ADDENDUM 2

Eligibility and Enrollment Record Layout

PRMMIS 834 Companion Guide

GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

HIPAA Transaction
Standard Companion Guide

Refers to the Technical Report Type 3 (TR3)
Implementation Guides Based on Instructions Related to Benefit Enrollment and Maintenance (834)

Companion Guide Version Number: 2.02

May 2024

Puerto Rico Medicaid Management Information System Services

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Disclosure Statement

Companion guides may contain two types of data, instructions for electronic communications with the publishing entity (communications/connectivity instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 implementation guide (transaction instructions). Either the communications/connectivity component or the transaction instruction component must be included in every companion guide. The components may be published as separate documents or as a single document.

The communications/connectivity component is included in the companion guide when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The transaction instruction component is included in the companion guide when the publishing entity wants to clarify the implementation guide instructions for submission of specific electronic transactions. The transaction instruction component content is limited by ASC X12's copyrights and Fair Use statement.

This companion guide does not replace the HIPAA ANSI ASC X12N Implementation Guide.
Nor does it contain any actions that would result in a Non-Compliant Transaction.

This companion guide is subject to change without prior notice. Trading Partners are responsible for periodically checking for companion guide updates on the PRDOH website.

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Preface

This companion guide to the v5010 ASC X12N Technical Report Type 3 (TR3) Implementation Guide, and associated errata and addenda, adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Puerto Rico Medicaid Program. Transmissions based on this companion guide, used in tandem with the TR3, also called Health Care Benefit Enrollment and Maintenance (834) ASC X12N (version 005010X220A1), are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 adopted for use under HIPAA. This companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

(This page was intentionally left blank.)

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Table of Contents

1 INTRODUCTION 7

Scope 8

Overview 8

References & Applicable Web Sites 9

Additional Information 10

National Provider Identifier 11

Acceptable Characters 11

Acknowledgements 11

File/System Specifications 11

2 GETTING STARTED 13

Testing Overview 13

3 CONNECTIVITY WITH PUERTO RICO MEDICAID PROGRAM / COMMUNICATIONS 13

Process Flows 13

Transmission Administrative Procedures 14

Re-transmission Procedure 14

Batch 14

4 CONTACT INFORMATION 15

Electronic Data Interchange Helpdesk 15

5 CONTROL SEGMENTS / ENVELOPES 16

ISA - Interchange Control Header 16

IEA – Interchange Control Header 17

GS - Functional Group Header 18

GE - Functional Group Trailer 18

ST-SE Transaction Set 19

File Delimiters 19

6 PUERTO RICO MEDICAID PROGRAM-SPECIFIC BUSINESS RULES AND LIMITATIONS 20

ADMINISTRACION DE SEGUROS DE SALUD

25-00003

Contrato Número

Trading Partner Identification Number 20

Testing 20

Terminology 20

Limits 20

Scheduled Maintenance 20

7 Notes on 834 Benefit Enrollment and Maintenance 21

8 ACKNOWLEDGEMENTS AND/OR REPORTS 22

Acknowledgements 22

Report Inventory 22

9 TRANSACTION-SPECIFIC INFORMATION 23

APPENDICES 39

Appendix A – Maintenance Reason Codes (INS04) 39

Appendix B – Member Level Date Qualifiers (DTP01) 42

Appendix C – Race Code (DMG05-1) 43

Appendix F – County Codes in Puerto Rico (N406) 44

Appendix G – Plan Coverage Description (HD04) 45

Appendix H – Member Reporting Category Reference ID (2750 REF02) 47

Appendix I – Managed Care Region 48

Appendix J – Trading Partner IDs and 834 Inbound File Names 49

Appendix K – 834 Business Rules 50

Appendix L – 834 Monthly Audit File Carrier Procedures 51

Change Summary 53

Version 2.02 Revision Log 53

Version 2.01 Revision Log 54

Version 2.00 Revision Log 55

Version 1.12 Revision Log 56

Version 1.11 Revision Log 57

Version 1.10 Revision Log 59

Version 1.9 Revision Log 61

Version 1.8 Revision Log 62

Version 1.7 Revision Log 65

Version 1.6 Revision Log 68

Version 1.5 Revision Log 69

Version 1.4 Revision Log 72
Version 1.3 Revision Log 74
Version 1.2 Revision Log 75
Version 1.1 Revision Log 76

1 INTRODUCTION

This section describes how TR3, also called 834 ASC X12N (005010X220A1), which was adopted under HIPAA, will be detailed with the use of a table. The table contains a Notes/Comments column for each segment that Puerto Rico Medicaid Program (PRMP) has additional information to provide over and above the information in the TR3. That information can do the following:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the implementation guide internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with PRMP

In addition to the row for each segment, one or more additional rows are used to describe PRMP's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column for each segment that PRMP has additional information to provide, over and above the information in the TR3. The following is just an example of the type of information that would be spelled out or elaborated on in Section 10: Transaction Specific Information.

Page#	Loop ID	Reference	Name	Codes	Notes/Comments
193	2100C	NM1	Subscriber Name		This type of row exists to indicate that a new segment has begun. It is shaded at 10 percent and notes or comments about the segment itself go in this cell.
196	2100C	REF	Subscriber Additional Identification		
197	2100C	REF01	Reference Identification Qualifier	18 49 6P HJ N6	These are the only codes transmitted.
			Plan Network Identification Number	N6	This type of row exists when a note for a particular code value is required. For example, this note may say that value "N6" is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it.
218	2110C	EB	Subscriber Eligibility or Benefit Information		

231	2110C	EB13-1	Product/Service ID Qualifier	AD	This row illustrates how to indicate a component data element in the Reference column and how to specify that only one code value is applicable.

Scope

PRMP developed 5010 Companion Guides to supplement each 5010 Transaction Implementation Guide, based on Version 5, Release 1, with regards to:

- Specific Codes and/or Values that PRMP will default on Outbound Transactions
- Specific Codes and/or Values that are unique to PRMP to accept an Inbound Transaction

PRMP Companion Guides will not create a Non-Compliant Transaction.

This companion guide is intended to be used in conjunction with the ASC X12N/005010X220A1 Implementation Guide (IG). It provides supplementation instructions not included in the IG that must be followed for implementation and conducting the transaction with PRMP. It does not change the requirements of the IG in any way.

Refer to the companion guide first if there is a question about how PRMP processes a HIPAA transaction. For further information, contact prmmis_edi_support@gainwelltechnologies.com. This document is intended as a resource to assist providers, clearinghouses, service bureaus, and all other trading partners with PRMP interChange in successfully conducting EDI of administrative health care transactions. This document does not provide detailed data specifications, which are published separately by the industry committees responsible for their creation and maintenance.

Overview

PRMP and all other covered entities are required by HIPAA to comply with the EDI standards for health care, as established by the Secretary of the federal Department of Health and Human Services (HHS). The Secretary of the HHS is required by HIPAA to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. The Health Insurance Portability and Accountability Act of 1996 directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

The Health Insurance Portability and Accountability Act of 1996 serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

The 834 transaction is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent is the initial enrollment and subsequent maintenance of individuals who are enrolled in healthcare. This transaction specifically addresses the enrollment and maintenance of healthcare only.

The payer refers to a third party entity that pays claims or administers the insurance benefit. A sponsor is the party that ultimately pays for the coverage or benefit. A member is an individual eligible for coverage because of his or her association with a sponsor. An insured individual is a member who has been enrolled for coverage under PRMP.

This Companion Guide contains the format and establishes the data contents of the Enrollment Transaction Set (834) for use within the context of an EDI environment. The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to

a payer. The intent of this implementation guide is to meet the health care industry's specific need for the initial enrollment and subsequent maintenance of individuals who are enrolled in Managed Care Organizations (MCO) or Medicare Advantage Organizations(MAO)-referred to as "carriers" in the rest of this document. This implementation guide specifically addresses the enrollment and maintenance of health care products only.

This guide is designed to help those responsible for testing and setting up electronic Benefit Enrollment and Maintenance transactions. Specifically, it documents and clarifies when situational data elements and segments must be used for reporting, and identifies codes and data elements that do not apply to PRMP. This guide supplements (but does not contradict) requirements in the ASC X12N 834 (version 005010X220A1) implementation. This information should be given to the "carrier's" business area to ensure that Benefit Enrollment and Maintenance transactions are interpreted correctly. This companion guide provides communications-related information a trading partner needs to obtain support, format the interchange control header (ISA) and functional group header (GS) envelopes, and exchange test and production transactions with PRMP.

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist trading partners in implementing electronic Benefit Enrollment and Maintenance transactions that meet PRMP processing standards, by identifying pertinent structural and data-related requirements and recommendations.

As utilized by the PRPM, this transaction is designed to accomplish the function of sending enrollment information to PRMP participating Carriers.

The 834 X12 is the Enrollment Roster for PRMP. There are 2 file types that are sent – the full and the changes file.

834 Full/Audit File: This is a full file extract of the members enrolled with a Carrier at a specific point in time each month. It contains the most current information related to that member. This file is used to keep "carrier's" system in sync with PRMP. As a result, INS03 in Loop 2000 (Member Level Detail) as well as HD01 in Loop 2300 (Health Coverage) will be set to 030 (audit or full file).

834 Changes File: This file reflects any changes made to a member's demographic, eligibility or enrollment information. It is generated five days a week (Monday through Friday). The Carriers should not assume that new membership results in the automatic termination of prior coverage. There will be multiple member level details (Loop 2000) to indicate movement from the old to the new coverage.

Loop 2300 is used to indicate coverage information. In the changes file, there could be up to 10 changes listed per day per coverage for each recipient id if the information in the 2300 loop is updated. When multiple changes to a specific coverage appear, they are sorted in descending order of date and time.

The 834 file comprises of separate transaction sets (ST-SE) for each Carrier's "assignee" Provider Medicaid ID. Within each set, the member details are grouped in the following sequence: TERMINATION records (INS03 = 024), followed by ADD records (INS03 = 021), and CHANGE records (INS03 = 001).

References & Applicable Web Sites

For more information regarding the ASC X12 standards for EDI 834 (version 005010X220A1) and to purchase copies of the TR3 documents, consult the Washington Publishing Company Web site at http://www.wpc-edi.com/.

For information about EDI software and services, visit: http://www.1edisource.com.

Additional information is available on the following Web sites:

- Accredited Standards Committee X12N develops and maintains X12 EDI and XML standards, standards interpretations and guidelines as they relate to all aspects of insurance and insurance-related business processes: www.x12.org.
- Centers for Medicare and Medicaid Services (CMS) is the unit within the HHS that administers the Medicare and Medicaid programs. The CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.htmL.
- Designated Standard Maintenance Organizations (DSMO) is a resource for information about the standard-setting organizations and transaction change request system: www.hipaa-dsmo.org.
- Health Level Seven (HL7) is one of several ANSI-accredited Standards Development Organizations (SDOs) and is responsible for clinical and administrative data standards: www.hl7.org.
- Healthcare Information and Management Systems (HIMSS) is an organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care: www.himss.org.
- National Committee on Vital and Health Statistics (NCVHS) was established by Congress to serve as an advisory body to the HHS on health data, statistics and national health information policy; for more information, refer to: www.ncvhs.hhs.gov.
- Office for Civil Rights (OCR) is the office within the federal HHS responsible for enforcing the Privacy Rule under HIPAA, which can be found at: www.hhs.gov/ocr/hipaa.
- The federal HHS is a resource for the Notice of Proposed Rule Making, rules, and other information about HIPAA, which can be found at: www.aspe.hhs.gov/admnsimp.
- Washington Publishing Company (WPC) is a resource for HIPAA-required transaction implementation guides and code sets, which can be found at: www.wpc-edi.com/.
- The WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA: www.wedi.org.
- The registry for the NPI is the National Plan and Provider Enumeration System (NPPES), at: https://nppes.cms.hhs.gov/NPPES/Welcome.do.
- Implementation guides and non-medical code sets are at: store.x12.org/.
- The HIPAA statute, Final Rules, and related Notices of Proposed Rulemaking (NPRMS) are available at: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.html.
- The CMS online manuals system and Internet only manuals (IOM) system, including transmittals and program memoranda, can be found at: www.cms.hhs.gov/Manuals/.

Additional Information

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979, ANSI chartered the ASC X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standard is recognized by the United States as the standard for North America. Electronic Data Interchange adoption has been proved to reduce the administrative burden on providers.

The intended audience for this document is the technical and operational staff responsible for generating, receiving, and reviewing electronic health care transactions.

National Provider Identifier

As a result of HIPAA, the federal HHS adopted a standard identifier for health care providers. The Final Rule, published by the HHS, adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI replaces all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions); therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions. The NPI is the only identification number that will be allowed on these transactions.

PRMP has determined that all providers, except for personal care-only providers, specialized medical vehicle providers, and blood banks, are health care providers (per the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. PRMP requires all health care providers to submit their NPI on electronic transactions.

Acceptable Characters

The HIPAA transactions must not contain any carriage returns, nor line feeds; the data must be received in one, continuous stream. PRMP accepts the extended character set. Uppercase characters are recommended.

Acknowledgements

An accepted 999 Implementation Acknowledgement (999), rejected 999 Implementation Acknowledgement, or rejected TA1 InterChange Acknowledgement (TA1) will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from their "response" folder to determine the status of their files.

File/System Specifications

EDI only accepts Windows/PC/DOS formatted files. Any file transmitted to EDI must be named in accordance to standard file naming conventions, including a valid three character file extension. The following standards should be used:

- To avoid accidently overwriting files, do not send multiple files with the same name on the same day
- File Names should not be longer than 45 characters – the first 20 characters will be used to identify the file through PRMMIS
- Zip or compressed files are allowed, but a zip or compressed file should contain only one X12 file
- Zip files must contain the extension .zip (not case sensitive)
- The maximum number of members per 834 file is 50,000; this applies to both Audit and Daily files.

File Naming Convention for Managed Care 834 Inbound

Carriers will send an 834 to PRMMIS Monday through Friday.

File naming convention for inbound 834 files from Carriers:

Example:
Submission Date: 06/30/2023

20230630_FM_690150_834DI_##.X12

Date file was created (YYYYMMDD format)
underscore

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Two to 4 character abbreviation of Carrier's (MCO/MAO) name
underscore
Trading Partner ID
Underscore
834
D (daily)
I (inbound)
- two digit sequence for multiple files per day

The standards above will avoid accidently overwriting files. Do not send multiple files with the same name on the same day.

See Appendix J for a list of Trading Partner IDs and 834 inbound file names by carrier.
Note: Any data file that is 5MB or larger is required to be zipped or compressed before transmitting it to EDI.

File Naming Convention for Managed Care 834 Outbound

Three types of 834 Outbound files for Carriers:

1. 834 Daily runs Monday through Friday every week (834DO).
2. 834 Audit runs on the 3rd business day of every month (834MO).
3. 834 Termination Resends runs daily based on data present within the request table.

File Name format for Outbound 834:

1. BatchID_834DO_TradingPartnerID_YYYYMMDD_##.X12 - Daily
2. BatchID_834MO_TradingPartnerID_YYYYMMDD_##.X12 – Audit
3. BatchID_834TRM_TradingPartnerID_YYYYMMDD_##.X12 – Termination Re-sends

BatchID is the unique ID assigned by PRMMIS to each file.

TradingPartnerID is the Carrier's Trading Partner ID.

- two digit sequence for multiple files per day

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Carrier Acknowledgements

PRMMIS will accept 999 Implementation Acknowledgement transactions from trading partners after they have downloaded their 834 Health Care Benefit Enrollment and Maintenance transaction. If you return an acknowledgement file after downloading your 834 X12, we request that you name your file using the 834 X12 file's name and make the extension ".ACK".

Example:
You receive the following X12 file:

BatchID_834DO_TradingPartnerID_YYYYMMDD_##.X12 – Daily
BatchID_834MO_TradingPartnerID_YYYYMMDD_##.X12 – Audit

Acknowledgement file you upload to SFTP:

BatchID_834DO_TradingPartnerID_YYYYMMDD_##.ACK – Daily
BatchID_834MO_TradingPartnerID_YYYYMMDD_##.ACK – Monthly Audit

BatchID is the unique ID assigned by PRMMIS to each file.

TradingPartnerID is the Carrier's Trading Partner ID.

- two digit sequence for multiple files per day.

2 GETTING STARTED

Testing Overview

Test transactions (ISA15 value of "T") must be sent to our Testing (UAT) environment.

Production transactions (ISA15 value of "P") must be sent to our Production environment (PROD).

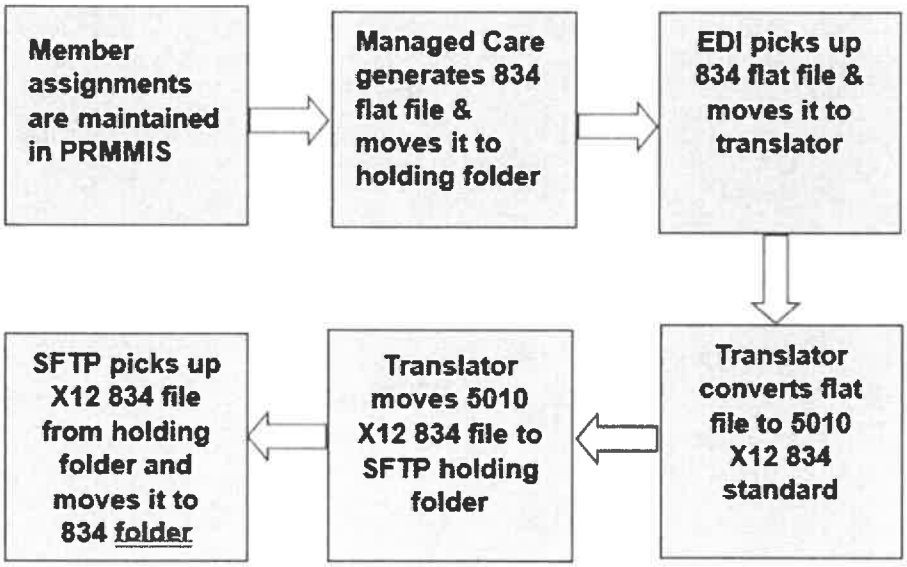
Reminder: Submitters are responsible for the preservation, privacy, and security of data in their possession. While using production data that contains Personal Health Information (PHI) to conduct testing, the data must be guarded and disposed of appropriately.

3 CONNECTIVITY WITH PUERTO RICO MEDICAID PROGRAM / COMMUNICATIONS

This section describes the process for downloading HIPAA 834 transactions, along with various security requirements and exceptions to handling procedures.

Process Flows

Outbound 834 - Retrieval of Puerto Rico Medicaid Program's Benefit Enrollment and Maintenance daily or monthly 834 file via Carrier's 834 folder on PRMMIS SFTP Site.

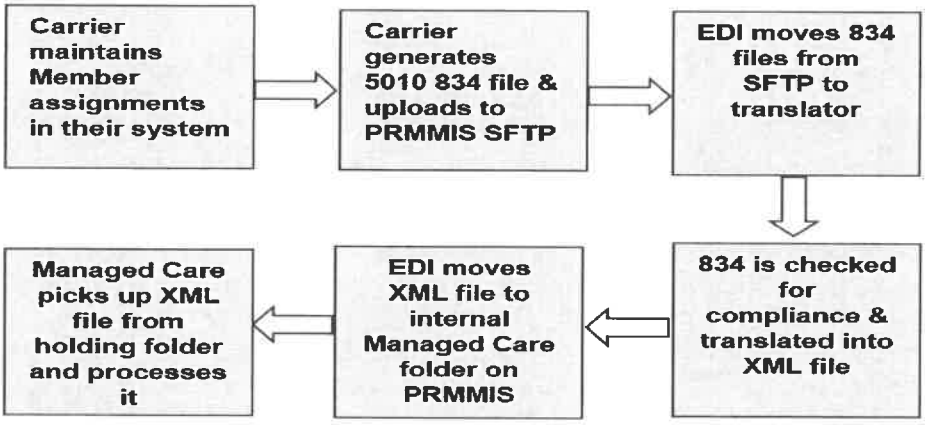


ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Inbound 834 - Submission of Carrier's (MCO/MAO) daily 834 file using their upload 834 folder on PRMMIS SFTP Site. Carrier is responsible for picking up TA1 or 999 acknowledgement, and the HTML error file if file fails compliance, from the "response" folder.



Transmission Administrative Procedures

Access to MoveIT (SFTP) is available only to authorized users. Submitters are required to be PRMP trading partners.

Re-transmission Procedure

In the event of an interrupted communications session, the trading partner only has to reconnect and initiate their file transfer as they normally would.

Batch

Trading partners can submit all batch transactions to PRMMIS and download acknowledgements and response files. The user must have their own internet connection to access the FTP server.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

4 CONTACT INFORMATION

Refer to this companion guide with your questions, then use the contact information below for questions not answered by this guide.

Electronic Data Interchange Helpdesk

If you have questions related to PRMP's 834, contact the EDI Helpdesk by email at prmmis_edi_support@gainwelltechnologies.com or by phone at 1-833-209-8326.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

5 CONTROL SEGMENTS / ENVELOPES

ISA - Interchange Control Header

This section describes PRMP's use of the ISA. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, note the following PRMMIS specifications:

- Each trading partner is assigned a six-digit trading partner ID
- All date/times are in the CCYYMMDDHHMM format (24 hour)
- Payer ID can be found in all companion guides
- Only one interchange (ISA/IEA) loop and one functional (GS/GE) loop is allowed per file

Transactions transmitted are identified by an ISA and trailer segment (IEA) which form the envelope enclosing the transmission. The ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The table below shows the fields that PRMP will be sending.

The ISA data segment is a fixed length record and all fields must be supplied. Fields that are not populated with actual data must be filled in with spaces.

Note: PRMMIS sends files with one ISA/IEA loop per file.

TR3 Page #	Loop ID	Reference	Name	Codes	Reqd	Notes/Comments
C.3	None	ISA	Interchange Control Header			The ISA is a fixed-length record with fixed-length elements.
C.4		ISA01	Authorization Information Qualifier	00	IN	No authorization information present.
C.4		ISA02	Authorization Information		IN	[10 spaces]
C.4		ISA03	Security Information Qualifier	00	IN	No security information present.
C.4		ISA04	Security Information		IN	[10 spaces]
C.4		ISA05	Interchange ID (Sender) Qualifier	ZZ	IN	ZZ=Mutually Defined
C.4		ISA06	Interchange Sender ID		IN	Inbound from Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces]. Outbound to Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces].
C.5		ISA07	Interchange ID (Receiver) Qualifier	ZZ	IN	ZZ=Mutually Defined
C.5		ISA08	Interchange Receiver ID		IN	Inbound from Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces]. Outbound to Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces].
C.5		ISA09	Interchange Date		IN	The date format is YYMMDD.

TR3 Page #	Loop ID	Reference	Name	Codes	Reqd	Notes/Comments
C.5		ISA10	Interchange Time		IN	The time format is HHMM.
C.5		ISA11	Repetition Separator	^	IN	A Caret "^" will be sent.
C.5		ISA12	Interchange Control Version Number	00501	IN	00501 = Control Version Number
C.5		ISA13	Interchange Control Number		IN	The interchange control number assigned in ISA13 will be identical to the value in IEA02.
C.6		ISA14	Acknowledgement Requested	0	IN	No interchange acknowledgment requested (TA1). ***Note:*** TA1 will be sent if file envelope is corrupted.
C.6		ISA15	Usage Identifier	T & P	IN	Code indicating whether the data enclosed is production or test.
				T		T=Test Data File submitted to PRMMIS test environment.
				P		P= Production Data File submitted to PRMMIS production environment.
C.6		ISA16	Component Element Separator	:	IN	A colon ":" will be sent.

IEA – Interchange Control Header

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.10	None	IEA	Interchange Control Trailer		
C.10		IEA01	Number of Included Functional Groups		Number of included Functional Groups
C.10		IEA02	Interchange Control Number.		Must be identical to the value in ISA13

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

GS - Functional Group Header

This section describes the use of the functional group control segments. It includes a description of expected application sender and receiver codes.

The table below shows the fields that PRMMIS will be sending.

TR3 Page #	Loop ID	Reference	Name	Codes	Reqd	Notes/Comments
C.7	None	GS	Functional Group Header			
C.7		GS01	Functional ID Code	BE	IN	"BE" Health Care Benefit Enrollment and Maintenance (834).
C.7		GS02	Application Sender's Code		IN	Inbound: Carrier's Trading Partner ID supplied by PRMP. Outbound: "PRMMIS"
C.7		GS03	Application Receiver's Code		IN	Inbound: "PRMMIS" Outbound: Carrier's Trading Partner ID supplied by PRMP.
C.7		GS04	Date		IN	The date format is CCYYMMDD.
C.8		GS05	Time		IN	The time format is HHMMSS.
C.8		GS06	Group Control Number		IN	Group Control Number – Must be identical to GE02.
C.8		GS07	Responsible Agency Code	X	IN	"X" Responsible Agency Code
C.8		GS08	Version/ Release/Industry Identifier Code	005010 X220A1	IN	Version/ Release/ Industry Identifier Code

GE - Functional Group Trailer

The table below shows the fields that Puerto Rico Medicaid will be sending.

TR3 Page #	Loop ID	Reference	Name	Codes	Notes/Comments
C.9	None	GE	Functional Group Trailer		
C.9		GE01	Number of Transaction Sets Included		Total number of transaction sets
C.9		GE02	Group Control Number		Must be identical to the value in GS06

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

ST-SE Transaction Set

This section describes PRMP's use of transaction set control numbers.

PRMP recommends that trading partners follow the guidelines set forth in the TR3 — start the first ST02 in the first file with 000000001 and increment from there. The TR3 should be reviewed for how to create compliant transaction set control segments.

TRANSACTION SET HEADER (ST)

The TR3 should be reviewed for specific information.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Reqd	Notes/Comments
70	None	ST	Transaction Set Header			
70		ST01	Transaction Set Identifier Code	834	IN	834 Health Care Benefit & Enrollment Maintenance
70		ST02	Transaction Set Control Number		IN	The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA).
70		ST03	Implementation Guide Version Name	005010X 220A1	IN	This field contains the same value as GS08.

TRANSACTION SET TRAILER (SE)

The TR3 should be reviewed for specific information.

TR3 Page #	LOOP ID	Reference	NAME	CODES	Reqd	Notes/Comments
496	None	SE	TRANSACTION SET TRAILER			
496		SE01	Transaction Segment Count		IN	Total number of segments included in a transaction set including the ST and SE segments
496		SE02	Transaction Set Control Number		IN	The Transaction Set Control Number in ST02 and SE02 must be identical.

File Delimiters

PRMMIS uses the following delimiters in the 834 file:

- **Data Element:** Byte 4 in the ISA segment defines the data element separator to be used throughout the entire transaction. The data element delimiter is an asterisk (*).
- **Repetition Separator:** ISA11 defines the repetition separator to be used throughout the entire transaction. The repetition separator is a caret (^).
- **Component-Element:** ISA16 defines the component element delimiter to be used throughout the entire transaction. The component-element delimiter is a colon (:).
- **Data Segment:** Byte 106 of the ISA segment defines the segment terminator used throughout the entire transaction. The data segment delimiter is a tilde (~).

These characters (* : ~ ^) can not be present within the data content of the transaction elements.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

6 PUERTO RICO MEDICAID PROGRAM-SPECIFIC BUSINESS RULES AND LIMITATIONS

Trading Partner Identification Number

The EDI team will create any needed Trading Partner Profiles during the PRMP's implementation of the 834.

Testing

Production Authorization Testing will be required for inbound 834 files.

Terminology

The term "subscriber" will be used as a generic term throughout the companion guide.

Limits

There is no file size restriction on how many records will be reported in an 834.

Scheduled Maintenance

PRMMIS recycles the servers every night between 00:00 a.m. to 01:00 a.m. AST.

PRMMIS schedules regular maintenance every Sunday from 00:00 a.m. to 04:00 a.m. AST.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

7 Notes on 834 Benefit Enrollment and Maintenance

834 - Daily

A daily 834 is generated to report demographic, eligibility and enrollment changes on existing members. Daily files are produced Monday through Friday, if available.

834 – Monthly Audit

An 834 monthly Audit file is produced on the 3rd business day of the month to provide a full list of members for the Plan for the current month. 834 Audit transactions contain a complete Roster that includes new, current, and terminated members. No past changes will be reported. The 834 daily files will use the same formats as the 834 audit files.

The 834 files will be available for retrieval for six months. If an 834 file is needed after six months, contact the EDI Helpdesk via e-mail using prmmis_edi_support@gainwelltechnologies.com

Usage of REF segment for Recipient IDs

There is guidance around the various recipient identifiers provided using the **REF (Member Supplemental Identifier)** segment in the 2000 loop.

• When REF01 = F6, this is the **recipient's Medicare ID** as provided by the eligibility system. This is provided when the recipient has Medicare. Where possible, this is the new Medicare Beneficiary ID. In other instances, it is still the recipient's HIC Number.

• When REF01 = Q4, this is the **recipient's linked (or secondary) id**. This is an Inactive ID in PRMMIS that is linked to the recipient's primary ID. The secondary ID is usually a historical ID for the recipient. If the recipient is found to have multiple IDs, the recipient IDs are linked and only one ID remains as primary, all other linked IDs become secondary. The 834 will have the most recent linked ID (secondary ID) in the chain when a recipient has multiple linked IDs.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Acknowledgements

TA1 — Transaction Acknowledgement
PRMMIS will only respond with a TA1 when the batch X12 contains Envelope errors. If a TA1 is produced, then a 999 will not be sent. The submitted 834 will need to be corrected and resubmitted.

999 — Functional Acknowledgement
This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a batch X12 file. PRMMIS will always respond with a 999 for a batch X12 file. The submitted 834 will need to be corrected and resubmitted.

HTML – Compliance Check HTML Report
This file informs the submitter that the transaction had envelope or compliance errors and provides information about the error in a more readable format.

Report Inventory

There are no acknowledgement reports at this time.

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

9 TRANSACTION-SPECIFIC INFORMATION

This section describes how ASC X12N implementation guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that PRMP has something additional, over and above, the information in the implementation guides. That information can:

1. Limit the repeat of loops or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the implementation guide's internal code listings
4. Clarify the use of loops, segments, composite, and simple data elements
5. Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with PRMP

In addition to the row for each segment, one or more additional rows are used to describe PRMP's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value will be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column for each segment that PRMP has additional information to provide, over and above the information in the TR3.

005010X220A1 — 834 Health Care Benefit Enrollment and Maintenance

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
32			BGN	Beginning Segment			
32	1/1		BGN01	Transaction Set Purpose Code	00 15 22	IN	
				Original	00		Indicates the first time the transaction is sent.
				Resubmission	15		Sent when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent.
				Information Copy	22		Sent when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments

33	1/50		BGN02	Transaction Set Reference Number		IN	This element is 50 characters of free form text to identify this specific file's information.
							Example:
							• Positions 1-7, Report ID, valid values are "INITIAL" or "CHANGE ".
							• Positions 8–8, Space.
							• Positions 9–14, Enrollment month in a CCYYMM format.
							• Positions 15–15, Space.
							• Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed.
							Example:
							`INITIAL 202308 0001`
							OR
							`CHANGE 202308 0001`

33	8/8		BGN03	Transaction Set Creation Date		IN	Date when the X12 file was generated
33	4/8		BGN04	Transaction Set Creation Time		IN	Time when the X12 file was generated. Format used - HHMM
33	2/2		BGN05	Time Zone Code	TT		"TT" = Atlantic Time
35	1/50		BGN06	Original Transaction Set Reference Number			Required when there is a previously sent transaction to cross-reference.
35	1/2		BGN08	Action Code	2 4 RX	IN	
				Change (Update)	2		Used to identify a transaction of additions, terminations and changes to the current enrollment.
				Verify	4		Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.
				Replace	RX		Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.
36			REF	Transaction Set Policy Number			
36	2/3		REF01	Reference Identification Qualifier	38	IN	"38" = Master Policy Number
36	1/50		REF02	Master Policy Number		IN	Carrier's Trading Partner ID supplied by PRMMIS.
37			DTP	File Effective Date			This segment communicates the start and end date of the coverage period associated with this premium payment. ***Note:*** Segment can be repeated.

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
37	3/3		DTP01	Date Time Qualifier	**007**		
				Effective	007		
37	2/3		DTP02	Date Time Period Format Qualifier	D8		"D8" = Date Expressed in Format CCYYMMDD.
37	1-35		DTP03	Date Time Period			
38			QTY	Transaction Set Control Totals			
38	2/2		QTY01	Trace Type Code	TO		"TO" = Total
38	1/15		QTY02	Record Totals			
39		1000A	N1	Sponsor Name			
39	2/3	1000A	N101	Entity Identifier Code	P5		"P5" = Plan Sponsor
39	1/60	1000A	N102	Plan Sponsor Name	PRMP		
40	1/2	1000A	N103	Identification Code Qualifier	FI		"FI" = Federal Taxpayer's Identification Number
40	2/80	1000A	N104	Sponsor Identifier	660437470		Federal Tax ID of Sponsor (PRMP)
41		1000B	N1	Payer			
41	2/3	1000B	N101	Entity Identifier Code	IN	IN	"IN" = Insurer
41	1/60	1000B	N102	Insurer Name		IN	Name of carrier
42	1/2	1000B	N103	Identification Code Qualifier	FI	IN	"FI" = Federal Taxpayer's Identification Number
42	2/80	1000B	N104	Insurer Identification Code		IN	Federal Tax ID of carrier
43		1000C	N1	TPA/Broker Name			This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid.
45		1100C	ACT	TPA/Broker Account Information			This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid.
47		2000	INS	Member Level Detail			PRMP considers the Member as the Subscriber/Member in all reporting situations.
48	1/1	2000	INS01	Member Indicator	Y	IN	"Y" = Yes
48	2/2	2000	INS02	Individual Relationship Code	18	IN	"18" = Self
49	3/3	2000	INS03	Maintenance Type Code	001 021 024 030	IN	
				Change (Daily)	001		Indicate a change to an existing subscriber/dependent record.
				Addition	021		Add a subscriber.
				Cancellation or Termination	024		Cancellation, termination, or deletion of a subscriber.
				Audit or Compare (Monthly)	030		Outbound only: Sending a full file (BGN08 = '4' or 'RX') to verify that the sponsor and payer databases are synchronized.

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
49	2/3	2000	INS04	Maintenance Reason Code		IN	See Appendix A for list of possible codes. When INS04=03, the date of death is indicated within the INS12 field and as the Medicaid end date in the 2000 loop
51	1/1	2000	INS05	Benefit Status Code	A	IN	"A" = Active
51	1/1	2000	INS06-1	Medicare Plan Code	A B C D E	IN	
				Medicare Part A	A		
				Medicare Part B	B		
				Medicare Part A and B	C		
				Medicare Part D	D		
				No Medicare	E		
52	2/2	2000	INS08	Employment Status Code	AC TE	IN	Status of the subscriber in Medicaid.
				Active	AC		
				Terminated	TE		
53	2/3	2000	INS11	Date Time Period Format Qualifier	D8		"D8" = Date Expressed in Format CCYYMMDD
54	1/35	2000	INS12	Date Time Period			Member / Individual Death Date CCYYMMDD format
55		2000	REF	Subscriber Identifier			
55	2/3	2000	REF01	Reference Identification Qualifier	0F	IN	"0F" = Subscriber Number
55	1/35	2000	REF02	Subscriber Identifier	PRMMIS medicaid id MPI	IN	Subscriber ID as assigned by PRMP. 11 digits as assigned by M3G.
56		2000	REF	Member Policy Number			This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid.
57		2000	REF	Member Supplemental Identifier			Additional details are provided in Section 7 - Notes on 834 Benefit Enrollment and Maintenance. ***Note:*** Segment can repeat 13 times.
57	2/3	2000	REF01	Reference Identification Qualifier	F6 Q4		
				Health Insurance Claim (HIC) Number	F6		MBI
				Prior Identifier Number	Q4		To pass the Identifier Number under which the member had previous coverage with the payer.
57	1/50	2000	REF02	Member Supplemental Identifier			

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
58		2000	DTP	Member Level Dates			Required when enrolling a member or when the sponsor is informed of a change to any applicable date listed in DTP01. Only those dates that apply to the particular insurance contract need to be sent. ***Note:*** Segment can repeat 24 times. DTP01 values 473 (Medicaid Begin Date) and 474 (Medicaid End) date will be present on all 834 Maintenance Type Codes (001, 021, 024 and 030).
58	3/3	2000	DTP01	Date Time Qualifier			See Appendix B for list of valid qualifiers.
59	2/3	2000	DTP02	Date Time Period Format Qualifier	D8		"D8" = Date Expressed in Format CCYYMMDD.
59	1/35	2000	DTP03	Status Information Effective Date			
62		2100A	NM1	Member Name			
62	2/3	2100A	NM101	Entity Identifier Code	74 IL	IN	
				Corrected Insured	74		This code is used if this transmission is correcting the identifier information on a member already enrolled. ***Note:*** Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.
				Insured or Subscriber	IL		This code is used when enrolling a new member or updating a member with no change in identifying information.
63	1/1	2100A	NM102	Entity Type Qualifier	1	IN	"1" = Person
63	1/60	2100A	NM103	Member Last Name		IN	last name #1 & last name #2 with pipe delimiter to separate
63	1/35	2100A	NM104	Member First Name		IN	
63	1/25	2100A	NM105	Member Middle Name			
64	1/2	2100A	NM108	Identification Code Qualifier			"34" = Social Security Number
64	2/80	2100A	NM109	Member Identifier			Social Security Number
65		2100A	PER	Member Communications Numbers			
66	2/2	2100A	PER01	Contact Function Code	IP		"IP" = Insured Party
66	2/2	2100A	PER03	Communication Number Qualifier	TE		"TE" Telephone
66	1/256	2100A	PER04	Communication Number			Member's Telephone Number if on file
66	2/2	2100A	PER05	Communication Number Qualifier	TE		"TE" Telephone
66	1/256	2100A	PER06	Communication Number			Member's 2nd Telephone Number if on file

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
68		2100A	N3	Member Residence Street Address			
68	1/55	2100A	N301	Member Address Line			
68	1/55	2100A	N302	Member Address Line2			
69		2100A	N4	Member City, State, ZIP Code			
69	2/30	2100A	N401	Member City Name		IN	
69	2/2	2100A	N402	Member State Code		IN	
70	3/15	2100A	N403	Member Zip Code		IN	***Note:*** If zip +4 is unknown send 9998.
70	1/2	2100A	N405	Location Qualifier	CY	IN	"CY" = County/Parish
70	1/30	2100A	N406	Location Identifier		IN	Contains 3-digit county code See Appendix F for list of valid codes.
71		2100A	DMG	Member Demographics			
71	2/3	2100A	DMG01	Date Time Period Format Qualifier	D8		"D8" = Date Expressed in Format CCYYMMDD
71	1/35	2100A	DMG02	Member Birth Date			
72	1/1	2100A	DMG03	Gender Code	F M U		
				Female	F		
				Male	M		
				Unknown	U		This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions.
72	1/1	2100A	DMG04	Marital Status Code	B D I M R S U W X		
				Registered Domestic Partner	B		
				Divorced	D		
				Single	I		
				Married	M		
				Unreported	R		
				Separated	S		
				Unmarried (Single or Divorced or Widowed)	U		This code should be used if the previous status is unknown.
				Widowed	W		
				Legally Separated	X		

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
72		2100A	DMG05	Composite Race Or Ethnicity Information			***Note:*** Element can repeat up to 10 times.
73	1/1	2100A	DMG05 - 1	Race Code			See Appendix C for list of possible codes. Since this is a repeating field multiple race codes can be entered in this field separated by value in ISA11 ("^").
76		2100A	EC	Employment Class Code			This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid.
79		2100A	ICM	Member Income			This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid.
81		2100A	AMT	Member Policy Amounts			***Note:*** Segment can repeat up to 7 times
81	1/3	2100A	AMT01	Amount Qualifier Code	C1		Co-Payment Amount (maximum monthly out of pocket)
81	1/18	2100A	AMT02	Contract Amount			
82		2100A	HLH	Member Health Information			This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid.
84		2100A	LUI	Member Language			Required if the sponsor knows that the member's primary language is not English, and such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. ***Note:*** Segment can repeat as needed.
84	1/2	2100A	LUI01	Identification Code Qualifier	LE		"LE" ISO 639 Language Codes
85	2/80	2100A	LUI02	Language Code			SPA for example
85	1/80	2100A	LUI03	Language Description			Situational Rule: Required if the sender is unable to code the necessary language identification in LUI01 and LUI02.
85	1/2	2100A	LUI04	Language Use Indicator	6 7		
				Language Writing	6		
				Language Speaking	7		
86		2100B	NM1	Incorrect Member Name			Required if a corrected name is being sent in loop 2100A or if previously supplied demographics are being changed. If only the demographics are being changed, the code in NM101 in loop 2100A will be IL, and the code in NM101 in this loop will be 70.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
86	2/3	2100B	NM101	Entity Identifier Code	70		"70" = Prior Incorrect Insured ***Note:*** This code identifies that the information that follows is previously reported enrollment information that is being corrected.
87	1/1	2100B	NM102	Entity Type Qualifier	1		"1" = Person
87	1/60	2100B	NM103	Prior Incorrect Member Last Name			1st last name & 2nd last name with pipe delimiter to separate
87	1/35	2100B	NM104	Prior Incorrect Member First Name			
87	1/25	2100B	NM105	Prior Incorrect Member Middle Name			Middle initial only in PRMMIS
87	1/2	2100B	NM108	Identification Code Qualifier	34		"34" = Social Security Number
88	2/80	2100B	NM109	Prior Incorrect Insured Identifier			Prior incorrect Social Security Number
89		2100B	DMG	Incorrect Member Demographics			Required when changing previously supplied demographics.
89	2/3	2100B	DMG01	Date Time Period Format Qualifier	D8		"D8" = Date Expressed in Format CCYYMMDD
90	1/35	2100B	DMG02	Prior Incorrect Insured Birth Date			
90	1/1	2100B	DMG03	Prior Incorrect Insured Gender Code	F M U		
				Female	F		
				Male	M		
				Unknown	U		This code is to be used only when the gender is unknown or when it can not be sent due to reporting restrictions.
90	1/1	2100B	DMG04	Marital Status Code	B D I M R S U W X		
				Registered Domestic Partner	B		
				Divorced	D		
				Single	I		
				Married	M		
				Unreported	R		
				Separated	S		
				Unmarried (Single or Divorced or Widowed)	U		This code should be used if the previous status is unknown.
				Widowed	W		
				Legally Separated	X		

ADMINISTRACION DE SEGUROS DE SALUD 30

25 - 00003

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
90		2100B	DMG05	Composite Race Or Ethnicity Information			
90	1/1	2100B	DMG05 – 1	Race Code			See Appendix C for list of possible codes.
92		2100C	NM1	Member Mailing Address			When the member mailing address is different from the residence address sent in loop 2100A.
92	2/3	2100C	NM101	Entity Identifier Code	31		"31" = Postal Mailing Address
92	1/1	2100C	NM102	Entity Type Qualifier	1		"1" = Person
94		2100C	N3	Member Mailing Street Address			
94	1/55	2100C	N301	Member Mailing Address Line		IN	
94	1/55	2100C	N302	Member Mailing Address Line2			
95		2100C	N4	Member Mailing City, State, ZIP			
95	2/30	2100C	N401	Member Mailing City Name		IN	
95	2/2	2100C	N402	Member Mailing State Code		IN	
96	3/15	2100C	N403	Member Mailing ZIP Code		IN	***Note:*** If zip +4 is unknown send 9998.
97		2100D	NM1	Member Employer			This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid.
106		2100E	NM1	Member School			This loop does not meet the situational requirements to be sent by Puerto Rico Medicaid.
114		2100F	NM1	Custodial Parent			This segment does not meet the situational requirements to be sent by Puerto Rico Medicaid.
123		2100G	NM1	Responsible Person			The person(s) who are Responsible for the member. ***Note:*** Loop can repeat up to 13 times.
123	2/3	2100G	NM101	Entity Identifier Code	QD		Responsible Party
124	1/1	2100G	NM102	Entity Type Qualifier	1		"1" = Person
124	1/60	2100G	NM103	Responsible Party Last or Organization Name			
124	1/35	2100G	NM104	Responsible Party First Name			
124	1/25	2100G	NM105	Responsible Party Middle Name			
125	1/2	2100G	NM108	Identification Code Qualifier	ZZ		ZZ = mutually defined
125	2/80	2100G	NM109	Responsible Party Identifier			PRMMIS 31Medicaid id/MPI
126		2100G	PER	Responsible Person Communications Numbers			Required when the Responsible Person contact information is provided to the sponsor.
127	2/2	2100G	PER01	Contact Function Code	RP		"RP" = Responsible Person

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
127	2/2	2100G	PER03	Communication Number Qualifier	TE		"TE" = Telephone
127	1/256	2100G	PER04	Communication Number			
127	2/2	2100G	PER05	Communication Number Qualifier	TE		"TE" = Telephone
128	1/256	2100G	PER06	Communication Number			
129		2100G	N3	Responsible Person Street Address			
129	1/55	2100G	N301	Responsible Person Address Line			
129	1/55	2100G	N302	Responsible Person Address Line2			
130		2100G	N4	Responsible Person City, State, ZIP			
130	2/30	2100G	N401	Responsible Person City Name			
131	2/2	2100G	N402	Responsible Person State Code			
131	3/15	2100G	N403	Responsible Person ZIP			***Note:*** If zip +4 is unknown send 9998.
132		2100H	NM1	Drop Off Location			The Drop Off Location loop does not meet the situational requirements to be used by Puerto Rico Medicaid.
137		2200	DSB	Disability Information			The Disability Information loop does not meet the situational requirements to be used by Puerto Rico Medicaid.
140		2300	HD	Health Coverage			When enrolling a new member or when adding, updating, removing coverage or auditing an existing member. ***Note:*** Loop can repeat up to 99 times.
140	3/3	2300	HD01	Maintenance Type Code	001 021 024 030	IN	**001**, **021**, and **024,** re used with the 834 change file. **030** is used with the monthly 834 full file.
				Change	001		
				Addition	021		
				Cancellation or Termination	024		Use this code for cancelling/terminating a coverage
				Audit or Compare	030		Outbound Only.
141	2/3	2300	HD03	Insurance Line Code	**HMO**		HMO – Health Maintenance Organization ***Note:*** The dates on this loop are associated with the assignment plan.
142	1/50	2300	HD04	Plan Coverage Description	**Appendix G**	IN	See Appendix G for layout of HD04. 834 Inbound Managed Care Region is required for INBOUND.
142	3/3	2300	HD05	Coverage Level Code	IND		"IND" = Individual

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
143		2300	DTP	Health Coverage Dates			***Note:*** Segment can repeat up to 6 times.
143	3/3	2300	DTP01	Date Time Qualifier	348 349 695	IN	
				Benefit Begin	348		This is the effective date of coverage. This code must always be sent when adding or reinstating coverage.
				Benefit End	349		The termination date represents the last date of coverage in which claims will be paid for the individual being terminated.
				Previous Period	695		This value is only to be used when reporting Previous Coverage Months.
144	2/3	2300	DTP02	Date Time Period Format Qualifier	D8 RD8	IN	
				Date Expressed in Format CCYYMMDD.	D8		
				Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	RD8		This value is only to be used when reporting Previous Coverage Months.
144	1/35	2300	DTP03	Coverage Period		IN	
145		2300	AMT	Health Coverage Policy			The Health Coverage Policy segment does not meet the situational requirements to be used by Puerto Rico Medicaid.
146		2300	REF	Health Coverage Policy Number			The Health Coverage Policy Number segment does not meet the situational requirements to be used by Puerto Rico Medicaid.
148		2300	REF	Prior Coverage Months			The Prior Coverage Month segment does not meet the situational requirements to be used by Puerto Rico Medicaid.
150		2300	IDC	Identification Card			The Identification Card segment does not meet the situational requirements to be used by Puerto Rico Medicaid.
152		2310	LX	Provider Information	If needed this loop repeats in this order: PMG1 PCP1 PCP2		Provide information about the primary care providers and/or managed care organizations selected by the member. ***Note:*** Loop can repeat up to 30 times.
152	1/6	2310	LX01	Assigned Number			This is a sequential number representing the number of loops (providers) for this member.
153		2310	NM1	Provider Name			
153	2/3	2310	NM101	Entity Identifier Code	P3 Y2	IN	
				Primary Care Provider	P3		PCP1/PCP2
				Managed Care Organization	Y2		PMG1

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00 33 03

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
154	1/1	2310	NM102	Entity Type Qualifier	1	IN	Person – All providers will be indicated as a "Person" (1)
154	1/60	2310	NM103	Provider Last or Organization Name			If provider is actually a person this field will contain their 1st last name and 2nd last name with pipe delimiter to separate. If provider is an organization this field will contain the company name.
154	1/35	2310	NM104	Provider First Name			If Provider is an Organization this field will be empty.
154	1/25	2310	NM105	Provider Middle Name		IN	Provider's Medicaid ID as assigned by PRMMIS
154	1/10	2310	NM106	Provider Name Prefix	PCP1 PCP2 PMG1	IN	Used to indicate PCP1, PCP2 or PMG1
155	1/2	2310	NM108	Identification Code Qualifier	XX	IN	
				CMS National Provider Identifier (NPI)	XX		
155	2/80	2310	NM109	Provider Identifier		IN	If provider has an NPI it will go here.
155	2/2	2310	NM110	Entity Relationship Code	25 26 72	IN	
				Established Patient	25		
				Not Established Patient	26		
				Unknown	72		
156		2310	N3	Provider Address			
156	1/55	2310	N301	Provider Address Line		IN	
156	1/55	2310	N302	Provider Address Line			
157		2310	N4	Provider City, State, ZIP			
157	2/30	2310	N401	Provider City Name		IN	
157	2/2	2310	N402	Provider State Code		IN	
158	3/15	2310	N403	Provider Postal Zone or ZIP Code		IN	Note: If zip +4 is unknown send 9998.
158	2/3	2310	N404	Country Code			Required when the address is outside the United States of America. Use the alpha-2 country codes from Part 1 of ISO 3166.
159		2310	PER	Provider Communications Number			Segment can repeat twice
160	2/2	2310	PER01	Contact Function Code	IC		Information Contact

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
160	2/2	2310	PER03	Communication Number Qualifier	TE		24 hour Telephone Number
160	1/256	2310	PER04	Communication Number			
162		2310	PLA	Provider Change Reason			To report the reason and the effective date that a member changes providers as described by the NM1 segment in Loop 2310.
162	1/2	2310	PLA01	Action Code	2	IN	"2" Change (Update)
162	2/2	2310	PLA02	Entity Identifer Code	IP	IN	"1P" Provider
162	8/8	2310	PLA03	Effective Date	CCYYMMDD	IN	This is the effective date of the change of PCP. When the Carrier sends the beginning date of the PCP and it is outside of the current Eligibility date, the system will use the Eligibility date to update PRMMIS. If the Carrier sends a PCP begin date that is within the Eligibility date range, PRMMIS will utilize the Carriers date.
163	2/3	2310	PLA05	Maintenance Reason Code	14 22 46 AA AB AC AD AE AF AG AH AI AJ	IN	
				Voluntary Withdrawal	14		
				Plan Change	22		
				Current Customer Information File in Error	46		
				Dissatisfaction with Office Staff	AA		
				Dissatisfaction with Medical Care/Services Rendered	AB		
				Inconvenient Office Location	AC		
				Dissatisfaction with Office Hours	AD		
				Unable to Schedule Appointments in a Timely Manner	AE		
				Dissatisfaction with Physician's Referral Policy	AF		
				Less Respect and Attention Time Given than to Other Patients	AG		

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
				Patient Moved to a New Location	AH		
				No Reason Given	AI		
				Appointment Times not Met in a Timely Manner	AJ		
164		2320	COB	Coordination of Benefits			Required whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Loop can repeat 5 times.
164	1/1	2320	COB01	Payer Responsibility Sequence Number Code	P S T U		
				Primary	P		
				Secondary	S		
				Tertiary	T		
				Unknown	U		
164	1/50	2320	COB02	Member Policy Number			Required when the policy number is available.
164	1/1	2320	COB03	Coordination of Benefits Code	1		"1" Coordination of Benefits
165	1/2	2320	COB04	Service Type Code	1 35 48 50 54 89 90 A4 AG AL BB		Required when detailed COB coverage information is agreed to be exchanged. Up to 9 values can be listed separated by value in ISA11 – Repetition Separator. The preferred repetition separator is a caret (^).
				Medical Care	1		
				Dental Care	35		
				Hospital – Inpatient	48		
				Hospital – Outpatient	50		
				Long Term Care	54		
				Free Standing Prescription Drug	89		
				Mail Order Prescription Drug	90		
				Psychiatric	A4		

ADMINISTRACION DE SEGUROS DE SALUD

25 - 000 36 03

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
				Skilled Nursing Care	AG		
				Vision (Optometry)	AL		
				Partial Hospitalization (Psychiatric)	BB		
166		2320	REF	Additional Coordination Of Benefits Identifiers			Required if additional COB identifiers are supplied by the subscriber. Can repeat 4 times.
166	2/3	2320	REF01	Reference Identification Qualifier	60 6P		
				Account Suffix Code	60		
				Group Number	6P		
167	1/50	2320	REF02	Member Group Number			
168		2320	DTP	Coordination Of Benefits Eligibility Dates			Required when the submitter needs to send effective dates for coordination of benefits. Can repeat 2 times.
168	3/3	2320	DTP01	Date/Time Qualifier	344 345		
				Coordination of Benefits Begin	344		
				Coordination of Benefits End	345		
168	2/3	2320	DTP02	Date Time Period Format Qualifier	D8		Date Expressed in Format CCYYMMDD
168	1/35	2320	DTP03	Coordination of Benefits Date			
169		2330	NM1	Coordination Of Benefits Related Entity			Required to send the name of the insurance company when provided to the sponsor. Can repeat 3 times.
169	2/3	2330	NM101	Entity Identifier Code	36 GW IN		
				Employer	36		
				Group	GW		
				Insurer	IN		
170	1/1	2330	NM102	Entity Type Qualifier	2		"2" = Non-Person Entity
170	1/60	2330	NM103	Coordination of Benefits Insurer Name			Required to send the insurance company name if no standard identifier is available to pass in NM109. Outbound 834 will include 3 digit insurer code, a space, and then the insurer name.
170	1/2	2330	NM108	Identification Code Qualifier	FI NI		
				Federal Taxpayer's Identification Number	FI		

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00303

Contrato Número

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
				National Association of Insurance Commissioners (NAIC) Identification	NI		
170	2/80	2330	NM109	Coordination of Benefits Insurer Identification Code			Required when supplied by the employee to the sponsor.
171		2330	N3	Coordination Of Benefits Related Entity Address			Can repeat 2 times.
171	1/55	2330	N301	Address Information			
171	1/55	2330	N302	Address Information			
172		2330	N4	Coordination Of Benefits Other Insurance Company City, State, Zip Code			
172	2/30	2330	N401	Coordination of Benefits Other Insurance Company City Name			
173	2/2	2330	N402	Coordination of Benefits Other Insurance Company State Code			
173	3/15	2330	N403	Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code			*Note:* If zip +4 is unknown send 9998.
173	2/3	2330	N404	Country Code			Required when the address is outside the United States of America. Use the alpha-2 country codes from Part 1 of ISO 3166.
174		2330	PER	Administrative Communications Contact			Required when detailed COB coverage information is agreed to be exchanged.
174	2/2	2330	PER01	Contact Function Code	CN		"CN" = General Contact
175	2/2	2330	PER03	Communication Number Qualifier	TE		"TE" = Telephone
175	1/256	2330	PER04	Communication Number			
176		2700	LS	Additional Reporting Categories			
176	1/4	2700	LS01	Loop Identifier Code	2700		Constant "2700" (start loop)
		2710	LX	Member Reporting Categories			
177	1/6	2710	LX01	Assigned Number	1		Start with 1 and increment by 1
		2750	N1	Reporting Category			
178	2/3	2750	N101	Entity Identifier Code	75		Constant "75" (Participant)
178	1/60	2750	N102	Member Reporting Category Name			Constant "ADDITIONAL MEMBER IDENTIFICATION DATA"
		2750	REF	Reporting Category Reference			
179	2/3	2750	REF01	Reference Identification Qualifier	ZZ		Constant "ZZ" (Mutually Defined)

TR3 Page #	Min/Max	Loop ID	Reference	Name	Codes	Req	Notes/Comments
179	1/50	2750	REF02	Member Reporting Category Reference ID			Multiple values delimited by pipe character. See Appendix H
		2750	DTP	Reporting Category Date			
181	3/3	2750	DTP01	Date Time Qualifier	007		Constant "007" (Effective)
181	2/3	2750	DTP02	Date Time Period Format Qualifier	RD8		Constant "RD8" (Start thru end dates)
181	1/35	2750	DTP03	Member Reporting Category Effective Dates	CCYYMMDD-CCYYMMDD		CCYYMMDD-CCYYMMDD Contains Coverage Code Effective and End Dates
		2700	LE	Additional Reporting Categories Loop Termination			
183	1/4	2700	LE01	Loop Identifier Code	2700		Constant "2700" (end loop)

APPENDICES

Appendix A – Maintenance Reason Codes (INS04)

(Subject to change/addition by Gainwell, grayed out = not applicable.)

Code	Description	Notes/Comments
1	Divorce	
2	Birth	
3	Death	
4	Retirement	
5	Adoption	
6	Strike	
7	Termination of Benefits	
8	Termination of Employment	
9	Consolidation Omnibus Budget Reconciliation Act (COBRA)	
10	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid	
11	Surviving Spouse	
14	Voluntary Withdrawal	Inbound Only
15	Primary Care Provider (PCP) Change	
16	Quit	
17	Fired	
18	Suspended	
20	Active	
21	Disability	
22	Plan Change	Outbound Only Use this code when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.

Code	Description	Notes/Comments
25	Change in Identifying Data Elements (demographic)	Outbound Only Use this code when a change has been made to the primary elements that identify a member. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.
26	Declined Coverage	Use this code when a member declined a previously active coverage.
27	Pre-Enrollment	Use this code when a member has retro-enrollment periods.
28	Initial Enrollment	Inbound Only Use this code the first time the member selected coverage with the Plan Sponsor.
29	Benefit Selection	Outbound Only Use this code when a member changes benefits within a Plan.
31	Legal Separation	
32	Marriage	
33	Personnel Data	Outbound Only Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.
37	Leave of Absence with Benefits	
38	Leave of Absence without Benefits	
39	Lay Off with Benefits	
40	Lay Off without Benefits	
41	Re-enrollment	
43	Change of Location	Outbound Only Use this code to indicate a change of address.
59	Non Payment	Outbound Only
AA	Dissatisfaction with Office Staff	
AB	Dissatisfaction with Medical Care/Services Rendered	
AC	Inconvenient Office Location	
AD	Dissatisfaction with Office Hours	
AE	Unable to Schedule Appointments in a Timely Manner	
AF	Dissatisfaction with Physician's Referral Policy	
AG	Less Respect and Attention Time Given than to Other Patients	
AH	Patient Moved to a New Location	
AI	No Reason Given	Outbound Only
AJ	Appointment Times not Met in a Timely Manner	
AL	Algorithm Assigned Benefit Selection	
EC	Member Benefit Selection	Use this code for initial and subsequent enrollment when an insurance carrier needs to recognize that a member made an explicit plan choice.
XN	Notification Only	Outbound Verify Only Use this code in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).
XT	Transfer	Use this code when a member has an organizational change (i.e. a location change within the organization) with no change in benefits or plan. The 'XT' will indicate that the members information for the date period provided should be 'Voided'.

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Appendix B – Member Level Date Qualifiers (DTP01)

(Subject to change/addition by Gainwell, grayed out = not applicable.)

Code	Description	Notes/Comments
50	Received	Used to identify the date an enrollment application is received.
286	Retirement	
296	Initial Disability Period Return To Work	
297	Initial Disability Period Last Day Worked	
300	Enrollment Signature Date	
301	Consolidated Omnibus Budget Reconciliation Act(COBRA) Qualifying Event	
303	Maintenance Effective	This code is used to send the effective date of a change to an existing member's information, excluding changes made in Loop 2300.
336	Employment Begin	
337	Employment End	
338	Medicare Begin	Effective Date for Medicare Coverage
339	Medicare End	The termination date represents the last date of coverage in which claims will be paid for the member being terminated.
340	Consolidated Omnibus Budget Reconciliation Act(COBRA) Begin	
341	Consolidated Omnibus Budget Reconciliation Act(COBRA) End	
344	TPL Begin	TPL Begin Date
345	TPL End	TPL End Date
348	Benefit Begin	Effective Date for Enrollment Coverage
349	Benefit End	The termination date represents the last date of coverage in which claims will be paid for the member being terminated.
350	Education Begin	This is the start date for the student at the current educational institution.
351	Education End	This is the expected graduation date the student at the current educational institution.
356	Eligibility Begin	The date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date of coverage, which is conveyed in the DTP segment at position 2700.
357	Eligibility End	The eligibility end date represents the last date of coverage for which claims will be paid for the individual being terminated.
383	Adjusted Hire	
385	Credited Service Begin	The start date from which an employee's length of service, as defined in the plan document, will be calculated.
386	Credited Service End	The end date to be used in the calculation of an employee's length of service, as defined in the plan document.
393	Plan Participation Suspension	
394	Rehire	
473	Medicaid Begin	Effective Date for Medicaid Eligibility.
474	Medicaid End	The termination date represents the last date of coverage in which claims will be paid for the member being terminated.
695	Previous Period	This value is only used when reporting previous coverage months.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 000203

Contrato Número

Appendix C – Race Code (DMG05-1)

Code	Description	Notes/Comments
7	Not Provided	
8	Not Applicable	
A	Asian or Pacific Islander	
B	Black	
C	Caucasian	
D	Subcontinent Asian American	
E	Other Race or Ethnicity	
F	Asian Pacific American	
G	Native American	
H	Hispanic	
I	American Indian or Alaskan Native	
J	Native Hawaiian	
N	Black (Non-Hispanic)	
O	White (Non-Hispanic)	
P	Pacific Islander	
Z	Mutually Defined	

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Appendix F – County Codes in Puerto Rico (N406)

CODE	COUNTY
004	Adjuntas
008	Aguada
012	Aguadilla
016	Aguas Buenas
020	Aibonito
024	Anasco
028	Arecibo
032	Arroyo
036	Barceloneta
040	Barranquitas
044	Bayamon
048	Cabo Rojo
052	Caguas
056	Camuy
060	Canovanas
064	Carolina
068	Catano
072	Cayey
076	Ceiba
080	Ciales
084	Cidra
088	Coamo
092	Comerio
096	Corozal
100	Culebra
104	Dorado
108	Fajardo

CODE	COUNTY
112	Florida
116	Guanica
120	Guayama
124	Guayanilla
128	Guaynabo
132	Gurabo
136	Hatillo
140	Hormigueros
144	Humacao
148	Isabela
152	Jayuya
156	Juana Diaz
160	Juncos
164	Lajas
168	Lares
172	Las Marias
176	Las Piedras
180	Loiza
184	Luquillo
188	Manati
192	Maricao
196	Maunabo
200	Mayaguez
204	Moca
208	Morovis
212	Naguabo
216	Naranjito

CODE	COUNTY
220	Orocovis
224	Patillas
228	Penuelas
232	Ponce
236	Quebradillas
240	Rincon
244	Rio Grande
248	SabanaGrande
252	Salinas
256	San German
266	San Juan
276	San Lorenzo
280	SanSebastian
284	Santa Isabel
288	Toa Alta
292	Toa Baja
296	TrujilloAlto
300	Utuado
304	Vega Alta
308	Vega Baja
312	Vieques
316	Villalba
320	Yabucoa
324	Yauco
000	OTHER STATE

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Appendix G – Plan Coverage Description (HD04)

Fields will be separated by pipe character " | ". The Record Type will be provided, a "|" and then the value for the field.

Record Type	Health Coverage Information	Value	Loop Type	Carrier	Req on Inbound
01	MANAGED CARE REGION	1 char	Enrollment	All	YES
02	ENROLLMENT CONFIRMATION	Y or N	Enrollment	All	YES
03	PLAN TYPE (01 or 02) - GHIP (45 Medicaid) and MASNP (45 Medicaid and Medicare)	01 or 02	Enrollment	All	
04	AUTO ASSIGNMENT INDICATOR Y/N (to a specific carrier)	Y or N	Enrollment	Vital and ASES	
05	PLAN VERSION	3 char	Enrollment	Platino and ASES	YES for Platino
30	COVERAGE CODE (AIJ/F will be a separate eligibility segment described in Record Types 37 and 38)	3 char	Coverage	All	
31	GROUP CODE	3 char	Coverage	All	
32	GROUP VIII INDICATOR	Y or N	Coverage	ASES only	
33	EMERGENCY INDICATOR (00 = no, 01 = COVID19, 02 = COVID192) (future use TBD)	00,01,02	Coverage	Vital and ASES	
34	INCARCERATION INDICATOR (I = Incarcerated, A = AIJ, F = Forensic Psychiatric, space = not incarcerated)	I, A, F, SPACE	Coverage	Vital and ASES	
35	FOSTER CARE INDICATOR	Y or N	Coverage	Vital and ASES	
36	DOMESTIC ABUSE INDICATOR	Y or N	Coverage	All	
37	HYBRID COVERAGE CODE (Incarceration AIJ and Forensic Psychiatric)	3 char	Coverage	Vital and ASES	
38	HYBRID GROUP CODE (Incarceration AIJ and Forensic Psychiatric)	3 char	Coverage	Vital and ASES	
50	RATE CELL – 8/31 will be derived based on ASES rules until post P3	3 char	Rate Cell	All	
60	RAW RISK SCORE (123.5678)	8 char	Risk	Vital and ASES	
61	MEMBER RISK SCORE (as provided by actuary and stored in PRMMIS) (123.5678)	8 char	Risk	Vital and ASES	

Below are some samples of how the 2300 Loop HD segment will look for changes. The begin date of the change transaction will be used to determine the end date for the previous record. Basically, if the change transaction begin date is 01/01/2024, the end date for the previous record will be 12/31/2023, or begin date minus one day.

The change transactions will also be grouped. This means that if any value within the same 'Loop Type' changes, a loop will be created for each of those within that 'Loop Type'. Example if the Record Type – 01 (Region Code) changes, the Enrollment Confirmation, Plan Type, Auto Assignment and Plan Version loops will be produced. This is necessary because the begin date and end date for these fields are the same.

For example, if the region code changes, all enrollment loop record types will be generated.

X = Region Code

```
HD*001**HMO*01|x*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

x = Enrollment Confirmation

```
HD*001**HMO*02|x*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

xx = Plan Type

```
HD*001**HMO*03|x*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

x = Auto Assignment

```
HD*001**HMO*04|x*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

xxx = Plan Version

```
HD*001**HMO*05|xxx*IND~
DTP*348*D8*20230901~
DTP*349*D8*20240831~
```

The monthly 834 Audit file, Maintenance Code 030, and Add Transactions, Maintenance Code 021, will contain a loop for every value within Appendix G.

Appendix H – Member Reporting Category Reference ID (2750 REF02)

Fields will be separated by pipe character " | ".

Order	ADDITIONAL MEMBER IDENTIFICATION DATA	value	size	+ pipe
1	GENDER IDENTITY (M or F or U)	M, F, U	1	2
2	TRADING PARTNER id of previous carrier	9 char	9	10
3	TRADING PARTNER id of future carrier	9 char	9	10
4	ACTIVE STATE POLICE	Y or N	1	2
5	POLICE SPOUSE	Y or N	1	2
6	POLICE CHILD < 26 YRS OLD	Y or N	1	2
7	REHABILITATION CENTER	Y or N	1	2
8	MENTAL HEALTH FACILITY	Y or N	1	2
9	ADOPTION ASSISTANCE	Y or N	1	2
10	HOMELESS	Y or N	1	2
11	UNIVERSITY EMPLOYEE	Y or N	1	2
12	PUBLIC CORPORATION EMPLOYEE	Y or N	1	2
13	PUBLIC EMPLOYEE OR PENSIONER	Y or N	1	2
14	EMPLOYMENT MUNICIPALITY	3 char	3	3
				45

Note: Employment Municipality contains the municipality which is the same as county. See Appendix F for values.

Appendix I – Managed Care Region

Region	Puerto Rico Region Name
A	North
B	Metro-North
E	East
F	North-East
G	South-East
Z	West
J	San Juan
S	South-West
P	Virtual Region

Appendix J – Trading Partner IDs and 834 Inbound File Names

Carrier Name	File Abbreviation	Trading Partner
ADMINISTRACION DE SEGUROS DE SALUD DE PUERTO RICO	ASES	680100
FIRST MEDICAL HEALTH PLAN, INC.	FM	690150
HUMANA PLATINO	HUMA	690700
MCS ADVANTAGE	MCS	690800
MEDICARE Y MUCHO MAS	MMMP	690320
MMM MULTI HEALTH, LLC	MMMV	690350
PLAN DE SALUD MENONITA	PSM	690900
PREFERRED MEDICARE CHOICE	PMC	690330
TRIPLE-S ADVANTAGE	TPA	690410
TRIPLE-S SALUD, INC.	TPS	690450

20230630_FM_690150_834DI_01.X12
20230630_MMMV_690350_834DI_01.X12
20230630_PSM_690900_834DI_01.X12
20230630_TPS_690450_834DI_01.X12
20230630_MMMP_690320_834DI_01.X12
20230630_PMC_690330_834DI_01.X12
20230630_MCS_690800_834DI_01.X12
20230630_HUMA_690700_834DI_01.X12
20230630_TPA_690410_834DI_01.X12

20230630_ASES_690150_834DI_01.X12
20230630_ASES_690350_834DI_01.X12
20230630_ASES_690900_834DI_01.X12
20230630_ASES_690450_834DI_01.X12
20230630_ASES_690320_834DI_01.X12
20230630_ASES_690330_834DI_01.X12
20230630_ASES_690800_834DI_01.X12
20230630_ASES_690700_834DI_01.X12
20230630_ASES_690410_834DI_01.X12

ADMINISTRACION DE SEGUROS DE SALUD
25 - 00003
Contrato Número

Appendix K – 834 Business Rules

All extension elements should be part of the same transaction.

HD04 Record Type 01 (Appendix G – Plan Coverage Description): The Region sent on the 834 Inbound Files will not be used to update PRMMIS. The Region is part of the demographic information that is provided by the Eligibility Vendor. The Region can only be updated by the Eligibility Vendor. If a Region provided on the 834 Inbound File does not match what is on the PRMMIS system, an information message will be provided. This informational message will communicate to the Carrier that the Region within their system does not match PRMMIS.

Appendix L – 834 Monthly Audit File Carrier Procedures

Processing of the 834 Monthly Audit File
The 834 Monthly Audit File contains all active members at the specific point in time of the job execution. The data shows exactly the structure of the member, including the begin and end dates.

All Carriers should reconcile their data with the 834 Monthly Audit File. To do this, we advise the Carriers to read the file, member by member. There are several possibilities of updates based on what is contained within the Carriers system compared to the 834 Audit file.

1) If the member is found within the Carriers system
    a. The Carriers data should be compared to the 834 Audit file.
    b. If differences are found, the Carriers data should be updated with the information provided on the 834 Audit file.
2) If the member is not found within the Carriers system
    a. The member should be added utilizing the data provided on the 834 Audit file.

Note (2/01/2024): *At this time, it is recommended for Carriers to review members NOT on the 834 Audit file, but 'active' within the Carriers system. These member examples should be sent to the EDI Helpdesk for analysis. Do Not automatically term these members.*

At this time, if Carrier system limitations exist and if you are not able to Add or Change members systematically, CTN requests can be made by utilizing the EDI Helpdesk.

These extra steps will only be necessary until data stabilization is achieved.

Example of 834 Audit Data:
INS*Y*18*030*XN*A*E**AC~
REF*0F*80000000000~
DTP*473*D8*20201101~
DTP*474*D8*20241231~
NM1*IL*1*FRED |HEEENNEEE*JJHHJJHH****34*595959595~
PER*IP**TE*7872418615~
N3*AAAAAA CCCCC*CARR 000 R 000O0 O0~
N4*XXX XXXXXXXX*PR*000009998**CY*176~
DMG*D8*19850912*M*I*C~
LUI*LE*SPA**6~
LUI*LE*SPA**7~
NM1*31*1~
N3*PO BOX 000~
N4*XXX XXXXXXXX*PR*000000000~
NM1*QD*1*FRED | HEEENNEEE*JJHHJJHH ****ZZ*80000000000~
PER*RP**TE*7879999999~
N3*PO BOX 000~
N4* XXX XXXXXXXX*PR*000000000~
HD*030**HMO*01|E*IND~ HD04 Segments begin here, each have begin and end dates
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*02|Y*IND~
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*03|01*IND~
DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*04|N*IND~

ADMINISTRACION DE SEGUROS DE SALUD
25 - 0 0 0 0 3
Contrato Número

DTP*348*D8*20181101~
DTP*349*D8*20231231~
HD*030**HMO*30|100*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*31|MTM*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*32|Y*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*33|00*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*34|*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*35|N*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*36|N*IND~
DTP*348*D8*20231101~
DTP*349*D8*20231231~
HD*030**HMO*50|V02*IND~
DTP*348*D8*20230101~
DTP*349*D8*20231231~
HD*030**HMO*60|1.8687*IND~
DTP*348*D8*20230501~
DTP*349*D8*20231231~
HD*030**HMO*61|1.9300*IND~
DTP*348*D8*20230501~
DTP*349*D8*20231231~ HD04 Segments End Here
LX*1~
NM1*Y2*1*XXXXXX, INC.**000000000*PMG1**XX*1111111111*25~
N3*XXXXXX XXXXXXXXXX XXXXXXXXXX 0*XXXX 0000 KM. 0.3~
N4*XXXXXXXXXX*PR*00000998~
PLA*2*1P*20230801**AI~
LX*2~
NM1*P3*1*XXXXXXXX|XXXXXXXX*XXXXX*000000000*PCP1**XX*1111111111*25~
N3*XXXXXXXXXXXXXXXXX 111 Km. 11.1 XXXXXXXXXXX~
N4*XXXXXX*PR*000000000~
PLA*2*1P*20230801**AI~
LS*2700~
LX*1~
N1*75*ADDITIONAL MEMBER IDENTIFICATION DATA~
REF*ZZ*M| | |N|N|N|N|N|N|N|N|N|~
DTP*007*RD8*20231101-20231231~
LE*2700~

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Change Summary

Version 2.02 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 05-17-2024

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
2000	12	File/System Specifications	File Naming Convention for Managed Care 834 Outbound		Added text describing the new file for resending Termination transactions.	Automated a process to resend terminations when needed. Gainwell

Version 2.01 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 02-28-2024

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
2000	26	INS04	Maintenance Reason Code		When INS04=03, the date of death is indicated within the INS12 field and as the Medicaid end date in the 2000 loop	Text revised to clarify that the date of death is contained within the INS12 field and as the Medicaid end date. Carrier asked for clarification
N/A	40		Appendix A	XT	The 'XT' will indicate that the members information for the date period provided should be 'Voided'.	Including 'XT' for Termination transactions when the members information needs to be 'Voided'. Gainwell introduced this as part of the Data Clean-up effort.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 2.00 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 02-01-2024

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
N/A	12		1 Introduction File/System Specifications		Corrected the Carrier Acknowledgements File Names (acknowledgements sent to PRMMIS in response to the 834 Daily Outbound File and the 834 Monthly Audit File that are sent from PRMMIS)	Gainwell updated the Carrier Acknowledgements File Names to specify the daily and monthly acknowledgement files.
2000	26	DTP	Member Level Dates		Added clarification: DTP01 values 473 (Medicaid Begin Date) and 474 (Medicaid End) date will be present on all 834 Maintenance Type Codes (001, 021, 024 and 030).	Gainwell updated based on Carrier feedback.
N/A	49		Appendix K – 834 Business Rules		Appendix K was created to provide the 834 Business Rules.	Gainwell added for clarification of Business Processes
N/A	49		Appendix K – 834 Business Rules		A Business Rule regarding the Region was added.	Gainwell updated per PRMP direction.
2000	26	INS12	Date Time Period		Member / Individual Death Date CCYYMMDD format	Clarification/update based on Carrier feedback.
2310	35	PLA03	Effective Date		This is the effective date of the change of PCP. When the Carrier sends the beginning date of the PCP and it is outside of the current Eligibility date, the system will use the Eligibility date to update PRMMIS. If the Carrier sends a PCP begin date that is within the Eligibility date range, PRMMIS will utilize the Carriers date.	Added clarification on when the date provide by the Carrier will be used.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.12 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 10-30-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
N/A	44		Appendix G		Record Type 02 – Enrollment Confirmation Carrier Column - All	Gainwell updated the Carrier Column for the Enrollment Confirmation field to be 'All'. This had been discussed for months that all Carriers were to send the Enrollment Confirmation Flag. The documentation within this column was updated to reflect those conversations. - Carrier Identified

ADMINISTRACION DE SEGUROS DE SALUD

25 - 0 0 0 0 3

Contrato Número

Version 1.11 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 10-04-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
	18	GS05	Time		Added the SS to the format. The time format is HHMMSS.	Added the SS for the seconds to the time format. Logic has been sending HHMMSS. This is a CG documentation update. Carrier Identified.
	24	BGN05	Time Zone Code	TT	Changed Code to "TT" = Atlantic Time	The CG stated 'TS' – Atlantic Standard Time. The process is sending 'TT' – Atlantic Time. This is a CG documentation update. Carrier Identified.
2100A	29	LUI03	Language Description		*SPANISH for example was the text.* The previous statement was changed to indicate that this field is not always necessary. New text below - Situational Rule: Required if the sender is unable to code the necessary language identification in LUI01 and LUI02.	*SPANISH for example was the text.* It was changed to indicate that this field is not always necessary. This is a CG documentation update. Carrier Identified.
N/A	44		Appendix G		Added Record Types 37 – HYBRID COVERAGE CODE and 38 – HYBRID GROUP CODE for the Incarceration AIJ and Forensic Psychiatric	Changes required due to the Incarceration identification of the members. Gainwell Identified
2100A	27	N401	Member City Name		Added the "IN" within the REQ column. This is a required field.	The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Carrier Identified
2100A	27	N402	Member State Code		Added the "IN" within the REQ column. This is a required field.	The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Carrier Identified
2100A	27	N403	Member Zip Code		Added the "IN" within the REQ column. This is a required field.	The "IN" was missed within the REQ column for

						Inbound transactions. The TR3 is clear that it is required. Carrier Identified
2310	33	NM106	Provider Name Prefix	PCP1 PCP2 PMG1	Added 'PMG1' to list of valid values for this field.	'PMG1' was being populated in this field. It was not identified as a valid value in the Companion Guide. Carrier Identified
2310	34	N402	Provider State Code		Added the "IN" within the REQ column. This is a required field.	The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Gainwell Identified
2310	34	N403	Provider Postal Zone or ZIP Code		Added the "IN" within the REQ column. This is a required field.	The "IN" was missed within the REQ column for Inbound transactions. The TR3 is clear that it is required. Gainwell Identified

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 0 0 0 0 3

Contrato Número

Version 1.10 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 09-27-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
2100A	27	N3	Member Residence Street Address		Removed comment from notes column	The notes column contained a note stating that this is required when enrolling a new member. The REQ column did not have an "IN" value stating that this segment is required. This segment is not required, so comment was removed. Carrier Identified.
2100A	27	N4	Member City, State, ZIP Code		Removed comment from notes column	The notes column contained a note stating that this is required when enrolling a new member. The REQ column did not have an "IN" value within all the fields within this segment. The complete segment is not required, only the fields identified with the "IN" in the REQ column. Comment removed from notes section. Carrier Identified.
2100A	28	DMG	Member Demographics		Removed comment from notes column	The notes column contained a note stating that this is required when enrolling a new member. The REQ column did not have an "IN" value stating that this segment is required. This segment is not required, so comment was removed. Carrier Identified.

2310	33	NM105	Provider Middle Name		Added "IN" to the REQ column.	This field is required and should contain the Provider's Medicaid ID as assigned by PRMMIS. Indicator, "IN" was missing from the REQ column. Carrier Identified
2750	38	REF02	Member Reporting Category Reference ID		Removed note regarding Plan Version.	Plan Version was removed from Appendix H. The note within the field was not removed. Carrier Identified.
2100A	29	AMT01	Member Policy Amounts		Removed inadvertently from Companion Guide. Has always been within the code. Added back.	The logic has always been within the 834 code. Only the CG was updated inadvertently. No logic changes were made. Gainwell identified.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.9 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 09-21-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
2750	38	REF02	Member Reporting Category Reference ID		Removed "IN" from REQ column.	Gainwell moved the Enrollment Confirmation Indicator from this loop. Required for Inbound identification needed to be removed. – Carrier Identified
2100A	29	AMT01	Member Policy Amounts		Segment not used by PRMMMIS – grayed out this segment	Carrier Identified
2300	32	DTP01	Date Time Qualifier		Removed value '303' – not used.	This qualifier is not used based on the newest updates to the 2300 Loop – Carrier Identified
N/A	46		Appendix H		Renumbered elements within the table.	Gainwell Identified
N/A	44		Appendix G	I	Replace the 'I' – incarcerated	Gainwell replaced the Incarcerated value. The Enrollment Counselor will provide this to Gainwell, which will be able to be passed back to the Carriers. – PRMP Identified
N/A	44		Appendix G		Added column to indicate which Health Coverage Items are required on Inbound 834 files from the Carriers	Gainwell Identified

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.8 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 09-19-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised	Reason/ Identified By
N/A	40	INS04	Appendix A	27	Updated notes to: Use this code when a member has retro-enrollment periods. Removed 'gray' highlight since the code will be used.	Gainwell added clarification to this value.
N/A	42	DTP01	Appendix B	303	Added Maintenance Effective	Gainwell added to specify dates for Risk Score and Rate changes.
N/A	42	DTP01	Appendix B	344, 345	Added Codes for TPL Begin and End dates	Gainwell added to specify TPL Begin and End Dates.
N/A	42	DTP01	Appendix B	695	Added Previous Coverage Months	Gainwell added to specify Previous Coverage Months
N/A	45		Appendix G	I	Removed the 'I' - incarcerated	Gainwell removed the Incarcerated value, not being used at this time.
N/A	45		Appendix G		Replaced the Gender Identity with Enrollment Confirmation	The Enrollment Confirmation is considered part of the health coverage information – Carrier Identified
N/A	45		Appendix G		Added Plan Version	With the revamp of the 2300 loop, the addition of the Plan Version was included here and removed from the 2750 loop. – Gainwell Identified
N/A	45		Appendix G		Removed string of data for this field usage. Each type of change will be identified individually. A Record Type has been assigned to each type of change allowed. The data string for the Health Coverage Loop 2300 will utilize the Record Type separated by the "|" and then the field value.	Additional information needed to be contained within the 2300 Health Coverage Loop. Appendix G is used to detail those items that will be part of this loop. – Carrier Identified.
N/A	46		Appendix H		Replaced Enrollment Confirmation with Gender Identity	Switched with Enrollment Confirmation as

						part of the Health Coverage Loop changes – Carrier Identified
N/A	46		Appendix H		Removed Plan Version.	Placed the Plan Version within the 2300 loop. – Gainwell Identified.
2100A	27	N405	Location Qualifier	CY	Added the 'IN' to the Req column.	The location identifier(N406) was indicated as being required for Inbound. The designation for the Location Qualifier (N405) to be required for Inbound was missing. – Carrier Identified
2100C	31	N402	Member Mailing State Code		Added the 'IN' to the Req column.	The 2100C NM1 segment is required for the Inbound files. The N402 fields was not marked with 'IN' in the REQ column. – Carrier Identified
2100C	31	N403	Member Mailing Zip Code		Added the 'IN' to the Req column.	The 2100C NM1 segment is required for the Inbound files. The N403 fields was not marked with 'IN' in the REQ column. – Carrier Identified
2300	32	DTP01	Date Time Qualifier	303	Added the data qualifier 303 – Maintenance Effective	The date qualifier 303 was added to identify dates for the Risk Score and Rate changes. – Carrier Identified
2300	32	DTP01	Date Time Qualifier	695	Added the data qualifier 695 – Previous Period	The date qualifier 695 was added to identify dates for the previous periods. – Gainwell Identified
2750	38	REF02	Member Reporting Category Reference ID		Removed the statement indicating that the Enrollment Confirmation is required.	Updates due to the 2300 loop enhancement – Gainwell Identified

	11		File Naming Convention for Managed Care 834 Inbound		Added a seq number to the Inbound file to allow for multiple Inbound files per day.	Carrier Identified

ADMINISTRACION DE SEGUROS DE SALUD

25-00003

Contrato Número

Version 1.7 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 08-18-2023

Loop ID	Page(s) Revised	Reference	Name	Code(s)	Text Revised	Reason / Identified by
N/A	12, 21	N/A	834 – Monthly Audit	N/A	Schedule change for the 834 monthly audit files from the first working day of the month to the third business day of the month	A Carrier was concerned about the initial audit file being executed on a Friday. Also, changed to ensure the M3G extensions were processed prior to the 834 Audit.
N/A	16	ISA05, ISA07	Interchange ID (Receiver and Sender) Qualifier	ZZ	ZZ=Mutually Defined	Gainwell changed this to clarify what the value 'ZZ' represented.
N/A	17	ISA15	Usage Identifier	T, P	T=Test Data P= Production Data	Gainwell changed this to clarify what the values 'T' and 'P' represented.
N/A	19	ST03	Implementation Guide Version Name		Field is Required added 'IN'	Gainwell added the 'IN' (inbound required) value to clarify that this field is needed to pass X12 compliance checks.
N/A	24	REF01	Reference Identification Qualifier		Field is Required added 'IN'	Gainwell added the 'IN' (inbound required) value to clarify that the qualifier field is required.
N/A	24	REF02	Master Policy Number		Field is Required added 'IN'	Gainwell added the 'IN' (inbound required) value to clarify that the Master Policy Number field is required.
N/A	24	DTP01	Date Time Qualifier	090 091 303 382 388	Removed Values from the Companion Guide; Not used Code used for Outbound only	Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not used in multiple fields were removed.
2000	25	INS03	Maintenance Type Code 'Reinstatement'	025	Removed Value from the Companion Guide; Not used	Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not

						used in multiple fields were removed.
2000	26	REF02	Subscriber Identifier		Added clarification that the Subscriber ID should be 11 digits as assigned by M3G.	Gainwell discovered during the testing of the Carrier's Inbound files that the Subscriber ID was containing leading zeroes. Added this clarification for consistency.
2300	32	HD01	Maintenance Type Code : Delete (002) Reinstatement (025) Corrections (026) Employee Information (032)	002 025 026 032	Removed Values from the Companion Guide; Not used	Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not used in multiple fields were removed.
2300	32	DTP01	Date Time Qualifier: Enrollment Signature Date (300) Maintenance Effective Date (303) Premium Paid to Date End (343) Last Premium Paid Date (543)	300 303 343 543	Removed Values from the Companion Guide; Not used	A Carrier asked about the Signature Date valid value. Gainwell does not provide a Signature Date within the 834. Discussed with a Carrier that the values not used would be removed.
2310	33	NM106	Provider Name Prefix	PCP1 PCP2	Updated Note and Removed the Word 'Change'	Gainwell corrected the note on this field. This field will be populated with PCP1 or PCP2 when applicable, not just for changes.
2310	33	NM107	Provider Name Suffix		Removed this field, not used.	Gainwell discovered during testing that this field was not required.
2310	33	NM108	Identification Code Qualifier: Social Security Number (34) Federal Taxpayer's Identification Number (FI) Service Provider Number (SV)	34 FI SV	Updated Existing Value as a Required Field 'IN" and Removed Other Values from the Companion Guide; Not used (34, FI, SV)	Based on conversations with a Carrier regarding valid values not used within PRMMIS, values not used in multiple fields were removed.
2310	35	PLA05	Appointment Times Not Met in a Timely Manner	AJ	Last "Maintenance Reason Code" for	A Carrier identified that we were missing the 'AJ'

25 - 000 03

Contrato Número

					Change Physician was missing.	value within the valid value list.
2330	37	NM103	Coordination of Benefits Insurer Name		Outbound 834 will include 3-digit insurer code a space and then the insurer name	A Carrier required the 3-digit insurer code. Change was made to include this code as the first portion of the name field.
2750	38	DTP03	Member Reporting Category Effective Dates	CCYYMMDD-CCYYMMDD	Defined Field	A Carrier identified that the begin and end dates for the Coverage Codes were missing. Gainwell utilized this field for that purposed.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.6 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 08-09-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised

	24	BGN02	Transaction Set Reference Number		**Replace all text with:** This element is 50 characters of free form text to identify this specific file's information. Example:
					• Positions 1-7, Report ID, valid values are "INITIAL" or "CHANGE ".
					• Positions 8–8, Space.
					• Positions 9–14, Enrollment month in a CCYYMM format.
					• Positions 15–15, Space.
					• Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed.
					Example:
					`INITIAL 202308 0001`
					OR
					`CHANGE 202308 0001`

2000	26	INS08	Employment Status Code	AC TE	Change to Required field
2000	26	REF01	Reference Identification Qualifier	0F	Change Code from OF to 0F

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.5 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 07-26-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	11	Naming convention for inbound files			Suffix of file name changed from .DAT to .X12
	12	Naming convention for outbound files			Suffix of file name changed from .DAT to .X12
	16	ISA06	Interchange Sender ID		Inbound from Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces]. Outbound to Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces].
	16	ISA08	Interchange Receiver ID		Inbound from Carriers: "PRMMIS" Puerto Rico Medicaid Management System., [6 characters left justified and 9 spaces]. Outbound to Carriers: Carrier's Trading Partner ID supplied by PRMMIS, [6 digits left justified and 9 spaces].
	18	GS02	Application Sender's Code		Inbound: Carrier's Trading Partner ID supplied by PRMMIS. Outbound: "PRMMIS"
	18	GS03	Application Receiver's Code		Inbound: "PRMMIS" Outbound: Carrier's Trading Partner ID supplied by PRMMIS.
	24	BGN02	Transaction Set Reference Number		**Replace all text with:** This element is 50 characters of free form text to identify this specific file's information. Example: • Positions 1-7, Report

					ID, valid values are "INITIAL" or "CHANGE" or "FINAL". • Positions 8–8, Space. • Positions 9–14, Enrollment month in a CCYYMM format. • Positions 15–15, Space. • Positions 16–19, Sequence number of the transaction set indicating the order that the transaction sets are created and the order in which the transaction sets are to be processed. Example: INITIAL 202308 0001 OR CHANGE 202308 0001 OR FINAL 202308 0001
1000B	25	N104	Sponsor Identifier	660437470	Add PRMP Tax ID to code column
2100A	29	DMG05 - 1	Race Code		See Appendix C for list of possible codes. Since this is a repeating field multiple race codes can be entered in this field separated by value in ISA11 ("^").
2100A	29	DMG05 - 2	Code List Qualifier Code		Remove element.
2100A	29	DMG05 - 3	Race or Ethnicity Code		Remove element.
2100B	30	DMG05 - 2	Code List Qualifier Code		Remove element.
2100B	30	DMG05 - 3	Race or Ethnicity Code		Remove element.
2310	34	NM102	Entity Type Qualifier	1	Person – All providers will be indicated as a "Person" (1).
2310	34	NM103	Provider Last or Organization Name		**Change text to:** If provider is actually a person this field will contain their 1st last name and 2nd last name with pipe delimiter to

					separate. If provider is an organization this field will contain the company name.
2310	34	NM104	Provider First Name		**New text:** If Provider is an Organization this field will be empty.
2310	35	NM105	Provider Middle Name		**New text:** Provider's Medicaid ID as assigned by PRMMIS.
2310	35	NM107	Provider Name Suffix		**New text:** If Provider is an Organization this field will be empty.
2310	35	NM109	Provider Identifier		**New text:** If provider has an NPI it will go here.
	48	Sample file naming examples			Suffix of file names changed from .DAT to .X12.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 0 0 0 0 3

Contrato Número

Version 1.4 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 06-30-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
	9	Last paragraph before **References & Applicable Web Sites**	Gainwell		The order of transactions in the 834 outbound file changed to (1) terminations, (2) adds, (3) changes.
	9	Last bullet on page	Gainwell		Corrected link for CMS website – added "l."
	11	New paragraph after **File/System Specifications** File Naming Convention for Managed Care 834 Inbound	Gainwell		Changed inbound file naming convention.
	12	New paragraph before **Getting Started**	Gainwell		Added "Carrier Acknowledgements."
	17	ISA06 - Interchange Sender ID	Gainwell		Outbound value changed to "PRMMIS"
	19	GS02 - Application Sender's Code	Gainwell		Outbound value changed to "PRMMIS"
	23	Section 8 Acknowledgement 999	Gainwell		Removed this statement as it is not valid for 834: *If a "rejected" 999 is produced, then claims/encounters will not be sent to the claims engine for adjudication.*
	25	BGN02	Gainwell		Translation has been revised to retain spaces in this field.
2310	36	Provider Last or Organization Name	Gainwell		New text in Notes "If a person, field will contain last name | last name 2".
2310	36	Provider First Name	Gainwell		New text in Notes "If an organization, will contain "X."
	47	HD04	Gainwell		Removed "TBD ASES" from field 3 – coverage code
	48	Appendix H	Gainwell		Added "TRADING PARTNER ID of future carrier" as item #4 and renamed the list below

	50	Appendix J	Gainwell		list of Trading Partner IDs and 834 inbound file names by carrier

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.3 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: 05-05-2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
			Gainwell		Removed DRAFT watermark
	47	HD04	Gainwell		Removed "TBD ASES" from field 3 – coverage code
	8	Scope	Gainwell		Corrected EDI HelpDesk email address.
	40	Appendix A	Gainwell		Removed "DRAFT" and changed statement to "Subject to change/addition by Gainwell, grayed out = not applicable."
	42	Appendix B	Gainwell		Removed "DRAFT" and changed statement to "Subject to change/addition by Gainwell, grayed out = not applicable."
	44 & 45	Appendixes D & E	Gainwell		Removed Appendix D and Appendix E as not applicable for PRMP
	47	HD04	Gainwell		Removed "TBD ASES" from field 3 – coverage code

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.2 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Approved by:_____ Date: 04/17/2023

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
ALL					Added column "Req'd" to indicate fields required for 834 INBOUND.
	47	Appendix G, HD04	Gainwell		Removed "TRADING PARTNER id of previous carrier". Added "Raw Risk Score". Removed comment regarding rate cell calculation as it will be a part of 834. Moved Managed Care Region to order #1 and renumbered. This data element is required on INBOUND 834.
2750	48	Appendix H, Loop 2750	Gainwell		Added "Enrollment Confirmation". Added "Plan Version".. Added "TRADING PARTNER id of previous carrier". Renumbered. Added notes regarding INBOUND required data elements.
		Title Page Footer	Gainwell		Changed version to 1.2 and updated other references to April instead of March.
2310	34	NM106 Provider Name Prefix	Gainwell	PCP1 PCP2	Added this as a place to indicate add/change for PCP1 or PCP2
	49	Appendix I	Gainwell		New to identify Managed Care Region valid values

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Version 1.1 Revision Log

Companion Guide: 834 Health Care Benefit Enrollment and Maintenance

Name: Gainwell Date: _____

Loop ID	Page(s) Revised	Reference	Name	Codes	Text Revised
					Initial Submission
	11-12		Gainwell		10/27/2022: Revised file name conventions
	9	834 Audit File 834 Changes File	Gainwell		02/01/2023: Corrected INS01 to INS03
	45	Appendix G HD04	Gainwell		02/03/2023: Removed "plan version" from HD04, Appendix G, and renumbered
	9	834 Changes File	Gainwell		Removed sentence *"Membership spans should not be used to process changes (INS03 = 001)."* as it does not provide any value.
		Appendix G HD04	Gainwell		03/07/2023: Added data element #14 for Trading partner id of previous carrier
			Gainwell		03/07/2023: Version changed to "1.1"

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

gainwell

GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0015_834_INBOUND_CARRIER_ERROR_REPORT

MANAGED CARE 0015 834 INBOUND CARRIER ERROR REPORT

Interface Control Document

Version 2.2

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Change History

Version #	Date	Modified By	Description
1.0	10/27/2023	Gainwell Technologies	Initial submission
2.0	1/30/2024	Gainwell Technologies	Post Implementation Update
2.1	2/21/2024	Gainwell Technologies	New Error Code - 4034
2.2	3/22/2024	Gainwell Technologies	New Error Codes – 4012, 4035 and 9002; update to Error Type values.

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

Contents

1 Acronyms 1
2 Interface Overview 2
2.1 Use Requirements 2
2.2 Communication Methods and Format 2
2.3 Timing and Frequency 2
2.4 Monitoring and Reporting 2
2.5 Error Handling 2
2.6 Assumptions 3
3 Process Flow 4
4 Detailed Specifications 5
4.1 Header Format 5
4.2 Detail Format 5
5 Appendix A – List of .CSV Message Description / Action 7

Figures

Figure 1 – Carrier - 834 CSV Error File 4

Tables

Table 1 – Acronyms 1

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

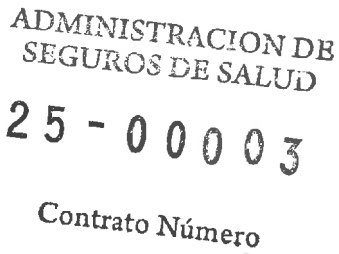
Contrato Número

1 Acronyms

The following table contains the list of abbreviations used within this document.
Note: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

Acronyms	Definition
ASES	Administracion De Seguros De Salud De Puerto Rico
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
FM	First Medical
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUMA	Humana Platino
MCS	MCS Advantage
MMMP	Medicare Y Mucho Mas
MMMV	MMM Multi Health, LLC
PSM	Plan De Salud Menonita
PMC	Primary Medicare Choice
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
TPA	Triple-S Advantage
TPS	Triple-S Salud, Inc.



2 Interface Overview

This file will be transmitted from Puerto Rico Medicaid Management Information System (PRMMIS) to the Puerto Rico Carriers and will contain errors identified while processing 834 inbound transactions. The CSV report will contain the errors identified.

2.1 Use Requirements

PRMMIS will send the CSV error file to notify the Carriers of errors that are identified when processing their 834 inbound file. It is the responsibility of Puerto Rico Carriers to correct the source data and re-send using the 834 inbound transaction.

2.2 Communication Methods and Format

The file will be transmitted from PRMMIS to Carriers after the 834 carrier inbound processing is complete.

The first line of the error file will contain header information. Each field within a record will be separated by comma as the delimiter. If a field value contains a comma as part of the value, the field will be enclosed in quotation marks. If a field contains a quotation mark, it will be escaped by preceding it with a quotation mark. A field that does not have a value does not need to contain a single space.

The fields will be written to a Comma-Separated Values (CSV) file as per the layout listed later in this document.

File name format will be: *######_ABRV_ZZZZZZ_834DI_yyyymmdd_01.csv*

######	internal number assigned by the report program
ABRV	carrier abbreviation
ZZZZZZ	Trading Partner ID
yyyymmdd	date report is produced

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

2.3 Timing and Frequency

The file will be transmitted to the carriers on a daily basis (Monday – Friday) after the 834 inbound process is complete. Each 834 inbound file will produce an error report and include only 'header' data if no errors are found.

2.4 Monitoring and Reporting

The report will reflect the field for the error and the reason for failure of the transactions sent. The CSV file is created as part of the 834 inbound processing job stream in PRMMIS.

2.5 Error Handling

All records that pass validity checks will be applied to the PRMMIS database. Records with errors will not be applied to the PRMMIS database. Errors should be corrected by each carrier and retransmitted when the member data is corrected. Warnings are records that have been processed, but need carrier updates to be made. Informational messages are considered informational only.
Below is the list of the errors and warnings that will be sent:

ERROR CODE	ERROR TYPE	MESSAGE
4000	Error	Medicaid ID not valid - REF02
4001	Error	Invalid or empty Trading Partner ID - ISA06
4002	Error	Invalid or empty Maintenance Type Code - HD01
4005	Error	Invalid or empty Carrier End Date - DTP01_349

4006	Error	Invalid or empty Provider Type - NM101
4007	Error	Invalid or empty Entity Qualifier - NM108
4008	Error	Invalid or empty Provider Prefix - NM106
4012	Error	Invalid or empty provider effective date. PLA03
4013	Error	Invalid or empty Provider Maintenance Reason - PLA05
4014	Error	Enrollment not found on Change transaction - 001
4017	Error	Invalid dates End Date is Before Effective Date
4019	Error	Member is not eligible for the Benefit/Assignment Plan
4023	Error	Maintenance Type Code on Loops 2000 and 2300 are different
4024	Error	Invalid or empty Municipality Code – N406
4025	Error	Invalid or empty member coverage date
4026	Error	Invalid or empty Enrollment Confirmation indicator
4027	Error	Member is not a Virtual Region member in PRMMIS
4028	Error	Inconsistent dates on loop 2300 it needs to be the same
4029	Error	Member already enroll with this carrier .021 not allowed
4030	Error	Add txn from a Vital carrier .021 not allowed
4031	Error	Oxi834TransSet node does not exist
4032	Error	No carrier match on 1 or more assign segments
4034	Error	Invalid incoming effective date, greater than 24 months
4035	Error	Found GAP on Elig segments
0010	Informational	No changes in incoming Assignments
0011	Informational	No changes in incoming Assignments for Platino carrier
0012	Informational	No change on incoming Terminate Assignment
0013	Informational	No change on incoming ASES Assignment
0014	Informational	Member with no PRV loop info
0015	Warning	Plan Version is empty or not valid
9001	Informational	Incoming Region does not match PRMMIS Region
9002	Informational	Virtual region members not allowed for the carrier

2.6 Assumptions

The CSV daily file will contain all errors identified during the inbound 834 update process.
It is expected that each Carrier will review the CSV file and make necessary updates to ensure that the data in PRMMIS is accurate.

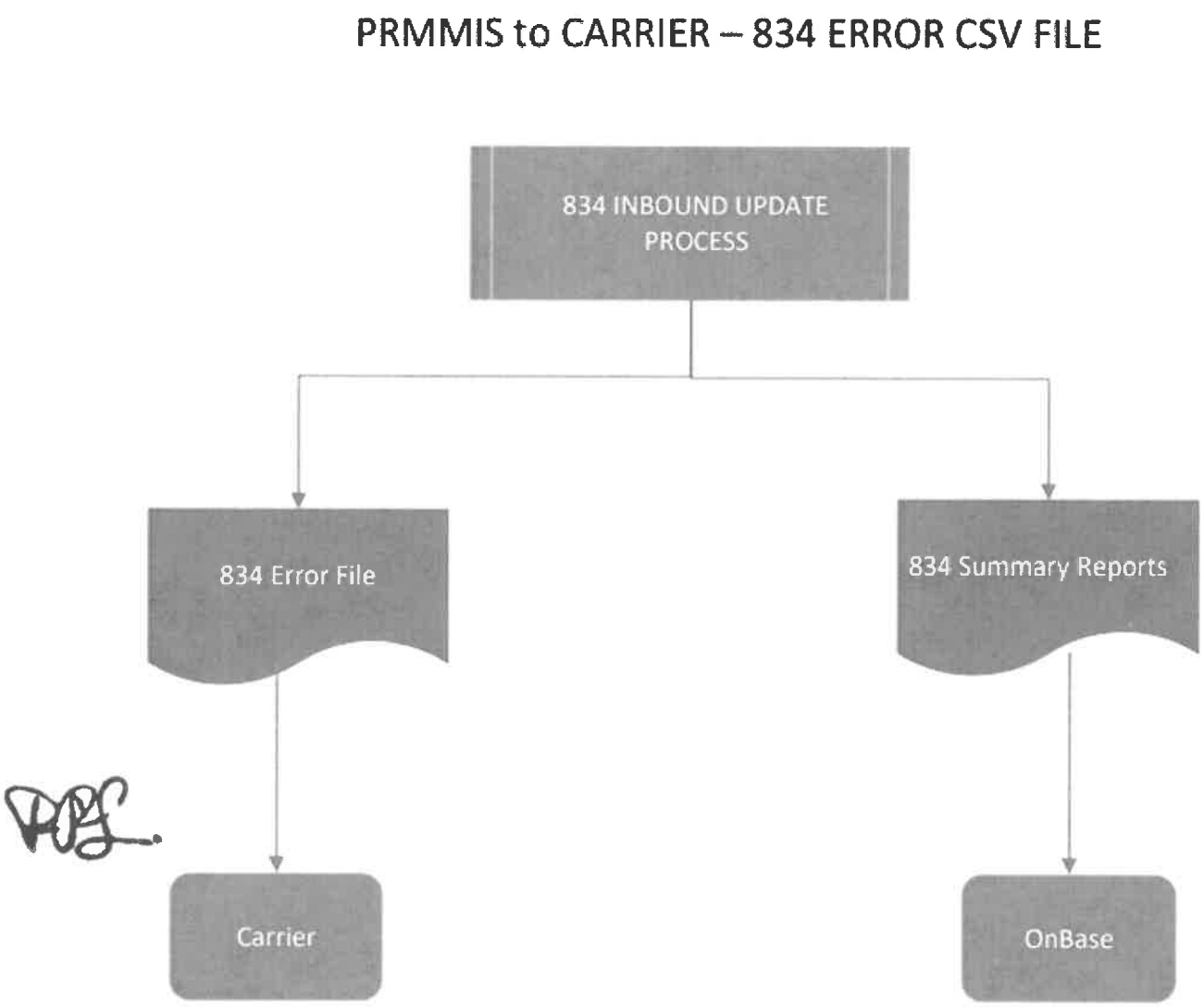
ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número

3 Process Flow

Figure 1 – Carrier - 834 CSV Error File



ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

4 Detailed Specifications

The CSV file will be comma-delimited with the fields below. The CSV header will have the format below. There is no trailer record.

4.1 Header Format

Field #	Field Name	Report Value
1	Date	"Date"
2	Medicaid ID	"Medicaid ID"
3	Last Name	"Last Name"
4	Last Name2	"Last Name2"
5	First Name	"First Name"
6	Maintenance Code	"Maintenance Code"
7	Manage Care Region	"Manage Care Region"
8	Effective Date	"Effective Date"
9	End Date	"End Date"
10	Error Type	"Error Type"
11	Error Field	"Error Field"
12	Error Value	"Error Value"
13	Error Code	"Error Code"
14	Error Description	"Error Description"

Example:

"Date", "Medicaid ID", "Last Name", "Last Name2", "First Name", "Maintenance Code", "Manage Care Region", "Effective Date", "End Date", "Error Type", "Error Field", "Error Value", "Error Code", "Error Description"

4.2 Detail Format

Field #	Description	Size	Type	Comments
1	Date	10	Text	Format: MM/DD/YYYY
2	Medicaid ID	11	Text	
3	Last Name	20	Text	
4	Last Name2	20	Text	
5	First Name	15	Text	
6	Maintenance Code	3	Text	
7	Manage Care Region	1	Text	
8	Effective Date	8	Text	Format: YYYYMMDD
9	End Date	8	Text	Format: YYYYMMDD

Field #	Description	Size	Type	Comments
10	Error Type	1	Text	E=Error; W=Warning, S=Informational (Successful)
11	Error Field	50	Text	
12	Error Value	100	Text	Value in the field where there is an error.
13	Error Code	4	Text	
14	Error Description	100	Text	

Report Example (shown as spreadsheet):

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Date	Medicaid ID	Last Name	Last Name 2	First Name	Maintenance Code	Manage Care Region	Effective Date	End Date	Error Type	Error Field	Error Value	Error Code	Error Description
2	8/9/2023	60070306140				1	E	20230707	0	E	Invalid Id_Medicaid	60070306140	4000	Medicaid Id not valid REF02
3	8/9/2023	80070307074				1	E	20230701	2E407	E	sub_id/RefIdentification1	80070307074	4000	Medicaid Id not valid REF02
4	8/9/2023	98770306899	SMITH	GONZALEZ	MARGARITA	1	E	20230701	2E407	E	mbr_city_st_zip/LocId	NULL	4003	Invalid or empty Region Code HD04_Region
5	8/9/2023	98770305501	JONES	VILLANUEVA	MILDRED	1	E	20230701	0	E	hlth_cvrg_dates/DTTmPrdFrom	NULL	4005	Invalid or empty Carrier End Date. DTP01_349

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

5 Appendix A – List of .CSV Message Description / Action

Error Code	Error Message	Error Description	What to do to resolve error
4000	Medicaid ID not valid - REF02	Medicaid ID not valid	Verify Medicaid ID, correct transaction and resend.
4001	Invalid or empty Trading Partner ID - ISA06	Trading Partner ID does not match x12 envelope Trading Partner ID (does not apply to ASES)	Trading Partner within the ISA, GS and REF header segments must match. Correct segments and resend.
4002	Invalid or empty Maintenance Type Code - HD01	Invalid Maintenance Type Code	Correct the Maintenance Type Code and resend.
4005	Invalid or empty Carrier End Date - DTP01_349	Carrier End Date is NULL	Correct the Carrier End Date and resend.
4006	Invalid or empty Provider Type - NM101	Provider MCD is not numeric.	Verify Provider MCD, correct transaction and resend.
4007	Invalid or empty Entity Qualifier - NM108	Identification Code Qualifier must be 'XX'.	Correct the Identification Code Qualifier and resend.
4008	Invalid or empty Provider Prefix - NM106	Provider Prefix is invalid.	Provider Prefix must be PCP1, PCP2 or PMG1. Correct the Provider Prefix and resend.
4012	Invalid or empty provider effective date. PLA03	The Provider date is invalid or empty.	Correct the Provider date and resend.
4013	Invalid or empty Provider Maintenance Reason - PLA05	Maintenance reason code is not valid. Must be one of these values: "14", "22", "46", "AA", "AB", "AC", "AD", "AE", "AF", "AG", "AH", "AI", or "AJ".	Correct the Maintenance Reason Code and resend.
4014	Enrollment not found on change transaction.001	The enrollment begin date used for record types 01 through 05 needs to match the enrollment begin date provided on the 834 Outbound record for these record types.	Update the record with the dates provided on the 834 Outbound file and resend.
4017	Invalid dates End Date is Before Effective Date	The end date provided is previous to the begin date.	Correct dates and resend.
4018	Invalid or empty Plan Version for Platino carrier – 2750_REF02	Plan Version is null on a Platino 834 Inbound file or the Plan Version is not found within PRMMIS.	Verify the Plan Version, correct and resend.
4019	Member is not Eligible for the Benefit/Assignment Plan	The date sent in on the 834 Inbound does not fall within the member's eligibility dates within PRMMIS.	Correct the dates and resend.
4023	Maintenance Type Code on Loops 2000 and 2300 are different	The Maintenance Type Code must match between the 2000 and 2300 loops.	Correct the Maintenance Type Code and resend.
4024	Invalid or empty Municipality Code – N406	Municipality Code is an invalid value or null.	Verify the Municipality Code, correct and resend.
4025	Invalid or empty member coverage date	The effective date for Record Type 01 within the HD04 2300 loop must contain the enrollment effective date.	Correct the effective date for Record Type 01 and resend.
4026	Invalid or empty Enrollment Confirmation Indicator	The Enrollment Confirmation Indicator (Record Type 02) is empty or not valid.	Correct the Enrollment Confirmation Indicator value and resend.
4027	Member is not a Virtual Region member in PRMMIS	Member is not within a Virtual Region in PRMMIS.	Correct the Region Code and resend.
4028	Inconsistent dates on loop 2300 it needs to be the same	Within the HD04 2300 Loop, the dates within each record type must be the same.	Correct the dates and resend.

4029	Member already enroll with this carrier .021 not allowed	Cannot send an Add (021) transaction for a member that is already active within the Carrier.	Change the transaction to a 001 (Change) transaction and resend.
4030	Add txn from a Vital carrier .021 not allowed	Vital Carriers cannot send Add (021) transactions.	Change the transaction to a 001 (Change) transaction and resend.
4031	Oxi834TransSet node does not exist	The Oxi834 TransSet Node is missing.	Create the Oxi834 TransSet Node within the 834 Inbound file and resend.
4032	No carrier match on 1 or more assign segments	4032 error is generated when a change (001) record is sent from a Carrier for a specific segment with its specific date period and for that date period the member is with a different Carrier.	The Carriers who receive this error should validate that the member is actually valid for that date range within that Carrier.
4034	Invalid incoming effective date, greater than 24 months	An Add transaction cannot have a begin date greater than 24 months in the past.	The Carrier needs to correct the begin date and resend.
4035	Found GAP on Elig segments	4035 error is generated when a member has gap in eligibility within PRMMIS for the date sent in on the 834 Inbound.	Correct the dates and resend.
0010	No changes on incoming assignments	Informational message	No action needed
0011	No changes in incoming Assignments for Platino carrier	Informational message	No action needed
0012	No change on incoming Terminate Assignment	Informational message	No action needed
0013	No change on incoming ASES Assignment	Informational message	No action needed
0014	Member with no PRV loop info	Informational message	No action needed
0015	Plan Version is empty or not valid	Remaining 834 Inbound record was processed.	Plan Version needs to be identified and sent on an 834 Inbound file.
9001	Incoming Region does not match PRMMIS Region	Informational message	No action needed
9002	Virtual region members not allowed for the carrier	Informational message	Region should be updated with the value received from PRMMIS.

ADMINISTRACION DE SEGUROS DE SALUD

25 - 00003

Contrato Número

Change Log

Date	Change
9/18/2023	Removed 4009 Error - Invalid or empty provider suffix NM107 (N/A)
9/18/2023	Added 4018 Error - Invalid or empty plan version for Platino carrier. 2750_REF02
9/18/2023	Added 4019 Error - Member is not Eligible for the Benefit/Assignment Plan
9/18/2023	Added 4020 Error - Member medicaid no eligible
9/18/2023	Added 4021 Error - Member assgnment carriers not match
9/18/2023	Added 4022 Error - Incoming dte_end greater than currrent enrollment DTP01_349
9/18/2023	Added 4023 Error - Maintenance Type code on loops 2000 and 2300 are different.
9/18/2023	Added 4024 Error - Invalid or empty Municipality code N406
9/18/2023	Added 4026 Error - Invalid or empty Enrollment indicator code

ADMINISTRACION DE
SEGUROS DE SALUD

25 - 00003

Contrato Número