ADDENDUM 5

Coordination of Benefits (COB)

Puerto Rico Medicaid Enterprise - Health Insurance Plans

ASES COB Data Submissions (Third Party Liability)
Interface Control Document

Version 1.8.3
January 01, 2023

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I. Document Information

Required Information	Description		
Owner:	ASES		
Date:	10/31/2022		
Approved by:			
	Edna Y. Marin Ramos, MA Executive Director of ASES		Winda J Lorenzo González Acting Director IT

II. Document Revision History

Version number	Date	Description	
v 1.0	10/28/2022	First version published for review.	

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Change History

Version	Release	Author	Description of Change
1.8.1		ASES	Initial Document
1.8.2	03/01/2020	ASES	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.
1.8.3	01/01/2023	ASES	Standardized Service Codesfor all Insurers

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Preface

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 Appendix IV.

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.

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1 Introduction

1.1 Coordination of Benefits (COB)

Some people who are beneficiaries of the 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.

1.2 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 resubmit 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.

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1.3 General Notes on data layout requirements

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

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

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

All amount fields are positive and follow the above definition unless clearly specified otherwise.
End of Record Filler – All file layouts have been designed to end with a filler field of 1 byte which must always be coded as an "*" character. This is done to avoid issues between different systems when generating and transferring ASCII files in which ending field may be empty. The fixed End of Record Filler guarantees that all records in a file can be constructed to the fixed length format as defined in the layouts.

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

All numeric fields must be filled completely with numeric digits. If there are exceptions these are clearly spelled out in the documentation of the layouts. Typically numeric field are right justified and to keep them numeric must be zero filled. In a field specified as numeric such a 9(7)v99 where v represents an implied decimal the following examples illustrate how data will look in the field:

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

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

Value	**Field**	
P.R.	[P.R.	]
José Rivera	[José Rivera	]
blanks	[	]

2 File Naming Convention

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

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

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

Where:	Character 1-3	ccc	=	Insurer Code (See attachment I)
	Character 4-5	yy	=	Last two digits of year
	Characters 6-7	mm	=	Month
	Character 8	s	=	sequence number of file submission.

All submission start with s = 0 and continue in numeric if files are re-submitted to 9

If files must be re-submitted beyond 9, then alphabetic characters will be used a, b, c ...

	Character 9	Always "."
	Characters 10-12	Extension code identifying type of file

COB   for   COORDINATION OF SERVICES

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

Examples of completing this naming convention are –

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

Coordination of Services 09613040.COB

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

09612041.COB

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

09612041.ERR

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

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

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

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

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

XLS   for   MS EXCEL FILE FORMAT

Examples of completing this naming convention are –

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

Transmittal Sheet 0961304230-tr.XLS

Data File Text Format

All files should be generated using one of the following text formats:
utf-8 o
text/plain; charset=us-ascii
Include Windows EOL (End of Line) on each record.

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3 File Layout - Insurer COB File - COB Record

#	Field	Description	Pos	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 Appendix 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.

#	Field	Description	Pos	Size	Deliverable Data Format	Validation Rules
11	INSURANCE_COVERAGE	Insurance Coverage	79	20	(See Appendix II) Include all coverage codes with Insurance for covered individual.Concatenate all codes.	Required. For Medicare coverage Plans use letter C,F or G only. DO NOT USE COMMAS TO SEPARATE CODES.

#	Field	Description	Pos	Size	Deliverable Data Format	Validation Rules
12	COVERED_SERVICES	Covered Services	99	20	(See Appendix III) Identify the Insurer's service type codes. 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 he Individual has a Second Last Name. Must be left justified, blank filled to the right.
16	FIRST_NAME	Covered Individual's First Name	178	25	X(25)	Required Must be left justified, blank filled to the right.
17	MIDDLE_INITIAL	Covered Individual's Middle Initial	203	1	X(1)	Required if he Individual has a Middle Initial
18	RELATIONSHIP	Covered Individual's Relation to	204	1	1 = Policy Holder, 2 = Spouse, 3 = Child, 4 = Other, 5 =	Required.

					Policy Holder			Domestic Partner	
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			Pharmacy Insurance Processor Control Number (PCN).		Required if INSURANCE_COVERAGE in (P,C or F)

#	Field	Description	Pos	Size	Deliverable Data Format	Validation Rules
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.
			256			
*** All are Text Fields						

4 File Layout - Error COB File

# Field	Pos	Size	Deliverable Data Format	Notes
1 RECORD_LINE	1	6	X(6)	Record line number.
2 ERROR_CODE	7	5	X(3)	Three digits error code
3 FIELD_NAME	12	25	X(25)	Field Name
4 DESCRIPTION	37	50	X(50)	Description
5 *FILLER*	87	*1*	*	End of Record Filler
	88			

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5 Appendixes

Appendix 1 - Insurer Codes

ASES Insurer Code	Legal Name
001	MEDICARE HOSP.Y AMBULATORIO - Parte A B
002	MMM HEALTHCARE, LLC
003	MEDICARE HOSP. - PARTE A
004	MMM HEALTHCARE, LLC
005	MCS ADVANTAGE, INC.
006	TRIPLE S ADVANTAGE, INC.
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 INSURANCE OF PUERTO RICO, INC.
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	PLAN DE SALUD MENONITA DE P. R.
022	AETNA LIFE INS. CO.
023	AMERICAN CENTRAL INVESTOR LIFE
024	AMERICAN FAMILY LIFE INSURANCE

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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
044	LINCOLN NATIONAL LIFE INS. CO.
045	LA ATLANTICA
046	LINCOLN INCOME LIFE INS. CO.
047	MUTUAL LIFE INC.
048	MUTUAL LIFE INC.
049	MASSACHUSSETS MUTUAL LIFE INS. CO.
050	METROPOLITAN LIFE INS.
051	MONEY MUTUAL LIFE INS. OF N. Y.
052	NATIONAL LIFE INS. CO.
053	N.M.U. PENSION AND WELFARE PLAN
054	NEW ENGLAND MUTUAL LIFE INS. CO.

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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.
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.

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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 PREFERED
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	MMM
116	NIÑOS LISIADOS (DEPT DE SALUD)

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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
132	MOLINA HEALTHCARE
133	ENVISION RX
134	CORRECTIONAL HEALTH SERVICES CORP.
135	OPTIMA HEALTH PR
136	MEDICARE FARMACIA - PARTE D
137	PLATINO - CONSTELLATION HEALTH
138	HUMANA HEALTH PLANS OF PUERTO RICO, INC.
139	PLATINO - MCS CLASSICARE
140	MMM HEALTHCARE, LLC
141	PLATINO PREFERRED MEDICARE CHOICE (PMC)
142	TRIPLE S ADVANTAGE, INC.

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Appendix 2 -Insurance Coverage

Code	Definition
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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Appendix 3 - Services Type Codes

Code	Definition	COB Industry Code Equivalence (834)
A	Medical Care	1
B	Dental Care	35
C	Hospital Inpatient	48
D	Hospital - Outpatient	50
E	Long Term Care	54

F	Free Standing Prescription Drug	89
G	Mail Order Prescription Drug	90
H	Psychiatric	A4
I	Skilled Nursing Care	AG
J	Vision (Optometry)	AL
K	Partial Hospitalization (Psychiatric)	BB

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Appendix 4 - Error Codes

Error	Description
DTE	Data Type Error
EOL	End Of Line Error: Bad Filler
LEN	Unexpected Record Length
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

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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

R571   Invalid value for POLICY_NUMBER field

R5632   Invalid value for COVERED_SERVICES field

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Appendix 3 - Transmittal Sheet

NOMBRE DE ASEGURADORA
HOJA DE TRAMITE ARCHIVOS COB
ENVIO DE ARCHIVOS

FECHA DE ENVIO:

ENVIADO A: ASES_COB@asespr.org

ENVIADO POR:

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

PARA USO DE ASES	
RECIBIDO EN ASES POR:	FECHA: / /

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

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

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