APPENDIX K
Information System
and Addendums 1-10

Attachment K Information Systems

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Medicare Platino Reference Manual
Rev. 06/11/2024

1. **Medicare Platino Reference Manual**
2. **ADDENDUMS**

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Medicare Platino Reference Manual

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I. INTRODUCTION

The Puerto Rico Health Insurance Administration, hereinafter known as PRHIA or ASES, is a government corporation created inaccordance with Act No. 72 of September 7, 1993, amended,also known as the "Puerto Rico Health Insurance Administration Act". PRHIA was created for the purpose of administering, negotiating and contracting health insurance plans that allow eligible beneficiaries, particularly those who are medically needy, to obtain quality hospital services and other medical services.

Moving in this direction, PRHIA is the entity responsible for negotiating on behalf of the Puerto Rico Department of Health, thefederal coverage authorized by CMS (that is, Medicare Platino andFederal PRGHP, which is made up of the Medicaid and CHIP programs), with health insurance companies. PRHIA handles contracting matters with the coverage provided by the Health Program of the Government of the State of Puerto Rico "PRGHP" that serves the Population of the State or Commonwealth where it is determined that they are not eligible to receive benefits, under a coverage classification federal contracted health insurance company.

PRHIA oversees the administration of the services provided to eligible beneficiaries, under various health programs including Medicare Platino; The PRHIA Information Systems Office is responsible for verifying and validating the eligibility, enrollment and payment processes issued by PRMP-PRMMIS for the contracted medical insurance.

This document constitutes a reference manual, designed with the purpose of assisting Medicare Advantage Organizations (MAO) contracted by PHIA, in the eligibility, enrollment and payment processes of beneficiaries. The processes of eligibility, enrollment and payments received daily and monthly are defined as established in agreement with the Department of Health - Medicaid Office in Puerto Rico in the PRMMIS system and in contract.

II. DEFINITIONS

Adjusted Payment: Reversal of a payment that has been adjudicated during the payment process of a previous premium payment cycle.

ASES: Administración de Seguros de Salud de Puerto Rico (the Puerto Rico Health Insurance Administration (PRHIA)), the entity within the Government of Puerto Rico responsible for oversight and administration of the Government Health Plan (GHP) or its Agent.

Auto-Assignment: The assignment of an Enrollee to a PMG and a PCP by ASES, Carriers or Puerto Rico Puerto Rico Medicaid Office (PRMP).

Business Day: Traditional workdays, including Monday, Tuesday, Wednesday, Thursday, and Friday. Puerto Rico's holidays, as defined in the Law for Compliance with the Fiscal Plan, Act No. 26 of April 29, 2017, or any other law enacted during the duration of this Contract regarding this subject, are excluded.

Calendar Days: All seven days of the week.

Eligibility End Date: Is the date in which a member loses his or her eligibility for the GHP. The Puerto Rico Puerto Rico Medicaid Office is the only entity with the authority to cancel an enrollee's eligibility.

Carrier to ASES Data Submissions: Document provides health insurance carriers information to submit their health care claims, network, provider, IPA, and capitation data to ASES. **Reference Addendum 5**

Carrier Change: process where the file of the beneficiaries who changed their MCO is sent to the Actuary, to collect the history of the use of claims and meeting of the beneficiary for the Vital Plan and Medicare Platino. **Reference Addendum 7 Transition of Care (TOC)**

Centers for Medicare and Medicaid Services ("CMS"): The agency within the U.S. Department of Health and Human Services which is responsible for the Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

Eligibility date: It is the start date of an eligibility period. It is assigned by the Puerto Rico Medicaid (PRPM) according to the evaluation performed and eligibility program determined (CHIP, Medicaid, Commonwealth). As provided in **Section 3 of the Contract**, a decision of the Puerto Rico Puerto Rico Medicaid Office where a person is eligible to receive services under the GHP, in a Medicaid, CHIP or Commonwealth coverage classification. Some public employees and retirees can enroll in GHP without first receiving a Certification.

COORDINATION OF BENEFITS – COB Some people who are beneficiaries of Government Health Plan of Puerto Rico, which thrives on federal funds under certain circumstances may be eligible to receive benefits for a private plan or other health insurance funded by the Government of Puerto

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Rico. In accordance with applicable laws and federal guidelines, Medicaid is the payer of last resort, and the rest of the remedies must be exhausted before resorting to the services under the Medicaid funds provided. – **Reference Addendum 6**

Coverage Code: Code assigned by the Puerto Rico Puerto Rico Medicaid Office to eligible beneficiaries, according to Federal, CHIP and Commonwealth indigence criteria. Under GHP, the coverage code will coincide with the Plan Version.

Covered Services: Those Medically Necessary health care services (listed in Article 7 of this Contract) provided to Enrollees by Providers, the payment or indemnification of which is covered under this Contract.

Daily Basis: Each Business Day.

Deemed Newborns: Children born to a mother with Medicaid or CHIP eligibility on the date or delivery and are eligible from the date of birth. They will be granted an eligibility period of thirteen (13) months.

Disenrollment: The process by which an Enrollee's membership in the Contractor's Medicare Platino terminates.

Domestic Violence Population: Certain survivors of domestic violence referred by the Office of the Women's Advocate

Dual Eligible Enrollee: An Enrollee or potential enrollee eligible for both Medicaid and Medicare (Part A or Part A and B).

EDI: Electronic Data Interchange (EDI) Process **Reference Addendum 9**

Effective date of the change of Carrier: It is the start date of the enrollment of an affiliate in a selected Carrier. For changes made in the first twenty days of the month, registration with the Carrier will become effective on the first day of the following month according to the selection of the Carrier. For Carriers, changes made after the first twenty days of the month, Carriers' registration will take effect on the first day of the following month (20-day rule).

Effective Date of Disenrollment: The date on which an Enrollee ceases to be covered under the Contractor's Plan.

Eligibility: Eligibility is determined by the Puerto Rico Puerto Rico Medicaid Office of Department of Health.

Eligibility Determination: For each applicant for the Government Health Insurance Plan, hereinafter GHP, an eligibility determination precedes the enrollment confirmation and premium payment processes carried out at the ASES Finance Office by MMIS platform. The Medicaid Program of the Commonwealth of Puerto Rico, which administers the Puerto Rico Medical Assistance Program, is the entity with authority to determine if a person is eligible to receive medical services

under the Federal GHP (Medicaid and CHIP) and the GHP State (Commonwealth Population) and Medicare Platino.

The evaluation of eligibility for each of the programs is based on the requirements established in state and federal regulations. Generally, the eligibility assessment for an individual is determined by income level and its correlation with indigence levels. In Platinum Medicare, the applicant's age (65 years or older) or disability status referred to in Title XVIII of the Social Security Act is considered.

In any of the categories of health plans, beneficiaries are certified annually. This means that your eligibility is normally extended for a period of one (1) year on each successful certification.

Eligible Person - A person eligible to enroll in the GHP, as provided in Section 3 of this Contract, by virtue of being eligible for Medicaid, CHIP, or Commonwealth coverage.

Enrollment Effective Date (Carrier Effective Date): The date the eligible member is enrolled with the contracted Carrier. This date considers the effective date of eligibility or the effective date of the change in Carrier.

Enrollment End Date (Carrier End Date): The effective end date of the member's coverage period at the assigned insurance carrier.

Enrollment Start Date: This is the member's start date for the current period of continuous enrollment with the current insurance carrier.

Enrollee: A person who is enrolled in a Carrier's GHP, as provided in this Contract, and who, by virtue of relevant Federal and Puerto Rico laws and regulations, is an Eligible Person listed in Section 3 of the Contract.

Enrollment: The process by which an Eligible Person becomes an Enrollee of the Carrier's Plan.

Federal Category: Classification established by the Puerto Rico Puerto Rico Medicaid Office for an Enrollee, according to established criteria of indigence levels. This category includes the population that benefits from the Medicaid and CHIP programs.

FMAP change (change in the FPL- Federal Poverty Level) - is computed from a formula that considers the average per capita income for each State relative to the national average. Are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.

Government Health Insurance Plan (GHP): The government health services program (formerly called "Vital") offered by the government and administered by ASES, serving a mixed population of eligible for Medicaid, CHIP and Commonwealth, and emphasizes the integrated delivery of physical and behavioral health services.

GHP Welcome Package: The first welcome package that a Carrier sends to Enrollees upon enrollment.

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Health Insurer Code: This is the code assigned to the Insurance Company

Health Insurance Claim Number (HICN): Previously it was a Medicare enrollee's identification number and appeared in the enrollee's insurance card. A new Medicare Enrollee Identifier (MBI) replaced the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

HIPAA Transaction 834 - The ANSI 834 EDI Enrollment Implementation Format is a standard file format for the electronic interchange of health plan enrollment data. The Health Insurance Portability and Accountability Act (HIPAA) requires that all health plans or health insurance companies accept a standard enrollment format: ANSI 834A Version 5010. An 834 file contains an order of data, such as a subscriber's name, hire date, etc. in a data segment. The 834 is used to transfer enrollment information from the insurance coverage sponsor, benefits, or policy to a payer. The intent of this implementation guide is to meet the specific need of the health care industry for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of healthcare products only. One or more separate flexible spending and retirement guidelines may be developed. **Reference Addendum 2**

HIPAA Transaction 820 - Health Insurance Exchange Related Payments **Reference Addendum 3**

Identification Card (ID): A card bearing an Enrollee's name, contract number, and co-payment amounts, and a customer service telephone number, which is used to identify the Enrollee in connection with the provision of services.

Carriers: The Managed Care Organization that is a Party of this Contract, licensed as a Carrier by the Puerto Rico Commissioner of Insurance ("PRICO"), which contracts hereunder with ASES under the GHP for the provision of Covered Services and Benefits to Enrollees based on PMPM Payments

Managed Care Organization (MCO): An entity that is organized for the purpose of providing health care and is licensed as a Carrier by the Puerto Rico Commissioner of Insurance ("PRICO"), which contracts with ASES for the provision of Covered Services and Benefits Island-wide based on PMPM Payments, under the GHP.

Master Patient Index (MPI): Unique number that is assigned in the information systems of the Office of Medicaid in Puerto Rico to an individual, when they determine that he is eligible for Medicare Platino and continues to be an identifier number in the ASES information systems.

Medicaid: The medical assistance federal/state joint government program established by Title XIX of the Social Security Act. It also refers to the Program through which, in Puerto Rico, eligibility is determined for the Government Health Insurance Plan for an individual with low income, no income or limited resources, in compliance with regulations established by the Federal government and the Commonwealth of Puerto Rico.

Medicaid Eligible: An individual eligible to receive services under Medicaid who is eligible, on this basis, to enroll in the GHP.

Medicaid ID: Identifier number assigned to the medical-physician provider after registration in the PEP system of the Medicaid Office in PR

Medically Necessary Services: Those services that meet the definition found in **Section 7 of the Contract.**

Medicare: The Federal Program of medical assistance for persons over sixty-five (65) and certain disabled persons under Title XVIII of the Social Security Act.

Medicare Advantage Organization (MAO): A public or private organization licensed by the Insurance Commissioner Office of Puerto Rico as a risk-bearing entity that under contract with CMS to provide the Medicare Advantage Benefit Package.

Medicare Beneficiaries: People older than sixty-five (65) years of age or disabled or peoplewho have kidney conditions, who are eligible for Medicare Part Acoverage which covers hospital services or Parts A and B, which cover hospital, ambulatory and medical care services.

Medicare Part A: The part of the Medicare program that covers inpatient hospitalstays, skilled nursing facilities, home health and hospice care.

Medicare Part B: The part of the Medicare program that covers physician, outpatient,home health, and preventive services.

Medicare Part C: The part of the Medicare program that permits Medicare recipients to select coverage among various private insurance plans.

Medicare Platino: A program administered by ASES for Dual Eligible Beneficiaries, in which Managed Care Organizations (MCOs) or other insurers under contract with ASES function as Part C plans to provide services covered by Medicare and provide a "wraparound" benefit Covered Services and Benefits under the GHP.

National Provider Identifier ("NPI"): The 10-digit unique-identifier numbering system for Providers created by the Centers for Medicare & Medicaid Services (CMS), through the National Plan and Provider Enumeration System.

Notice of Action Taken: Form issued by the Puerto Rico Medicaid Office, entitled "Notice of Action Taken or Application and/or Recertification" containing the Certification decision (whether a person was determined eligible or ineligible for Medicaid Coverage, CHIP, or Commonwealth).

National Provider Identifier(NPI): The unique identifying number system for health care providers created by the Centers for Medicare and Medicaid Services (CMS), through the National Plan and Provider Enumeration System.

PCP Effective Date: Date on which a PCP enrollment becomes effective.

Plan Version: Product identification number that corresponds with the Plan Type. For GHP, the Plan Version will be the same as the code assigned to the beneficiaries by the Puerto Rico Medicaid Office.

PMPM Premium ("Per Member Per Month (PMPM)" Payment): The fixed monthly amount that the Contracted Carrier is paid by ASES for each Enrollee to ensure that benefits under this contract are provided. This payment is made regardless of whether the enrollee receives benefits during the period covered by the payment.

Potential Enrollee: Possible affiliate: A person who has been certified by the Puerto Rico Puerto Rico Medicaid Office as eligible to enroll in the GHP (either Medicaid, CHIP or Commonwealth category coverage), but who has not yet enrolled with a contracted Carrier.

Poverty Level: As required by Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)), the Department of Health and Human Services (HHS) updates the poverty guidelines at least annually and by law these updates are applied to eligibility criteria for programs such as Medicaid and the Children's Health Insurance Program (CHIP). These annual updates increase the Census Bureau's current official poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI–U).

Primary Care Physician (PCP): A licensed medical doctor (MD) who is a Provider and who, within the scope of practice and in accordance with Puerto Rico Certification and licensure requirements, is responsible for providing all required Primary Care to Enrollees. The PCP is responsible for determining services required by Enrollees, provides continuity of care, and provides Referrals for Enrollees when Medically Necessary. A PCP may be a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician.

Primary Medical Group (PMG): A grouping of associated Primary Care Physicians and other Providers for the delivery of services to GHP Enrollees using a coordinated care model. PMGs may be organized as Provider care organizations, or as another group of Providers who have contractually agreed to offer a coordinated care model to GHP Enrollees under the terms of this Contract.

Prorated Payment: A late payment that covers a fraction of the month prior to the month in which the premium payment is made. Prorated payments only apply to Carriers specifically during the first month of eligibility for the Commonwealth covered population and newborns. The concept of prorated payments also applies to adjusted payments considering the different reasons that trigger cancellations.

Provider: Any physician, hospital, facility, or other Health Care Provider who is licensed or otherwise authorized to provide physical or Behavioral Health Services in the jurisdiction in which they are furnished.

Puerto Rico Puerto Rico Medicaid Office (or "Medicaid Office" or PRMP): Puerto Rico Puerto Rico Medicaid Office (or "Medicaid Office"): The subdivision of the Department of Health that makes

eligibility determinations and offers a Carrier selection after a favorable result of said determination under GHP for Medicaid, CHIP and Commonwealth coverage.

Recertification: A determination by the Puerto Rico Medicaid Program that a person previously enrolled in the GHP subsequently received a Negative Redetermination Decision, is again eligible for services under the GHP.

Redetermination: The periodic Redetermination of eligibility of an individual for Medicaid, CHIP and Commonwealth coverage, conducted by the Puerto Rico Medicaid Office.

Re-enrollment: Refers to the process of re-enrollment for a Beneficiary of FederalGHP (Medicaid or CHIP) or State GHP (State Population) or Medicare Platino who has lost eligibility for a period of six (6) months. A Medicare Platino Beneficiary that recovers his/her eligibility within a period of two (2) consecutive months, may be enrolled automatically and prospectively under the Medicare Platino plan of the Contractor in question.

Retroactive Payment: Refers to a payment that corresponds to a period prior to the month in which the PMPM Payment is made.

State Population (or "Commonwealth Population"): A group eligible to participate in the GHP as Other Eligible Persons, with no Federal participation supporting the cost of their coverage, which is comprised of low-income persons and other groups mentioned in Section 1 of the contract.

III. MEDICAID ELIGIBILITY PROCESSES

A. Eligibility Determination

The Medicaid Office, which administers the Puerto Rico Medicaid Assistance Program, is the state plan agency with authority to determine if a person is eligible to receive services covered under the GHP. Members can be determined eligible to participate in the GHP as a recipient of Medicaid funded with Federal (Federal), CHIP, or Commonwealth funds. For the Medicaid and CHIP populations, the eligibility criteria are established in the State Plan and in cooperation with CMS. For state beneficiaries, eligibility requirements are set by the Medicaid Program, except for public employees and pensioners included in Other Eligible Populations, which are determined by independent ASES policies.

B. NOTICE OF DECISION

The Puerto Rico Medicaid Office's determination that a person is eligible for the GHP is contained on Form Notice of Decision, titled "Notification of Action Taken on Application and/or Recertification." A person who has received a Notice of Decision is referred to as a "Potential Enrollee."

The Potential Enrollee may access Covered Services using the Notice of Decision as a temporary Enrollee ID Card from the first day of the eligibility period specified on the Notice of Decision even if the person has not received an Enrollee ID Card. Only Medicaid, CHIP, and Commonwealth Enrollees receive a Notice of Decision and may access Covered Services with the Notice of Decision as a temporary Enrollee ID Card. A Form Notice of Decision will be provided for each Household Potential Enrollee included in the Application and the authorized contact member.

The Notice of Decision report is valid for the eligibility period identified on Form Notice of Decision and may be used for a period of thirty (30) calendar days from the date of Certification for the purpose of demonstrating eligibility. See **Addendum 1- Notice of Decision Form**.

C. Eligibility date

Federal Program Enrollee (Medicaid category)

The Eligibility Date for purposes of a Medicaid or CHIP Potential Enrollee is the first day of the month in which the Puerto Rico Puerto Rico Medicaid Office determines eligibility. This should be the same date indicated as the eligibility period on the document Notice of Decision.

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The eligibility period specified in the Decision Notification Report may be a retroactive eligibility period, up to three (3) months before the first day of the month, in which the Potential Affiliate submits his / her application for eligibility to the Office of Puerto Rico Medicaid with Federal Medicaid and CHIP coverage where services can be covered retroactively. Retroactivity, on the effective date of eligibility, is granted when the prospective member indicates that they incurred medical expenses prior to the current eligibility period, including any services covered by Federal Medicaid or CHIP coverage, that relate to drugs or services, where pharmacy expenses are generated and have not been paid. The effective date of eligibility will be within the three (3) months prior to the month in which the prospective member submits the application. If the prospective member is eligible for Federal Medicaid or CHIP coverage in the month the service was eligible, the prospective member will receive retroactive eligibility. Retroactive benefit does not apply to Commonwealth covered beneficiaries. Retroactive eligibility is evaluated for all potential members with Federal Medicaid and CHIP coverage who notify the Puerto Rico Medicaid Office about their medical expenses and/or utilization of services during the allowed period of three (3) months.

When an Enrollee re-certification is filed, and the Enrollee is again eligible, as determined by the Puerto Rico Medicaid Office, the Eligibility Date for the subsequent period is generally the 1st of the month after eligibility expires from the previous eligibility period. If an Enrollee does not apply for Re-certification at the Puerto Rico Medicaid Office once his/her eligibility period has expired, the eligibility for the GHP is lost. This will happen even in cases in which the Enrollee's eligibility was lost for at least one (1) day. The Eligibility Date for a new eligibility period for these cases will be the first (1st) day of the month of the new application for certification.

A person can apply for Federal Medicaid / CHIP coverage on behalf of a person who has died, during the same month they applied or up to three (3) months retroactively if the person was eligible in those months. The eligibility period will be from PRMP determine to the date of death. This provision does not apply to Commonwealth covered beneficiaries.

All pregnant women with federal, Commonwealth and CHIP coverage may have an eligibility period greater than twelve (12) months by adding the required sixty (60) days of postpartum coverage. The expiration date will be the last day of the month, at the end of these sixty (60) days.

Commonwealth Enrollees (Commonwealth Category Beneficiaries)

The Commonwealth effective date of eligibility is the eligibility period specified on the decision of notification report, and potential members are eligible to enroll as of that date. Note that a potential member may be classified as a Commonwealth covered member for their current eligibility period but may be classified as a federally covered member for any of the retroactive eligibility periods.

Recertification for members of Commonwealth coverage, in which the member is re-eligible, the eligibility date is the first (1st) day of the month after the expiration of current eligibility. The certification date for beneficiaries of coverage in the Commonwealth will be when the certification is completed. If a Commonwealth coverage member's eligibility period expires prior to recertification, the Commonwealth coverage member's eligibility will be processed as a new case and the eligibility effective date will be the new eligibility effective date provided on the document Notice of Decision. The member of Commonwealth coverage can request a Carrier at the Puerto Rico Medicaid Office for the new period of eligibility at the time of certification.

D. Enrollee Recertification

After a period of eligibility is granted to a member, two (2) or three (3) months prior to the expiration date of eligibility, the member will undergo a recertification process, for a new period of eligibility, which will be carried out by the Puerto Rico Medicaid Office. This will allow for the renewal of covered services during the next twelve (12) month period. The effective date of recertification refers to the date that the Puerto Rico Medicaid Office reevaluates the eligibility of an enrollee. This date is provided on the decision notification report. The Eligibility Expiration Date refers to the expiration date of the eligibility period granted to the member by the Puerto Rico Medicaid Office. A federal and Commonwealth covered member who is recertified will have their current eligibility period noted and will have a future Eligibility Effective Date in the Decision Notice for their next eligibility period beginning the day after the period expires. current eligibility.

E. Eligibility End Date

The cancellation or termination of an eligibility period is notified in the data transferred in the journal files in the standard 834 format. The specifications of these data and processes are determined in the current 834 Companion Guide.

Daily base, all insurers contracted by ASES and ASES will receive from Puerto Rico Medicaid Office a file, in 834 formats, with the eligibility, change of circumstances and enrollment status of the beneficiaries.

Now of a certification or recertification of a member, an Expiration Date is established. If the eligibility of a member is extended for any of the reasons explained later in this document, the expected termination of such extension will be expressed through the Medicaid Cancellation Date. Also, if the eligibility period of a member, extended or not, is terminated before the Expiration Date (for example, by the death of an enrollee, members identified in the PARIS file, or by voluntary resignation) or de

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previously stated Medicaid Cancellation Date (for example, by a pregnancy that ended prematurely), the date for the real cancellation of the eligibility period of a member will be in 834 daily file.

F. Eligibility Extensions

When the Puerto Rico Medicaid Office grants an extension of eligibility, the date the extension expires is included in the eligibility data in 834 formats.

Extensions of eligibility are caused by different reasons such as pregnancy or natural disasters among others.

Extensions will be notified prior to the expiration date of eligibility.

IV. ENROLLMENT IN GHP CARRIERS

A. General Enrollment Requirements

The Carrier must guarantee the maintenance, functionality, and reliability of all systems necessary for Enrollment and Disenrollment, pursuant to the Contract and this Manual.

B. Effective Date of Enrollment

The effective date of enrollment (assignment date) will be assigned in the 834 daily data. For new and recertification cases, the effective date must be equal to the date stipulated in the Notice of Decision document set forth in the Contract or based on carrier and other changes such as PCP and/or PMG changes. In addition to this section of the contract, please refer to the 834 Companion Guide.

The effective date of enrollment for a newborn whose mother is eligible for Federal Medicaid or CHIP coverage begins from the date of birth. The Effective Date of Enrollment for a newborn whose mother is an Affiliate of the Commonwealth coverage is the Effective Date of Eligibility established by the Puerto Rico Medicaid Program. A newborn will be automatically enrolled in accordance with the procedures established in the Contract.

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C. Term of Enrollment

The Term of Enrollment with the Carrier shall be a period of twelve (12) consecutive months for all GHP Enrollees. The enrollees may change platinum carriers for periods of not less than three months. The beneficiary has the right to disenroll from the platinum carrier and enroll in a Vital carrier at any time he/she deems necessary.

Members enrolled in a Platinum carrier cannot make changes through the Enrollment Counselor. Such a shortened eligibility period may apply, at the discretion of the Puerto Rico Medicaid Program, when an Enrollee is pregnant, is homeless, or anticipates a change in status (such as receipt of unemployment benefits or in family composition). Refer to Article 3 of The Contract on regarding the Effective Date of Disenrollment.

Pregnant Enrollees with a Term of Enrollment that expires during pregnancy or within sixty (60) Calendar Days of the post-partum period have an extended Term of Enrollment that expires on the last day of the month after sixty (60) Calendar days counted from the beginning of the post-partum period.

Except as otherwise provided in the Article 3 of The Contract on regarding the, and notwithstanding the Term of Enrollment provided in the Article 3 of The Contract, Enrollees remain enrolled with the same Carrier until the occurrence of an event listed in Section 3 of the Contract (Disenrollment).

D. Carrier Notification Procedures Related to Redetermination

The Carrier must inform Enrollees who are Federal Medicaid and CHIP Eligible and coverage Commonwealth of an impending Redetermination through written notices. Such notices shall be provided ninety (90) Calendar Days, sixty (60) Calendar Days, and thirty (30) Calendar Days before the scheduled date of the Redetermination pursuant on the Contract.

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E. Enrollment Procedures

For all Enrollees the Carrier must comply with the Auto-Enrollment process and issue to the Enrollee a notice informing the Enrollee of the PCP (and PMG if apply) they are assigned to and their rights to change the PCP without cause during the applicable Open Enrollment Period, on 834 formats.

The new enrollees for a Carrier could change his/her Auto-Assigned or Selected PCP (and PMG if apply) without cause through the Carrier. The Carrier can offer counseling and assistance to the Enrollee in selecting a different PCP (and PMG if apply). The no new enrollees could change de the

PCP (and PMG if apply) but with just cause. For both, the Carrier has the responsibility to notify PCP (and PMG if apply) changes to PRMP by the 834 transactions.

For new enrollees, the Carrier must issue the Enrollee ID Card and a notice of Enrollment, as well as an Enrollee Handbook and Provider Directory either in paper or electronic form, within five (5) Business Days of Enrollment pursuant to the Article 4 of The Contract. The notice of enrollment must clearly state the Effective Date of Enrollment. The notice of Enrollment will explain that the Enrollee is entitled to receive Covered Services through the Carrier.

All Enrollees must be notified at least annually of their disenrollment rights as set forth in the Article 3 of The Contract and 42 CFR 438.56.

F. Enrollee Selection of Carrier

Dual Population

When an enrollee loses some or all portions of Medicare and remains eligible, he or she is entitled to select a Carrier Vital with eligibility on the day he or she becomes ineligible for Medicare Platino coverage. This process is handled by ASES Customer Service technicians.

If a beneficiary with Medicare AB parts is enrolled in a Medicare Platino Plan and wishes to move to a Vital Plan, he/she may do so through the ASES or PRMP Customer Service technicians.

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V. DATA EXCHANGE BETWEEN PRMP AND CARRIERS

The following sections provide an overview of data exchange information between PRMP, ASES and Carriers. For specific data layout information, refer to Attachment K with the referenced layout files.

A. Data Exchange Between Medicaid and MAOs

1. PRMP and MAOs Data Exchange (834 file)

When a new beneficiary enters the PRMP System, he/she automatically enters a Vital carrier selected by the beneficiary. If the beneficiary has Medicare Parts A & B benefits, he/she has the right to remain on Vital or select a platinum carrier.

In the case of selecting a Platinum carrier, the carrier may send PRMP a query file in 270 format (see Attachment 12) for the purpose of confirming the member's eligibility. PRMP then evaluates the eligibility of the members included in the query file 270 and responds with another file in 271 format (see annex 12).

For the members that PRMP identified as eligible in the Respose File 271, the Platinum insurer will proceed to send a membership in the 834 format.

When the Platino's carrier enrolls an eligible member must assign a PCP (and PMG if applicable), then it must notify PRMP in the 834 Inbound log files including all data required by the 834 formats. The Carrier is required to send ID cards along with a GHP Welcome Packages, to the new enrollees by postal mail in five (5) business days pursuant to Section 4 of the Contract.

The Enrollee, in turn, has ninety (90) days to request a change of MCO, PCP (and PMG if applicable). Then, the Carrier produces the electronic registration record and sends to PRMP in a file (834), If the member's Coverage Code, PCP or PMG changes, the Carrier must send an enrollment record to PRMP that reflects the change as confirmation of the issuance of a new plan identification card and its shipment to the member.

Generally, Carriers have one business day to remit enrollment records. They must notify information about the new Enrollees and send information about any changes made to a record previously enrolled. Such notification must be sent on the next business day.

When an enrollee changes the carrier, data sent to the current Carrier include the is received the carrier termination date. In this case, the previous Carrier must perform a disenrollment of the enrollee in its database. The new Carrier will receive the effective date.

In the case that the Carrier must update the information previously in relation to a new enrollment, or when it is appropriate to add a new enrollee that has been previously omitted, that update must occur the next business day after the information has been updated or that a new enrollee has been added. In these cases, reserves the right not to accept new additions or corrections to the enrollment data after two (2) business days after the Effective Date of the Enrollment indicated in the Carrier's notification.

Records that are accepted without errors during the editing process are updated in the databases and the beneficiaries are duly enrolled confirmed.

PRMP will validate data sent from Carrier. The records for the rejected enrollments are returned to the Carrier with the applicable reject codes in a CSV file daily. The Carrier must correct any errors in the enrollment record and send the information back within two (2) business days. ASES will only pay the premiums related to those beneficiaries who are enroll confirmed. Therefore, the execution of the payment of the corresponding premium for these rejected records will be delayed until the enrollment records are sent back with the correction of the indicated errors

During the premium payment process, confirmation received during the month prior to the execution of the process is considered. The Carrier must make sure to complete the reconciliation of beneficiaries every month.

This process is established in the Companion Guide for the requirement of format 834 – PRMMIS – **Reference Addendum 2**

B. GHP Enrollment

For an enrollment record to be accepted during the editing and validation processes, it is important to consider the following considerations regarding concepts related to the enrollment processes:

Effective Date of Enrollment

a. The Carrier Effective Date

Please consult Section IV of this Manual and Section 5.2.2 of the Contract for a discussion of Effective Dates of Enrollment.

b. The PCP1 and PMG information

In the case of new Enrollees, the PCP1 and PMG Effective Dates will match the Eligibility Effective Date. If a change for any of the PCPs or the PMG is performed through the Carrier, the Carrier will follow the specifications described under Section 5.4 of the contract where the management of those changes is defined.

c. Plan Version/Coverage Code Effective Date

The coverage code will only change during the recertification process performed and in the change of circumstances registered by PRMP. When a recertification is performed, the Effective Date of Eligibility changes to that of the next period, hence the Plan Version Effective Date will match the Eligibility Effective Date. These changes require insurers to send a new health plan ID card to members, since changing the coverage code changes the co-payments.

VIII. GHP DISENROLLMENT (CANCELLATION/TERMINATION OF ELIGIBILITY)

A. Disenrollment from the GHP

The process of disenrollment from the GHP occurs when the Puerto Rico Medicaid Office determines that an enrollee is no longer eligible for GHP.

A GHP disenrollment occurs when the Puerto Rico Medicaid Office determines that (1) Termination of Benefits (the eligibility period expired or not comply to requirements to eligibility, (2) death of the member, and (3) voluntary withdrawal.

Medicaid will notify of cancellation of eligibility for the appropriate reason. See the 834 Companion Guide.

B. GHP Disenrollment Effective Date

The effective date of cancellations will be determined by the Puerto Rico Medicaid Office and expressed in the 834 files data. See the 834 Companion Guide for more details.

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IX. CARRIER DISENROLLMENT

A. Disenrollment Initiated by the Enrollee

All Enrollees must be notified at least annually of their disenrollment rights as set forth in Section 3 of the Contract and 42 CFR 438.56. Such notification must clearly explain the process for exercising this disenrollment right, as well as the coverage alternatives available to the Enrollee based on their specific circumstance.

An Enrollee wishing to make a change of carrier should contact the desired Platino carrier. The new Platino carrier sends the enrollment to PRMP in 834 daily files.

B. Effective Date of Temporary Payment Suspension

In order for the premium payment process to make the corresponding payment, confirmation of the beneficiaries' affiliation is indispensable. If the beneficiary does not have a confirmed affiliation, the payment will not be made. This temporary suspension takes place in those cases in which the Puerto Rico Medicaid Office has sent a change of coverage code for an enrollee and the Carrier has not submitted an enrollment with the new version of the plan related to the change of coverage, but the enrollee continues to be eligible and enrolled with the Carrier.

Although in cases of Temporary Payment Suspension the eligibility period will continue for the beneficiaries on behalf of whom the PRMP has sent a change of coverage code for an enrollee and the Contractor has not submitted an enrollment with the new plan version related to the change of coverage, the premium payment cannot be processed until a new enrollee enrollment is sent by the Contractor with the information of the new plan version related to the change of coverage. Once the new plan version is received, retroactive premium payments will resume.

This process is established in the Companion Guide for the requirement of format 834 – PRMMIS – **Reference Addendum 2**

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X. PREMIUM PAYMENTS

The premium payment system operates under the concept that premiums are calculated and paid only in relation to beneficiaries who are already enrolled to which the payment corresponds. Beneficiaries enrolled after that date will be considered for the next payment of the corresponding premium.

ASES will not pay premiums for beneficiaries whose membership has not been confirmed or for expired members.

The payment system calculates several payment categories as listed below:

A. Types of Payments

Monthly Payments

In this case the system produces a payment for those beneficiaries whose enrollment has already taken effect before the first day of the month for which the payment transaction is executed. The execution of premium payment is run on the first day of the month.

Retroactive Payments

These payments are calculated when the Effective Date of Enrollment falls on a period prior to the month for which the premium payment process is being executed. In other words, this type of payment is executed when payments are identified corresponding to months prior to the month in which a premium payment is made. The retroactive payments will be computed based on the enrollment effective date or carrier effective date. The system will process the premiums for enrolled beneficiaries with an effective date prior to the payment date in the case of monthly premiums or prorated premiums that have not been previously paid within the time limits for retroactive payments. Retroactive payments may result in an adjusted payment if they are the result of a PRMP's cancellation of a previous enrollment.

Adjustments

A payment adjustment is calculated when there is a need to reverse a payment that was awarded to a Carrier during a previous premium payment process. It occurs when, because of a retroactive payment calculation, a payment made in relation to the same enrollee is identified within the same period that has been affected under a Carrier change or plan version change. The adjustments are calculated for those cases where an enrollee changes Carrier and the Carrier executed a late

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enrollment after ASES had disbursed payment to the first Carrier in a previous payment transaction. In these cases, an adjustment of the premium paid to the first Carrier is made.

Other adjustments are generated by retroactive cancellations leading to the recovery of payments already made.

B. Reasons for not Executing a Premium Payment

A premium payment will not be executed in favor of a Carrier in the following circumstances:

(1) If the enrollee is not confirmed enroll
(2) If the enrollment had been rejected and a new enrollment was not submitted by the Carrier with the relevant corrections
(3) If PRMP eligibility and enrollment data demonstrates that the enrollee had a disenrollment eligibility cancellation, eligibility expiration or changed the Carrier.
(4) If for late eligibility enrollment.

C. EDI 820 Payment File

The EDI 820 files are prepared for each run of the premium payment process to enable insurers to reconcile payments made to them. It includes the details of the types of payment corresponding to each of the beneficiaries assigned to the Carriers contracted. See **Attachment 3, 820 Companion Guide.pdf.**

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ADDENDUM

Addendum 1 Notice of Decision
Addendum 2 834 Eligibility and Enrollment Companion Guide
Addendum 3 820 Companion Guide
Addendum 4 CARRIER to ASES CLM, NET, PRV, CAP, IPA
Addendum 5 ASES COB Third Party Liability
Addendum 6 ASES EFT Folder Organization
Addendum 7 Electronic Data Interchange (EDI) Process
Addendum 8 PRMMIS 837 Companion Guide
Addendum 9 835 Companion Guide
Addendum 10 270 & 271 Companion Guide

XV. APPROVALS

Revision Sheet

Ramiro Rodriguez Rolón
Chief Technology Officer

Date: 6/13/2024

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