Department of Correction And Rehabilitation
05	Confinado	Person in a Correctional Detention Facility	Commonwealth of Puerto Rico
06	Empleado público o pensionado del E.L.A.	Employee or Pensioner of the Commonwealth of Puerto Rico	Puerto Rico Police Department
07	Esposo(a) de Policía (Cónyuge)	Spouse of Police Officer	Department of Veterans Affairs
08	Desambulante Veterano	Homeless - Veteran	Puerto Rico Administration of Mental Health and Anti-Addiction Services
09	Desambulante Severos Daños Salud Mental	Homeless - Severe Mental Health Damage	
10	Desambulante	Homeless	
11	Hija(a) de Policía (hasta 25 años, inclusive)	Dependant of a Police Officer, Age 25 or less	Puerto Rico Police Department
12	Violencia Doméstica (Of. Procuradora de la MU)	Domestic Abuse of the MU	Woman's Advocate Office of Puerto Rico
13	Orden Ejecutiva Embarazadas	Executive Order for Pregnant Women	
14	Desambulante (Otros)	Homeless (Others)	
15	Empleado Municipal Aguada	Employee of Aguada Municipality	Aguada
16	Empleado Municipal Aguadilla	Employee of Aguadilla Municipality	Aguadilla
17	Empleado Municipal Isabela	Employee of Isabela Municipality	Isabela
18	Empleado Municipal Moca	Employee of Moca Municipality	Moca
19	Empleado Municipal San Sebastián	Employee of San Sebastián Municipality	San Sebastián
20	Empleado Municipal Barranquitas	Employee of Barranquitas Municipality	Barranquitas
21	Empleado Municipal Bayamón	Employee of Bayamón Municipality	Bayamón
22	Empleado Municipal Cataño	Employee of Cataño Municipality	Cataño
23	Empleado Municipal Comerío	Employee of Comerío Municipality	Comerío
24	Empleado Municipal Corozal	Employee of Corozal Municipality	Corozal
25	Empleado Municipal Dorado	Employee of Dorado Municipality	Dorado
26	Empleado Municipal Naranjito	Employee of Naranjito Municipality	Naranjito
27	Empleado Municipal Orocovis	Employee of Orocovis Municipality	Orocovis
28	Empleado Municipal Toa Alta	Employee of Toa Alta Municipality	Toa Alta
29	Empleado Municipal Toa Baja	Employee of Toa Baja Municipality	Toa Baja
30	Empleado Municipal Vega Alta	Employee of Vega Alta Municipality	Vega Alta
31	Empleado Municipal Ceiba	Employee of Ceiba Municipality	Ceiba
32	Empleado Municipal Culebra	Employee of Culebra Municipality	Culebra
33	Empleado Municipal Fajardo	Employee of Fajardo Municipality	Fajardo
34	Empleado Municipal Luquillo	Employee of Luquillo Municipality	Luquillo
35	Empleado Municipal Río Grande	Employee of Río Grande Municipality	Río Grande
36	Empleado Municipal Vieques	Employee of Vieques Municipality	Vieques
37	Empleado Municipal Canóvanas	Employee of Canóvanas Municipality	Canóvanas
38	Empleado Municipal Carolina	Employee of Carolina Municipality	Carolina
39	Empleado Municipal Guaynabo	Employee of Guaynabo Municipality	Guaynabo
40	Empleado Municipal Lotza	Employee of Lotza Municipality	Lotza
41	Empleado Municipal Trujillo Alto	Employee of Trujillo Alto Municipality	Trujillo Alto
42	Empleado Municipal San Juan	Employee of San Juan Municipality	San Juan
43	Empleado Municipal Arecibo	Employee of Arecibo Municipality	Arecibo
44	Empleado Municipal Barceloneta	Employee of Barceloneta Municipality	Barceloneta
45	Empleado Municipal Camuy	Employee of Camuy Municipality	Camuy
46	Empleado Municipal Ciales	Employee of Ciales Municipality	Ciales
47	Empleado Municipal Florida	Employee of Florida Municipality	Florida
48	Empleado Municipal Hatillo	Employee of Hatillo Municipality	Hatillo
49	Empleado Municipal Lares	Employee of Lares Municipality	Lares
50	Empleado Municipal Manatí	Employee of Manatí Municipality	Manatí
51	Empleado Municipal Morovis	Employee of Morovis Municipality	Morovis
52	Empleado Municipal Quebradillas	Employee of Quebradillas Municipality	Quebradillas
53	Empleado Municipal Utuado	Employee of Utuado Municipality	Utuado
54	Empleado Municipal Vega Baja	Employee of Vega Baja Municipality	Vega Baja
55	Empleado Municipal Aguas Buenas	Employee of Aguas Buenas Municipality	Aguas Buenas
56	Empleado Municipal Aibonito	Employee of Aibonito Municipality	Aibonito
57	Empleado Municipal Caguas	Employee of Caguas Municipality	Caguas
58	Empleado Municipal Cayey	Employee of Cayey Municipality	Cayey

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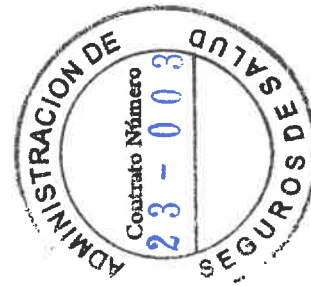
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59	Empleado Municipal Cidra	Empleado de Cidra Municipality	Cidra
60	Empleado Municipal Gurabo	Employee of Gurabo Municipality	Gurabo
61	Empleado Municipal Humacao	Employee of Humacao Municipality	Humacao
62	Empleado Municipal Juncos	Employee of Juncos Municipality	Juncos
63	Empleado Municipal Las Piedras	Employee of Las Piedras Municipality	Las Piedras
64	Empleado Municipal Maunabo	Employee of Maunabo Municipality	Maunabo
65	Empleado Municipal Naguabo	Employee of Naguabo Municipality	Naguabo
66	Empleado Municipal San Lorenzo	Employee of San Lorenzo Municipality	San Lorenzo
67	Empleado Municipal Yabucoa	Employee of Yabucoa Municipality	Yabucoa
68	Empleado Municipal Cabo Rojo	Employee of Cabo Rojo Municipality	Cabo Rojo
69	Empleado Municipal Hormigueros	Employee of Hormigueros Municipality	Hormigueros
70	Empleado Municipal Lajas	Employee of Lajas Municipality	Lajas
71	Empleado Municipal Las Marías	Employee of Las Marías Municipality	Las Marías
72	Empleado Municipal Mayagüez	Employee of Mayagüez Municipality	Mayagüez
73	Empleado Municipal Rincón	Employee of Rincón Municipality	Rincón
74	Empleado Municipal Sabana Grande	Employee of Sabana Grande Municipality	Sabana Grande
75	Empleado Municipal San Germán	Employee of San Germán Municipality	San Germán
76	Empleado Municipal Maricao	Employee of Maricao Municipality	Maricao
77	Empleado Municipal Adjuntas	Employee of Adjuntas Municipality	Adjuntas
78	Empleado Municipal Arroyo	Employee of Arroyo Municipality	Arroyo
79	Empleado Municipal Coamo	Employee of Coamo Municipality	Coamo
80	Empleado Municipal Guánica	Employee of Guánica Municipality	Guánica
81	Empleado Municipal Guayama	Employee of Guayama Municipality	Guayama
82	Empleado Municipal Guayanilla	Employee of Guayanilla Municipality	Guayanilla
83	Empleado Municipal Jayuya	Employee of Jayuya Municipality	Jayuya
84	Empleado Municipal Juana Díaz	Employee of Juana Díaz Municipality	Juana Díaz
85	Empleado Municipal Patillas	Employee of Patillas Municipality	Patillas
86	Empleado Municipal Peñuelas	Employee of Peñuelas Municipality	Peñuelas
87	Empleado Municipal Ponce	Employee of Ponce Municipality	Ponce
88	Empleado Municipal Salinas	Employee of Salinas Municipality	Salinas
89	Empleado Municipal Santa Isabel	Employee of Santa Isabel Municipality	Santa Isabel
90	Empleado Municipal Villalba	Employee of Villalba Municipality	Villalba
91	Empleado Municipal Yauco	Employee of Yauco Municipality	Yauco
92	Empleado Municipal Añasco	Employee of Añasco Municipality	Añasco
93	Empleado Universidad de PR y sus Recintos	#NAME?	University of Puerto Rico
94	Empleado de Corporaciones Públicas	#NAME?	Government Corporation
95	Program MEDIMED		MEDIMED Program
97	Encarcelados		Department Of Correction And Rehabilitation
96	Adfan Título IV - Asistencia para Adopción		Administration for Childen and Families
99	Ninguno		None

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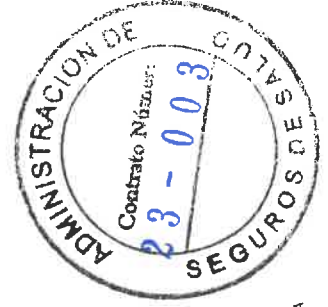
Insurer Code Insurer Name Insurer Name  
002 MEDICARE-HOSPITAL-AMBULATORIO-PARTE-A-B  
003 MEDICARE Y MUCHO MAS  
004 MEDICARE HOSP. - PARTE A  
005 PREFERRED MEDICARE CHOICE  
006 MCS CLASSICARE  
007 TRIPLE-S MEDICARE OPTIMO ADVANTAGE  
008 LA CRUZ AZUL DE PUERTO RICO  
009 TRIPLE-S  
010 MEDICARE AMBULATORIO - PARTE B  
011 INTERNATIONAL MEDICAL CARD  
012 ASOCIACION DE MAESTROS  
013 HUMANA ADVANTAGE  
014 COSVI DE P.R.  
015 MCS  
016 HOSPITAL DE LA CONCEPCIÓN  
017 HUMANA  
018 SERVICIOS DE SALUD BELLA VISTA  
019 AUXILIO MUTUO  
020 UNION TRABAJADORES DE MUELLES  
021 GOLDEN CROSS HEALTH PLAN  
022 PLAN DE SALUD MENONITA DE P. R.  
023 AETNA LIFE INS. CO.  
024 AMERICAN CENTRAL INVESTOR LIFE  
025 AMERICAN FAMILY LIFE INSURANCE  
026 AMERICAN HOME ASSURANCE  
027 ALLSTATES INSURANCE CO.  
028 AMERICAN HARDWARE LIFE INS.  
029 AMERICAN NATIONAL INS. CO.  
030 ATLANTIC SOUTHERN INS. CO.  
031 AMERICAN CENTRAL INVESTOR INS. CO.  
032 ARGONAUT INS. CO.  
033 CONFEDERATION LIFE INS. CO.  
034 COMBINED INS. CO.  
035 CROWN LIFE INSURANCE CO.  
036 CONNECTICUT GENERAL LIFE INS. CO.  
037 COOPERATIVA SEGUROS MULTIPLES  
038 COMMUWEALTH INS. CO.  
039 CONTINENTAL ASSURANCE CO.  
040 CHAMPLURS, BLUE SHIELD OF CALIFORNIA  
041 CONFEDERATION LIFE GROUP HEALTH CLAIMS  
042 GENERAL ACCIDENT AND INSURANCE CORP.  
043 INTERCONTINENTAL LADIES GARMENT WORKERS  
044 JOHN HANCOCK  
045 LINCOLN NATIONAL LIFE INS. CO.  
046 LA ATLANTICA  
047 LINCOLN INCOME LIFE INS. CO.  
048 MUTUAL LIFE INC.  
049 MUTUAL LIFE INC.  
050 MASSACHUSETTS MUTUAL LIFE INS. CO.  
051 METROPOLITAN LIFE INS.  
052 MONEY MUTUAL LIFE INS. OF N. Y.  
053 NATIONAL LIFE INS. CO.  
054 N.M.U. PENSION AND WELFARE PLAN  
055 NEW ENGLAND MUTUAL LIFE INS. CO.  
056 NORTH AMERICAN CO. LIFE INS. CO.  
057 NATIONAL HOME LIFE INS.  
058 NEW YORK LIFE INS. CO.  
059 OCCIDENTAL LIFE INS.  
060 PROVIDENT LIFE AND ACCIDENT INS. CO.  
061 PRUDENTIAL LIFE INS. CO.  
062 PACIFIC MUTUAL LIFE INS. CO.  
063 PUERTO RICAN AMERICAN INS. CORP.  
064 PLAN UNION MARINOS MERCANTES

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- 064 PILOT LIFE INS. CO.
- 065 PAN AMERICAN LIFE INS. CO.
- 066 PLAN DE SALUD U.I.A.
- 067 REPUBLIC NATIONAL LIFE INS. CO.
- 068 SEAFARERS 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.
- 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 PREFERRED
- 105 CIGNA EXCLUSIVE
- 106 CANADA LIFE
- 107 CHAMPUS/CHAMPVA
- 108 MEDPLUS
- 109 COLVER
- 110 GLOBAL HEALTH PLAN
- 111 HOFFA
- 112 INTEGRATE COMMUNITY HEALTH
- 113 PROSALUD
- 114 INTERNATIONAL MANAGED CARE
- 115 MIMM
- 116 NIÑOS LISIADOS (DEPT DE SALUD)
- 117 OPTIONS
- 118 PALIC
- 119 PROSSAM
- 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.



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- 128 FEDERACION DE MAESTROS DE PUERTO RICO
- 129 CONSTELLATION HEALTH
- 130 PLATINO - CONSTELLATION HEALTH
- 131 PLATINO - HUMANA ADVANTAGE
- 132 PLATINO - MCS CLASSICARE
- 133 PLATINO - MEDICARE Y MUCHO MAS (M/MM)
- 134 PLATINO - PREFERRED MEDICARE CHOICE (PMC)
- 135 PLATINO - TRIPLE-S ADVANTAGE
- 136 MEDICARE FARMACIA - PARTE D

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Municipality-Cod Municipality Name Remon-Cod

0004	Adjuntas	S
0008	Aguada	Z
0012	Aguadilla	Z
0016	Aguas Buenas	E
0020	Albionto	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	Cosmo	G
0092	Comerio	B
0096	Corozal	B
0100	Culebra	F
0104	Dorado	B
0108	Fajardo	F
0112	Florida	A
0116	Guanica	S
0120	Gueyama	G
0124	Guayanilla	S
0128	Gueynabo	B
0132	Gurabo	E
0136	Hatillo	A
0140	Hormigueros	Z
0144	Humacao	E
0148	Isabela	Z
0152	Jayuya	S
0156	Juana Díaz	G
0160	Juncos	E
0164	Leñas	Z
0168	Lares	A
0172	Las Meriás	Z
0176	Las Piedras	E
0180	Loíza	F
0184	Luquillo	F
0188	Manatí	A
0192	Maricao	Z
0196	Maunabo	G
0200	Mayagüez	Z
0204	Moca	Z
0208	Morovis	A
0212	Naguabo	E
0216	Naranjito	B
0220	Orocovis	G



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0224	Peñillas	G
0228	Peñuelas	S
0232	Ponce	S
0236	Quebradillas	A
0240	Rincon	Z
0244	Rio Grande	F
0248	Sabana Grande	Z
0252	Sainas	G
0256	San German	Z
0264	Puerta de Tierra	J
0266	San Juan	J
0270	Puerto Nuevo	J
0272	Rio Piedras	J
0274	San Jose	J
0276	San Lorenzo	E
0280	San Sebastian	Z
0284	Santa Isabel	G
0288	Toa Alta	B
0292	Toa Baja	B
0296	Trujillo Alto	F
0300	Utuado	A
0304	Vega Alta	B
0308	Vega Baja	A
0312	Vieques	F
0316	Villalba	G
0320	Yabucoa	E
0324	Yauco	S
0666	Outside Puerto Rico	



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