

ATTACHMENT 9

Information System (Addendum 1-8)

Attachment 9 Information Systems

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Plan Vital
1-1-2023

ADMINISTRACION DE
SEGUROS DE SALUD,

Nº 23 - 0045A

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1. GHP MANUAL
 2. ADDENDUMS
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GHP MANUAL

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Creation Date: May 2017
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I. INTRODUCTION

The Puerto Rico Health Insurance Administration, hereinafter known as PRHIA or ASES, is a government corporation created in accordance with the Act No. 72 of September 7, 1993, as amended, also known as the "Puerto Rico Health Insurance Administration Act". PRHIA is created with the purpose of managing, negotiating, and contracting of health plans that enable it to obtain, for its beneficiaries, particularly the medically needy, quality hospital and other medical services.

This document constitutes a reference manual, which establishes the requirements in the development of the systems, between the Information Systems Office of PRHIA and GHP Carriers, in accordance with the Government Health Plan (GHP) contract (Contract). This includes processes of eligibility, enrollment, premium payment, Maternity Payment, Correctional Hospital Services, STAC Payment and FMAP change (change in the FPL)- The Federal Medical Assistance Percentage, Member Race Cell/Risk Score, and Objection to Payment. The history of the services provided by the beneficiary is identified and the Carrier becomes involved when he changes Carrier. Any conflicts between this document and the applicable statutes, regulations and guidance from the Centers for Medicare and Medicaid Services (CMS) or Contracts for the Provision of Physical and Behavioral Health Services under the GHP as between PRHIA and the GHP Carriers shall be resolved in favor of CMS guidance and such contracts, as amended.

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II. DEFINITIONS

1. **Adjusted Payment:** Reversal of a payment that has been adjudicated during the payment process of a previous premium payment cycle.
2. **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.
3. **Auto-Assignment:** The assignment of an Enrollee to a PMG and a PCP by ASES, Carriers or Puerto Rico Puerto Rico Medicaid Office (PRMP).
4. **Auto-Enrollment Process:** The Enrollment of a Potential Enrollee in a GHP without any action by the Potential Enrollee, as provided in Article 5 of this Contract.
5. **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.
6. **Calendar Days:** All seven days of the week.
7. **Cancellation 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.
8. **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**
9. **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)**
9. **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).
- 10.9. **Certification:** A decision of the Puerto Rico Medicaid Office, where a person is eligible for services under the GHP, with Medicaid, CHIP or Commonwealth coverage.
11. **Certification date:** As provided in Section 5.1.3 of this 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.

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- 12. Children's Health Insurance Program ("CHIP"):** The Children's Health Insurance Program established pursuant to Title XXI of the Social Security Act.
- 13. CHIP Eligible:** A child eligible to enroll in the GHP because he or she is eligible for CHIP.
- 14. COORDINATION OF BENEFITS – COB** Some people who are beneficiaries of Government Health Plan of Puerto Rico, which thrives on federal funds under certain circumstances may be eligible to receive benefits for a private plan or other health insurance funded by the Government of Puerto Rico. In accordance with applicable laws and federal guidelines, Medicaid is the payer of last resort, and the rest of the remedies must be exhausted before resorting to the services under the Medicaid funds provided. – **Reference Addendum 8**
- 15. 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.
- 16. 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.
- 17. Daily Basis:** Each Business Day.
- 18. Deemed Newborns:** Children born to a mother with Medicaid or CHIP eligibility on the date of delivery and are eligible from the date of birth. They will be granted an eligibility period of thirteen (13) months.
- 19. Disenrollment:** The termination of an individual's enrollment in GHP or a Carrier. In the latter, the Enrollee will maintain their eligibility but will not be affiliated to any Carrier.
- 20. Domestic Violence Population:** Certain survivors of domestic violence referred by the Office of the Women's Advocate
- 21. Dual Eligible Enrollee:** An Enrollee or potential enrollee eligible for both Medicaid and Medicare.
- 22. Effective Date of Disenrollment:** The date on which an Enrollee ceases to be covered under the Carrier's plan, either because of an eligibility termination (cancellation) or because of a request for disenrollment coming from the MCO or from the Enrollee.
- 23. Effective Date of Eligibility:** It is the start date of an eligibility period. It is assigning by the Puerto Rico Medicaid (PRPM) according to the evaluation performed and eligibility program determined (CHIP, Medicaid, Commonwealth).

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- 24. 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).
- 25. Enrollment counselor:** Call Center for beneficiary service change of insurer or PCP/PMG
- 26. 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.
- 27. Enrollment End Date (Carrier End Date):** The effective end date of the member's coverage period at the assigned insurance carrier.
- 28. Enrollment Start Date:** This is the member's start date for the current period of continuous enrollment with the current insurance carrier.
- 29. Enrollee Seed Sets:** These are GHP groups eligible by the date of execution of the automatic allocation algorithm, which are classified according to the expiration date of their eligibility and the cancellation date issued by the Puerto Rico Medicaid Office. (Cancellation date Medicaid) These groups are assigned to contracted Carriers and define the delivery packages sent to Carriers, during the self-allocation maintenance period.
- 30. Eligibility:** Eligibility is determined by the Puerto Rico Puerto Rico Medicaid Office of Department of Health.
- 31. Eligible Person -** A person eligible to enroll in the GHP, as provided in Section 1.3.1 of this Contract, by virtue of being eligible for Medicaid, CHIP, or Commonwealth coverage.
- 32. 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 1.3.1 of the Contract.
- 33. Enrollment:** The process by which an Eligible Person becomes an Enrollee of the Carrier's Plan.
- 34. 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.
- 35. 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.
- 36. Foster Care Population:** Children who are in the custody of the Department of Family's ADFAN Program and enrolled in the GHP.

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37. Government Health Insurance Plan (GHP): The government health services program (formerly called "La Reforma" or "MI Salud") 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.

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

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

40. 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.

41. 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." (This change will be effective from May 2023)

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42. HIPAA Transaction 820 - Health Insurance Exchange Related Payments

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43. Id Card Issue Date: This is the member ID card issue date.

44. 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.

45. Incarcerated population:

46. Initial Self-Enrollment: The process by which an eligible person enrolled with a GHP Carrier prior to November 1, 2018, is automatically enrolled with a Carrier by ASES with an effective date of November 1, 2018.

47. Initial Auto-Enrollment Enrollee: Initial Auto-Enrollment Subscriber - An eligible person enrolled prior to November 1, 2018, with a GHP Carrier is automatically enrolled with a Carrier by ASES with an effective date of November 1, 2018.

48. 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

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GHP for the provision of Covered Services and Benefits to Enrollees based on PMPM Payments

- 49. 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.
- 50. Maternity Payment -** Is designed to support Managed Care Organizations (MCOs) in reporting maternity deliveries for reimbursement in the Badgercare Plus – Standard program as the payment is made outside of the monthly capitation payment process. – **Reference Attach 29 of the contract**
- 51. 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).
- 52. New Id Card Issue Date:** It is used for the future enrollment period, populated with the member's new ID card issue date.
- 53. Medicaid:** The medical assistance federal/state joint government program established by Title XIX of the Social Security Act.
- 54. Medicaid Eligible:** An individual eligible to receive services under Medicaid, who is eligible, on this basis, to enroll in the GHP.
- 55. Medicaid ID:** Identifier number assigned to the medical-physician provider after registration in the PEP system of the Medicaid Office in PR
- 56. Medically Necessary Services:** Those services that meet the definition found in Section 7.2 of this Contract.
- 57. Medicare:** Provides health insurance coverage to individuals who are age 65 and over, under age 65 with certain disabilities, and individuals of all ages with ESRD. Under Title XVIII of the Social Security Act
- 58. Medicare Beneficiaries:** People older than sixty-five (65) years of age or disabled or people who have end state renal disease (ESRD), who are eligible for Medicare Part A coverage which covers hospital services or Parts A and B, which cover hospital, ambulatory, and medical care services.
- 59. Medicare Part A:** The part of the Medicare program that covers inpatient hospital stays, skilled nursing facilities, home health and hospice care.

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- 60. Medicare Part B:** The part of the Medicare program that covers physician, laboratories, outpatient, and preventive services.
- 61. Medicare Part C:** The part of the Medicare program that permits Medicare recipients to select coverage among various private insurance plans.
- 62. Medicare Part D:** The Medicare prescription outpatient drug benefit.
- 63. Member Race Cell:** Process where the beneficiary's data is evaluated to assign them the corresponding Rate Cell monthly.
- 64. 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.
- 65. Newborn:** A child born during the GHP eligibility period of his/her mother. For Federal beneficiaries the eligibility effective date corresponds to the date of birth or up to three retroactive eligibility periods. For Commonwealth beneficiaries, the eligibility effective date corresponds to the certification date. It is required that the mother submit the newborn for Medicaid eligibility certification no later than ninety (90) days after the date of birth.
- 66. New Enrollee:** An Eligible Person who became a Potential Enrollee after November 1, 2018.
- 67. Open Enrollment:** A period of ninety (90) Calendar Days in which Enrollees have one (1) opportunity to select a different Carrier, without cause, as set forth in Section 5.2.5 of the Contract.
- 68. OTP - Objection of Payment:** This is the process for Carriers to notify ASES of objections to erroneous payments and missed payments.
- 69. PCP Effective Date:** Date on which a PCP1 or PCP2 enrollment becomes effective.
- 70. Plan Type:** Code 01 to identify members with GHP.
- 71. 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.
- 72. 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.
- 73. 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.

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- 74. 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).
- 75. 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.
- 76. 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.
- 77. Process Date:** For the export file (.exp) it is the date related to the daily run process. For the enrollment files (.sus) it is the date in which the changes in the enrollment records were processed at the Carrier.
- 78. 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.
- 79. 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.
- 80. Puerto Rico Medicaid Office (or "Medicaid Office"):** 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.

79. Rate Cell Process Date: This is the process date for this transaction

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80. Rate Cell Record: This is the transaction type identifier were.

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- E - Eligible
- I - Ineligible
- H - History
- 1 - Retroactive Period (*)
- 2 - Retroactive Period (*)
- 3 - Retroactive Period (*)

(*) Correspond to record group, not to period order.

Rate cell Personal ID: Member's Person Id

Race cell Rate Code: This is the member's Assigned Rate Cell

Rate Effective Date: This is the effective start of the member's rate cell.

Rate End Date: The end date of the member's rate cell.

80. 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.

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

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

83. 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 listed in Section 1.3.1.2.1 of the contract.

84. SYSPREM: System that provides for the enrollment of an enrollee in historical data. It allows the update and/or enrollment of data that corresponds to eligibility periods prior to the cancellation period of the eligibility of an enrollee or before an enrollment to a different Carrier comes into effect.

85. TRANSITION OF CARE: Historical utilization data of the beneficiary when changing Carrier

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III. MEDICAID ELIGIBILITY PROCESSES

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A. Eligibility Determination

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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

Pursuant to Section 5.1.2 of the Contract, 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 form 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. Effective Date of Eligibility

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1. Federal Program Enrollee (Medicaid or CHIP)

The Effective Date of Eligibility 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 Form Notice of Decision.

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The eligibility period specified in the Decision Notification Form 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,

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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. Please note that a prospective member may be classified as a Commonwealth covered member for their current eligibility period but may be classified as a federal member for any of the retroactive eligibility periods. The Puerto Rico Medicaid Office will evaluate each retroactive month separately what may result, with different coverage codes or eligibility classifications from one retroactive month to another.

When an Enrollee re-certification is filed, and the Enrollee is again eligible, as determined by the Puerto Rico Medicaid Office, the Effective Date of Eligibility for the subsequent period is generally the 1st of the month after eligibility expires from the previous eligibility period. If an Enrollee does not apply for Re-certification at the 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 Effective Date of Eligibility for a new eligibility period for these cases will be the first (1st) day of the month of the new application for certification.

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 the first (1st) day of the application month 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.

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2. Commonwealth Enrollees (Commonwealth Category Beneficiaries)

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The Commonwealth effective date of eligibility (see contract section 1.3.1.2.1) is the eligibility period specified on the decision notification form, and potential members are eligible from the date 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. The Puerto Rico Medicaid Office will evaluate each retroactive month separately what may result, with different coverage codes or eligibility classifications from one retroactive month to another.

Recertification for members of Commonwealth coverage, in which the member is re-eligible, the effective date of eligibility is the first (1st) day of the month after the expiration of current eligibility. The certification date for beneficiaries of coverage in Commonwealth will be when the certification

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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 form. 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.

All pregnant women on Federal, CHIP and Commonwealth 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.

D. Effective Date of Eligibility in the Case of Deemed Newborn

Table 1 Deemed Newborn's Eligibility Guidelines

| Mother's Medicaid Classification | Child's Medicaid Classification | Child's Evaluation Outcomes | Eligibility Outcomes |
|--|---------------------------------|-----------------------------|--|
| Federal at the time of birth | Deemed Newborn | Federal Deemed Newborn | Retroactive Eligibility from the date of birth or from twelve (12) months back, whichever begins later |
| Evaluated and determined to be Federal at the time of birth | Federally Evaluated | Federal/CHIP | Retroactive Eligibility from the date of birth or from three (3) months back, whichever begins later |
| | | Federal Deemed Newborn | Retroactive Eligibility from the date of birth or from twelve (12) months back, whichever begins later |
| Not Eligible or Commonwealth or Evaluated and determined to be | Independently Evaluated | Federal/CHIP | Retroactive Eligibility from the date of birth or from three (3) months back, whichever begins later |

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| Mother's Medicaid Classification | Child's Medicaid Classification | Child's Evaluation Outcomes | Eligibility Outcomes |
|---|--|------------------------------------|---|
| Commonwealth at the time of birth | | Commonwealth | Eligible from the Effective Date of Eligibility as noted on Form NOTICE OF DECISION |

As described in Table 1, if a mother has federal coverage at the time of birth, the newborn is classified as Considered Newborn, enrolled in the mother's MCO, and retroactive eligibility is granted from date of birth to twelve (12) months. These cases will be identified in the eligibility record by including a letter "N" (Newborn considered) in the second position in the Group Code field.

In the event the mother is not currently eligible, but is assessed and found to have federal coverage at the time of the newborn's birth, the newborn's federal eligibility will be assessed and could be classified as federal, which would provide retroactive eligibility from the date of birth or three (3) months back, whichever begins later, or Federal Deemed Newborn which would provide retroactive eligibility from the date of birth or from twelve (12) months back, whichever begins later.

If the mother, on the other hand, is ineligible or has Commonwealth or assessed coverage and is determined to be Commonwealth coverage at the time of birth, the child will be independently assessed. If the child's evaluation results in a federally covered classification, eligibility will be granted retroactive from the date of birth or for three (3) months, whichever begins later. If the result is state-funded enrollment in the program, the child will be granted eligibility as of the certification date.

E. Medicaid/CHIP Retroactive Eligibility

1. Medicaid/CHIP Retroactive Eligibility Period Effective Date

Under Medicaid or CHIP, the Effective Date of Eligibility corresponds to a retroactive period determined month by month. Each retroactive period or record shall correspond to one (1) calendar month. The Puerto Rico Medicaid Office may grant up to four (4) eligibility periods for the same enrollee which may be comprised of three (3) retroactive periods and one (1) record for the current period. Each record of retroactivity will mark the beginning and end of the eligibility in relation to the period to which it corresponds. That is, each of the retroactive periods of eligibility granted will determine the start and completion of the Eligibility Effective Date for that period. See Table 1.

Retroactive eligibility periods prior to November 1, 2018, will correspond to the contracted MCO for the appropriate region according to the previous contract.

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Retroactive Eligibility periods with effective date before Go Live will not be assigned a Carrier. For these cases, the Carrier, Carrier_eff_date, PCP, PCP_eff_date, PMG y PMG_eff_eff_date data fields will be left blank.

Table 2: Retroactive Eligibility Period Scenarios

| Eligibility Period | X = indicates included period of each eligibility scenario | | | | | | |
|----------------------|--|---|---|---|---|---|---|
| Current Period | X | X | X | X | | | |
| Retroactive Period 1 | | X | X | X | X | X | X |
| Retroactive Period 2 | | X | X | | X | X | |
| Retroactive Period 3 | | X | | | X | | |

2. Group of Records of Retroactive Periods

Each retroactive eligibility period involves a group of records. This information is sent to the Carrier daily in an Export (.exp) file. ASES could receive, for a single enrollee labeled as Federal (Medicaid, CHIP), up to three (3) retroactive eligibility enrollment records and one (1) current eligibility enrollment record in an enrollments file. A member may be eligible for one (1) to three (3) retroactive periods and not be eligible for the current term. In this case, sets of records for the retroactive periods may be received but none for the current eligibility period. Retroactive eligibility period will be from the first day of the month of retroactive eligibility until the last day of the month of retroactivity. An exception to this, will be first retroactive month for a newborn, which will begin with the date of birth.

Each retroactivity period is evaluated separately. That is the evaluation of the retroactive eligibility period is independent from that of the current period. A member can have retroactive eligibility periods and not be currently eligible. Therefore, there can be a change in coverage from one period to the next.

Retroactive eligibility periods will be confirmed and sent to the Carriers in the daily eligibility file (.exp). Each period will have a group of records labeled with the '1', '2', '3' indicators in the *Tran_id* column. The indicators are unrelated to the order of the periods; they are only used to unify the group of records. These retroactive eligibility periods do not necessarily correspond to consecutive eligibility periods.

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F. 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 form. 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.

G. Termination of Eligibility (Eligibility Cancellations)

Only the Puerto Rico Medicaid Office may cancel and provide notice of the cancellation of an enrollee's eligibility. In the recertification process, all the beneficiaries that receive a negative eligibility determination for GHP will continue to be eligible to receive services under the GHP until the eligibility expiration date has been reached. The cancellation of health services transaction due to the expiration of the eligibility period will be notified by the Puerto Rico Medicaid Office and will be reflected in the ASES databases on the last day of each month.

Daily, ASES receives from Puerto Rico Medicaid Office a file with the eligibility status of the beneficiaries. In such cases, ASES will send to the Carriers the contents of the files of those beneficiaries who have received a Negative Redetermination Decision within a period of twenty-four (24) hours or one (1) business day from the time it receives the file from the Puerto Rico Medicaid Office. Note timeframes are subject to change at ASES, in the event of extraordinary circumstances, periods of maintenance or other unforeseen circumstances.

The termination of the eligibility period is marked by either the Expiration Date or the Medicaid Cancellation Date. 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 a 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 stated in the Medicaid Cancellation Date. The ASES System identifies the cancellations, in the export file, with the letter "I" in the transaction_id field.

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H. Appeals Processes**1. Appeals Process for Re-Certification**

When an enrollee does not qualify during their recertification process, they have the right to appeal the negative redetermination of their eligibility within fifteen (15) days. If a member previously eligible for Federal Medicaid or CHIP coverage appeals within fifteen (15) days of an adverse eligibility determination, the content "A" (On appeal) or "X" will be sent to the Insurance Carrier in the field. Extension flag. The member cannot be canceled during the appeals process even if the expiration date passes. When the appeal process is complete, the Puerto Rico Medicaid Office will send an update of the member's status to ASES. If the appeal is filed after the first fifteen (15) calendar days after the adverse eligibility determination, an extension will not be issued. In this case, a cancellation will be received from the Puerto Rico Medicaid Office.

The following are the possible outcomes of the appeal process:

(a) If the appeal is found to be in favor of the enrollee: the expiration date will be updated to the appropriate one. He/she will be identified as eligible and the record marking the termination of the appeals process will be labeled with a "U" and will reflect a new eligibility period. If there were to be a change in coverage, a new enrollment with the new plan version must be sent, just as is currently done.

(b) If the appeal is found to be against the enrollee the Puerto Rico Medicaid Office will send a cancellation with the original expiration date. He/she will be identified as ineligible, the termination of the appeals process will be labeled with an "N" and the Medicaid Cancellation Date will contain the corresponding cancellation date. The Carrier will keep offering services to the enrollee until it receives the cancellation in the eligibility file sent by ASES. ASES will continue paying premiums until the cancellation is received from Puerto Rico Medicaid Office. Only Puerto Rico Medicaid Office may cancel an enrollee. The cancellation's effective date will reflect the date that Puerto Rico Medicaid Office specifies in the Medicaid Cancellation Date field if it differs from the eligibility expiration date.

(c) If the appeal is resolved only after a cancellation, the Carrier will receive the eligibility information only if the appeal is in favor of the enrollee and with updated dates with the new eligibility period.

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2. Appealing at a Certification (either new or not active at the time)

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If a person who is not active in the Puerto Rico Medicaid Office requests eligibility and he/she does not qualify, he/she has the right to appeal the result of the evaluation. This type of appeal is an internal Puerto Rico Medicaid Office process. The Puerto Rico Medicaid Office will not send

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to ASES records of these processes unless the appeal is decided in the person's favor. For beneficiaries eligible for Federal Medicaid or CHIP coverage, a set of records will arrive with an effective date that may be retroactive to the first day of the month corresponding to the certification date. If more than three (3) months have passed, the Carrier will treat the enrollment as an emergency (special enrollment = "E"). For these cases, the Puerto Rico Medicaid Office will not send retroactive eligibility in separate transactions. In the event the person is certified as a state funded state affiliate, the date of eligibility after a favorable appeal will be prospective from the date of the favorable determination.

I. Eligibility Extensions

When the Puerto Rico Medicaid Office grants an extension of eligibility, the date the extension expires is included in the Medicaid Cancellation Date field in the family eligibility table. For these cases, the Eligibility Expiration Date field is not updated as it encompasses the end of the original eligibility period granted by the Puerto Rico Medicaid Office prior to the extension.

1. Eligibility Extension Due to Pregnancy

If a pregnant woman is undergoing re-certification and she is determined to be ineligible, she cannot be terminated the last day of the month in which postpartum coverage expires. These cases will be labeled with the letter "P" in the *Extension flag* field. The Puerto Rico Medicaid Office will send ASES a cancellation transaction at the appropriate point.

2. Eligibility Extension Due to Natural Disaster

If a natural disaster occurs, a determination will be made by the Department of Health's Medicaid Program to extend the eligibility of the population affected. The eligibility extension for natural disasters grants the extension period approved by CMS to the affected member. These cases will be labeled with the letter "H" in the *Extension flag* field. The Puerto Rico Medicaid Office will send ASES an update transaction at the appropriate date. The granted extension's expected expiration date will be held in the Medicaid Cancellation Date field. The eligibility effective date and expiration date will not change because of the extension granted.

3. If any additional circumstance occurs, in addition to those mentioned above in this document, that requires a determination, it will be made by the Puerto Rico Medicaid Office of the Department of Health, to extend the eligibility of the affected population. The extension of eligibility for other circumstances grants the extension period approved by CMS to the affected member. These cases will be labeled with the letter "X" in the Extension flag field. The PRMP will send ASES an update transaction on the appropriate date. The expected expiration date of the granted extension will be kept in the Medicaid Termination Date field. The effective date of eligibility and expiration date will not change due to the extension granted. An example of a circumstance in recent years is the COVID19 pandemic.

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4. Beneficiaries with More Than One Extension Type

If an enrollee qualifies for more than one (1) type of extension, the extensions will be combined applying the extension with the longest eligibility period extension stated through the Medicaid Cancellation Date and the extension that grants the most benefits stated through the Extension Flag containing the appropriate Extension Code. For example, if an enrollee is granted the extension due to pregnancy and the extension due to a natural disaster, the extensions will be

combined and his or her eligibility will be extended because of the natural disaster extension and will have the coverage benefits of the pregnancy extension.

5. Eligibility Extension Codes

N – Member eligibility period not extended

A – Member is amid an appeal process

U – Update to a member amid an appeal process. This states that the process has reached an outcome.

H – Member eligibility extended due to the occurrence natural disaster

P – Member eligibility extended due to pregnancy status

X – Other circumstances extension

6. Member Eligibility Period Not Extended (N)

The enrollee does not have any type of extension. For these cases the Medicaid Cancellation Date cannot have a future date.

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IV. ENROLLMENT IN GHP CARRIERS

A. General Enrollment Requirements

The Carrier must coordinate with ASES, the Puerto Rico Medicaid Office and the Enrollment Counselor, as applicable, for all Enrollment and Disenrollment functions, as required under Section 5.2.1 of the Contract.

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

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B. Effective Date of Enrollment

The Effective Date of Enrollment for all Initially Auto-Enrolled Enrollees is November 1, 2018. Except as provided below, Enrollment, whether selected or automatic, will be effective as of the same date as the date demarking the beginning of the period of eligibility specified on Form Notice of Decision set forth in Section 5.2.6 of the Contract.

The effective date of enrollment for a newborn whose mother is eligible for Federal Medicaid or CHIP coverage on the date of delivery (considered a newborn) is the date of their 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 Section 5.2.7 of the Contract.

Changes in Enrollment requested by the Enrollee received during the first twenty (20) Calendar Days of the month will be effective the first Calendar Day of the following month (e.g., requests received January 10 will be effective February 1).

Changes in Enrollment received after the first twenty (20) Calendar Days of the month will be effective the first Calendar Day of the second month following the request to change Enrollment (e.g., requests received January 25 will be effective March 1).

C. Term of Enrollment

The Term of Enrollment with the Carrier shall be a period of twelve (12) consecutive months for all GHP Enrollees, unless a different Carrier is selected during the applicable Open Enrollment Period described in Section 5.2.5 of the Contract, and except in cases in which the Puerto Rico Medicaid Program has designated an eligibility period shorter than twelve (12) months for an Enrollee who is a Federal Medicaid or CHIP Eligible or a member of the coverage Commonwealth, in which case that same period shall also be considered the Enrollee's Term of Enrollment.

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). Section 5.3.3 of the Contract controls the Effective Date of Disenrollment.

Deemed Newborns have a Term of Enrollment of up to thirteen (13) months.

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

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last day of the month after sixty (60) Calendar days counted from the beginning of the post-partum period.

Except as otherwise provided in Section 5.2 of the Contract, and notwithstanding the Term of Enrollment provided in Section 5.2.3 of the Contract, Enrollees remain enrolled with the same Carrier until the occurrence of an event listed in Section 5.3 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 to Section 5.2.8 of the Contract.

E. Enrollment Procedures

For all Enrollees except Newborns, the Carrier must comply with the Auto-Enrollment process and issue to the Enrollee a notice informing the Enrollee of the PMG and PCP they are assigned to and their rights to change the PMG or PCP without cause during the applicable Open Enrollment Period.

Following, the Effective Date of Enrollment, the Enrollee has 90 Calendar Days to change his/her Auto-Assigned or Selected PMG and PCP without cause through the Carrier. The Carrier can offer counseling and assistance to the Enrollee in selecting a different PCP and PMG.

Enrollees under the Foster Care Population and Domestic Violence Population classification are not assigned to a PCP or PMG.

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 Section 5.2.6.2 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 Section 5.3 of the Contract and 42 CFR 438.56.

The Carrier must comply with 5.2.7 of the Contract regarding Procedures for Auto-Enrollment of Newborns.

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F. Enrollee Selection of Carrier

1. Open Enrollment Period for New Enrollees

New Enrollees to the GHP will have the opportunity to select a Carrier during the Medicaid eligibility process with the Puerto Rico Medicaid Program. If the New Enrollee does not select a Carrier, the Puerto Rico Medicaid Program will select a Carrier on behalf of the New Enrollee using an algorithm based on a Round-Robin order arrangement. New Enrollees shall be permitted to select a different Carrier once without cause, regardless of how the initial selection of the Carrier was made, during their Open Enrollment Period, which shall begin on the New Enrollee's Eligibility Certification Date and will extend for a period of ninety (90) days.

2. Annual Open Enrollment Periods

Each year, the GHP offers members an annual open enrollment period. The annual open enrollment period is forty-five days from November 1 to December 15. All enrollees will have the opportunity to select a Carrier for no reason during the annual open enrollment period. If the member does not make an insurance change during the annual open enrollment period, the member will remain enrolled with their current Carrier.

During each Annual Open Enrollment Period, all enrollees will have one (1) opportunity to change Carriers for no reason during their Annual Open Enrollment Period. If a New Affiliate's Open Enrollment Period in accordance with Section 5.2.5.2 of the Agreement coincides with the Annual Open Enrollment Period, the Open Enrollment Period in Section 5.2.5.2 will prevail.

When an enrollee ceases to be part of the domestic violence or foster care population but remains an eligible individual, the enrollee can select a new Carrier during an open enrollment period.

When an enrollee is no longer eligible for Medicare Platino but remains an eligible individual, the enrollee can select a new Carrier during an open enrollment period and must follow the due process processes outlined in section 5.3.5.4 of the contract.



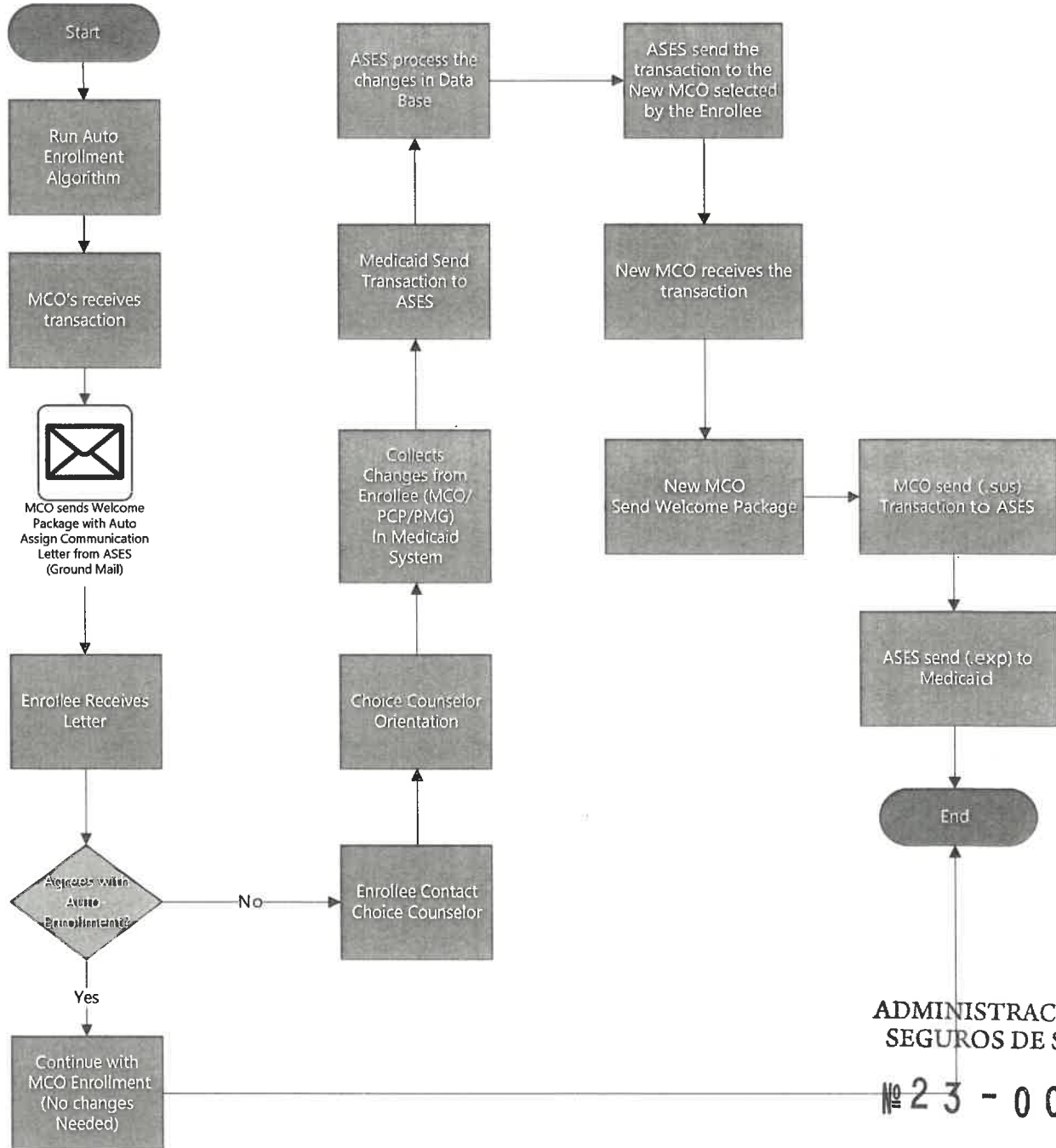
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Figure 1 Illustration of Initial Auto Enrollment Operations - This process occurs when an insurer cancellation is made, and the beneficiaries must be transferred to another insurer or insurers.



Illustration of Initial Auto Enrollment Operations



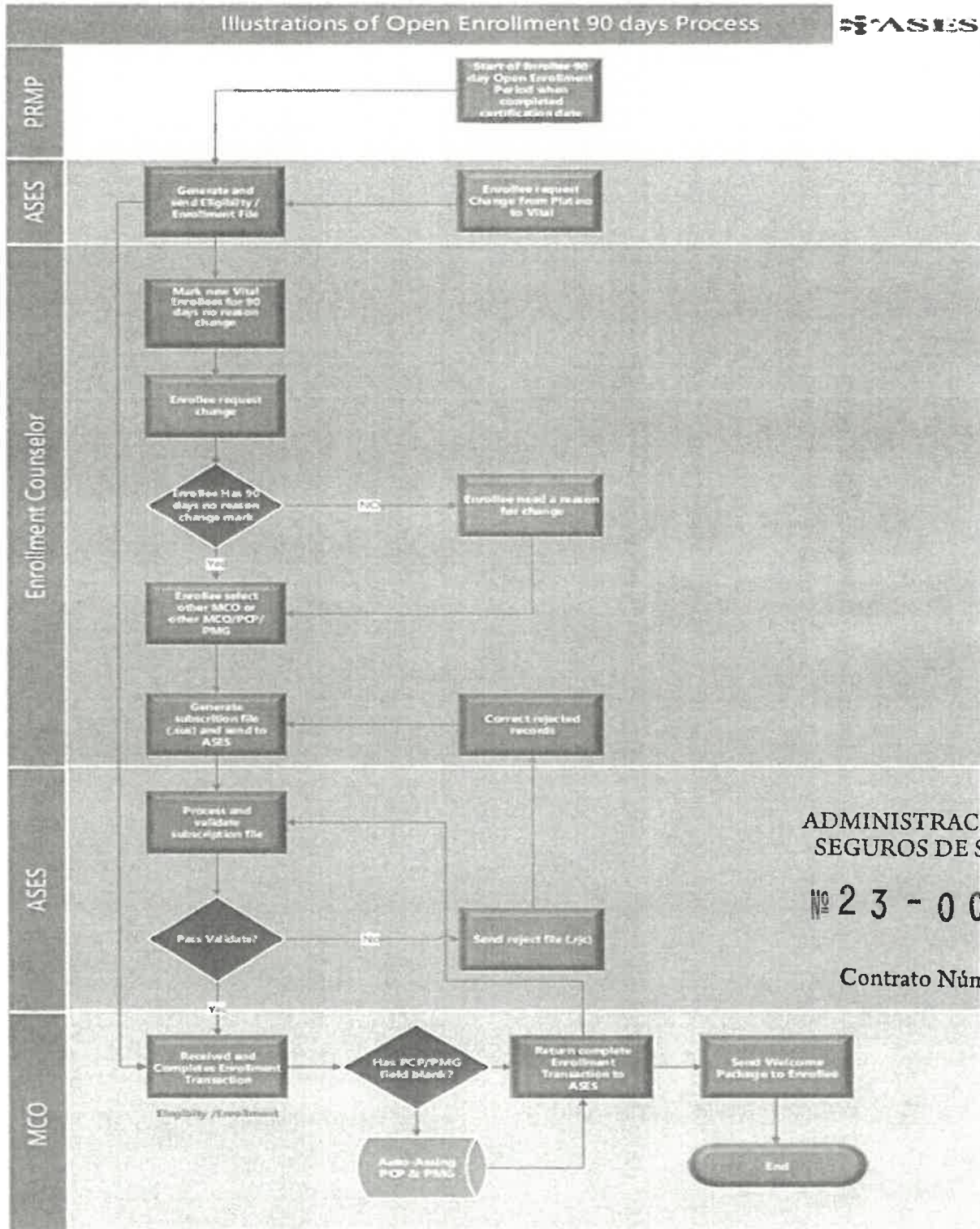
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Figure 2 Illustration of New Enrollee/ Open Enrollment Enrollment Process



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V. ENROLLMENT COUNSELOR OPERATIONS

ASES has procured Enrollment Counselor functions, available in-person at Medicaid Offices, by toll-free number and online, to help Enrollees understand the GHP and make informed choices for Carrier enrollment. It is at the Enrollee's option to receive the services of the Enrollment Counselor. If any Enrollee actively selects a Carrier during the applicable Open Enrollment Period (or at point of eligibility application for New Enrollees), the Enrollment Counselor will record the selected Carrier and such information will be provided to ASES, through an enrollment (.sus) file, to formalize the enrollment process.

On an ongoing basis, Enrollees will have access to a Counselor to select a Carrier, PMG, and PCP. New Enrollees and re-certified Enrollees will be able to select a Carrier considering the availability of an enrollment spot within the capacity of each Carrier and available PCPs. The Effective Date of Enrollment of the Carrier, PCP and PMG will coincide with the Effective Date of Eligibility pursuant to Section 5.2.2 of the Contract and as determined at the Puerto Rico Medicaid Office. New and re-certified Enrollees are entitled to assistance by the Enrollment Counselor during the Open Enrollment Period applicable to each population regarding selection of a Carrier, PCP and PMG.

VI. DATA EXCHANGE BETWEEN MEDICAID, ASES AND CARRIERS

The following sections provides an overview of data exchange information between Medicaid, ASES and the Carriers. For specific data layout information, refer to Attachment 9 with the referenced layout files.

A. Data Exchange Between Medicaid, ASES and the Carriers

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1. Medicaid and ASES Data Exchange (.ref file)

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Under GHP, at the end of the certification process at Medicaid, a New Enrollee will have the opportunity to select a Carrier and the Puerto Rico Medicaid Office will relay the resulting selection to ASES. The information relayed to ASES will include any eligibility information resulting from the process and the Carrier selection or auto enrollment.

2. ASES and the Carriers Data Exchange (.exp file)

The eligibility files from Medicaid (.ref) mentioned in the previous section are entered into the daily run cycle and are evaluated through an editing and verification program at the Information Systems Office at ASES. After receiving and processing the eligibility and Carrier data of each enrollee, ASES creates an electronic record that includes information which the Carrier can use to enroll the

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enrollee, such as information about the Plan Type (Federal or Commonwealth) and Plan Version (coverage code) along with their respective effective dates and other related data elements. Daily, ASES sends accepted enrollments, new eligibility, updates, and cancellations data to Carriers in a file (.exp)

Following receipt of the Carrier's file, the Carrier is required to send ID cards along with a GHP Welcome Package, to the new enrollees by postal mail in five (5) business days pursuant to Section 5.2.6.2 of the Contract.

The Enrollee, in turn, has ninety (90) days to request a change of MCO, PCP or PMG. Then, the Carrier produces the electronic registration record and sends it to ASES in a file (.sus), along with a paperwork, where it identifies the name of the file, the number of records submitted via FTP Server on or before nine o'clock the morning (9:00 am), this accounts for the registrations to be considered. If the member's Coverage Code, PCP or PMG changes, the Carrier must send an enrollment record to ASES that reflects the change as confirmation of the issuance of a new plan identification card and its shipment to the member.

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

When an enrollee's data sent to a given Carrier is received with a different Carrier code than the one for the Carrier receiving the data, it means that the enrollee has been enrolled with a different Carrier. In this case, the previous Carrier must perform a disenrollment of the enrollee in its database. For these cases the Carrier Effective Date will be modified, and the transaction will be sent to both Carriers. The Tran_ID value for these transactions will be "E".

In the case that the Carrier must update the information previously sent to ASES 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, ASES 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 to ASES. Likewise, the Enrollee's PMG and/or PCP changes will take effect as stated in Section 5.4 of the Contract.

Records that are accepted without errors during the editing process are updated in the databases at ASES and the beneficiaries are duly enrolled. Any record that is accepted during the editing and verification processes will be stored in the ASES database tables.

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The records for the rejected enrollments are returned to the Carrier with the applicable reject codes in a file (.rjc) daily. The Carrier must correct any errors in the enrollment record and send the information back to ASES in a file (.sus) within two (2) business days. ASES will only pay the premiums related to those beneficiaries who are enrolled in the databases at ASES. 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. It is important that the Carrier sends the corrected enrollment records within the timeframe specified no later than two (2) business days past the date on which ASES notifies the Carrier of the rejected subscriptions, after which the Carrier could start losing premium payments, as stated in Section 5.3.10 of the Contract.

ASES will identify late transactions by comparing the date of the rejection and the date of the resubmission. If the rejected transaction is reconciled, resent, and accepted within the timeframe specified at Section 5.3.10 of the Contract, no payment suspension will occur. If it does not occur within two (2) days, it will be included for prospective payment, which shall be prorated from the day the file is accepted. Applies to Trans_ID V, E, C, but not Special Enrolls N, E, T.

During the premium payment process, registrations received during the month prior to the execution of the process are considered. The Carrier must make sure to complete the reconciliation of beneficiaries, every month, receiving the file and report via FTP Server where the details of the non-subscribed beneficiaries are identified.

The exchange of data regarding eligibility and enrollment processes between the Puerto Rico Medicaid Office, ASES and the contracted Carriers occurs daily. In Figure 4, which is provided below, the information exchange processes described in the previous subsections are presented.



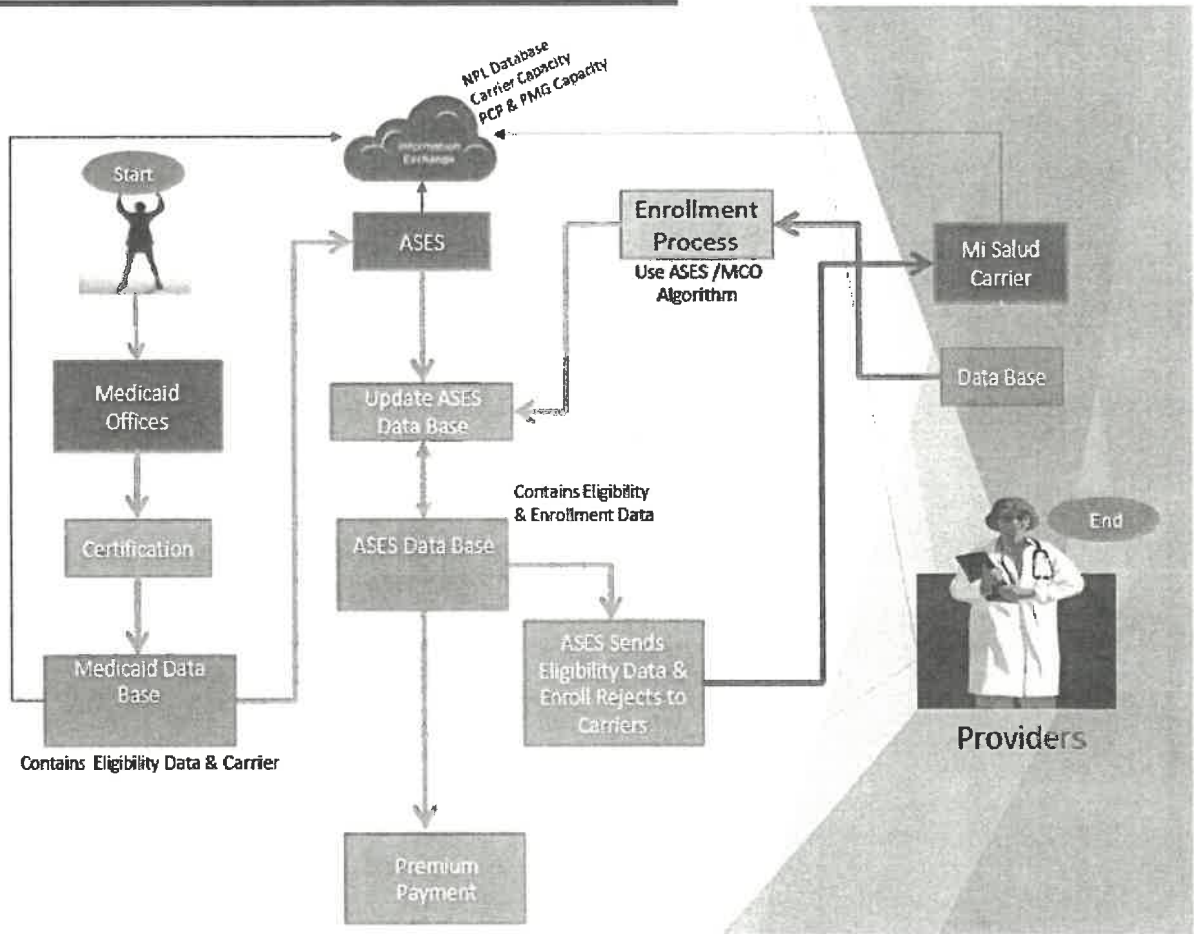


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Figure 4 Medicaid/ASES/Carriers Data Flow



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B. Enrollment Files

| ENROLLMENT FILE [CCYYMMDD.sus] |
|---|
| a. CC = Carrier Code |
| b. YY = Year |
| c. MM = Month |
| d. DD = Day |
| e. .sus = Identifies the file as an enrollment file. The enrollment file may contain records belonging to any of the regions contracted by the Carrier. |
| Notes: ✓ Files received at 9:00 am are entered in the ASES daily cycle. ✓ If a file is received after 9:00 am, it will be entered in the next day's cycle. See File Layout Attachment – Enrollment Record Layout (.sus) |

| ELIGIBILITY FILE [VYYMMDD.ref] |
|--|
| a. V = indicates that it is an eligibility file |
| b. YY = Year |
| c. MM = Month |
| d. DD = Day |
| e. ref = Indicates that it is a file containing the records of the beneficiaries' eligibility. |

| DATA EXPORT FILE [CCYYMMDD.exp] |
|--|
| b. CC = Carrier code |
| c. YY = Year |
| d. MM = Month |
| e. DD = Day |
| f. exp = Indicates that it is a file containing all the eligibility and enrollment transactions processed during the daily run. See File Layout Attachment – Carrier Eligibility File Layout (.exp) |

| REJECTED ENROLLMENTS FILE [*rjc] |
|---|
| a. CC= Carrier Code |
| b. YY = Year |
| c. MM = Month |
| d. DD = Day |
| e. rjc= Indicates that it is a file containing the records of the beneficiaries who have been rejected. |
| Notes: ASES will continue to run a separate edition and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure. |

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C. 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:

1. 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, PCP2 and PMG Effective Dates

In cases of new Enrollees, the PCP1, PCP2 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.

The initial assignment of a PCP2 will only be effectuated through the Carrier and it will be responsible of indicating the PCP2 Effective Date in the enrollment record. It is under consideration if during Carrier changes, an attempt to conserve the PCP2 will be made.

c. Plan Version/Coverage Code Effective Date

The coverage code only will change during the recertification process performed by Medicaid. 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.

1. Changes in Coverage Codes and Enrollment

The coverage code can only change at the recertification process or when the Enrollee requests a redetermination because the medical indigence level has changed. If at the recertification process, the coverage code of a GHP enrollee changes as described in Figure 5 below, the Carrier must send an enrollment record with the new plan version (that matches the coverage code) with the effective date of eligibility indicated by Medicaid (eligibility effective date) and send a new healthcare insurance identification card to the enrollee.

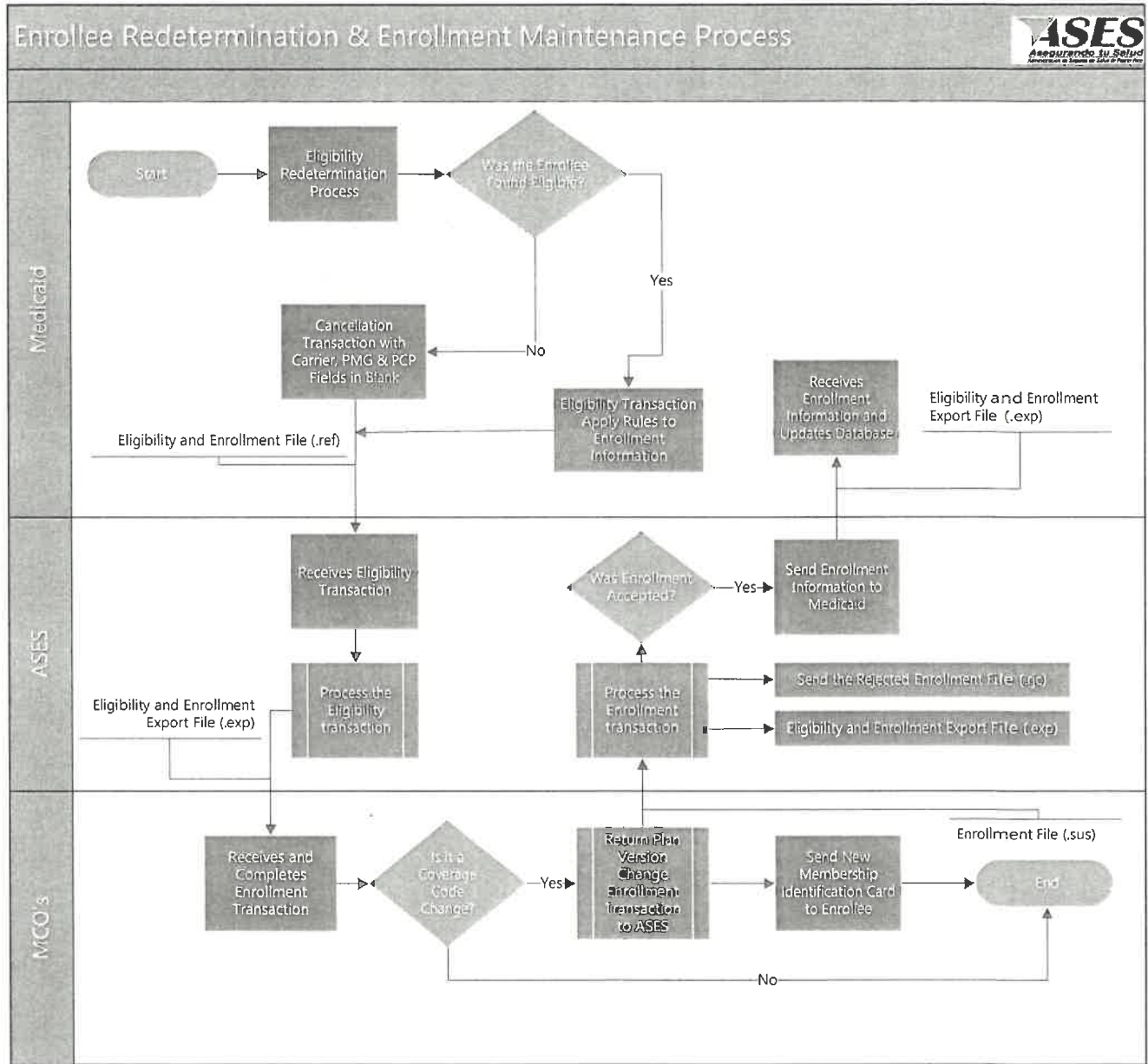

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Figure 5 Enrollee Recertification & Enrollment Maintenance



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2. Process Date

Regarding the daily run files (.exp) the process date is the date in which the daily run was executed. The process date in the Carrier enrollment records (.sus) corresponds to the date in which the Carrier issued the enrollee's healthcare insurance identification card.

VII. Late Enrollment Due to Delayed Eligibility

The late enrollment processes involve the processing of an enrollment in the ASES databases for retroactive eligibility periods, or for delays in the receipt of eligibility periods (for example, because of a resolution of an appeal of eligibility in favor of an enrollee). Cases in which the eligibility record arrives late from Medicaid (for example, because of a possible internal Medicaid appeal process), must be identified with the letter 'E' in the special_enroll field.

The letters "E" or "C" in the *Tran_ID* field will be included for delayed eligibility period enrollments, just like in SYSPREM cases (See Section VI).

The periods identified as delayed eligibility periods do not have a deadline for payment purposes.

VIII. Retroactive Eligibility Period Enrollment

Refer above to Section 3.E.2. In the same enrollment file, no more than one (1) enrollee may be included for the same member unless it is a subscription for a current eligibility period and one (1) to three (3) subscriptions for retroactive eligibility periods.

Each enrollment with retroactive eligibility period will be validated against the member's eligibility history. Therefore, the Carrier's effective date for each enrollment must correspond to the date of each retroactive period in ASES's member's eligibility history. Retroactive period enrollments will be labeled with the letter "T" in the *Special_enroll* field.

The letter "E" in the *Tran_ID* field will be included for retroactive eligibility period enrollments.

The periods identified as retroactive (1, 2, 3) eligibility periods do not have a deadline for payment purposes.



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IX. Enrollment Record

The enrollment record that is used by Carriers to notify ASES of the enrollment of an enrollee contains a series of data that are used for the purpose of informing the details of the enrollment made and to verify their accuracy and certainty. The enrollment transaction is the Carrier's confirmation and guarantee that the enrollee has been successfully enrolled in the Carrier databases and that a GHP Welcome Package or membership card has been sent to the enrollee.

The Plan Type code for the GHP is "01". Now in which the enrollment record is generated the Plan Version is the same as the Coverage Code for the GHP Plans. Currently, ASES contracts falls under the managed care category in which it is required that each member has a designated POP.

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X. Enrollment Record Fields

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The record of each enrollee's enrollment contains the following information that must be provided by the Carrier: Contrato Número

a. **RECORD_TYPE**—In every case, and regardless of the transaction in question, this field requires the insertion of code "E" that identifies the entry as an enrollment record for both new enrollments of beneficiaries and changes on records of beneficiaries previously enrolled.

b. **TRAN_ID** - This field allows the ASES systems to identify the action to take on the record submitted. It can contain one of the values listed below:

c. **E = New Enrollment.** This value identifies that the record is a new enrollment for an enrollee who has not been previously enrolled. It could also imply that this is a retroactive enrollment record for transactions not previously enrolled. For transactions previously enrolled, either by the same or one that is different from the previous enrollment, a "C" would be inserted.

Plan Version Change. For MCOs, this transaction code is also used when an enrollee's coverage code in the GHP changes since at the time the coverage change is identified the beneficiary is disenrolled in ASES by blanking the *card_id_date* field. Therefore, the system identifies it as a new subscription. In these cases, the Carrier must reissue a health plan ID card showing the new benefits and submit a version change enrollment record to ASES where the version number must match the new coverage code. This transaction confirms that the new insurance card was sent to the enrollee. If such information is not sent to ASES, the enrollee will remain disenrolled from the Carrier. While in these circumstances the enrollee remains eligible to receive medical services, the Carrier will remain unable to

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claim premium payment for the enrollee until the required information is submitted and accepted for validation.

- b. **C = Carrier Change.** Used when the enrollee has selected a different Carrier than the one in which he/she is presently enrolled. It could also identify a retroactive enrollment record in cases that are carried out by a Carrier different than that arising from the ASES database or by the same Carrier if it must make a change on a previous enrollment.
- c. **I = PMG (Primary Medical Group) Change.** It is used to register, in ASES, a change in the beneficiaries' requested-PMG under the same Carrier, Plan Type and Plan Version.

Initially the PCP/PMG will be assigned to the enrollee by the Medicaid office, ASES or the Carrier according to the enrollee's zip code (physical address) and the enrollment capacity of the PCP/PMG. If the daily files (.exp) arrived at the Carrier without a PCP/PMG assigned the Carrier must perform the auto-assignment of PCP/PMG, send the insurance card to the enrollee, and send the enrollment record to ASES containing the auto-assigned information. Then the enrollee may proceed to make changes and select a different PCP/PMG.

- d. **1 = PCP1 change.** It is used to register, in ASES, a change in the beneficiaries' requested PCP1 under the same Carrier, Plan Type, Plan Version and PMG. For changes regarding the PCP1 the enrollment capacity of the PCP will be taken into consideration. The enrollee may make changes afterwards. The PCP1 Effective Date is required.
- e. **2 = PCP2 change.** It is used to register, in ASES, a change in the beneficiaries' requested PCP2 under the same Carrier, Plan Type, Plan Version, PMG and PCP1. For changes regarding the PCP2 the enrollment capacity of the PCP will be taken into consideration. The enrollee may make changes afterwards. The PCP2 Effective Date is required.
- f. **3 = PCP1 and PCP2 change.** It is used to register, in ASES, a change in the beneficiaries' requested PCP1 and PCP2 under the same Carrier, Plan Type, Plan Version and PMG. For changes regarding the PCP1 y PCP2 the enrollment capacity of the PCP will be taken into consideration. The enrollee may make changes afterwards. The PCP1 and Effective Dates are required.

As we have seen, the content of the Tran_id field determines what type of transaction is going to be executed through the enrollment record sent to ASES. Some of the authorized transactions are broken down below. Table 3 below identifies the information that each change will require and states the fields that will be impacted by each one.

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Table 3: Hierarchy Table

| <u>TRAN ID</u> | <u>CARRIER</u> | <u>Plan Version</u> | <u>Primary Center</u> | <u>PCP1</u> | <u>PCP2</u> |
|---------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| E -New Enrollment | Must be the same as in ASES DB | Y | Y | Y | O |
| C -Change Carrier | Must be different from ASES DB | Y | Y | Y | O |
| I -Change Primary Medical Group | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be different from ASES DB | Y | O |
| 1 -Change PCP1 | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be different from ASES DB | N |
| 2 -Change PCP2 | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be different from ASES DB |
| 3 -Change PCP1 & PCP2 | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be the same as in ASES DB | Must be different from ASES DB | Must be different from ASES DB |

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Legend:

Y = Information required for the transaction type specified.

O = Optional information.

N = Information that should not be sent for the transaction type specified.

(A) New enrollment ("E"): The system will require all fields related to the information about the Contractor, Plan Type, Plan Version, Primary Medical Group and PCP1 to be completed. The PCP2 information will remain as optional information for some cases. The Contractor will be assigned by the PRMP. The PCP/PMG will be assigned by Contractor. The Contractor will return the enrollment record with the card issue date as the process date of the enrollment after sending the GHP Welcome Package to the Enrollee.

(B) Change of Carrier ("C"): The system will require registering the name of the new Carrier and inserting information regarding the Plan Type, Plan Version, Primary Medical Group, PCP1, PCP2 (optional) and card issue date as the process date of the enrollment after sending the GHP Welcome Package to the Enrollee.

(C) Plan Version Change ("E"): The plan version change is no longer used ("V"). When there is a change of coverage code, therefore of plan version, the card id date will be blanked, and the contractor will have to send a subscription as if it were a new one to be registered as a subscriber.

(D) Primary Medical Group Change ("I"): Information regarding the Carrier, Plan Type and Plan Version must match the information contained in the ASES databases. Only new information will be sent to ASES regarding the new Primary Medical Group (PMG) that corresponds to the enrollee.

(E) Change of PCP1 ("1"): It will be necessary that the information of Carrier, Plan Type, Plan Version and Primary Medical Group provided coincide with the information contained in the ASES databases. It will be necessary to submit the new information regarding the change in PCP1 and it will not be necessary to provide information on the PCP2.

(F) Change of PCP2 ("2"): It will not be necessary to provide information about the PCP1. The only information allowed to differ with the one contained in the ASES records will be the one related to the PCP2.

(G) Change of PCP1 and PCP2 ("3"): It will be necessary to submit new information regarding the assigned PCP1 and PCP2. The information provided regarding the other fields should remain unchanged.

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3. **PROCESS_DATE**–Process Date. Refers to the date on which the enrollee contracted the coverage services with the corresponding Carrier. It also refers to the date on which the Carrier processed a change in PMG, Plan Version, Plan Type or PCP.
4. **CARRIER (carrier)** –Two-digit Carrier code assigned by ASES to each of the Carriers with the purpose of identification.
5. **MEMBER_PRIMARY_CENTER** – PMG code.
6. **FAMILY_ID** – Eleven last digits of MPI number assigned by the Medicaid Office. This is the first part of the identifier for the beneficiaries in the ASES database.
8. **MEMBER_SSN** - Social Security number of the member. It is required that this number matches with the one for the member in the ASES database.
9. **MEMBER_SUFFIX**–Two-digit number which identifies a member within a family. This is the second part of the identifier for the beneficiaries in the ASES database.
10. **EFFECTIVE_DATE**–Date in which the Carriers start providing coverage for the enrollee under the enrolled Plan or the change for which the enrollment record was submitted becomes effective. This date also refers to the date in which the PMG, PCP or Plan Version change becomes effective.
11. **PLAN_TYPE** – Plan Type code that identifies the one under which the member is enrolled. "01" is used for GHP and "02" for Platino.
12. **PLAN_VERSION** – Plan version code that identifies the coverage under which the member is enrolled.
13. **MPI**- Master Patient Index. It is a unique number that identifies a member in the ASES and Puerto Rico Medicaid Office's databases.
14. **PCP1**- NPI Number. It is used to identify the PCP1 assign or selected by the beneficiaries. If a new beneficiary, the MCO assigns the PCP and PMG. If the transaction is for a change of carrier, the new MCO must maintain the enrollee in the PCP and PMG selected in the change of carrier process with the Enrollment Counselor.
15. **PCP1_EFFECTIVE_DATE**–Date in which the PCP1 assignment became effective. If there is a change of PCP1, the initial PCP1 Effective Date will be kept until the Effective Date of the PCP1 Change has been reached.
16. **PCP2**– NPI number. It is used to identify the PCP2 selected by the beneficiaries.

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- 17. **PCP2_EFFECTIVE_DATE**—Date in which the PCP2 assignment was effective. If there is a change of PCP2, the initial PCP2 Effective Date will be kept until the Effective Date of the PCP2 Change has been reached.
- 18. **FAMILY PRIMARY CENTER** – This field is not currently in use.
- 19. **PMG_eff_date (previous FAMILY_PRIMARY_CENTER_EFF_DATE field)** —Date in which the assignment of the enrollee’s PMG became effective. This field is not currently in use.
- 20. **IPA_PCP_CHANGE_REASON** – This field is not currently in use.
- 21. **MEDICARE INDICATOR** – This field is not currently in use.
- 22. **HIC NUMBER**—MBI number only for dual eligible members.
- 23. **IPA_ESPECIAL**—A code “1” indicates that the member is assigned to a special IPA which is not the family IPA. Used for GHP enrollment.
- 24. **CONTRACT NUMBER**—Contract number assigned by the Carrier. It should be the number by which the member is identified in the Carriers’ ID card and internally in their database.
- 25. **SPECIAL ENROLL**—It is used to identify:
 - (1) the enrollment for **deemed newborns** that are beneficiaries of the Federal Programs by including a letter “N” in the field.
 - (2) the enrollment for the case when the Puerto Rico Medicaid Office sends an eligibility record that is retroactive more than three (3) months from the date in which the record is sent to ASES and therefore to the Carrier by including a letter “E” in the field; and
 - (3) the enrollment for a retroactive eligibility period by including a letter “T” in the field.
- 26. **Other data elements complimented by ASES** – When an enrollee’s record is validated, the ASES system enters the following data in the enrollment record:
 - a. **Reject Identifier** - As a result of the validations, the record could be accepted or rejected. This field contains the codes that specify the result of said validation.
 - "A" = Accepted.
 - "M" = Accepted Retroactively.
 - "T" = Retroactive Eligibility Period Enrollment
 - "R" = Rejected: Will be present only in the .rjc file.

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Identifier = "A"

Identifies an accepted enrollment that will be applied on a current or future effective date. In this case, the update process moves the enrollment fields of the Carrier, Plan Type, Plan Version, PMG, and PCP to the fields intended for new enrollments in the enrollee record. Until such time as the new Effective Date is reached, the enrollee will remain under the current enrollment condition (same Carrier, Plan, Version, PMG, and PCP). During the end-of-month cycle, the new fields are moved to the current fields and the enrollment becomes effective.

Identifier = "M"

Indicates a retroactive enrollment. In these cases, Enrollment data (Carrier, Plan Type, Plan Version, PMG, and PCP) are updated directly in the enrollee's historical record.

Identifier = "T"

It identifies a successfully processed retroactive monthly enrollment (1,2,3).

Identifier "R"

In cases when an enrollment record is not successfully processed because an error has been identified, it indicates a record returned for correction.

- b. **Record Key** – Internal number assigned by the ASES system.
- c. **Error Codes one (1) to ten (10)** – See Addendum 2 Error Codes Table.

27. Update Date – Date for which the validation is run. Corresponds to the date of the daily cycle the validation run was a part of.

28. Update User – ASES internal user code.

29. PMG Tax ID – Include PMG Tax ID

30. Data Source – Will always contain "MO" to denote the enrollment comes from a Carrier.

Note:


It is up to the Carriers to process the enrollment records corresponding to the months prior to November 1, 2018, under the region model. This includes the retroactive eligibility periods (1,2,3 and late eligibility periods).

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XI. Rejection of an Enrollment Record

An enrollment record related to any type of enrollment, modification or update transaction could be rejected if it does not pass the validation tests at the ASES systems. As mentioned above, rejected enrollments are sent daily to Carriers in a file (.rjc) that includes error codes for records that have not successfully passed the validation process. Carriers must correct identified errors and resubmit the corrected records to ASES with the next file submission, meaning the next business day. For the adequate correction of these errors please refer to the Error Codes Table in **Addendum 2**.

XII. Rejected Enrollment Management

The daily process of Carriers in relation to rejected enrollments should include:

- (1) **Receipt** of rejected enrollment records.
- (2) **Evaluation** of rejection codes received.
- (3) **Identification** of situations in which rejection is not clear for consultation with ASES.
- (4) **Timely** correction of identified errors.
- (5) **Transfer** of the corrected records to ASES in a 24-hour period.

VII. ERROR CODES TABLE

The following table contains the error codes produced by the validation program. Additional descriptions and possible corrective actions have been included to assist in the correction process. See **Addendum 2 Error Codes Table**.

VIII. GHP DISENROLLMENT (CANCELLATION/TERMINATION OF ELIGIBILITY)

A. Disenrollment from the GHP

The process of a 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) an enrollee has lost eligibility to receive medical services coverage under the GHP; (2) the eligibility period granted by the Puerto Rico Medicaid Office has expired and other reasons specified in Table 5 below:


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Table 5: Cancellations Code & Cases Description

| Cancellation Code | Cancellation Description |
|-------------------|-------------------------------|
| ' ' | Not Cancelled |
| 06 | Change in Family Composition |
| 07 | Income Changes |
| 08 | Death of the enrollee |
| 09 | Moving Out of State |
| 10 | Incarceration of the enrollee |
| 13 | Enrollee Found Not Eligible |
| 30 | Other Reasons |
| 31 | Voluntary Closing |

Medicaid will notify the eligibility cancellation to ASES, and ASES will notify the Carrier of the cancellation. Such notification shall be effectuated by means of a daily transfer of the daily process Export (.exp) files to the Carrier together with records containing information on new beneficiaries to be enrolled. A letter "T" in the Tran_Id field identifies the cancellation records in the daily process Export (.exp) files.

B. GHP Disenrollment Effective Date

The Puerto Rico Medicaid Office is the only institution authorized to perform the disenrollment of the eligibility of an enrollee. This date is indicated by PRPM any day of the month in the Medicaid Cancellation Date field.

The effective date of such cancellations will be determined by the Puerto Rico Medicaid Office and expressed in the Medicaid Cancellation Date field. For said reason cancellations received any day of the month should have a value in the field Medicaid_Cancellation_Date.

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 5.3 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.

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An Enrollee wishing to make a change of carrier should contact the Enrollment Counselor. The enrollment counselor sends ASES the change notification and ASES notifies the new Carrier and the previous Carrier. This change of carrier outside of the Open Enrollment Period must be justified.

An Enrollee may request Disenrollment from the Carrier's Plan without cause once during the applicable Open Enrollment Period in accordance with Section 5.2.5.

Transition of Care Process (TOC)

In these case in which the Enrollee changes Carriers, the Carrier that loses the Enrollee will be required to complete the Transition of Care information. It must be completed monthly. The layouts and SOP of this process that included in **Addendum 7**.

In addition, ASES will send to the new Carrier the historical claims/encounters of enrollee. El layout of historical claims is in **Addendum 7**.

An Enrollee may request Disenrollment from the Carrier's Plan for cause at any time, pursuant to Section 5.3.5.4 of the Contract.

B. Effective Date of Temporary Payment Suspension

For programmatic purposes of the ASES Information Systems Office, this Effective Date of Temporary Payment Suspension refers to the day on which premium payments are suspended for an Enrollee. 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 plan version related to the change of coverage. During this process the Card Issue Date field is left blank, but the enrollee keeps being 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, premium payments will resume, subject to section 5.3.10 of the Contract.

X. CARRIERS RESPONSIBILITIES IN THE ENROLLMENT PROCESS

In summary, as part of the enrollment process, it will be the responsibility of the Carriers to ensure compliance with the duties described in Table 6 below.

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Table 6: Enrollment Transaction Carriers Responsibilities

| Change or Modification | Action Required |
|---|---|
| 1. Transfer of Daily Eligibility Files. | Daily Update of Eligibility Files in the Carrier's databases. |
| 2. New Enrollments. | GHP Carriers should start the enrollment process with the enrollee and verify each of the enrollments made including the enrollment of newborns (N) and late eligibility cases. They must also enroll beneficiaries who have an Effective Date prior to a cancellation period. |
| 3. Carrier Change. | When an enrollee requests a Carrier change through Puerto Rico Medicaid Office, ASES or the Counselor, the ASES system will produce update record containing the new Carrier and that record will be sent to both the new and the previous Carrier. The previous Carrier should disaffiliate the member in its databases, and the new Carrier should perform the PMG/PCP Auto Assignment and the enrollment process with ASES. |
| 4. Changes to the enrollment data. (Change of Plan Version, PMG and/or PCP). | Identify beneficiaries who have changed Plan Version, PMG and/or PCP (1 or 2) and notify these changes. The Carrier's system must be updated in accordance with these modifications as failure to do so may lead to the rejection of the enrollment record in future transactions or to the Disenrollment of the enrollee from the Carrier |
| 5. Change in the demographic data of an enrollee. This information is received from the Puerto Rico Medicaid Office but does not cause a change in the enrollment. | The Carrier must update the enrollee's record with the new data in its database. If the enrollee informs the Carrier of an address and/or phone change, a recommendation should be made to the enrollee to notify of the change to the PRMP to keep the data up to date. |
| 6. Rejected Records | Correct the rejected records and resend them to ASES within the time indicated by the contract in section 5.3.10 |
| 7. Cancellation of Enrollee: Only the Puerto Rico Medicaid Office may cancel the eligibility of an enrollee, having the effect that until such notice of Puerto Rico Medicaid Office is received the enrollee will remain active in the databases of both ASES and the Carriers even when the period of eligibility granted has expired. | Identify the cases of beneficiaries with canceled or denied coverage and act about these, as they are the only beneficiaries to whom services may be denied. |

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| 8. Temporary Suspension | <p>Carriers should identify when a record received has a different coverage code than is recorded in their databases. In these cases, Carriers must assess whether the new coverage code requires the enrollee to be enrolled in a different "Plan Version". If so, they must re-enroll these beneficiaries under the new "Plan Version" to correspond with the new coverage code. Subsequently, a change of "Plan Version" must be sent to ASES before the end of the current month.</p> <p>Beneficiaries who are not registered with a "Plan Version" that corresponds with the coverage code will be suspended from premium payments (blanks will be included in the Card Issue Date field) until corrected, subject to Section 5.3.10.</p> |
|-------------------------|--|

Check addendum 2

I. 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 before the first day of the month to which the payment corresponds. Beneficiaries enrolled after that date will be considered for the next payment of the corresponding premium.

On a monthly basis, the system performs an automatic execution of payment in which the payment that corresponds to each one of the Carriers is calculated using the Member Assigned Rate Cell ID as described in Addendum 4 below according to the beneficiaries that are enrolled in the ASES databases.

The premium paid for each enrollee will depend on his or her rate cell classification. ASES actuaries are responsible for providing the definition and the methodology for the application of the rate cells.

As a result of actuarial studies, each rate cell has a premium assigned to it.

Premium payments will be made on the first day of the month following the acceptance of the enrollment record by ASES. The premium to pay is based on rate cell assign. ASES is not obligated to pay premiums for beneficiaries who are not duly enrolled according to ASES's databases nor for beneficiaries whose records contain transactions that have been rejected in the ASES databases and have not been corrected within the periods established by contract.

The payment system calculates several payment categories as listed below:

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A. Types of Payments

1. 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.

2. Prorated Payments

Prorated payments are usually calculated for beneficiaries of the GHP funded solely through state funds (State) who have been enrolled at some point in a month prior to the month in which the premium payments are to be made. The payment in these cases will satisfy a portion of the month and not a month in its entirety. Under the state funded GHP a daily prorated premium is calculated for the first premium payment from the certification date of the enrollment that falls on that previous month. In contrast, with the federal coverage the first premium payment is effectuated for the entire month in which the enrollee is eligible.

However, prorated payments are generated for all the beneficiaries that Puerto Rico Medicaid Office cancels during the month for different reasons. In these cases, as the payment would have been done already in advance, an adjustment would be done according to the cancellation date provided by Puerto Rico Medicaid Office. Also, newborns that are not classified as deemed newborns and that are evaluated as any other federal coverage will have prorated payments for the first month from the date of birth.

Other reason for prorate payment is the special adjustment for deceased, cancellation during the month. (e.g., PARIS file members matched, volunteers, etc.)

3. Retroactive Payments

These payments are calculated when the Effective Date of the 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. 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 Carrier's cancellation of a previous enrollment or Carrier change.

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Premiums are paid retroactively when a Carrier has submitted a late enrollment. Late enrollments could be produced for any of the following reasons: (1) the enrollee has been identified as a deemed newborn (in the second letter of the group code = 'N'); (2) Medicaid has provided a late eligibility record (3) processing of the records rejected by the ASES System for any of the reasons described in the Table of Errors. Refer to Attachment 9 Enrollment Error Codes.

Deemed Newborns born to a Medicaid-eligible mother shall be provided coverage from the date of birth. The Medicaid identification number of the mother serves as the child's identification number, and all claims for covered services provided to the child may be submitted and paid under such number, unless and until the child is certified eligible by the PRMP. Babies identified as deemed newborns must be identified with the letter 'N' in the *special enroll* field provided in the enrollment record.

The Medicaid Late Eligibility Cases are the cases that the Puerto Rico Medicaid Office sent late (with more than three (3) months from the date of the certification) for a variety of reasons. These cases must be identified by the Carrier in the enrollment record with the letter 'E' in the *special_enroll* field.

Correction of Enrollment Errors: these are the cases in which the Carriers must correct, repeatedly, the enrollment records that have been rejected by the ASES system. These records must be corrected in a maximum period of 2 business days.

4. Prorated Retroactive Payments

Prorated retroactive payments are calculated considering the cases in which the Enrollment Effective Date falls in the first month considered for a retroactive payment. These are partial payments for the first month of the beneficiaries' eligibility period. These types of payments are used for beneficiaries with Commonwealth coverage funded by the GHP, considered newborns.

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

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6. Special Adjustments

Generally, the special adjustments are carried out because of internal audit processes that reveal that a wrongly adjudicated payment (like for example, deceased beneficiaries, duplicate payments, PARIS eligibility match, etc.) must be reverted or that, on the contrary, an omitted payment must be adjudicated. For this type of adjustment, the Contractor will receive a list of transactions in which they can identify the type of adjustment (for example: a deceased), the adjusted months and the amount adjusted. Other adjustments that can be made as part of the premium payment process are changes of rate cells and process reconciliation (**See Objection of Payment Process (OTP) on Addendum 4**). The adjustment codes are included in the 820 files.

The process for death premium payment adjustments is as follows:

- a. The premium payment adjustments generated by death come from analyses:
 - i. file of data received from the Demographic Registry Office - an analysis, verification and validation of the deceased beneficiaries related to the following fields is carried out: name, date of birth, social security number and sex. The adjustment is considered from premium payments awarded after the date of death.
 - ii. CMS data file (TBQ file) - We receive a monthly CMS data file from PRMP, identifying the dual population and date of death. The adjustment is considered from premium payments awarded after the date of death.
 - iii. Cancellations for death received in file issued by PRMP - retroactive cancellations of death reported by PRMP in the file that is received daily, these data are recorded in the historical data of the beneficiary. These cancellations are considered for payment adjustments in the premium payment process.

If subsequent premium payments were made, adjustments are made for recovery of the premium payment. This may result in a prorated adjustment, except for beneficiaries enrolled in a Medicare Platino insurer.

Once the premium payment process is completed, a file is generated to be sent to the insurers and in the same way to PRMP, with the cases adjusted for death. **See Exhibit 3, Prepaid ADJ Payments.pdf layout.**

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Table 8: Adjustment type Table

| Adjustment Code | Adjustment Description |
|-----------------|------------------------|
| 1 | Duplicate Pay |
| 2 | Deceased |
| 4 | COB |
| 5 | Rate Adjustment |
| 6 | Reverse Adjustment |
| 7 | Fix Rate |
| 8 | Full Month Adjustment |
| 9 | Newborn |
| 10 | Ineligible |
| 11 | Special Reconciliation |
| 12 | Rate Cell |
| 13 | Maternity Kick Payment |
| 14 | Reconciliation Vital |

B. ASES 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 enrolled in the ASES databases before the first day of the month for which the payment transaction is being executed.
- (2) If the enrollment had been rejected by ASES and a new enrollment was not submitted by the Carrier with the relevant corrections
- (3) If ASES eligibility data demonstrates that the enrollee had a disenrollment (blank Card Issue Date), eligibility cancellation or changed the Carrier.
- (4) If for late enrollment.

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C. EDI 820 Payment File

The reconciliation process carried out between ASES and the Carriers in relation to the payment of premiums must consider the content of the EDI 820 files. This file is produced monthly by region, Carrier, and Plan Type. It includes details of the types of payment that correspond to each of the beneficiaries assigned to the Carriers contracted for the month in question. Refer to **Addendum 3, 820 Companion Guide.pdf**.

In this file, a distinction is not made about if the payment corresponds to an adjustment from a regular premium payment process or a special adjustment. Thus, in cases when special adjustments proceed,

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ASES will provide a separated file for the special adjustments to the Carrier. The file name is described below.

Maternity Payments are included in this file. See Attach 29

| Premium Payment Transactions [PCC0YYMM0000.820] |
|--|
| a. P = Identify Premium Payment |
| b. CC = Carrier code |
| c. 99 = plan type (Reform 01, Platino 02) |
| d. YY = Year |
| e. MM = Month |
| f. 0000 = IPA Direct Contract |
| g. .820 = Indicates that it is a file containing all premium payment transactions processed monthly run. |
| Note: Attachment 9, Premium Payment Detail 820 File Layout |

II.SYSPREM: ENROLLMENT IN HISTORICAL DATA

Generally, enrollments are applied to the current eligibility data contained in the ASES databases. The eligibility period starts from the first notification of eligibility in ASES, as the first record received about an enrollee or after a cancellation period in cases of beneficiaries who have been canceled and then re-certified and extends until a cancellation related to said eligibility is received from Puerto Rico Medicaid Office.

At any time, the status of the Enrollee may change. If the Enrollee's status changes before a Carrier send an enrollment on time or a record is not corrected in a timely manner, the Enrollee's enrollment data will remain unregistered in the ASES databases, which will prevent the processing of the corresponding premium payment. This is since the payment system does not make premium payments for beneficiaries who are not enrolled now in which it corresponds to process the premium payment. As an example, in these cases, if an Enrollee is canceled or is enrolled by a second Carrier, the first Carrier will be prevented, during the validation phase of the system, from enrolling the enrollee in a period before the cancellation or the enrollment from the second Carrier. The main function of SYSPREM will be to allow the registration of the Enrollee's enrollment in historical data in those cases that cannot be processed as current enrollments.

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A. SYSPREM Functionality

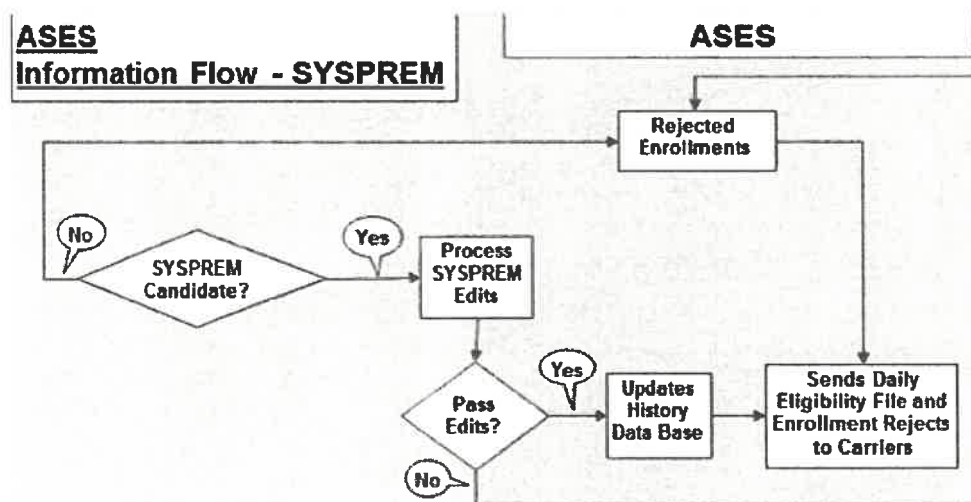
Among the main functions of this system is the identification of enrollment records that are candidates for processing in historical data because they are enrollments that do not correspond to a current period of eligibility or status.

B. Carriers Eligibility File

The Carrier's daily eligibility file will include enrollee information updated in historical data by the SYSPREM subsystem. In these transactions, the Tran_id field will contain an "H" to identify the historical data. Carriers must identify this type of transaction without affecting the current data when processing the eligibility file. Once a transaction is received, which must be processed through SYSPREM, a process of verification and validation of the information that is contained in the record is carried out. Once the validation tests have been passed, the record, in the database, containing the information corresponding to historical transactions is updated. Those records that do not successfully complete the verification processes will be sent in a file of rejected enrollments to the corresponding Carrier for correction.

The Figure 2 below shows the validation process performed for the purpose of processing a candidate record for SYSPREM.

Figure 5: Validation Process under SYSPREM



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C. Premium Payments for SYSPREM

The run for the monthly premium payment will include all SYSPREM records that have been processed during the previous month. The payment for these transactions is calculated based on monthly periods from the Enrollment Effective Date of the SYSPREM to:

- (1) The month in which the enrollee was enrolled with a different Carrier,
- (2) The month in which the enrollee is cancelled or
- (3) Until the date of current billing.

D. SYSPREM Error Codes

The following is a breakdown of the Error Codes that will trigger an evaluation under SYSPREM:

Table 8: Primary Error Codes for SYSPREM

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

Table 9: Secondary Error Codes for SYSPREM

| SYSPREM Allowed Validation Code | Data Sources |
|---------------------------------|--------------|
| 222 | MA, MO |
| 223 | MA, MO |
| 053 | MA |
| 054 | MA, MO |
| 211 | MA, MO |

The following is a breakdown of the Error Codes that could appear during an evaluation under SYSPREM:

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Table 10: SYSPREM Error Codes

| Code | New Error Codes Description |
|------|---|
| 996 | Sysprem record successfully inserted in history. |
| 980 | The Process Date of the enrollment record must be greater than the Process Date of the previous enrollment record for the enrollee who appears previously enrolled for the month corresponding to the Effective Date of the enrollment. |
| 981 | The enrollee must not have beneficiaries of his family with errors not acceptable by SYSPREM in the same enrollment file. |
| 982 | The enrollment record must not have an Effective Date prior to 01/01/2006. |
| 983 | Enrolled in history for the Effective Date of the enrollment record. |
| 984 | It is a New Enrollment; the Effective Date is not first of the month and the enrollee is already subscribed in another Carrier at the Effective Date specified. |
| 985 | It is a New Enrollment, and the Effective Date should be at least as recent as the enrollee's Certification Date at the specified Effective Date. |
| 986 | For SYSPREM processing, the Enrollment Effective Date should be before the Effective Date of the current enrolled record at the ASES databases. |

In summary, SYSPREM will process and/or enroll transactions in history in those cases in which the enrollment cannot be applied to current data or to current periods of eligibility. Some beneficiaries will not appear as enrolled in history because they are not eligible for the Effective Date or because they are enrolled with a different Carrier. Carriers need to evaluate the cases rejected by SYSPREM in

order to identify errors in the assigned Effective Date and the correctness of the beneficiaries' data included in the enrollment record.

Check addendum 2

XIV. TRANSITION OF CARE

As part of the Vital Plan, beneficiaries have the right to change carriers for just cause or during the "Open Enrollment" and "90 days Open Enrollment" period and changes for Just Cause.

For beneficiaries to receive quality services, it is necessary to ensure continuity of services when changing insurance companies. For this purpose, the Transition of Care (TOC) process was defined, which entails the movement of relevant health data of each beneficiary who makes the change from the outgoing insurer to the incoming insurer.

The transition of care (TOC) process has three (3) parts:

- 1) Historical Claims

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The last week of each month, the incoming insurer will be sent a year's worth of claims from new members. See Addendum 7, New Carrier Utilization - Data Format.pdf layout

2) Transition of Care Files

The outgoing insurer must provide the data required by ASES so that the incoming insurer can continue the service required by the beneficiaries. Nine types of files were designed:

a. Pharmacy

Pharmacy data where the health conditions that each beneficiary has are indicated so that the medication dispensing service is not stopped.

b. Mental Health (SMI)

Data related to mental health conditions.

c. Pre-authorizations

Data on approved pre-authorizations

d. Denied pre-authorizations

Data of the denied pre-authorizations.

e. OBGYN

Data related to pregnant women or any gynecological condition that requires follow-up.

f. Special Coverage

Data related to special coverage.

g. Life Support

Data on members who use life-support equipment.

h. Hospitalizations

Hospitalizations at time of change

i. Case Management

Any other condition that requires continuity of services and is not included in any of the files listed above.

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[See Addendum 7_TOC.

3) MCO's Responsibilities in TOC Process

Insurers will have the responsibility to make maximum use of all such data for the benefit of our population under the PRMP. In addition, insurers are responsible for notifying ASES of erroneous data they receive from another insurer to the ASES Clinical Affairs department.

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ADDENDUM

1. Addendum 1 Notice of Decision
2. Addendum 2 Eligibility and Enrollment Record File
3. Addendum 3 820 Companion Guide 2
4. Addendum 4 MCO Objection of Payments (OTP)
5. Addendum 5 CARRIER to ASES ver 4.1C_rev.20230221
6. Addendum 6 Coordination of Benefits (COB)
7. Addendum 7 Transition of Care (TOC)
8. Addendum 8 EFT Folder Organization Insurance Carrier

XV. APPROVALS

Revision Sheet


Winda J. Lorenzo González
Acting Chief Technology Officer

Date: 02/27/23



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ADDENDUM 1

Notice of Decision

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

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

Número de caso: 32858

Fecha de la carta: 25 de mayo de 2021

Jerry Rosas Mcquire
737 Main Street
San Juan, PR 00901

Notificación de Decisión - Solicitud de Beneficios Médicos

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

Resumen de Decisiones de Elegibilidad

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

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

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

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Cómo Tomamos Nuestras Decisiones de Elegibilidad

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

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

Uso de Su Cubierta de Beneficios Médicos

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

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

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

Servicios y Costos de Salud

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

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

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

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

Debe Reportar Cambios

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

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

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

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

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

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

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

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

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

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

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

Para prepararse para su audiencia, puede:

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

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

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

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

Siempre mantendremos su
información segura y privada
ADMINISTRACION DE
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Llámenos al 1-787-641-4224 (TTY: 1-787-625-6955). Puede llamar de lunes a viernes, de 8:00 am a 6:00pm. O acceda a www.medicaid.pr.gov. Si necesita asistencia adicional favor de acudir a la oficina de Medicaid de su preferencia.

ADDENDUM 2

Eligibility and Enrollment Record Layout

(.exp, .sus, .qry, .res, nosus, Enrollment error codes list)

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| Reason Code | Reason for Disenrollment | Effective Date of Disenrollment |
|-------------|---|--|
| 03 | Death of Enrollee | First day of the month after death |
| 04 | CMS rejected Medicare Advantage Enrollment (Platino) | There are conditions in particular that CMS may reject a subscription submitted by the MAO. In this case, ASES will proceed to disenroll the member and stop premium payments as of the effective date indicated by the reporting MAO. |
| 05 | Member enrollment was found to be an error | If the subscriber is not the correct person, the date of effectiveness is not correct and other possible errors then ASES will take the following action: If the member was in an MCO, it will be returned to the same MCO. If the member was subscribed to another MAO, the previous MAO must resubmit the subscription that corresponds to the effective date of the subscription of the MAO is disenrollment from. |
| 06 | Platino Enrollee lost Medicare Part A and/or Part B | ASES will proceed to disenroll the member and stop premium payments as of the effective date indicated by the reporting MAO and assign an MCO with the round robin method. |
| 07 | Member voluntary request terminatino (Platino) | ASES will proceed to disenroll the member and stop premium payments as of the effective date indicated by the reporting MAO. |
| 08 | Carrier requested termination (following contract prodecures) | |
| 09 | Incarceration | First day of the month after incarceration |
| 10 | Enrollee enters or stated in a residential institution under circumstances which rendered the individual ineligible for enrollment in Medicare Advantage, including when an Enrollee is admitted to the hospital that 1) is certified by Medicare as a long-term care hospital and 2) has a average stay for all patients greater than ninety-five (95) days. | First day of the month after following entry or first day of the month following classification of the stay as permanent, subsequent to entry. |
| 11 | Individual enrolled while ineligible for enrollment | Effective Date of Enrollment in the Contractor's Plan. |
| 12 | (PR) – Enrollee moved outside of Puerto Rico | First day of the month after the update of the system with the new address. ASES will proceed to disenroll the member and stop premium payments as of the effective date indicated by the reporting MAO. PRMP must proceed to cancel the member. |
| 13 | Change to another MAO | ASES will proceed to disenroll the member and stop premium payments as of the effective date indicated by the reporting MAO. The new MAO must submit the subscription as soon as possible and by the appropriate effective date. |

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EMR

[Signature]

| Record | Field Name | Position | Size | Codes |
|--------|--|----------|------|-----------------|
| E | Enrollment Effectuation and Maintenance | | | |
| E | 1 Record Type | 1 | 1 | E |
| E | 2 Transaction Id | 2 | 1 | E,C,V,I,1,2,3,D |
| E | 3 Process Date | 3 | 8 | |

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| | | | | | |
|---|----|----------------|----|----|------------------------------|
| E | 4 | Region | 11 | 1 | A, B, E, F, G, J, S, Z, P |
| E | 5 | Carrier | 12 | 2 | |
| E | 6 | PMG Code | 14 | 4 | |
| E | 7 | Person Id | 18 | 11 | |
| E | 8 | SSN | 29 | 9 | |
| E | 9 | FILLER | 38 | 2 | 01 |
| E | 10 | Effective Date | 40 | 8 | |
| E | 11 | Plan Type | 48 | 2 | 01,02 |

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| | | | | | |
|---|----|---------------------------|-----|----|---------------|
| E | 12 | Plan Version | 50 | 3 | See ref table |
| E | 13 | MPI | 53 | 13 | |
| E | 14 | PCP | 66 | 15 | |
| E | 15 | PCP Effective Date | 81 | 8 | |
| E | 16 | Second PCP | 89 | 15 | |
| E | 17 | Second PCP Effective Date | 104 | 8 | |
| E | 18 | FILLER | 112 | 4 | |
| E | 19 | PMG Effective Date | 116 | 8 | |



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| | | | | | |
|---|----|----------------------------|-----|----|--|
| E | 20 | Primary Care Change Reason | 124 | 2 | 14,22,46,A4,AB,AC,AD,AE,AF,AG,AH,AI,AJ |
| E | 21 | FILLER | 126 | 1 | |
| E | 22 | MBI | 127 | 12 | |
| E | 23 | Reject Identifier | 139 | 1 | A,M,T,R |
| E | 24 | PCP Authorization Token | 140 | 14 | |
| E | 25 | Error Code 1 | 154 | 3 | |
| E | 26 | Error Code 2 | 157 | 3 | |
| E | 27 | Error Code 3 | 160 | 3 | |

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| | | | | | |
|---|----|----------------------|-----|----|---|
| E | 28 | Error Code 4 | 163 | 3 | |
| E | 29 | Error Code 5 | 166 | 3 | |
| E | 30 | Error Code 6 | 169 | 3 | |
| E | 31 | Error Code 7 | 172 | 3 | |
| E | 32 | Error Code 8 | 175 | 3 | |
| E | 33 | Error Code 9 | 178 | 3 | |
| E | 34 | Error Code 10 | 181 | 3 | |
| E | 35 | FILLER | 184 | 8 | |
| E | 36 | Policy Number | 192 | 13 | |
| E | 37 | Special Enroll | 205 | 1 | T, E, N |
| E | 38 | PMG Federal Tax Id | 206 | 9 | |
| E | 39 | Data_Source | 215 | 2 | MO,MA |
| E | 40 | Disenrollment Reason | 217 | 4 | See Ref table Disenrollment Reasons |

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 EMR

| | | | | | |
|---------|----|--------------------|-----|-----|---------|
| E | 41 | Disenrollment Date | 221 | 8 | |
| E | 42 | PMG NPI | 229 | 10 | |
| E | 43 | PMG Medicaid Id | 239 | 9 | |
| TRAILER | | TRAILER | | | |
| TRAILER | 1 | Record Type | 1 | 7 | TRAILER |
| TRAILER | 2 | FILLER | 8 | 10 | |
| TRAILER | 3 | Record Count | 18 | 8 | |
| TRAILER | 4 | FILLER | 26 | 10 | |
| TRAILER | 5 | Record Length | 36 | 3 | 248 |
| TRAILER | 6 | FILLER | 39 | 209 | |


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Notes/Comments

E - Enrollment Effectuation and Maintenance

Transaction Type Identifier

Effectuation of ASES Initiated Transactions:

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

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

Effectuation of Carrier Initiated Transactions:

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

- I - PMG change
- 1 - PCP change
- 2 - Second PCP change
- 3 - PCP and Second PCP change
- D - Disenrollment Initiated by Carrier
- C - Plan Transfer to a Platino Carrier
- V - Plan version change in a Platino Carrier (within same coverage code)

Carrier's process date for the reported transaction

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

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

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

Format: MMDDCCYY

MM - Month
DD - day
CCYY - Century and Year

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| |
|--|
| <p>Region code assigned to the insured member</p> <p>A - Norte B - Metro Norte E - Este F - Noreste G - Sureste J - San Juan S - Suroeste Z - Oeste P - Virtual</p> |
| <p>Insurance Carrier code assigned by ASES</p> |
| <p>Code of PMG assigned to the insured member.</p> <p>PMG Codes must be reported to ASES as requested in carrier's contract</p> <p>This is optional for Platino carriers</p> |
| <p>Member's Person Id</p> |
| <p>Member's Social Security Number</p> |
| <p>Fill with '01'</p> |
| <p>Effective date for the transaction</p> <p>For Transaction Id = E Use the Carrier Effective Date received from ASES in the Enrollment Export File (EXP)</p> <p>For Transaction Id = C For a prospective carrier change, use the New Carrier Effective Date received from ASES in the Enrollment Export File (EXP)</p> <p>For Transaction Id = V,1,2,3 Use the effective date for the change. Effective dates must comply with the Days-Rule established in the carrier contract for each transaction type.</p> <p>For Transaction Id = D Use the effective date of the disenrollment.</p> <p>Format: MMDDCCYY</p> <p>MM - Month DD - Day CCYY - Century and Year</p> |
| <p>01 - Government Health Insurance Plan (Vital) 02 - Medicare Advantage Special Needs Plan (Platino)</p> |

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

MPI of the insured member

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

Effective start date of the PCP assigned to the insured member.

Format: MMDDCCYY

National Provider Identifier (NPI) of the Second Primary Care Physician assigned to the insured member.

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

Effective start date of the Second PCP assigned to the insured member.

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

Format: MMDDCCYY

CCYY - Century and Year

MM - Month

DD - day

Fill with blanks

Effective start date of the PMG assigned to the insured member.

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

Format: MMDDCCYY

CCYY - Century and Year

MM - Month

DD - day

This is optional for Platino carriers

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14 - Voluntary Withdrawal
22 - Plan Change
46 - Current Customer Information File in Error
A4 - 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 Move to a New Location
AI - No Reason Given
AJ - Appointment Times not Met in a Timely Manner

If None of the specific Maintenance reasons apply, send 'AI' No Reason Given

Filler

Member's current Medicare Beneficiary Identifier (MBI)

Fill with blanks if member is not known to have Medicare coverage

"A - Accepted
T - Accepted for Retroactive Period (1,2,3)
M - Accepted for History Period
R - Rejected"

Fill with blanks

For future use:

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

This is used to maintain PCP's cap for assigned members
The PCP Confirmation Code is obtained using a reservation system implemented as a webservice by ASES. It also validates the PCP NPI number is valid.

Format: YYYYMMDD999999, ASES provided value

Code of the first error occurrence found in the carrier's effectuation file (.SUS)

Filled with blanks if no error found at this position.

Code of the second error occurrence found in the carrier's effectuation file (.SUS)

Filled with blanks if no error found at this position.

Code of the third error occurrence found in the carrier's effectuation file (.SUS)

Filled with blanks if no error found at this position.

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Code of the fourth error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Code of the fifth error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Code of the sixth error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Code of the seventh error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Code of the eight error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Code of the ninth error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Code of the tenth error occurrence found in the carrier's effectuation file
(.SUS)
Filled with blanks if no error found at this position.

Fill with blanks

Member's Policy Number (also known as Contract Number) assigned by the
Insurance carrier

T - Retroactive Period
E - Late Eligibility (used in new enrollments when a retro eligibility with more
than 3 months is received)
N = Deemed Newborn

Fill with blanks if no retroactive period

Federal Tax Id of the member's assigned PMG

This is optional for Platino carriers

Transaction Type of Entity Source

MO - Vital Carrier
MA - Platino Carrier

Carrier initiated Disenrollment, Required when Transaction Id = D

For the use of each code please review the Disenrollment Reason Codes

Align right, filled with spaces

Fill with blanks when Transaction Id different than D

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Disenrollment event Date, Required when Transaction Id = 'D'

For Disenrollment Reason = '03' this is the date of death

Format: MMDDCCYY

CCYY - Century and Year

MM - Month

DD - day

Fill with blanks when Transaction Id different than D

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

This is optional for Platino carriers.

Fill with blanks if not required

This is the PMG's Medicaid Id associated with the the PMG's Service Location where this member is assigned.

This is the same value used in the PRMMIS Provider Group Links Interface

This is optional for Platino carriers.

Fill with blanks if not required

TRAILER - Trailer Record

Fill with blanks

Total number of records in the file

99999999 Numeric - right justified - zero filled

Fill with blanks

248 - Numeric Constant

Fill with blanks

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Handwritten signature and initials in blue ink, including the letters 'EMR'.

| Version Change | Version Change Category |
|---|-------------------------|
| Previous Version: Field: RECORD_TYPE Notes/Comments: E - Enrollment Effectuation | No change required |
| Enabled Disenrollmnet transaction for Vital Carriers Previous Version: Field: TRAN_ID Notes/Comments: E=new enrollment, P=Plan Type change, C=Carrier change, V= Version change, I=IPA change, 1=PCP1 change, 2=PCP2 change, 3=PCP1 and PCP2 change, For Platino, carriers 'D' = Disensollment | No change required |
| Previous Version: Field: PROCESS_DATE Notes/Comments: MMDDYYYY - Date Enrolled in Carrier | No change required |


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| | |
|---|--------------------|
| Previous Version: Field: REGION Notes/Comments: Region code | No change required |
| Previous Version: Field: CARRIER Notes/Comments: Carrier code | No change required |
| Previous Version: Field: MEMBER_PRIMARY_CENTER Notes/Comments: Region code | No change required |
| Previous Version: Field: ODSI_FAMILY_ID Notes/Comments: | No change required |
| Previous Version: Field: MEMBER_SSN Notes/Comments: | No change required |
| Previous Version: Field: MEMBER_SUFFIX Notes/Comments: | No change required |
| Previous Version: Field: EFFECTIVE_DATE Notes/Comments:MMDDYYYY- Card issue date for new Reforma enrollment (Trans_ID= E) or Effective date (1st day of month) for other Trans_ID's | No change required |
| Previous Version: Field: PLAN_TYPE Notes/Comments: See Plan Type Table | No change required |

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| | |
|---|--------------------|
| Previous Version: Field: PLAN_VERSION Notes/Comments: Used to identify version of Plan within PLAN_TYPE (if needed) | No change required |
| Previous Version: Field: MPI Notes/Comments: Alpha-numeric ej.-"0080012345678" | No change required |
| Previous Version: Field: PCP1 Notes/Comments: NPI number | No change required |
| Previous Version: Field: PCP1_EFFECTIVE_DATE Notes/Comments: MMDDYYYY | No change required |
| Previous Version: Field: PCP1 Notes/Comments: NPI number | No change required |
| Previous Version: Field: PCP1_EFFECTIVE_DATE Notes/Comments: MMDDYYYY | No change required |
| Previous Version: Field: FAMILY_PRIMARY_CENTER Notes/Comments: | No change required |
| Previous Version: Field: PMG_tax_ID_eff_dt Notes/Comments: MMDDYYYY, Required for MCOs | No change required |

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| | |
|---|--------------------|
| Previous Version: Field: FILLER Notes/Comments: FILLER | Change required |
| Previous Version: Field: MEDICARE INDICATOR Notes/Comments: 1=A&B, 3=A, 9=B | No change required |
| Previous Version: Field: HIC NUMBER Notes/Comments: If it is Medicare, the MBI number will be included MBI number is 11 length | No change required |
| Previous Version: Field: Reject Identifier Notes/Comments: "A" = Accepted; "M" = MA Retroactive; "R" = Rejected; "X" = Deleted, ASES Field | No change required |
| Previous Version: Field: Record Key Notes/Comments: YYYYMMDD999999, ASES Field | No change required |
| Previous Version: Field: Error Code 1 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 2 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 3 Notes/Comments: | No change required |

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Contrato Número

 EMR

| | |
|--|--------------------|
| Previous Version: Field: Error Code 4 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 5 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 6 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 7 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 8 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 9 Notes/Comments: | No change required |
| Previous Version: Field: Error Code 10 Notes/Comments: | No change required |
| Previous Version: Field: FILLER Notes/Comments: | No change required |
| Previous Version: Field: FILLER Notes/Comments: | No change required |
| Change Field Id and Position | Change required |
| Change Field Id and Position | Change required |
| Change Field Id and Position | Change required |
| Change Field Id and Position | Change required |

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| | |
|---|--------------------|
| Change Field Id and Position | Change required |
| Change Field Id and Position | Change required |
| Change Field Id and Position | Change required |
| | |
| Previous Version: Field: RECORD_TYPE Notes/Comments: "TRAILER" for Record (Constant) | No change required |
| Previous Version: Field: FILLER Notes/Comments: SPACES | No change required |
| Previous Version: Field: NUMBER OF RECORDS Notes/Comments: 99999999 Numeric - right justified - zero filled | No change required |
| Previous Version: Field: FILLER Notes/Comments: SPACES | No change required |
| Previous Version: Field: RECORD LENGTH Notes/Comments: "248" (Numeric Constant) | No change required |
| Field sizex extended | |
| Previous Version: Field: FILLER Notes/Comments: SPACES | No change required |

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

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| Record Id | Field | Pos | Size | Codes | Notes | Version Changes |
|-----------|---|-----|------|------------------------------|--|-----------------|
| E | Enrollment Effectuation and Maintenance | | | | | |
| E | 1 Record Type | 1 | 1 | E | E - Enrollment Effectuation and Maintenance Transaction Type Identifier | |
| E | 2 Transaction Id | 2 | 1 | C | Effectuation of ASES Initiated Transactions: C - Plan Transfer within Vital Carriers | |
| E | 3 Process Date | 3 | 8 | | Carrier's process date for the reported transaction For Transaction Id = C Use the member's change request date Format: MMDDCCYY | |
| E | 4 Region | 11 | 1 | A, B, E, F, G, J, S, Z, P | Region code assigned to the insured member A - Norte B - Metro Norte E - Este F - Noreste G - Sureste J - San Juan S - Suroeste Z - Oeste P - Virtual | |
| E | 5 Carrier | 12 | 2 | | Insurance Carrier code assigned by ASES | |
| E | 6 PMG Code | 14 | 4 | | Code of PMG assigned to the insured member. PMG Codes must be reported to ASES as requested in carrier's contract This is optional for Platino carriers | |
| E | 7 Person Id | 18 | 11 | | Member's Person Id | |
| E | 8 SSN | 29 | 9 | | Member's Social Security Number | |
| E | 9 FILLER | 38 | 2 | 01 | Fill with '01' | |

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| | | | | | |
|---|------------------------------|-----|----|---------------|--|
| E | 10 Effective Date | 40 | 8 | | Effective date for the transaction For Transaction Id = C Use the effective date for the change. Effective dates must comply with the Days-Rule established in the carrier contract for each transaction type. Format: MMDDCCYY |
| E | 11 Plan Type | 48 | 2 | 01 | 01 - Government Health Insurance Plan (Vital) |
| E | 12 Plan Version | 50 | 3 | See ref table | Insurance carrier product matching the member's health coverage as established in the carrier contract |
| E | 13 MPI | 53 | 13 | | MPI of the insured member |
| E | 14 PCP | 66 | 15 | | National Provider Identifier (NPI) of the PCP assigned to the insured member. |
| E | 15 PCP Effective Date | 81 | 8 | | Effective start date of the PCP assigned to the insured member. Format: MMDDCCYY |
| E | 16 Second PCP | 89 | 15 | | National Provider Identifier (NPI) of the Second Primary Care Physician assigned to the insured member. Fill with blanks if no Second PCP has been assigned to the member. |
| E | 17 Second PCP Effective Date | 104 | 8 | | Effective start date of the Second PCP assigned to the insured member. Fill with blanks if no Second PCP has been assigned to the member. Format: MMDDCCYY CCYY - Century and Year MM - Month DD - day |
| E | 18 FILLER | 112 | 4 | | Fill with blanks Effective start date of the PMG assigned to the insured member. Format: MMDDCCYY CCYY - Century and Year MM - Month DD - day |
| E | 19 PMG Effective Date | 116 | 8 | | |

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| | | | | | | | |
|---|----|----------------------------|-----|----|--|---|---|
| E | 20 | Primary Care Change Reason | 124 | 2 | 14,22,46,A4,AB,AC,AD,AE,AF,AG,AH,AI,AJ | <p>14 - Voluntary Withdrawal</p> <p>22 - Plan Change</p> <p>46 - Current Customer Information File in Error</p> <p>A4 - Dissatisfaction with Office Staff</p> <p>AB - Dissatisfaction with Medical Care/Services Rendered</p> <p>AC - Inconvenient Office Location</p> <p>AD - Dissatisfaction with Office Hours</p> <p>AE - Unable to Schedule Appointments in a Timely Manner</p> <p>AF - Dissatisfaction with Physician's Referral Policy</p> <p>AG - Less Respect and Attention Time Given than to other Patients</p> <p>AH - Patient Move to a New Location</p> <p>AI - No Reason Given</p> <p>AJ - Appointment Times not Met in a Timely Manner</p> <p>If None of the specific Maintenance Reasons apply, send 'AI' No Reason Given</p> | Change Reasons Added |
| E | 21 | FILLER | 126 | 1 | | Filler | Change to filler as it is submitted in the Insurance Record |
| E | 22 | MBI | 127 | 12 | | Member's current Medicare Beneficiary Identifier (MBI) | |
| E | 23 | FILLER | 139 | 1 | | Fill with blanks if member is not known to have Medicare coverage | |
| | | | | | | Fill with blanks | |
| | | | | | | Fill with blanks | |
| | | | | | | For future use: | |
| | | | | | | Token received by the Carrier from ASES authorizing the PCP assignment to the insured member. | |
| E | 24 | PCP Authorization Token | 140 | 14 | | This is used to maintain PCP's cap for assigned members The PCP Confirmation Code is obtained using a reservation system implemented as a webservice by ASES. It also validates the PCP NPI number is valid. | |
| E | 25 | FILLER | 154 | 3 | | Format: YYYYMMDD999999, ASES provided value | |
| E | 26 | FILLER | 157 | 3 | | Fill with blanks | |
| E | 27 | FILLER | 160 | 3 | | Fill with blanks | |
| E | 28 | FILLER | 163 | 3 | | Fill with blanks | |
| E | 29 | FILLER | 166 | 3 | | Fill with blanks | |
| E | 30 | FILLER | 169 | 3 | | Fill with blanks | |
| E | 31 | FILLER | 172 | 3 | | Fill with blanks | |
| E | 32 | FILLER | 175 | 3 | | Fill with blanks | |
| E | 33 | FILLER | 178 | 3 | | Fill with blanks | |
| E | 34 | FILLER | 181 | 3 | | Fill with blanks | |
| E | 35 | FILLER | 184 | 3 | | ADMINISTRACION DE SEGUROS DE SALUD | |

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| E | 36 | Policy Number | 192 | 13 | Member's Policy Number (also known as Contract Number) assigned by the Insurance carrier | Change Field Id and Position |
|---------|---------|---|-----|----|---|------------------------------|
| E | 37 | Special Enroll | 205 | 1 | T - Retroactive Period E - Late Eligibility (used in new enrollments when a retro eligibility with more than 3 months is received) N = Deemed Newborn | Change Field Id and Position |
| E | 38 | PMG Federal Tax Id | 206 | 9 | Fill with blanks if no retroactive period | Change Field Id and Position |
| E | 39 | Data_Source | 215 | 2 | Federal Tax Id of the member's assigned PMG Transaction Type of Entity Source CO - Counselor | Change Field Id and Position |
| E | 40 | Disenrollment Reason ADMINISTRACION DE SEGUROS DE SALUD | 217 | 4 | Carrier initiated Disenrollment, Required when Transaction Id = D For the use of each code please review the Disenrollment Reason Codes Align right, filled with spaces Fill with blanks when Transaction Id different than D | Change Field Id and Position |
| E | 41 | Disenrollment Reason 23 - 0045A | 221 | 8 | Disenrollment event Date, Required when Transaction Id = 'D' For Disenrollment Reason = '03' this is the date of death Format: MMDDCCYY CCYY - Century and Year MM - Month DD - day | Change Field Id and Position |
| E | 42 | PMG NPI | 229 | 10 | Fill with blanks when Transaction Id different than D National Provider Identifier (NPI) of the PMG assigned to the insured member This is optional for Platino carriers. | Change Field Id and Position |
| E | 43 | PMG Medicaid Id | 239 | 9 | Fill with blanks if not required This is the PMG's Medicaid Id associated with the the PMG's Service Location where this member is assigned. This is the same value used in the PRMMIS Provider Group Links Interface Submit if value is available | Added |
| TRAILER | TRAILER | | | | | |
| TRAILER | 1 | Record Type | 1 | 7 | TRAILER - Trailer Record | |

Handwritten signature and initials in blue ink, including the letters 'EMK' and a stylized signature.

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|---------|---|---------------|----|-----|--|--|
| TRAILER | 2 | FILLER | 8 | 10 | Fill with blanks | |
| TRAILER | 3 | Record Count | 18 | 8 | Total number of records in the file | |
| TRAILER | 4 | FILLER | 26 | 10 | 99999999 Numeric - right justified - zero filled | |
| TRAILER | 5 | Record Length | 36 | 3 | Fill with blanks | |
| TRAILER | 6 | FILLER | 39 | 209 | 248 - Numeric Constant | |
| | | | | | Fill with blanks | |

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ADMINISTRACION DE
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Nº 23 - 0045A

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| Record Id | Field | Pos | Size | Codes | Notes | Version Changes |
|--|---|-----|------|-----------------|---|-----------------|
| E | Enrollment Effectuation and Maintenance | | | | | |
| E | 1 Record Type | 1 | 1 | E | E - Enrollment Effectuation and Maintenance <u>Effectuation of ASES Initiated Transactions:</u> This transaction is generated in response to the ASES Enrollment Export File E - Effectuation of addition of subscriber or change in coverage code <u>Effectuation of Carrier Initiated Transactions:</u> These transactions are generated to notify ASES of the effectuation of changes originated in the carrier I - PMG change 1 - PCP change 2 - Second PCP change 3 - PCP and Second PCP change D - Disenrollment Initiated by Carrier C - Plan Transfer to a Platino Carrier V - Plan version change in a Platino Carrier (within same coverage code) | |
| E | 2 Transaction Id | 2 | 1 | E,C,V,1,1,2,3,D | | |
| ADMINISTRACION DE SEGUROS DE SALUD № 23 - 0045A | | | | | | |
| Contrato Número | | | | | | |
| E | 3 Process Date | 3 | 8 | | Carrier's process date for the reported transaction For Transaction Id = E,I,V,1,2,3 Use the Id Card Issue Date For Transaction Id = C Use the member's attestation signature date For Transaction Id = D Use the date the disenrollment was processed Format: MMDDCCYY MM - Month DD - day CCYY - Century and Year | |



| | | | | | | |
|---|----|----------------|----|------|------------------------------|--|
| E | 4 | Region | 11 | 1 | A, B, E, F, G, J, S, Z, P | Region code assigned to the insured member A - Norte B - Metro Norte E - Este F - Noreste G - Sureste J - San Juan S - Suroeste Z - Oeste P - Virtual |
| E | 5 | Carrier | 12 | 2 | | Insurance Carrier code assigned by ASES |
| E | 6 | PMG Code | 14 | 4 | | Code of PMG assigned to the insured member. PMG Codes must be reported to ASES as requested in carrier's contract This is optional for Platino carriers |
| E | 7 | Person Id | 18 | 11 | | Member's Person Id |
| E | 8 | SSN | 29 | 9 | | Member's Social Security Number |
| E | 9 | FILLER | 38 | 2 01 | | Fill with '01' |
| E | 10 | Effective Date | 40 | 8 | | Effective date for the transaction For Transaction Id = E Use the Carrier Effective Date received from ASES in the Enrollment Export File (EXP) For Transaction Id = C For a prospective carrier change, use the New Carrier Effective Date received from ASES in the Enrollment Export File (EXP) For Transaction Id = V,1,2,3 Use the effective date for the change. Effective dates must comply with the Days-Rule established in the carrier contract for each transaction type. For Transaction Id = D Use the effective date of the disenrollment. Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| E | 11 | Plan Type | 48 | 2 | 01,02 | 01 - Government Health Insurance Plan (Vital) 02 - Medicare Advantage Special Needs Plan (Platino) |

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| | | | | | | | |
|---|----|---------------------------|-----|----|---------------|---|--|
| E | 12 | Plan Version | 50 | 3 | See ref table | Insurance carrier product matching the member's health coverage as established in the carrier contract | |
| E | 13 | MPI | 53 | 13 | | MPI of the insured member | |
| E | 14 | PCP | 66 | 15 | | National Provider Identifier (NPI) of the PCP assigned to the insured member. | |
| E | 15 | PCP Effective Date | 81 | 8 | | Effective start date of the PCP assigned to the insured member. Format: MMDDCCYY | |
| E | 16 | Second PCP | 89 | 15 | | National Provider Identifier (NPI) of the Second Primary Care Physician assigned to the insured member. Fill with blanks if no Second PCP has been assigned to the member. | |
| E | 17 | Second PCP Effective Date | 104 | 8 | | Effective start date of the Second PCP assigned to the insured member. Fill with blanks if no Second PCP has been assigned to the member. Format: MMDDCCYY CCYY - Century and Year MM - Month DD - day | |
| E | 18 | FILLER | 112 | 4 | | Fill with blanks Effective start date of the PMG assigned to the insured member. | |
| E | 19 | PMG Effective Date | 116 | 8 | | For Platino carriers, fill with blanks if no PMG has been assigned to the member. Format: MMDDCCYY CCYY - Century and Year MM - Month DD - day This is optional for Platino carriers | |

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|---|----|---|-----|----|--|---|---|
| E | 20 | Primary Care Change Reason | 124 | 2 | 14,22,46,A4,AB,AC,AD,AE,AF,AG,AH,AI,AJ | <p>14 - Voluntary Withdrawal</p> <p>22 - Plan Change</p> <p>46 - Current Customer Information File in Error</p> <p>A4 - Dissatisfaction with Office Staff</p> <p>AB - Dissatisfaction with Medical Care/Services Rendered</p> <p>AC - Inconvenient Office Location</p> <p>AD - Dissatisfaction with Office Hours</p> <p>AE - Unable to Schedule Appointments in a Timely Manner</p> <p>AF - Dissatisfaction with Physician's Referral Policy</p> <p>AG - Less Respect and Attention Time Given than to other Patients</p> <p>AH - Patient Move to a New Location</p> <p>AI - No Reason Given</p> <p>AJ - Appointment Times not Met in a Timely Manner</p> <p>If None of the specific Maintenance reasons apply, send 'AI' No Reason Given</p> | Change Reasons Added |
| E | | ADMINISTRACION DE SEGUROS DE SALUD, No 23 - 0045A | | | | | |
| E | | Filtro Número | 126 | 1 | | Filler | Change to filler as it is submitted in the Insurance Record |
| E | 22 | MBI | 127 | 12 | | Member's current Medicare Beneficiary Identifier (MBI) | |
| E | 23 | FILLER | 139 | 1 | | Fill with blanks if member is not known to have Medicare coverage | |
| | | | | | | Fill with blanks | |
| | | | | | | For future use: | |
| | | | | | | Token received by the Carrier from ASES authorizing the PCP assignment to the insured member. | |
| E | 24 | PCP Authorization Token | 140 | 14 | | This is used to maintain PCP's cap for assigned members The PCP Confirmation Code is obtained using a reservation system implemented as a webservice by ASES. It also validates the PCP NPI number is valid. | |
| | | | | | | Format: YYYYMMDD999999, ASES provided value | |
| E | 25 | FILLER | 154 | 3 | | Fill with blanks | |
| E | 26 | FILLER | 157 | 3 | | Fill with blanks | |
| E | 27 | FILLER | 160 | 3 | | Fill with blanks | |
| E | 28 | FILLER | 163 | 3 | | Fill with blanks | |
| E | 29 | FILLER | 166 | 3 | | Fill with blanks | |
| E | 30 | FILLER | 169 | 3 | | Fill with blanks | |
| E | 31 | FILLER | 172 | 3 | | Fill with blanks | |
| E | 32 | FILLER | 175 | 3 | | Fill with blanks | |
| E | 33 | FILLER | 178 | 3 | | Fill with blanks | |
| E | 34 | FILLER | 181 | 3 | | Fill with blanks | |
| E | 35 | FILLER | 184 | 8 | | Fill with blanks | |

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|---|----|---|-----|----|---|---|------------------------------|
| E | 36 | Policy Number | 192 | 13 | | Member's Policy Number (also known as Contract Number) assigned by the Insurance carrier | Change Field Id and Position |
| E | 37 | Special Enroll | 205 | 1 | T, E, N | T - Retroactive Period E - Late Eligibility (used in new enrollments when a retro eligibility with more than 3 months is received) N = Deemed Newborn | Change Field Id and Position |
| E | 38 | PMG Federal Tax Id | 206 | 9 | | Fill with blanks if no retroactive period Federal Tax Id of the member's assigned PMG | Change Field Id and Position |
| E | 39 | Data_Source | 215 | 2 | MO, MA | This is optional for Platino carriers Transaction Type of Entity Source MO - Vital Carrier MA - Platino Carrier | Change Field Id and Position |
| E | 40 | Disenrollment Reason ADMINISTRACION DE SEGUROS DE SALUD | 217 | 4 | See Ref table Disenrollment Reasons | Carrier initiated Disenrollment, Required when Transaction Id = D For the use of each code please review the Disenrollment Reason Codes Align right, filled with spaces Fill with blanks when Transaction Id different than D | Change Field Id and Position |
| E | 41 | Contrato Número Disenrollment Date | 221 | 8 | | Disenrollment event Date, Required when Transaction Id = 'D' For Disenrollment Reason = '03' this is the date of death Format: MMDDCCYY CCYY - Century and Year MM - Month DD - day Fill with blanks when Transaction Id different than D National Provider Identifier (NPI) of the PMG assigned to the insured member | Change Field Id and Position |
| E | 42 | PMG NPI | 229 | 10 | | This is optional for Platino carriers. Fill with blanks if not required | Change Field Id and Position |
| E | 43 | PMG Medicaid Id | 239 | 9 | | This is the PMG's Medicaid Id associated with the the PMG's Service Location where this member is assigned. This is the same value used in the PRMMIS Provider Group Links Interface This is optional for Platino carriers. Fill with blanks if not required | Added |

| TRAILER | TRAILER | | | | | | | |
|---------|-----------------|----|-----|---------|---|--|--|--|
| TRAILER | 1 Record Type | 1 | 7 | TRAILER | TRAILER - Trailer Record | | | |
| TRAILER | 2 FILLER | 8 | 10 | | Fill with blanks | | | |
| TRAILER | 3 Record Count | 18 | 8 | | Total number of records in the file | | | |
| TRAILER | 4 FILLER | 26 | 10 | | 9999999 Numeric - right justified - zero filled | | | |
| TRAILER | 5 Record Length | 36 | 3 | 248 | Fill with blanks | | | |
| TRAILER | 6 FILLER | 39 | 209 | | 248 - Numeric Constant | | | |
| | | | | | Fill with blanks | | | |

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| Record | Field Name | Field | Pos | Size | Codes | Notes/Comments | Version Changes |
|--------|----------------------------|-------|-----|------|---------------------------------|--|-----------------|
| F | Member (First Segment) | 1 | 1 | 1 | F | F - Member (First Segment) | |
| F | Record Type | | | | | Transaction type identifier | |
| F | Transaction Id | 2 | 1 | 1 | E,I,H,1,2,3 | E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*) (*) The number correspond to the record group, not to the period order | |
| F | Process Date | 3 | 8 | 8 | | ASES Process Date for this transaction Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year | |
| F | Social Security Number | 11 | 9 | 9 | | Social Security Number of the insured member | |
| F | FILLER | 20 | 2 | 2 | | filled with '00' | |
| F | FILLER | 22 | 14 | 14 | | filled with blanks | |
| F | Person Id | 36 | 11 | 11 | | Member's Person Id | |
| F | Contact Last Name | 47 | 15 | 15 | | This Identifier is assigned to beneficiaries and related contact and household persons in the Eligibility Determination process. | |
| F | Contact Second Last Name | 62 | 15 | 15 | | Last Name of the member's contact person | |
| F | Contact First Name | 77 | 20 | 20 | | Second Last Name of the member's contact person First Name of the member's contact person | |
| F | Region | | 1 | 1 | A, B, E, F, G, J, S, Z, P | Region code assigned to the insured member A - Norte B - Metro Norte E - Este F - Noreste G - Sureste J - San Juan S - Suroeste Z - Oeste P - Virtual | |
| F | Municipality | 98 | 4 | 4 | See Appendix Municipality Codes | Municipality Code | |
| F | Facility | 102 | 4 | 4 | | Format: Zero fill, right justify. Facility Code | |
| F | FILLER | 106 | 1 | 1 | | Zero fill, right justify. | |
| F | FILLER | 107 | 1 | 1 | | filled with blanks | |
| F | Eligibility Effective Date | 108 | 8 | 8 | | filled with blanks | |
| F | FILLER | 116 | 1 | 1 | | Effective start date of the eligibility period | |
| F | FILLER | 117 | 2 | 2 | | filled with blanks | |

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|---|----|----------------------|-----|----|---|
| F | 19 | Expiration Date | 119 | 8 | Re-certification cutoff date for the member's eligibility period. Changes to Re Certification Date are submitted in the "Cancellation / Extension Date" |
| F | 20 | FILLER | 127 | 1 | filled with blanks |
| F | 21 | Mailing Address 1 | 128 | 75 | Address line of the current mailing address of the insured member |
| F | 22 | Mailing Address 2 | 203 | 75 | Second address line of the current mailing address of the insured member |
| F | 23 | Mailing City | 278 | 16 | City name of the member's mailing address |
| F | 24 | Mailing ZIP | 294 | 5 | First 5 digits of the zip code of the member's mailing address Format: Zero fill, right justify. |
| F | 25 | Mailing ZIP4 | 299 | 4 | Last 4 digits of the zip code of the member's mailing address Format: Zero fill, right justify. |
| F | 26 | Residence Address 1 | 303 | 75 | Address line of the current residential address of the insured member |
| F | 27 | Residence Address 2 | 378 | 75 | Second Address line of the current residential address of the insured member |
| F | 28 | Residence City | 453 | 16 | City name of the member's residential address |
| F | 29 | Residence Zip | 489 | 5 | First 5 digits of the Zip code of the member's residential address Format: Zero fill, right justify. |
| F | 30 | Residence Zip4 | 474 | 4 | Last 4 digits of the Zip code of the member's residential address Format: Zero fill, right justify. |
| F | 31 | Communication Number | 478 | 10 | Member's communication number. Filled with a qualified phone number including the area code |
| F | 32 | FILLER | 488 | 2 | filled with blanks |
| F | 33 | FILLER | 490 | 20 | filled with blanks |
| F | 34 | FILLER | 510 | 2 | filled with blanks |
| F | 35 | FILLER | 512 | 20 | filled with blanks |
| F | 36 | FILLER | 532 | 2 | filled with blanks |
| F | 37 | FILLER | 534 | 20 | filled with blanks |
| F | 38 | FILLER | 554 | 2 | filled with blanks |
| F | 39 | FILLER | 556 | 2 | filled with blanks |
| F | 40 | FILLER | 558 | 6 | filled with blanks |
| F | 41 | FILLER | 564 | 8 | filled with blanks |
| F | 42 | FILLER | 572 | 3 | filled with blanks |
| F | 43 | FILLER | 575 | 1 | filled with blanks |
| F | 44 | Eligible Members | 576 | 2 | Count of eligible members in the household of the insured member |

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|---|----|----------------------------------|-----|----|-------------------------|---|
| F | 45 | Cancellation or Termination Code | 578 | 2 | 06,07,08,09,10,13,30,31 | Eligibility determination reason code for members' cancellation or termination 06 - Change in Family Composition 07 - Income Changes 08 - Death of the enrollee 09 - Moving Out of State 10 - Incarceration of the enrollee 13 - Enrollee Found Not Eligible 30 - Other Reasons 31 - Voluntary Closing Filled with blanks when member has not received a cancellation or termination |
| F | 46 | Carrier Code | 580 | 2 | | Code of insurance carrier assigned to the member. Effective Start Date for the member's coverage period in the assigned Insurance Carrier Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 47 | Carrier Effective Date | 582 | 8 | | Effective End Date for the member's coverage period in the assigned Insurance Carrier Only for Transition Id = (H)istory or when there is a carrier change in the future to a different carrier, otherwise filled with blanks Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 48 | Carrier End Date | 590 | 8 | | Effective start date for the new PMG assigned to the insured member Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 49 | FILLER | 598 | 3 | | Filled with blanks |
| F | 50 | FILLER | 601 | 3 | | Filled with blanks |
| F | 51 | PMG Federal Tax Id | 604 | 9 | | Federal Tax Id for the member's Primary Medical Group (PMG) |
| F | 52 | New Carrier | 613 | 2 | | New carrier code |
| F | 53 | New PMG Federal Tax Id | 615 | 9 | | Federal Tax Id for the PMG assigned to the insured member Effective start date for the new PMG assigned to the insured member Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 54 | New PMG Effective Date | 624 | 8 | | Member's Policy Number (also known as Contract Number) assigned by the Insurance Carrier |
| F | 55 | Policy Number | 632 | 13 | | MCO contract number Filled with blanks |
| F | 56 | FILLER | 645 | 1 | | |

ADMINISTRACION DE SEGUROS DE SALUD

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[Signature]

Contrato Número

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|---|----|--------------------------------|-----|----|-------|---|
| F | 57 | New Carrier Effective Date | 646 | 8 | | Effective date for the carrier assigned to the member Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 58 | PMG Effective Date | 654 | 8 | | Effective date for the PMG assigned to the insured member Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 59 | Certification Date | 662 | 8 | | Member's certification date for the eligibility period Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 60 | PCP Change Reason | 670 | 2 | | Code of member's reason for changing PCP |
| F | 61 | FILLER | 672 | 1 | | Filled with blanks |
| F | 62 | FILLER | 673 | 8 | | Filled with blanks |
| F | 63 | FILLER | 681 | 11 | | Filled with blanks |
| F | 64 | Case Number | 692 | 10 | | Member's case number assigned by the Department of Health / Medicaid Program |
| F | 65 | Extension or Cancellation Date | 702 | 8 | | This field is used depending on the member's eligibility status in Record M, Field 38 (Eligibility Indicator) (1) Extension Date When the record Transition Id not valued '1' this is the member's Extension date for the color Recertification Date (2) Cancellation Date When the record Transition Id is valued '1' this is the member's Termination or Cancellation date Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| F | 66 | FILLER | 710 | 8 | | Filled with blanks |
| F | 67 | FILLER | 718 | 2 | | Filled with blanks Gender identity of the insured member |
| F | 68 | Gender | 720 | 1 | 1,2,3 | 1 - Male 2 - Female 3 - Unkown |

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|---|----|-------------------------|-----|----|-------------|--|
| F | 69 | New Id Card Issue Date | 721 | 8 | | For future enrollment period, filled with the member's new Identification Card Issue Date. This field is filled with blanks when the insurance carrier has to submit an enrollment effectuation due to the addition of a subscriber or a change in the coverage code. Format: MMDDCCYY |
| F | 70 | Member Start Date | 729 | 8 | | Member's start date for the current period of continuous enrollment in current insurance carrier. Format: MMDDCCYY Filled with blanks |
| F | 71 | FILLER | 737 | 3 | | |
| M | 1 | Member (Second Segment) | | | | |
| M | 1 | Record Type | 1 | 1 | M | M - Member Second Segment Transaction type identifier E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*) (*) Correspond to record group, not to period order |
| M | 2 | Transaction Id | 2 | 1 | E,I,H,1,2,3 | Process Date for this transaction Format: MMDDYYYY Member's social security number filled with '00' Filled with blanks Filled with blanks Filled with '01' Person Id assigned to the member's contact filled with blanks Member's Last Name Member's Second Last Name Member's First Name Member's Middle Initial Filled with '0' Member's date of birth Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year Filled with '0' Member's sex at birth 1 - Male 2 - Female 3 - Unknown Filled with '0' Filled with '0' |
| M | 3 | Process Date | 3 | 8 | | |
| M | 4 | Social Security Number | 11 | 9 | | |
| M | 5 | FILLER | 20 | 2 | | |
| M | 6 | FILLER | 22 | 1 | | |
| M | 7 | FILLER | 23 | 9 | | |
| M | 8 | FILLER | 32 | 2 | | |
| M | 9 | Contact Person Id | 34 | 11 | | |
| M | 10 | FILLER | 45 | 3 | | |
| M | 11 | Last Name | 48 | 15 | | |
| M | 12 | Second Last Name | 63 | 15 | | |
| M | 13 | First Name | 78 | 20 | | |
| M | 14 | Middle Initial | 98 | 1 | | |
| M | 15 | FILLER | 99 | 1 | | |
| M | 16 | Date Of Birth | 100 | 8 | | |
| M | 17 | FILLER | 108 | 1 | | |
| M | 18 | Sex | 109 | 1 | 1,2,3 | ADMINISTRACION DE SEGUROS DE SALUD # 23 - 0045A |
| M | 19 | FILLER | 110 | 1 | | |
| M | 20 | FILLER | 111 | 1 | | |
| M | 21 | FILLER | 112 | 1 | | |

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|---|----|--------------------------|-----|----|-----------|--|
| M | 22 | FILLER | 113 | 1 | | Filled with blanks Code to identify if the member receives social security benefits |
| M | 23 | Social Security Benefits | 114 | 1 | 1,2 | 1 - Yes 2 - No |
| M | 24 | FILLER | 115 | 1 | | Filled with blanks |
| M | 25 | FILLER | 116 | 2 | | Filled with '00' |
| M | 26 | FILLER | 118 | 1 | | Filled with '0' |
| M | 27 | FILLER | 119 | 1 | | Filled with '0' |
| M | 28 | FILLER | 120 | 1 | | Filled with '0' |
| M | 29 | FILLER | 121 | 1 | | Filled with '0' |
| M | 30 | Marital Status Code | 122 | 1 | 1,2,3,4,5 | Code of the member's marital status 1 - Single 2 - Married 3 - Divorced 4 - Widowed 5 - Other |
| M | 31 | FILLER | 123 | 9 | | Filled with blanks |
| M | 32 | Pregnancy Indicator | 132 | 1 | 1,2 | Member's pregnancy indicator at the moment of the eligibility evaluation 1 - Member is not pregnant 2 - Member is pregnant |
| M | 33 | FILLER | 133 | 1 | | Filled with blanks |
| M | 34 | MBI | 134 | 11 | | Member's current Medicare Beneficiary Identifier filled with blanks if member does not have Medicare coverage |
| M | 35 | FILLER | 145 | 1 | | Filled with '0' |
| M | 36 | FILLER | 146 | 1 | | Filled with '0' |
| M | 37 | FILLER | 147 | 1 | | Filled with '0' |
| M | 38 | Eligibility Indicator | 148 | 1 | Y,N | Member's eligibility indicator for this transaction Y - Yes, Member is Eligible N - No, Member is not Eligible |
| M | 39 | Cancellation Code | 149 | 2 | | Duplicated Field for Record F, Field 45 |
| M | 40 | FILLER | 151 | 2 | | Filled with value in Record F, Field 45 Filled with blanks |
| M | 41 | PMG NPI | 153 | 10 | | PMG NPI Optional for Carrier Platino |
| M | 42 | New PMG NPI | 163 | 10 | | Filled with blanks if no PMG on record New PMG NPI Optional for Carrier Platino Filled with blanks if no PMG on record |

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|---|----|------------------------|-----|----|--|---|--|--|--|-------|
| M | 43 | PMG Medicaid Id | 173 | 9 | | | | | | Added |
| | | | | | | | | | | |
| M | 44 | New PMG Medicaid Id | 182 | 9 | | | | | | Added |
| M | 45 | FILLER | 191 | 26 | | | | | | |
| M | 46 | Government Group | 217 | 2 | | See Appendix Government Group Codes | | | | |
| M | 47 | Person Id | 219 | 11 | | | | | | |
| M | 48 | FILLER | 230 | 10 | | | | | | |
| M | 49 | FILLER | 240 | 5 | | | | | | |
| M | 50 | MPI | 245 | 13 | | | | | | |
| M | 51 | Certification Date | 258 | 8 | | | | | | |
| M | 52 | Policy Number | 266 | 13 | | | | | | |
| M | 53 | PMG Code | 279 | 4 | | | | | | |
| M | 54 | PMG Effective Date | 283 | 8 | | | | | | |
| M | 55 | New PMG Code | 291 | 4 | | | | | | |
| M | 56 | New PMG Effective Date | 295 | 8 | | | | | | |
| M | 57 | PCP | 303 | 15 | | | | | | |

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|---|----|-------------------------------|-----|----|---|---|
| M | 58 | PCP Effective Date | 318 | 8 | Effective start date for the PCP assigned to the insured member Format: MMDDCCYY | |
| M | 59 | Second PCP | 326 | 15 | NPI of the Second PCP assigned to the insured member Format: Left filled with blanks, use 10 digit valid NPI number | |
| M | 60 | Second PCP Effective Date | 341 | 8 | Effective start date for the second PCP assigned to the insured member Format: MMDDCCYY | |
| M | 61 | New PCP | 349 | 15 | NPI of the New PCP assigned to the insured member Format: Left filled with blanks, use 10 digit valid NPI number | |
| M | 62 | New PCP Effective Date | 364 | 8 | Effective start date for the New PCP assigned to the insured member Format: MMDDCCYY | |
| M | 63 | New Second PCP | 372 | 15 | NPI of the New Second PCP assigned to the insured member Format: Left filled with blanks, use 10 digit valid NPI number | |
| M | 64 | New Second PCP Effective Date | 387 | 8 | Effective start date for the New Second PCP assigned to the insured member Format: MMDDCCYY | |
| M | 65 | FILLER | 395 | 15 | Filled with blanks | |
| M | 66 | Id Card Issue Date | 410 | 8 | Member's Identification Card Issue Date This field is filled with blanks when the insurance carrier has to submit an enrollment effectuation due to the addition of a subscriber or a change in the coverage code. | |
| M | 67 | FILLER | 418 | 1 | Filled with blanks | ADMINISTRACION DB SEGUROS DE SALUD № 23 - 0045A |
| M | 68 | Primary Care Change Reason | 419 | 2 | Code use by the carrier for identifying the reason of the member's primary care change (primary care includes: PMG, PCP, Second PCP) This is an informative field that may be used for audit purposes. Fill with blanks if no PMG, PCP or Second PCP changes. | Contrato Número |
| M | 69 | Program | 421 | 1 | Member's Affordability Insurance Program 1 - Medicaid 2 - CHIP 3 - Commonwealth | |
| M | 70 | FILLER | 422 | 1 | Filler | Change to filler as it is submitted in the Insurance Record |

| | | | | | | |
|---|----|---------------------------------|-----|----|-----------------------------|--|
| M | 71 | Carrier | 423 | 2 | | Duplicate Field on Record F Field 46 |
| M | 72 | Carrier Effective Date | 425 | 8 | | Filled with value in Record F, Field 46 Duplicate Field on Record F Field 47 |
| M | 73 | New Carrier | 433 | 2 | | Filled with value in Record F, Field 47 Code of the insurance new carrier assigned to the member |
| M | 74 | New Carrier Effective Date | 435 | 8 | | Effective start date of the new carrier assigned to the insured member Format: MMDDCCYY |
| M | 75 | Plan Type | 443 | 2 | 01,02 | Code of the Plan Type assigned to the insured member 01 - Vital 02 - Platino |
| M | 76 | Plan Type Effective Date | 445 | 8 | | Effective start date of the Plan Type assigned to the insured member Format: MMDDCCYY |
| M | 77 | Plan Version | 453 | 3 | | Code of the insurance carrier's product matching member's health coverage entitlement |
| M | 78 | Plan Version Effective Date | 456 | 8 | | Effective start date of the Plan Version assigned to the insured member Format: MMDDCCYY |
| M | 79 | New Plan Type | 464 | 2 | | Code of New Plan Type assigned to the insured member 01 - Vital 02 - Platino bb - Not assigned |
| M | 80 | New Plan Type Effective Date | 466 | 8 | | Effective start date of the new Plan Type assigned to the insured member Format: MMDDCCYY |
| M | 81 | New Plan Version | 474 | 3 | | Code of the new insurance product the carrier assigned to the member matching the requested Health Coverage |
| M | 82 | New Plan Version Effective Date | 477 | 8 | | Effective start date of the new Plan Version assigned to the insured member Format: MMDDCCYY |
| M | 83 | FILLER | 485 | 1 | | Filled with blanks |
| M | 84 | FILLER | 486 | 12 | | Filled with blanks |
| M | 85 | FILLER | 498 | 1 | | Filled with blanks |
| M | 86 | FILLER | 499 | 8 | | Filled with blanks |
| M | 87 | Confined Coverage Code | 507 | 3 | See Appendix Coverage Codes | Federal Coverage Code for Hospitalization coverage entitlement when the beneficiary has Government Group Code in (03, 04, 97) representing a confined population. If not applicable leave blank This information will be shared if available |

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SEGUROS DE SALUD

№ 23 - 0045A

Contrato Número

| | | | | | | | |
|---|----|-----------------------------|-----|----|--------------------------------------|---|--|
| M | 88 | Coverage Code | 510 | 3 | See Appendix Coverage Codes | Code for the member's health coverage entitlement A - beneficiary with Government Group Code in (97) only has a Confirmed Coverage Code. If not applicable leave blank Member's Policy Number (Contract Number) assigned by the Insurance Carrier. | Changed Field Id, includes rule for incarcerated population. |
| M | 89 | New Policy Number | 513 | 13 | | T - Retroactive Period E - Late Eligibility (used in new enrollments when a retro eligibility with more than 3 months is received) N = Deemed Newborn | Changed Field Id |
| M | 90 | Special Enroll | 526 | 1 | T, E, N | Filled with blanks if no special enroll period N - No exception C - Child P - Pregnant A - American Indian I - Institutionalized H - Hospice | Changed Field Id |
| M | 91 | Cost Sharing Exception Code | 527 | 1 | N,C,P,A,I,H | Maximum co-payment amount for the member's household. Format: filled with number, includes two decimal positions. | Changed Field Id |
| M | 92 | Co-Payment Maximum | 528 | 5 | | | Changed Field Id |
| M | 93 | Extension Flag | 533 | 1 | N,A,U,P,X,H | N - No extension A - Pending Appeal U - Appeal closed P - Pregnancy X - Other extension H - Natural Disaster | Changed Field Id |
| M | 94 | Spend Down Indicator | 534 | 1 | N,S | Fill with blanks For future use: N - No spend-down involved S - Spend-down satisfied (If S, required at least one spend-down record on record group) | Changed Field Id |
| M | 95 | Eligibility Group | 535 | 3 | See Appendix Eligibility Group Codes | Member's eligibility Group Code | Changed Field Id |
| M | 96 | Date of Death | 538 | 8 | | Member's date of death as reported by the Department of Health Format: MMDDCCYY | Changed Field Id |
| M | 97 | Custom Property 1 | 546 | 8 | | This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field - For current use see reference table "Custom Properties" | Changed Field Id ADMINISTRACION DE SEGUROS DE SALUD |

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| | | | | | | | |
|---|-----|-----------------------|-----|-----|---------------------------------------|---|------------------|
| M | 98 | Custom Property 2 | 554 | 8 | | This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field - For current use see reference table "Custom Properties" | Changed Field Id |
| M | 99 | Custom Property 3 | 562 | 15 | | This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field - For current use see reference table "Custom Properties" | Changed Field Id |
| M | 100 | Custom Property 4 | 577 | 15 | | This field is defined to be used in response to an emergency or special situation where information exchanged is required and not yet available in any other field - For current use see reference table "Custom Properties" | Changed Field Id |
| M | 101 | Language Spoken | 592 | 3 | See Appendix Language Codes | Language Spoken is shared if available | Changed Field Id |
| M | 102 | Language Written | 595 | 3 | See Appendix Language Codes | Language Written is shared if available | Changed Field Id |
| M | 103 | Race | 598 | 2 | See Appendix Race and Ethnicity Codes | Race is shared if available | Changed Field Id |
| M | 104 | Ethnicity | 600 | 2 | See Appendix Race and Ethnicity Codes | Ethnicity is shared if available | Changed Field Id |
| M | 105 | FILLER | 602 | 138 | | Filled with blanks | |
| O | 1 | Household Record Type | 1 | 1 | | O - Household Record Transaction type identifier | |
| O | 2 | Transaction Id | 2 | 1 | E,I,H,1,2,3 | E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*) (*) Correspond to record group, not to period order | |
| O | 3 | Process Date | 3 | 8 | | ASES Process Date for this transaction Format: MMDDYYYY | |
| O | 4 | Person Id | 11 | 11 | | Member's Person Id | |
| O | 5 | Household Person 1 | 22 | 11 | | Person Id for member's household person 1 | |
| O | 6 | Household Person 2 | 33 | 11 | | Person Id for member's household person 2 | |
| O | 7 | Household Person 3 | 44 | 11 | | Person Id for member's household person 3 | |
| O | 8 | Household Person 4 | 55 | 11 | | Person Id for member's household person 4 | |
| O | 9 | Household Person 5 | 66 | 11 | | Person Id for member's household person 5 | |
| O | 10 | Household Person 6 | 77 | 11 | | Person Id for member's household person 6 | |
| O | 11 | Household Person 7 | 88 | 11 | | Person Id for member's household person 7 | |
| O | 12 | Household Person 8 | 99 | 11 | | Person Id for member's household person 8 | |

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| | | | | | | | | | |
|---|----|--------------------------|--|--|-----|-----|---------------------------------------|--|---|
| O | 13 | Household Person 9 | | | | | | | Person id for member's household person 9 |
| O | 14 | Household Person 10 | | | 110 | 11 | | | Person id for member's household person 10 |
| O | 15 | Household Person 11 | | | 121 | 11 | | | Person id for member's household person 11 |
| O | 16 | Household Person 12 | | | 132 | 11 | | | Person id for member's household person 12 |
| O | 17 | Household Person 13 | | | 143 | 11 | | | Person id for member's household person 13 |
| O | 18 | Household Person 14 | | | 154 | 11 | | | Person id for member's household person 14 |
| O | 19 | Household Person 15 | | | 165 | 11 | | | Person id for member's household person 15 |
| O | 20 | Household Person 16 | | | 176 | 11 | | | Person id for member's household person 16 |
| O | 21 | Household Person 17 | | | 187 | 11 | | | Person id for member's household person 17 |
| O | 22 | Household Person 18 | | | 198 | 11 | | | Person id for member's household person 18 |
| O | 23 | FILLER | | | 209 | 11 | | | Fill with empty spaces. |
| I | 1 | Insurance (COB) | | | 220 | 520 | | | |
| I | 1 | Record Type | | | 1 | 1 | I | | I - Insurance (COB) Record |
| I | 2 | Transaction Id | | | 2 | 1 | E,I,H,1,2,3 | | Transaction type identifier E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*) (*) Correspond to record group, not to period order |
| I | 3 | Process Date | | | 3 | 8 | | | ASES Process Date for this transaction Format: MMDDCCYY MM - Month DD - Day CCYY - Century and Year |
| I | 4 | Person Id | | | 11 | 11 | | | Member's Person Id |
| I | 5 | FILLER | | | 22 | 2 | | | filled with '0' |
| I | 6 | Health Insurer Code | | | 24 | 3 | See Appendix ASES Insurer Codes | | Code assigned to the Insurance Company by ASES |
| I | 7 | Policy Number | | | 27 | 20 | | | Policy number assigned by the Insurance Company to the member. If it is Medicare, it will be filled with the MBI number |
| I | 8 | Policy End Date | | | 47 | 8 | | | |
| I | 9 | Covered Services | | | 55 | 40 | | | 20 coverage code fields (2 character each). |
| I | 10 | Policy Effective Date | | | 95 | 8 | | | Effective Date for policy (Medicare benefits or private plans) |
| I | 11 | FILLER | | | 103 | 637 | | | |
| R | 1 | Rate Cell and Risk Score | | | 1 | 1 | R | | R - Rate Cell and Risk Score Record |
| R | 2 | Transaction Id | | | 2 | 1 | E,I,H,1,2,3 | | Transaction type identifier E - Eligible I - Ineligible H - History 1 - Retroactive Period (*) 2 - Retroactive Period (*) 3 - Retroactive Period (*) (*) Correspond to record group, not to period order |

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SEGUROS DE SALUD

Nº 23 - 0045A

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| | | | | | | | | | | | | |
|---|----|----------------------|----|-----|-----|---|--|--|--|-------|--|---|
| R | 3 | Process Date | 3 | 8 | | <p>ASES Process Date for this transaction</p> <p>Format: MMDDCCYY</p> <p>MM - Month</p> <p>DD - Day</p> <p>CCYY - Century and Year</p> <p>Member's Person Id</p> <p>Filled with blanks</p> <p>Member's adjudicated rate cell code.</p> <p>Left justified, fill with blanks when rate code is less than 3 characters.</p> | | | | | | |
| R | 4 | Person Id | 11 | 11 | | | | | | | | |
| R | 5 | FILLER | 22 | 14 | | | | | | | | |
| R | 6 | Rate Code | 36 | 3 | | | | | | | Change Size from 2 to 3 characters | |
| R | 7 | Risk Score | 39 | 8 | | <p>Member's adjudicated Risk Score Factor used to calculate capitation payments.</p> <p>This Risk Score is adjusted for Budget Neutrality.</p> <p>Format uses up to 3 digits NON Decimal and up to 4 decimal digits.</p> <p>Examples:</p> <ul style="list-style-type: none"> - 001.0000 - 123.4567 - 001.1200 | | | | Added | | |
| R | 8 | Risk Score Indicator | 47 | 1 | | <p>Risk Score Indicator</p> <p>0 = Risk Score is using a Default Value</p> <p>1 = Risk Score is evaluated by using CDPS+RX Risk adjustment module including budget neutrality.</p> <p>Risk Score Factor generated by the CDPS+RX Risk adjustment module</p> | | | | | Added | |
| R | 9 | Raw Risk Score | 48 | 8 | | <p>Format uses same format as the Risk Score field</p> <p>If Risk Score indicator is 0 then this field will be filled with blanks.</p> <p>Member's rate cell and risk score effective start</p> | | | | | Added | |
| R | 10 | Effective Date | 56 | 8 | | <p>Format: MMDDCCYY</p> <p>MM - Month</p> <p>DD - Day</p> <p>CCYY - Century and Year</p> <p>Member's rate cell and risk score effective end.</p> <p>Filled with blanks when effective period ends with the end of the eligibility period</p> <p>If the member has a carrier change in the future, the rate cell end date will be populated.</p> | | | | | Change position and now includes changes to the adjudicated risk score | |
| R | 11 | End Date | 64 | 8 | | <p>Format: MMDDCCYY</p> <p>MM - Month</p> <p>DD - Day</p> <p>CCYY - Century and Year</p> <p>Filled with blanks</p> | | | | | Change position and now includes changes to the adjudicated risk score | |
| R | 12 | FILLER | 72 | 668 | 740 | | | | | | | <p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>№ 23 - 0045A</p> |

Contrato Número

Español

English

Government Entity

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

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0045A

Contrato Número

51 Empleado Municipal Morovis
 52 Empleado Municipal Quebradillas
 53 Empleado Municipal Utuado
 54 Empleado Municipal Vega Baja
 55 Empleado Municipal Aguas Buenas
 56 Empleado Municipal Aibonito
 57 Empleado Municipal Caguas
 58 Empleado Municipal Cayey
 59 Empleado Municipal Cidra
 60 Empleado Municipal Gurabo
 61 Empleado Municipal Humacao
 62 Empleado Municipal Juncos
 63 Empleado Municipal Las Piedras
 64 Empleado Municipal Maunabo
 65 Empleado Municipal Naguabo
 66 Empleado Municipal San Lorenzo
 67 Empleado Municipal Yabucoa
 68 Empleado Municipal Cabo Rojo
 69 Empleado Municipal Hormigueros
 70 Empleado Municipal Lajas
 71 Empleado Municipal Las Marías
 72 Empleado Municipal Mayagüez
 73 Empleado Municipal Rincón
 74 Empleado Municipal Sabana Grande
 75 Empleado Municipal San Germán
 76 Empleado Municipal Maricao
 77 Empleado Municipal Adjuntas
 78 Empleado Municipal Arroyo
 79 Empleado Municipal Coamo
 80 Empleado Municipal Guánica
 81 Empleado Municipal Guayama
 82 Empleado Municipal Guayanilla
 83 Empleado Municipal Jayuya
 84 Empleado Municipal Juana Díaz
 85 Empleado Municipal Patillas
 86 Empleado Municipal Peñuelas
 87 Empleado Municipal Ponce
 88 Empleado Municipal Salinas
 89 Empleado Municipal Santa Isabel
 90 Empleado Municipal Villalba
 91 Empleado Municipal Yauco
 92 Empleado Municipal Añasco
 93 Empleado Universidad de PR y sus Recintos
 94 Empleado de Corporaciones Públicas
 95 Program MEDIMED
 97 Encarcelados
 96 Adfan Título IV - Asistencia para Adopción
 99 Ninguno

Employee of Morovis Municipality
 Employee of Quebradillas Municipality
 Employee of Utuado Municipality
 Employee of Vega Baja Municipality
 Employee of Aguas Buenas Municipality
 Employee of Aibonito Municipality
 Employee of Caguas Municipality
 Employee of Cayey Municipality
 Employee of Cidra Municipality
 Employee of Gurabo Municipality
 Employee of Humacao Municipality
 Employee of Juncos Municipality
 Employee of Las Piedras Municipality
 Employee of Maunabo Municipality
 Employee of Naguabo Municipality
 Employee of San Lorenzo Municipality
 Employee of Yabucoa Municipality
 Employee of Cabo Rojo Municipality
 Employee of Hormigueros Municipality
 Employee of Lajas Municipality
 Employee of Las Marías Municipality
 Employee of Mayagüez Municipality
 Employee of Rincón Municipality
 Employee of Sabana Grande Municipality
 Employee of San Germán Municipality
 Employee of Maricao Municipality
 Employee of Adjuntas Municipality
 Employee of Arroyo Municipality
 Employee of Coamo Municipality
 Employee of Guánica Municipality
 Employee of Guayama Municipality
 Employee of Guayanilla Municipality
 Employee of Jayuya Municipality
 Employee of Juana Díaz Municipality
 Employee of Patillas Municipality
 Employee of Peñuelas Municipality
 Employee of Ponce Municipality
 Employee of Salinas Municipality
 Employee of Santa Isabel Municipality
 Employee of Villalba Municipality
 Employee of Yauco Municipality
 Employee of Añasco Municipality
 Government Corporation
 Beneficiary
 Incarcerated
 Title IV-E federal adoption assistance
 None

Morovis
 Quebradillas
 Utuado
 Vega Baja
 Aguas Buenas
 Aibonito
 Caguas
 Cayey
 Cidra
 Gurabo
 Humacao
 Juncos
 Las Piedras
 Maunabo
 Naguabo
 San Lorenzo
 Yabucoa
 Cabo Rojo
 Hormigueros
 Lajas
 Las Marías
 Mayagüez
 Rincón
 Sabana Grande
 San Germán
 Maricao
 Adjuntas
 Arroyo
 Coamo
 Guánica
 Guayama
 Guayanilla
 Jayuya
 Juana Díaz
 Patillas
 Peñuelas
 Ponce
 Salinas
 Santa Isabel
 Villalba
 Yauco
 Añasco
 University of Puerto Rico
 Government Corporation
 MEDIMED Program
 Department Of Correction And Rehabilitation
 Administration for Children and Families
 None

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Contrato Número

| Code | Description |
|------|------------------------|
| ARA | ARABIC |
| ARM | ARMENIAN |
| ASL | AMERICAN SIGN LANGUAGE |
| CAN | CANTONESE |
| ENG | ENGLISH |
| FAR | FARSI |
| FRE | FRENCH |
| GER | GERMAN |
| GRE | GREEK |
| HAC | HAITIAN-CREOLE |
| HIN | HINDI |
| HMG | HMONG |
| ITA | ITALIAN |
| JPN | JAPANESE |
| KHM | KHMER |
| KOR | KOREAN |
| LAO | LAOTIAN |
| MND | MANDARIN |
| OTH | OTHER |
| POL | POLISH |
| POR | PORTUGUESE |
| RUS | RUSSIAN |
| SMO | SAMOAN |
| SPA | SPANISH |
| TGL | TAGALOG |
| VIE | VIETNAMESE |
| YID | YIDDISH |

ADMINISTRACION DE
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№ 23 - 0045A

Contrato Número

| Code | Description |
|------------------|---|
| Race | |
| 01 | White |
| 02 | Black/African American |
| 03 | American Indian/Alaska Native |
| 04 | Asian Indian |
| 05 | Chinese |
| 06 | Filipino |
| 07 | Japanese |
| 08 | Korean |
| 09 | Vietnamese |
| 10 | Other Asian |
| 11 | Asian Unknown |
| 12 | Native Hawaiian |
| 13 | Guamanian or Chamorro |
| 14 | Samoan |
| 15 | Other Pacific Islander |
| 16 | Native Hawaiian/Other Pacific Islander Unknown |
| 17 | Unspecified |
| Ethnicity | |
| 00 | Not of Hispanic or, Latino/a, or Spanish origin |
| 01 | Mexican, Mexican American, Chicano/a |
| 02 | Puerto Rican |
| 03 | Cuban |
| 04 | Another Hispanic, Latino, or Spanish origin |
| 05 | Hispanic or Latino Unknown |
| 06 | Ethnicity Unspecified |

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Contrato Número

EMR

| ASES Insurer Code | Insurer Name |
|-------------------|---|
| 001 | MEDICARE HOSP.Y AMBULATORIO - Parte A B |
| 002 | MMM |
| 003 | MEDICARE HOSP. - Parte A |
| 004 | PREFERRED MEDICARE CHOICE |
| 005 | MCS CLASSICARE |
| 006 | TRIPLE-S MEDICARE OPTIMO |
| 007 | LA CRUZ AZUL DE PUERTO RICO |
| 008 | TRIPLE-S |
| 009 | MEDICARE AMBULATORIO - Parte B |
| 010 | FIRST MEDICAL |
| 011 | ASOCIACION DE MAESTROS |
| 012 | HUMANA ADVANTAGE |
| 013 | COSVI DE P.R. |
| 014 | MCS |
| 015 | HOSPITAL DE LA CONCEPCIÓN |
| 016 | HUMANA |
| 017 | SERVICIOS DE SALUD BELLA VISTA |
| 018 | AUXILIO MUTUO |
| 019 | UNION TRABAJADORES DE MUELLES |
| 020 | GOLDEN CROSS HEALTH PLAN |
| 021 | MENONITA DE P. R. |
| 022 | AETNA LIFE INS. CO. |
| 023 | AMERICAN CENTRAL INVESTOR LIFE |
| 024 | AMERICAN FAMILY LIFE INSURANCE |
| 025 | AMERICAN HOME ASSURANCE |
| 026 | ALLSTATES INSURANCE CO. |
| 027 | AMERICAN HARDWARE LIFE INS. |
| 028 | AMERICAN NATIONAL INS. CO. |
| 029 | ATLANTIC SOUTHERN INS. CO. |
| 030 | AMERICAN CENTRAL INVESTOR INS. CO. |
| 031 | ARGONAUT INS. CO. |

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Contrato Número

| ASES Insurer Code | Insurer Name |
|-------------------|---|
| 032 | CONFEDERATION LIFE INS. CO. |
| 033 | COMBINED INS. CO. |
| 034 | CROWN LIFE INSURANCE CO. |
| 035 | CONNECTICUT GENERAL LIFE INS. CO. |
| 036 | COOPERATIVA SEGUROS MULTIPLES |
| 037 | COMMUNWEALTH INS. CO. |
| 038 | CONTINENTAL ASSURANCE CO. |
| 039 | CHAMPURS, BLUE SHIELD OF CALIFORNIA |
| 040 | CONFEDERATION LIFE GROUP HEALTH CLAIMS |
| 041 | GENERAL ACCIDENT AND INSURANCE CORP. |
| 042 | INTERCONTINENTAL LADIES GARMENT WORKERS |
| 043 | JOHN HANCOCK |
| 044 | LINCOLN NATIONAL LIFE INS. CO. |
| 045 | LA ATLANTICA |
| 046 | LINCOLN INCOME LIFE INS. CO. |
| 047 | MUTUAL LIFE INC. |
| 048 | MUTUAL LIFE INC. |
| 049 | MASSACHUSETTS MUTUAL LIFE INS. CO. |
| 050 | METROPOLITAN LIFE INS. |
| 051 | MONEY MUTUAL LIFE INS. OF N. Y. |
| 052 | NATIONAL LIFE INS. CO. |
| 053 | N.M.U. PENSION AND WELFARE PLAN |
| 054 | NEW ENGLAND MUTUAL LIFE INS. CO. |
| 055 | NORTH AMERICAN CO. LIFE INS. CO. |
| 056 | NATIONAL HOME LIFE INS. |
| 057 | NEW YORK LIFE INS. CO. |
| 058 | OCCIDENTAL LIFE INS. |
| 059 | PROVIDENT LIFE AND ACCIDENT INS. CO. |
| 060 | PRUDENTIAL LIFE INS. CO. |
| 061 | PACIFIC MUTUAL LIFE INS. CO. |

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| ASES Insurer Code | Insurer Name |
|-------------------|---------------------------------------|
| 062 | MAPFRE - PRAICO |
| 063 | PLAN UNION MARINOS MERCANTES |
| 064 | PILOT LIFE INS. CO. |
| 065 | PAN AMERICAN LIFE INS. CO. |
| 066 | PLAN DE SALUD U.I.A. |
| 067 | REPUBLIC NATIONAL LIFE INS. CO. |
| 068 | SEAFARES WELFARE MEDICAL PLAN |
| 069 | SUN LIFE ASSURANCE CO. |
| 070 | SALUD PREVENTIVA, INC. |
| 071 | SECURITY NATIONAL LIFE INS. CO. |
| 072 | STATE MUTUAL LIFE INS. CO. OF AMERICA |
| 073 | THE PRUDENTIAL INS. CO. |
| 074 | TRANS OCEANIC LIFE INS. |
| 075 | TRANS WORLD INS. CO. |
| 076 | THE BANKERS LIFE |
| 077 | THE CARBORUNDUM CO. OF P.R. |
| 078 | THE NEW YORK LIFE INS. CO. |
| 079 | THE HERFORD INS. CO. |
| 080 | THE MUTUAL LIFE INS. CO. OF NEW YORK |
| 081 | THE GUARDIAN LIFE INS. CO. |
| 082 | THE EQUITABLE LIFE ASSURANCE |
| 083 | THE TRAVELERS INS. CO. |
| 084 | THE MONEY MUTUAL LIFE INS. CO. |
| 085 | UNITED BENEFITS LIFE INS. CO. |
| 086 | UNITED OF OMAHA |
| 087 | UNITED LIFE INS. CO. |
| 088 | SERVI MEDICAL |
| 089 | PLAN DE LA POLICIA |
| 090 | FIRST MEDICAL ADVANTAGE |
| 091 | AUXILIO MUTUO ADVANTAGE |

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| ASES Insurer Code | Insurer Name |
|-------------------|--------------------------------|
| 092 | RYDERS HEALTH PLAN |
| 093 | CIGNA |
| 094 | COSVI ADVANTAGE |
| 095 | MAPFRE ADVANTAGE |
| 096 | AMERICAN HEALTH MEDICARE |
| 097 | SALUD DORADA ADVANTAGE |
| 098 | MEDICARE PLATINO |
| 099 | OTRAS COMPANIAS ASEGURADORAS |
| 100 | ACCA |
| 101 | COVEL |
| 102 | FONDO DEL SEGURO DEL ESTADO |
| 103 | TRICARE |
| 104 | CIGNA PREFERED |
| 105 | CIGNA EXCLUSIVE |
| 106 | CANADA LIFE |
| 107 | CHAMPUS/CHAMPVA |
| 108 | MEDPLUS |
| 109 | COLVER |
| 110 | GLOBAL HEALTH PLAN |
| 111 | HOFFA |
| 112 | INTEGRATE COMMUNITY HEALTH |
| 113 | PROSALUD |
| 114 | INTERNATIONAL MANAGED CARE |
| 115 | MMM |
| 116 | NIÑOS LISIADOS (DEPT DE SALUD) |
| 117 | OPTIONS |
| 118 | VOID Old PALIC |
| 119 | PROSAM |
| 120 | UTM |
| 121 | UTI |

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| ASES Insurer Code | Insurer Name |
|-------------------|---|
| 122 | UJA |
| 123 | UNITED HEALTH CARE INS. CO. |
| 124 | SDM HEALTH MANAGEMENT, INC. |
| 125 | PHARMACY INSURANCE CORPORATION OF AMERICA |
| 126 | MCS ADVANTAGE, INC. |
| 127 | PROSALUD HMO, CORP. |
| 128 | FEDERACION DE MAESTROS DE PUERTO RICO |
| 129 | First Plus |
| 130 | Delta Dental |
| 131 | Constellation Health |
| 132 | Molina Health |
| 133 | ENVISION RX |
| 134 | CORRECTIONAL HEALTH SERVICES CORP. |
| 135 | OPTIMA HEALTH PR |
| 136 | MEDICARE FARMACIA - PARTE D |
| 137 | PLATINO - CONSTELLATION HEALTH |
| 138 | PLATINO - HUMANA ADVANTAGE |
| 139 | PLATINO - MCS CLASSICARE |
| 140 | PLATINO - MEDICARE Y MUCHO MAS (MMM) |
| 141 | PLATINO - PREFERRED MEDICARE CHOICE (PMC) |
| 142 | PLATINO - TRIPLE-S ADVANTAGE |

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| Code | Description |
|------|---|
| 00 | N/A |
| 01 | HOSPITALIZATION |
| 02 | HOSPITALIZATION Y AMBULATORY |
| 03 | HOSPITALIZATION, AMBULATORY Y DENTAL |
| 04 | HOSPITALIZATION, AMBULATORY, DENTAL Y MEDICINES |
| 05 | AMBULATORY |
| 06 | AMBULATORY Y MEDICINES |
| 07 | AMBULATORY Y DENTAL |
| 08 | AMBULATORY, MEDICINES Y DENTAL |
| 09 | HOSPITALIZATION, AMBULATORY Y MEDICINES |
| 10 | MEDICINES |
| 11 | DENTAL |



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

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| Affordability Insurance Program | | | |
|---|--------------------------------|-----|-----------------|
| R | 21 Program | 168 | 1 1,2,3 |
| Field: MEDICAD_INDICATOR Notes/Comments: No changes required | | | |
| R | 22 Eligibility Effective Date | 169 | 8 |
| Field: ELEGIBILITY_EFFECTIVE_DATE Notes/Comments: YYYYMMDD | | | |
| R | 23 Eligibility Expiration Date | 177 | 8 |
| Field: ELEGIBILITY_EXPIRATION_DATE Notes/Comments: YYYYMMDD | | | |
| R | 24 Process Date | 185 | 8 |
| Field: ASES_PROCESS_DATE Notes/Comments: YYYYMMDD | | | |
| R | 25 Message Code | 183 | 6 |
| Field: MESSAGE_CODE Notes/Comments: Space= no errors, 01=MPI no match, 02=Sex no match, 03=DOB no match, 04=Region no match, 05=Miembro de municipio no contratado por Carrier, 06=Empleado ELA, 07=SSN no match (history records) | | | |
| R | 26 Deductible Level | 199 | 1 |
| Field: ASES_DEDUCTIBLE_LEVEL Notes/Comments: No changes required | | | |
| R | 27 Municipality | 200 | 4 See Ref table |
| Field: MUNICIPIO Notes/Comments: Código Municipio en Format: Zero fill, right justify. | | | |
| R | 28 Inquiry's Effective Date | 204 | 8 |
| Field: FECHA DE EFECTIVIDAD Notes/Comments: Para uso en queries históricos. Formato YYYYMMDD. | | | |
| R | 29 Health Coverage | 212 | 3 See Ref table |
| Field: CODIGO DE CUBIERTA Notes/Comments: Código de Cubierta (Coverage Code) | | | |
| R | 30 FILLER | 215 | 5 |
| Field: FILLER Notes/Comments: No changes required | | | |

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



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

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| | | | | | | |
|-----|-----|--|-------|-----|---|---|
| 035 | CIC | Process Date, Effective Date | Not T | MA | The enrollment Process Date should be before the enrollment Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the enrollment Effective Date. |
| | | | | | The enrollment Process Date should be on or after three months before the enrollment Effective Date. | |
| | | | T | | The enrollment Process Date should be on or after the first day of the month following the enrollment Effective Date. | Check that the enrollment Process Date is on or after the first day of the month following the enrollment Effective Date. Otherwise, check the enrollment Effective Date. |
| 036 | RIC | Process Date, PCP1 Effective Date | Any | Any | The enrollment Process Date is more than three months before the PCP1 Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP1 Effective Date. |
| 037 | RIC | Process Date, PCP2 Effective Date | Any | Any | The enrollment Process Date is more than three months before the PCP2 Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP2 Effective Date. |
| 038 | RIC | Process Date, PMG Tax Id Effective Date | Any | Any | The enrollment Process Date is more than three months before the PMG Tax Id Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the PMG Tax Id Effective Date. |
| 041 | BF | Region | Any | Any | The Region field is blank. ADMINISTRACION DE SEGUROS DE SALUD | Insert valid content. |

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| | | | | | | |
|-----|-----|---------------------------|-------|-----|---|---|
| 042 | RIC | Region | Any | Any | The Region is different from the ASES process region. This is put in place to prevent a silent enrollment rejection. | Contact ASES to initiate a case review. |
| 043 | CIC | Region | Any | MO | If the Tran Id is C, then the Region should not be P. | Check the Tran Id. Otherwise, check the Region. |
| | | | | MA | The Region should not be P. | Check the Region. Otherwise, check the Data Source. |
| | | | | JC | | |
| | | | | CO | | |
| 051 | BF | Carrier | Any | Any | The Carrier field is blank. | Insert valid content. |
| 052 | IC | Carrier | Any | Any | Invalid content for the Carrier code. | Insert valid content. |
| 053 | CAI | Carrier, Effective Date | T | MO | The Tran Id is C, but the currently enrolled carrier found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date matches the Carrier field. | Check the Carrier. Otherwise, check the Tran Id or if an enrollment is needed. |
| | | | | MA | The Tran Id is C, but the currently enrolled carrier found at ASES member data matches the Carrier field. | |
| | | | Not T | CO | | |
| 054 | CAI | Carrier, PMG Tax Id, PCP1 | Not T | MO | The Tran Id is E, but the current enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields. | Check the Tran Id. Otherwise, check member data sent by ASES and if the enrollment still applies. |
| | | | | MO | The Tran Id is C, but the prospective enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields. | |
| | | | | JC | The Tran Id is C, but the prospective enrollment carrier found at ASES member data matches the Carrier field. | Check if the enrollment transaction is needed. |
| CO | | | | | | |

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|-----|-----|--|-------|-----|--|--|
| 055 | CAI | Carrier, Effective Date | Not T | Any | The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data. | Check the enrollment Effective Date. Otherwise, check the Carrier. |
| | | | T | | The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date. | |
| 056 | CIC | Carrier, Region | Any | Any | The Region is P then Data Source should be MO and the Carrier should be 09. | Check that the Data Source is MO and the Carrier is 09. Otherwise, check the Region. |
| 057 | CAI | Carrier, PMG Tax Id, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date | Not T | MO | The Tran Id is I, the PMG Tax Id Effective Date is after the ASES process date and the Carrier is the same as the currently enrolled carrier at ASES member data, but at least one of the following situations occur: ▶ The prospectively enrolled carrier at ASES member data is neither blank nor the same as the Carrier. ▶ The card id date at ASES member data is not populated. ▶ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date. | Check the Tran Id and the enrollment information against ASES data and make adjustments accordingly. Otherwise, check if the enrollment still applies. |

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

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

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

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

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

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

▶ The Carrier is different from the currently enrolled carrier at ASES member data.

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

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

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

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

▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

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

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

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

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

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

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

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

- ▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG.
- ▶ The card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.

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

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

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|-----|-----|------------|-----|-----|--|---|
| | | | | | <p>The Tran Id is 2, the PCP2 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:</p> <ul style="list-style-type: none"> ▶ The prospectively enrolled carrier at ASES member data is different from the Carrier. ▶ The prospectively enrolled PMG at ASES member data is different from the PMG. ▶ The prospective enrollment card id date at ASES member data is not populated. ▶ The prospective enrollment effective date at ASES member data is not populated. ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date. | |
| | | | | | <p>The Tran Id is 2, the PCP2 Effective Date is on or before the ASES process date but at least one of the following situations occur:</p> <ul style="list-style-type: none"> ▶ The Carrier is different from the currently enrolled carrier. ▶ The PMG is different from the currently enrolled PMG. ▶ The card id date at ASES member data is not populated. | |
| 061 | CIC | PMG Tax Id | Any | Any | <p>If the Tran Id is E, C, V or I and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PMG then the PMG Tax Id should not be blank or not invalid tax id number.</p> | <p>Insert a valid PMG Tax Id. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id. The PMG Tax Id must be numeric.</p> |



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

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| 104 | CIC | Effective Date | Not T | MO | If the Tran Id is E then the enrollment Effective Date should be before the ASES process date. | Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id. |
| | | | | JC | If the Tran Id is C then the enrollment Effective Date should be on or after the first day of the month following the ASES process date. | |
| | | | | CO | | |
| 105 | CIC | Effective Date | Any | MA | If the Tran Id is not 1, 2 or 3 then the enrollment Effective Date should be a first day of the month. | Change the enrollment Effective Date to be a first day of the month. Otherwise, check the Tran Id. |
| 107 | CAI | Effective Date | Not T | MO | The member (Region, Family Id) had an interruption of eligibility after the enrollment Effective Date. | Change the enrollment Effective Date appropriately. |
| | | | | MA | | |
| 109 | CAI | Effective Date | Not T | Any | The Effective Date is within a retroactive eligibility period for the member. | Change the enrollment Effective Date appropriately. |
| 10A | CAI | Special Enroll | E | MO | The Tran Id is E, but the ASES member data does not indicate Medicaid federal program membership and thus Late Eligibility enrollment does not apply. | Change the Special Enroll field content. Otherwise, check the enrollment Effective Date. |
| 10B | CAI | Effective Date, Special Enroll ADMINISTRACION DE SEGUROS DE SALUD № 23 - 0045A Contrato Número | N | MO | The Tran Id is E, but the enrollment Effective Date occurs before the member birth date found at ASES member data. | Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id. |
| | | | | | The Tran Id is E, but the Effective Date occurs more than a year after the member birth date found at ASES member data. | |
| | | | | | The Tran Id is E, but ASES member data does not indicate Medicaid Deemed Newborn classification. | Change the Special Enroll appropriately. Otherwise, check the enrollment Effective Date, Tran Id. |
| 10D | CIC | Special Enroll | E | Any | The Plan Type should be 01 and the Data Source should be MO. | Check the Plan Type, Data Source or Special Enroll. |

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|-----|-----|--|-------|-----|--|---|
| 111 | BF | Plan Type | Any | Any | The Plan Type field is blank. | Insert valid content. |
| 112 | CIC | Plan Type | Any | MA | The Plan Type should be 02. | Check that the Plan Type is 02. |
| | | | | JC | The Plan Type should be 01. | Check that the Plan Type is 01. |
| | | | | CO | | |
| | | | | MO | | |
| | | | | Any | The content for the field is not 2 characters long and hence is invalid. | Insert content that is 2 characters long. |
| 113 | CAI | Plan Type, Carrier, Plan Version, Effective Date | Any | Any | A match for the Carrier and Plan Version according to the given enrollment Effective Date was not found in ASES data. | Check the Carrier and Plan Version. Otherwise, check the enrollment Effective Date. |
| 121 | BF | Plan Version | Any | Any | The Plan Version field is blank. | Insert valid content. |
| 122 | IC | Plan Version | Any | Any | The content for the field is not 3 characters long and hence is invalid. | Insert content that is 3 characters long. |
| 123 | CAI | Plan Version, Effective Date | Any | Any | A match for the Plan Version according to the given enrollment Effective Date was not found in ASES data. | Check the Plan Versio. Otherwise, check the Effective Date. |
| 131 | IC | MPI Number | Any | Any | The content for the field is not 13 characters long and hence is invalid. | Insert content that is 13 characters long. |
| 132 | CAI | MPI Number | Not T | Any | The member (Region, MPI Number) was not found at ASES member data. | Check the MPI Number. Otherwise check the Region. |
| 141 | CIC | PCP1 | Any | Any | If the Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1, then the PCP1 should not be blank. | Insert a PCP1. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id. |
| 142 | CIC | PCP1 | Not T | Any | If the Tran Id is 2, then the PCP1 should be blank. | Clear the PCP1 field. Otherwise, check the Tran Id. |
| 151 | CIC | PCP1 Effective Date | Not T | Any | If the Tran Id is not 2 and the plan (carrier, plan version) contract corresponding to the Effective Date requires a PCP1, then the PCP1 Effective Date should contain a valid date. | Insert a valid date. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |

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| 152 | CIC | PCP1 Effective Date | Any | Any | If the Tran Id is not V and the PCP1 Effective Date is populated, then the PCP1 Effective Date should be on or after 2015-01-01 and the plan (Carrier, Plan Version) contract corresponding to the enrollment Effective Date should require a PCP1. | Insert a valid date if appropriate. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 153 | CIC | PCP1 Effective Date | Any | Any | If Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date does not require a PCP1 then PCP1 Effective Date should be blank. | Clear the PCP1 Effective Date field. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 154 | CIC | PCP1 Effective Date | Not T | Any | If the Tran Id is 2 then, the PCP1 Effective Date should be blank. | Clear the PCP1 Effective Date field. Otherwise, check the Tran Id. |
| 155 | CIC | PCP1 Effective Date | Any | Any | If the Tran Id is E and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 then the PCP1 Effective Date should be on or before the ASES process date. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 156 | CIC | PCP1 Effective Date | Any | Any | If the Tran Id is C, the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 and the PCP1 Effective Date is on or before the month of the ASES process date, then the PCP1 Effective Date should be a first day of the month. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 157 | CIC | PCP1 Effective Date, PCP1 | Any | Any | If the PCP1 Effective Date is blank, then the PCP1 should be blank. | Clear the PCP1 field. Otherwise, check the PCP1 Effective Date. |
| | | | | | If the PCP1 Effective Date is not blank, then the PCP1 should not be blank. | Insert a PCP1. Otherwise, clear the PCP1 Effective Date field. |

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| 158 | CAI | PCP1 Effective Date, PCP1, Effective Date | Any | Any | The PCP1 is not blank and the Tran Id is E, C or I, but the PCP1 Effective Date is different from the enrollment Effective Date. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date. |
| | | | Not T | | The PCP1 is not blank and the Tran Id is V, 1 or 3, but the PCP1 Effective Date is earlier than the current enrollment effective date at ASES member data. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id. |
| 161 | CIC | PCP2 | Not T | Any | If the Tran Id is 2, then PCP2 should not be blank. | Insert a PCP2. Otherwise, check the Tran Id. |
| 162 | CIC | PCP2 | Not T | Any | If the Tran Id is 1, then the PCP2 should be blank. | Clear the PCP2 field. Otherwise, check the Tran Id. |
| 171 | CIC | PCP2 Effective Date | Not T | Any | If the Tran Id is 2 or 3, then pcp2 effective date should contain a valid date. | Insert a valid date. Otherwise, check the Tran Id. |
| 172 | RIC | PCP2 Effective Date | Any | Any | The PCP2 Effective Date is before 1/1/2010. | Insert a date on or after 1/1/2010. |
| 173 | CIC | PCP2 Effective Date, PCP2 | Any | Any | If Tran Id is E and PCP2 is not blank then PCP2 Effective Date should be on or before the ASES process date. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or PCP2. |
| 174 | CIC | PCP2 Effective Date | Any | Any | If the Tran Id is C and the PCP2 Effective Date is on or before the month of the ASES process date, then the PCP2 Effective Date should be a first day of the month. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id. |
| 175 | CIC | PCP2 Effective Date, PCP2 | Any | Any | If the PCP2 Effective Date is blank, then the PCP2 should be blank. | Clear the PCP2 field. Otherwise, check the PCP2 Effective Date. |
| | | | | | If the PCP2 Effective Date is not blank, then the PCP2 should not be blank. | Insert a PCP2. Otherwise, clear the PCP2 Effective Date field. |

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| 177 | CAI | Effective Date, Process Date | | | <p>The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date.</p> | <p>Check the Effective Date. Otherwise, check if the enrollment still applies.</p> |
| | | | | MA | <p>The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date and on or before the current enrollment effective date at ASES member data, but the Process Date is on or before the process date for the current enrollment at ASES member data.</p> | <p>Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.</p> |
| | | | Not T | <p>The Tran Id is C, the prospective enrollment carrier is populated at ASES member data, the Carrier is different from the prospective enrollment carrier at ASES member data, the Effective Date is after the ASES process date and on or before the prospective enrollment effective date at ASES member data but the Process Date is on or before the process date for the prospective enrollment at ASES member data.</p> | | |
| | | | | <p>The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, for a historical enrollment period at ASES member data the carrier is</p> | | |

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| | | | | MO | <p>populated and the enrollment record Effective Date is the same as the historical enrollment period effective date, but the Process Date is on or before the process date for the historical enrollment period at ASES member data.</p> | |
| | | | | MO | <p>The Tran Id is E, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date, but it is also on or before the current enrollment effective date at ASES member data.</p> | <p>Check the Effective Date. Otherwise, check if the enrollment still applies.</p> |
| | | | | MO | <p>The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date.</p> | |
| | | | | MO | <p>The Tran Id is E, the enrollment Effective Date is on or before the ASES process date, but the current enrollment carrier is not populated at ASES member data.</p> | |
| | | | T | | <p>The Tran Id is E or C, there is a previous retroactive eligibility enrollment at ASES member data for the period implicated by the enrollment Effective Date and the enrollment Effective Date is on or after the previous retroactive eligibility enrollment Effective Date but the Process Date is on or before the process date of the previous retroactive eligibility enrollment.</p> | <p>Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.</p> |

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|-----|-----|---|-------|-----|--|---|
| 178 | CAI | PCP2 Effective Date, PCP2, Effective Date | Any | | The PCP2 is not blank and the Tran Id is E, C or I, but the PCP2 Effective Date is different from the enrollment Effective Date. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date. |
| | | | Not T | | The PCP2 is not blank and the Tran Id is V, 1 or 3, but the PCP2 Effective Date is earlier than the current enrollment effective date at ASES member data. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id. |
| 179 | CAI | Process Date, Effective Date | Not T | MA | The Tran Id is E or C, the prospective enrollment carrier and effective date are populated at ASES member data, the enrollment Effective Date is the same as the prospective enrollment effective date at ASES member data and the Carrier is different from the prospective enrollment carrier at ASES member data but the Process Date is on or before the process date of the prospective enrollment at ASES member data. | Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies. |
| 181 | CIC | PMG Tax Id | Any | Any | If the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a family PMG then PMG Tax Id should not be blank. | Insert a PMG Tax Id. Otherwise check the Carrier, Plan Version or Effective Date. |
| 191 | CIC | PMG Tax Id Effective Date | Any | Any | If the plan (Carrier, Plan version) contract corresponding to the Effective Date requires a PMG then the PMG Tax Id Effective Date should contain a valid date. | Insert a valid date. Otherwise, check the Effective Date, Carrier and Plan Version. |
| 192 | RIC | PMG Tax Id Effective Date | Any | Any | The PMG Tax Id Effective Date should be on or after 1/1/2010. | Insert a date on or after 1/1/2010. |



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|-----|-----|--------------------------------|-------|-----|--|---|
| 211 | CAI | PMG Tax Id Effective Date | Not T | Any | The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date, but a record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated. | Insert a valid PMG Tax Id Effective Date. Otherwise, check the Effective Date, Carrier and Plan Version. |
| | | | T | MO | The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date but a retroactive eligibility record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated. | |
| 221 | DR | Region, Family Id, Data Source | Not T | Any | Only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions is allowed. | Include only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions. |
| | | | T | | Only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch is allowed. | Include only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch. |

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|-----|-----|--------------------------------|-------|--|--|--|
| 222 | CAI | Carrier | Not T | MO | The Tran Id is E but the Carrier is the same as the currently enrolled carrier at ASES member data and the card id date at ASES member data is populated. | Check if an enrollment is needed. Otherwise, check the Tran Id or Carrier. |
| | | | | MA | | |
| | | | T | Any | The Tran Id is E but the Carrier and Plan Version are the same as the currently enrolled for the corresponding retroactive eligibility period at ASES member data and the card id date at ASES member data is populated. | Check if an enrollment is needed. Otherwise, check the Tran Id, Carrier or Plan Version. |
| 223 | CAI | Carrier | Not T | MO | The Tran Id is E but the Carrier is different from the currently enrolled carrier at ASES member data. | Check if an enrollment still applies. Otherwise, check the Tran Id or Carrier. |
| | | | | MA | | |
| | | | T | Any | The Tran Id is E but the Carrier is different from the currently enrolled for the corresponding retroactive eligibility period at ASES member data. | |
| 224 | CAI | Effective Date, Special Enroll | Not T | MO | The member is not eligible by the enrollment Effective Date at ASES member data. | Check the Effective Date. |
| | | | | MA | | |
| | | | T | MO | The member is not eligible at ASES member data by (i.e. there was no retroactive eligibility period corresponding to) the enrollment Effective Date. | |
| | | | | MA | | |
| 225 | CAI | Member SSN | Not T | MO | The Member SSN is not the same as the one found at ASES member data. | Check the Member SSN. |
| | | | | MA | | |
| | | | | JC | The Member SSN is not the same as the one found at ASES member historical data. | |
| | | | | CO | | |
| | | | MO | The Member SSN is not the same as the one from the corresponding retroactive eligibility record at ASES member data. | | |

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| 226 | CAI | MPI Number | Not T | Any | The MPI Number is not the same as the one from ASES member data. | Check the MPI Number. |
| | | | T | | The MPI Number is not the same as the one from the corresponding retroactive eligibility record at ASES member data. | |
| 228 | CAI | Carrier, Data Source | Not T | MA | Tran Id is V but the Carrier is different from the currently enrolled at ASES member data. | Check the Carrier. Otherwise, check the Tran Id. |
| | | | | MO | Tran Id is V. | |
| | | | | JC | | |
| CO | Check the Tran Id. Otherwise, check the Data Source. | | | | | |
| 229 | CAI | Carrier, Plan Type, Plan Version | Not T | Any | Tran Id is I but the Carrier or Plan Version are different from the currently enrolled at ASES member data. | Check the Carrier or Plan Version. Otherwise, check the Tran Id. |
| 22A | CAI | Carrier, Plan Type, Plan Version, PMG Tax Id | Not T | Any | Tran Id is 1, 2 or 3, but the Carrier, Plan Version or PMG Tax Id are different from the currently enrolled at ASES member data. | Check the Carrier, Plan Version or PMG Tax Id. Otherwise, check the Tran Id. |
| 22B | CIC | PCP1 Effective Date, PCP2 Effective Date | Not T | Any | If Tran Id is 3 then the PCP1 Effective Date and the PCP2 Effective Date should both be prospective or both be immediate relative to the ASES process date. | Check the PCP1 Effective Date or PCP2 Effective Date. Otherwise, check the Tran Id. |
| 22D | CIC | Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date | Any | Any | The Effective Date, PCP1 Effective Date, PCP2 Effective Date and PMG Tax Id Effective Date should not be later than 4 months after the ASES process date. | Check the Effective Date, PCP1 Effective Date, PCP2 Effective Date or PMG Tax Id Effective Date. |
| 22E | Contrato Número CAI | Plan Version, Effective Date | Not T | MO | The Plan Version is different from the coverage code found at ASES member data according to the enrollment Effective Date. | Check the Plan Version. Otherwise, check the Effective Date. |
| | | | T | | The Plan Version is different from the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date. | |

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| 22G | CAI | Plan Version, Effective Date | Not T | MA | The Plan Version does not correspond with the coverage code found at ASES member data according to the enrollment Effective Date. | Check the Plan Version. Otherwise, check the Effective Date. |
| | | | T | | The Plan Version does not correspond with the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date. | |
| ADMINISTRACION DE SEGUROS DE SALUD № 23 - 0045A <u>Contrato Número</u> | | | | | | |
| 230 | BF | Data Source | Any | Any | The Data Source field is blank. | Insert valid content. |
| 231 | IC | Data Source | Any | Any | Invalid content. | Insert valid content. |
| 232 | CIC | Data Source | Any | MO | Plan Type should be 01. | Change the Plan Type to 01. Otherwise, check the Data Source. |
| | | | | JC | | |
| | | | | CO | | |
| 233 | CIC | Data Source | Any | MA | The Plan Type should be 02. | Change the Plan Type to 02. Otherwise, check the Data Source. |
| 251 | CIC | HIC Number, Plan Type | Any | MA | The content for the field is not 11 characters long and hence is invalid. | Insert content that is 11 characters long. |
| 280 | CAI | Region, Family Id | Not T | Any | The member (Region, Family id) was found in ASES data but is not currently eligible. | Check Region, Family Id and Effective Date. |
| 281 | CAI | Region, Family Id | Not T | Any | The member (Region, Family id) was not found in ASES data. | Check Region and Family Id. |

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

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

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

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| A01 | IC | PMG NPI | | MO | Invalid PMGNPI value | Blanks are not accepted. This is required |
| A02 | IC | PMG Medicaid Id | | MO | Invalid value for PMGMedicaidId | This Value is required based on |
| A03 | IC | Primary Care Change Reason | | MO/MA | The primary care change reason is empty or has an Invalid value | If you do not have a reason for change or the transaction is not related to a primary care change, you must use the code "AI". |
| A04 | CAI | Carrier, Effective date | | JC/CO | The member is enrolled in a Medicare Platino carrier for the effective date of the requested enrollment counselor plan transfer | The Carrier Change Counselor cannot change the insurance company of a beneficiary enrolled in a platino product. |
| A05 | CAI | Record Length | | MO,MA,J C,CO | Record length is incorrect | |

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

Any
MO, JC, CO

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

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№ 23 - 0045A

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|--|-----|--|-------|-----|---|---|
| 035 | CIC | Process Date, Effective Date | Not T | MA | The enrollment Process Date should be before the enrollment Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the enrollment Effective Date. |
| | | | | | The enrollment Process Date should be on or after three months before the enrollment Effective Date. | |
| | | | T | | The enrollment Process Date should be on or after the first day of the month following the enrollment Effective Date. | Check that the enrollment Process Date is on or after the first day of the month following the enrollment Effective Date. Otherwise, check the enrollment Effective Date. |
| ADMINISTRACION DE SEGUROS DE SALUD , № 23 - 0045A | | | | | | |
| 036 | RIC | Process Date, PCP1 Effective Date | Any | Any | The enrollment Process Date is more than three months before the PCP1 Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP1 Effective Date. |
| 037 | RIC | Process Date, PCP2 Effective Date | Any | Any | The enrollment Process Date is more than three months before the PCP2 Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP2 Effective Date. |
| 038 | RIC | Process Date, PMG Tax Id Effective Date | Any | Any | The enrollment Process Date is more than three months before the PMG Tax Id Effective Date. | Check that the enrollment Process Date is set appropriately. Otherwise, check the PMG Tax Id Effective Date. |
| 041 | BF | Region | Any | Any | The Region field is blank. | Insert valid content. |

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|-----|-----|---------------------------|-------|-----|--|---|
| 042 | RIC | Region | Any | Any | The Region is different from the ASES process region. This is put in place to prevent a silent enrollment rejection. | Contact ASES to initiate a case review. |
| 043 | CIC | Region | Any | MO | If the Tran Id is C, then the Region should not be P. | Check the Tran Id. Otherwise, check the Region. |
| | | | | MA | The Region should not be P. | Check the Region. Otherwise, check the Data Source. |
| | | | | JC | | |
| | | | | CO | | |
| 051 | BF | Carrier | Any | Any | The Carrier field is blank. | Insert valid content. |
| 052 | IC | Carrier | Any | Any | Invalid content for the Carrier code. | Insert valid content. |
| 053 | CAI | Carrier, Effective Date | T | MO | The Tran Id is C, but the currently enrolled carrier found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date matches the Carrier field. | Check the Carrier. Otherwise, check the Tran Id or if an enrollment is needed. |
| | | | Not T | MA | The Tran Id is C, but the currently enrolled carrier found at ASES member data matches the Carrier field. | |
| | | | | CO | | |
| 054 | CAI | Carrier, PMG Tax Id, PCP1 | Not T | MO | The Tran Id is E, but the current enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields. The Tran Id is C, but the prospective enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields. | Check the Tran Id. Otherwise, check member data sent by ASES and if the enrollment still applies. |
| | | | | JC | The Tran Id is C, but the prospective enrollment carrier found at ASES member data matches the Carrier field. | |
| | | | | CO | | Check if the enrollment transaction is needed. |

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|-----|-----|--|-------|-----|--|--|
| 055 | CAI | Carrier, Effective Date | Not T | Any | The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data. | Check the enrollment Effective Date. Otherwise, check the Carrier. |
| | | | T | | The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date. | |
| 056 | CIC | Carrier, Region | Any | Any | The Region is P then Data Source should be MO and the Carrier should be 09. | Check that the Data Source is MO and the Carrier is 09. Otherwise, check the Region. |
| 057 | CAI | Carrier, PMG Tax Id, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date | Not T | MO | <p>The Tran Id is I, the PMG Tax Id Effective Date is after the ASES process date and the Carrier is the same as the currently enrolled carrier at ASES member data, but at least one of the following situations occur:</p> <ul style="list-style-type: none"> ▶ The prospectively enrolled carrier at ASES member data is neither blank nor the same as the Carrier. ▶ The card id date at ASES member data is not populated. ▶ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date. | Check the Tran Id and the enrollment information against ASES data and make adjustments accordingly. Otherwise, check if the enrollment still applies. |

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

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

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

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

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

- ▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG.
- ▶ The card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

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

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

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

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

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

▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

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The Tran Id is 2 or 3, the PCP1 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:

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

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

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

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

- ▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG.
- ▶ The card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.

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

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

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The Tran Id is 1, the PCP2 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:

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

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

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

061

CIC

PMG Tax Id

Any

Any

If the Tran Id is E, C, V or I and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PMG then the PMG Tax Id should not be blank or not invalid tax id number.

Insert a valid PMG Tax Id. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id. The PMG Tax Id must be numeric.

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|-----|---|----------------------------------|-------|-----|---|---|
| 062 | CAI ADMINISTRACION DE SEGUROS DE SALUD | PMG Tax Id, Tran Id | Not T | Any | The Tran Id is 1, 2, or 3 and the PMG Tax Id is not blank but the PMG is different from the currently enrolled PMG in ASES member data. | Change the PMG Tax Id accordingly. Otherwise check the Tran Id. |
| 063 | CAI Contrato No 23 - 0045A | PMG Tax Id, Tran Id | Not T | Any | The Tran Id is I and PMG is required for the plan (Carrier, Plan Version) by the given enrollment Effective Date but the PMG is the same as the currently enrolled PMG in ASES member data. | Check the PMG Tax Id. Otherwise, check if the change is still needed. |
| 071 | BF | Family Id | Any | Any | The Family Id field is blank. | Insert valid content. |
| 072 | IC | Family Id | Any | Any | The content for the field is not 11 characters long and hence is invalid. | Insert content that is 11 characters long. |
| 073 | CAI | Family Id, Region | Not T | Any | The member (Region, Family Id) was not found in ASES data. | Check the Family Id and Region. |
| 081 | BF | Member SSN | Any | Any | The Member SSN field is blank. | Insert valid content. |
| 082 | IC | Member SSN | Any | Any | The content for the field is not 9 characters long and hence is invalid. | Insert content that is 9 characters long. |
| 091 | BF | Member Suffix | Any | Any | The Member Suffix field is blank. | Insert valid content. |
| 092 | IC | Member Suffix | Any | Any | Invalid content for the Member Suffix. | Valid content for Member Suffix is 01. |
| 093 | CAI | Member Suffix, Family Id, Region | Not T | Any | The member (Region, Family Id, Member Suffix) was not found in ASES data. | Check that the Member Suffix is 01. Otherwise check the Family Id and Region. |
| 101 | IC | Effective Date | Any | Any | Invalid enrollment Effective Date. | Insert a valid date. |
| 102 | RIC | Effective Date | Any | Any | The enrollment Effective Date is before 1/1/2010. | Insert a date on or after 1/1/2010. |
| 103 | CIC EMR | Effective Date | Any | MO | If the Tran Id is E then the Effective Date should be before the ASES process date. | Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id. |

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

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|-----|--|--|-------|-----|--|---|
| 111 | BF | Plan Type | Any | Any | The Plan Type field is blank. | Insert valid content. |
| 112 | CIC ADMINISTRACION DE SEGUROS DE SALUD No 23 - 0045A | Plan Type | Any | MA | The Plan Type should be 02. | Check that the Plan Type is 02. |
| | | | | JC | The Plan Type should be 01. | Check that the Plan Type is 01. |
| | | | | CO | | |
| | | | | MO | | |
| | | | | Any | The content for the field is not 2 characters long and hence is invalid. | Insert content that is 2 characters long. |
| 113 | CAI | Plan Type, Carrier, Plan Version, Effective Date | Any | Any | A match for the Carrier and Plan Version according to the given enrollment Effective Date was not found in ASES data. | Check the Carrier and Plan Version. Otherwise, check the enrollment Effective Date. |
| 121 | BF | Plan Version | Any | Any | The Plan Version field is blank. | Insert valid content. |
| 122 | IC | Plan Version | Any | Any | The content for the field is not 3 characters long and hence is invalid. | Insert content that is 3 characters long. |
| 123 | CAI | Plan Version, Effective Date | Any | Any | A match for the Plan Version according to the given enrollment Effective Date was not found in ASES data. | Check the Plan Versio. Otherwise, check the Effective Date. |
| 131 | IC | MPI Number | Any | Any | The content for the field is not 13 characters long and hence is invalid. | Insert content that is 13 characters long. |
| 132 | CAI | MPI Number | Not T | Any | The member (Region, MPI Number) was not found at ASES member data. | Check the MPI Number. Otherwise check the Region. |
| 141 | CIC | PCP1 | Any | Any | If the Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1, then the PCP1 should not be blank. | Insert a PCP1. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id. |
| 142 | CIC | PCP1 | Not T | Any | If the Tran Id is 2, then the PCP1 should be blank. | Clear the PCP1 field. Otherwise, check the Tran Id. |
| 151 | CIC | PCP1 Effective Date EMR | Any | Any | If the Tran Id is not 2 and the plan (carrier, plan version) contract corresponding to the Effective Date requires a PCP1, then the PCP1 Effective Date should contain a valid date. | Insert a valid date. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |

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|-----|--|------------------------------|-------|-----|---|--|
| 152 | CIC ADMINISTRACION DE SEGUROS DE SALUD No 23 - 0045A | PCP1 Effective Date | Any | Any | If the Tran Id is not V and the PCP1 Effective Date is populated, then the PCP1 Effective Date should be on or after 2015-01-01 and the plan (Carrier, Plan Version) contract corresponding to the enrollment Effective Date should require a PCP1. | Insert a valid date if appropriate. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 153 | Contrato Número CIC | PCP1 Effective Date | Any | Any | If Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date does not require a PCP1 then PCP1 Effective Date should be blank. | Clear the PCP1 Effective Date field. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 154 | CIC | PCP1 Effective Date | Not T | Any | If the Tran Id is 2 then, the PCP1 Effective Date should be blank. | Clear the PCP1 Effective Date field. Otherwise, check the Tran Id. |
| 155 | CIC | PCP1 Effective Date | Any | Any | If the Tran Id is E and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 then the PCP1 Effective Date should be on or before the ASES process date. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 156 | CIC | PCP1 Effective Date | Any | Any | If the Tran Id is C, the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 and the PCP1 Effective Date is on or before the month of the ASES process date, then the PCP1 Effective Date should be a first day of the month. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 157 | CIC | PCP1 Effective Date, PCP1 | Any | Any | If the PCP1 Effective Date is blank, then the PCP1 should be blank. | Clear the PCP1 field. Otherwise, check the PCP1 Effective Date. |
| | | | | | If the PCP1 Effective Date is not blank, then the PCP1 should not be blank. | Insert a PCP1. Otherwise, clear the PCP1 Effective Date field. |

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| 158 | CAI ADMINISTRACION DE SEGUROS DE SALUD № 23 - 0045A | PCP1 Effective Date, PCP1, Effective Date | Any | Any | The PCP1 is not blank and the Tran Id is E, C or I, but the PCP1 Effective Date is different from the enrollment Effective Date. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date. |
| | | | Not T | | The PCP1 is not blank and the Tran Id is V, 1 or 3, but the PCP1 Effective Date is earlier than the current enrollment effective date at ASES member data. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id. |
| 161 | Contrato Número CIC | PCP2 | Not T | Any | If the Tran Id is 2, then PCP2 should not be blank. | Insert a PCP2. Otherwise, check the Tran Id. |
| 162 | CIC | PCP2 | Not T | Any | If the Tran Id is 1, then the PCP2 should be blank. | Clear the PCP2 field. Otherwise, check the Tran Id. |
| 171 | CIC | PCP2 Effective Date | Not T | Any | If the Tran Id is 2 or 3, then pcp2 effective date should contain a valid date. | Insert a valid date. Otherwise, check the Tran Id. |
| 172 | RIC | PCP2 Effective Date | Any | Any | The PCP2 Effective Date is before 1/1/2010. | Insert a date on or after 1/1/2010. |
| 173 | CIC | PCP2 Effective Date, PCP2 | Any | Any | If Tran Id is E and PCP2 is not blank then PCP2 Effective Date should be on or before the ASES process date. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or PCP2. |
| 174 | CIC | PCP2 Effective Date | Any | Any | If the Tran Id is C and the PCP2 Effective Date is on or before the month of the ASES process date, then the PCP2 Effective Date should be a first day of the month. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id. |
| 175 | CIC | PCP2 Effective Date, PCP2 | Any | Any | If the PCP2 Effective Date is blank, then the PCP2 should be blank. | Clear the PCP2 field. Otherwise, check the PCP2 Effective Date. |
| | | | | | If the PCP2 Effective Date is not blank, then the PCP2 should not be blank. | Insert a PCP2. Otherwise, clear the PCP2 Effective Date field. |

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| 177 | CAI | Effective Date, Process Date | | | <p>The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date.</p> | <p>Check the Effective Date. Otherwise, check if the enrollment still applies.</p> |
| <p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>Nº 23 - 004 5A</p> <p>Contrato Número</p> | | | | MA | <p>The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date and on or before the current enrollment effective date at ASES member data, but the Process Date is on or before the process date for the current enrollment at ASES member data.</p> | <p>Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.</p> |
| | | | | | <p>The Tran Id is C, the prospective enrollment carrier is populated at ASES member data, the Carrier is different from the prospective enrollment carrier at ASES member data, the Effective Date is after the ASES process date and on or before the prospective enrollment effective date at ASES member data but the Process Date is on or before the process date for the prospective enrollment at ASES member data.</p> | |
| | | | Not T | | <p>The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, for a historical enrollment period at ASES member data the carrier is</p> | |

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populated at the enrollment record Effective Date is the same as the historical enrollment period effective date, but the Process Date is on or before the process date for the historical enrollment period at ASES member data.

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

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

The Tran Id is E, the enrollment Effective Date is on or before the ASES process date, but the current enrollment carrier is not populated at ASES member data.

The Tran Id is E or C, there is a previous retroactive eligibility enrollment at ASES member data for the period implicated by the enrollment Effective Date and the enrollment Effective Date is on or after the previous retroactive eligibility enrollment Effective Date but the Process Date is on or before the process date of the previous retroactive eligibility enrollment.

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

Check if the enrollment still applies.

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

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|--|-----|---|-------|-----|--|---|
| 178 | CAI | PCP2 Effective Date, PCP2, Effective Date | Any | | The PCP2 is not blank and the Tran Id is E, C or I, but the PCP2 Effective Date is different from the enrollment Effective Date. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date. |
| | | | Not T | | The PCP2 is not blank and the Tran Id is V, 1 or 3, but the PCP2 Effective Date is earlier than the current enrollment effective date at ASES member data. | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id. |
| 179 | CAI | Process Date, Effective Date | Not T | MA | The Tran Id is E or C, the prospective enrollment carrier and effective date are populated at ASES member data, the enrollment Effective Date is the same as the prospective enrollment effective date at ASES member data and the Carrier is different from the prospective enrollment carrier at ASES member data but the Process Date is on or before the process date of the prospective enrollment at ASES member data. | Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies. |
| <p>ADMINISTRACION DE SEGUROS DE SALUD</p> <p>№ 23 - 0045A</p> <p>Contrato Número</p> | | | | | | |
| 181 | CIC | PMG Tax Id | Any | Any | If the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a family PMG then PMG Tax Id should not be blank. | Insert a PMG Tax Id. Otherwise check the Carrier, Plan Version or Effective Date. |
| 191 | CIC | PMG Tax Id Effective Date | Any | Any | If the plan (Carrier, Plan version) contract corresponding to the Effective Date requires a PMG then the PMG Tax Id Effective Date should contain a valid date. | Insert a valid date. Otherwise, check the Effective Date, Carrier and Plan Version. |
| 192 | RIC | PMG Tax Id Effective Date | Any | Any | The PMG Tax Id Effective Date should be on or after 1/1/2010. | Insert a date on or after 1/1/2010. |

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|-----|-----|--------------------------------|-------|-----|--|---|
| 211 | CAI | PMG Tax Id Effective Date | Not T | Any | The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date, but a record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated. | Insert a valid PMG Tax Id Effective Date. Otherwise, check the Effective Date, Carrier and Plan Version. |
| | | | T | MO | The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date but a retroactive eligibility record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated. | |
| 221 | DR | Region, Family Id, Data Source | Not T | Any | Only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions is allowed. | Include only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions. |
| | | | T | | Only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch is allowed. | Include only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch. |

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| | | | | | | |
|-----|-----|--------------------------------|-------|-----|--|--|
| 222 | CAI | Carrier | Not T | MO | The Tran Id is E but the Carrier is the same as the currently enrolled carrier at ASES member data and the card id date at ASES member data is populated. | Check if an enrollment is needed. Otherwise, check the Tran Id or Carrier. |
| | | | | MA | | |
| | | | T | Any | The Tran Id is E but the Carrier and Plan Version are the same as the currently enrolled for the corresponding retroactive eligibility period at ASES member data and the card id date at ASES member data is populated. | Check if an enrollment is needed. Otherwise, check the Tran Id, Carrier or Plan Version. |
| 223 | CAI | Carrier | Not T | MO | The Tran Id is E but the Carrier is different from the currently enrolled carrier at ASES member data. | Check if an enrollment still applies. Otherwise, check the Tran Id or Carrier. |
| | | | | MA | | |
| | | | T | Any | The Tran Id is E but the Carrier is different from the currently enrolled for the corresponding retroactive eligibility period at ASES member data. | |
| 224 | CAI | Effective Date, Special Enroll | Not T | MO | The member is not eligible by the enrollment Effective Date at ASES member data. | Check the Effective Date. |
| | | | | MA | | |
| | | | T | MA | The member is not eligible at ASES member data by (i.e. there was no retroactive eligibility period corresponding to) the enrollment Effective Date. | |
| 225 | CAI | Member SSN | Not T | MO | The Member SSN is not the same as the one found at ASES member data. | Check the Member SSN. |
| | | | | MA | | |
| | | | | JC | The Member SSN is not the same as the one found at ASES member historical data. | |
| | | | | CO | | |
| | | | T | MO | The Member SSN is not the same as the one from the corresponding retroactive eligibility record at ASES member data. | |

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| | | | | | | |
|-----|--|---|-------|-----|---|--|
| 226 | CAI | MPI Number | Not T | Any | The MPI Number is not the same as the one from ASES member data. | Check the MPI Number. |
| | | | T | | The MPI Number is not the same as the one from the corresponding retroactive eligibility record at ASES member data. | |
| 228 | CAI | Carrier, Data Source | Not T | MA | Tran Id is V but the Carrier is different from the currently enrolled at ASES member data. | Check the Carrier. Otherwise, check the Tran Id. |
| | | | | MO | Tran Id is V. | |
| | | | | JC | | |
| CO | Check the Tran Id. Otherwise, check the Data Source. | | | | | |
| 229 | CAI | Carrier, Plan Type, Plan Version | Not T | Any | Tran Id is I but the Carrier or Plan Version are different from the currently enrolled at ASES member data. | Check the Carrier or Plan Version. Otherwise, check the Tran Id. |
| 22A | CAI | Carrier, Plan Type, Plan Version, PMG Tax Id | Not T | Any | Tran Id is 1, 2 or 3, but the Carrier, Plan Version or PMG Tax Id are different from the currently enrolled at ASES member data. | Check the Carrier, Plan Version or PMG Tax Id. Otherwise, check the Tran Id. |
| 22B | CIC | PCP1 Effective Date, PCP2 Effective Date | Not T | Any | If Tran Id is 3 then the PCP1 Effective Date and the PCP2 Effective Date should both be prospective or both be immediate relative to the ASES process date. | Check the PCP1 Effective Date or PCP2 Effective Date. Otherwise, check the Tran Id. |
| 22D | CIC | Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date | Any | Any | The Effective Date, PCP1 Effective Date, PCP2 Effective Date and PMG Tax Id Effective Date should not be later than 4 months after the ASES process date. | Check the Effective Date, PCP1 Effective Date, PCP2 Effective Date or PMG Tax Id Effective Date. |
| 22E | CAI | Plan Version, Effective Date | Not T | MO | The Plan Version is different from the coverage code found at ASES member data according to the enrollment Effective Date. | Check the Plan Version. Otherwise, check the Effective Date. |
| | | | T | | The Plan Version is different from the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date. | |

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Contrato Número CAI

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| | | | | | | |
|-----------------|-----|---------------------------------|-------|-----|--|--|
| 22G | CAI | Plan Version, Effective Date | Not T | MA | The Plan Version does not correspond with the coverage code found at ASES member data according to the enrollment Effective Date. | Check the Plan Version. Otherwise, check the Effective Date. |
| | | | T | | The Plan Version does not correspond with the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date. | |
| Contrato Número | | | | | | |
| 230 | BF | Data Source | Any | Any | The Data Source field is blank. | Insert valid content. |
| 231 | IC | Data Source | Any | Any | Invalid content. | Insert valid content. |
| 232 | CIC | Data Source | Any | MO | Plan Type should be 01. | Change the Plan Type to 01. Otherwise, check the Data Source. |
| | | | | JC | | |
| | | | | CO | | |
| 233 | CIC | Data Source | Any | MA | The Plan Type should be 02. | Change the Plan Type to 02. Otherwise, check the Data Source. |
| 251 | CIC | HIC Number, Plan Type | Any | MA | The content for the field is not 11 characters long and hence is invalid. | Insert content that is 11 characters long. |
| 280 | CAI | Region, Family Id | Not T | Any | The member (Region, Family id) was found in ASES data but is not currently eligible. | Check Region, Family Id and Effective Date. |
| 281 | CAI | Region, Family Id | Not T | Any | The member (Region, Family id) was not found in ASES data. | Check Region and Family Id. |

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

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Contrato Número

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

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

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| | | | | | | |
|-----|-----|----------------------------|--|-----------------|---|--|
| A01 | IC | PMG NPI | | MO | Invalid PMGNPI value | Blanks are not accepted. This is required |
| A02 | IC | PMG Medicaid Id | | MO | Invalid value for PMGMedicaidId | This Value is required based on |
| A03 | IC | Primary Care Change Reason | | MO | The primary care change reason is empty or has an Invalid value | If you do not have a reason for change or the transaction is not related to a primary care change, you must use the code "AI". |
| A04 | CAI | Carrier, Effective date | | JC/CO | The member is enrolled in a Medicare Platino carrier for the effective date of the requested enrollment counselor plan transfer | The Carrier Change Counselor cannot change the insurance company of a beneficiary enrolled in a platino product. |
| A05 | CAI | Record Length | | MO,MA,J C,CO | Record length is Incorrect | |

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| Response Type Code | Response Type | Response Type Description |
|--------------------|---------------------------------------|--|
| BF | Blank Field Error | Field has been left blank |
| IC | Invalid Content Error | Field content is invalid. |
| CIC | Conditionally Invalid Content | Field content is invalid according to another field. |
| RIC | Relative Invalid Content | Field content is invalid in comparison to their field or data. |
| DR | Duplicate Records | Record is duplicate in a certain context. |
| CAI | Contextual Applicability Issue | Some issue in the in the context |
| HEA | Historical Enrollment Acknowledgement | Historical Enrollment Acknowledgement |

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

Any
Not T

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

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

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

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

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| Field Name | Position | Site | Notes | Version Change | Version Change Category |
|------------------------------|----------|------|---|--|-------------------------|
| 1 Region Id | 1 | 1 | Filled with value in enrollment export file for field F.11 Region | Previous Version: Field: REGION ID Notes: | No change Required |
| 2 Certification Date | 2 | 19 | Filled with value in enrollment export file for field F.59 Certification Date | Previous Version: Field: CERTIFICATION DATE Notes: | No change Required |
| 3 Person Id | 21 | 11 | Filled with value in enrollment export file for field F.7 Person Id | Previous Version: Field: FAMILY ID Notes: | No change Required |
| 4 MPI | 32 | 13 | Filled with value in enrollment export file for field M.50 MPI | Previous Version: Field: MPI NUMBER Notes: | No change Required |
| 5 FILLER | 45 | 2 | filled with '00' | Previous Version: Field: MEMBER SUFFIX Notes: | No change Required |
| 6 Coverage Code | 47 | 3 | Filled with value in enrollment export file for field M.89 Coverage Code | Previous Version: Field: COVERAGE CODE Notes: | No change Required |
| 7 Process Date | 50 | 19 | Filled with value in enrollment export file for field F.3 Process Date | Previous Version: Field: UPDATE DATE Notes: | No change Required |
| 8 Eligibility Effective Date | 69 | 19 | Filled with value in enrollment export file for field F.16 Eligibility Effective Date | Previous Version: Field: ELEGIBILITY DATE Notes: | No change Required |

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ADDENDUM 3

*.820 Premium Payment Companion Guide and Prempay ADJ File Layout

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Puerto Rico Medicaid Enterprise - Health Insurance Plans
**820 Payroll Deducted and Other Group
Premium Payment for Insurance Products**
Companion Guide

EMR
HIP

Instructions related to the ASC X12 Payroll Deducted and Other Group Premium Payment For Insurance Products (820) transaction, based on the 005010X218 Implementation Guide for the Issuers contracted by the the Puerto Rico Health Insurance Administration (ASES) Act No. 72, for the following Health Insurance Plans: Government Health Plan (GHP) known as *Plan Vital*, and Medicare Advantage Special Needs Plan (MA-SNP) known as *Medicare Platino*

Version 1.0.2
February 01, 2023

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1 Preface

Companion Guides (CG) 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 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

Express permission to use X12 copyrighted materials has been granted.

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3 Revision History

| Version | Date | Description |
|---------|------------|--|
| v1.0 | 10/28/2022 | First version published for review. |
| v1.0.1 | 11/16/2022 | Adjustments to Loop 2300B to Include PMG NPI and PMG Location Id and also instructions for transactions where the Risk Score does not apply. |
| v1.0.2 | 02/01/2023 | Inclusion of appendix 7.4 to include new rate cell codes V15 - CHIP Non Dual Aged, Blind, Disabled V16 - Commonwealth Non Dual Aged, Blind, Disabled |
| | | |
| | | |

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4 Introduction

4.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

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

4.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

4.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

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4.4 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

4.5 Updates

Changes to this guide are published on the ASES website: <https://www.asespr.org>

4.6 Contacts

See the ASES website for contact information: <https://www.asespr.org>

4.7 Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for the transaction.

a) Convention Example

| Page | Loop | Reference | Name | Codes | Notes/Comments |
|------|-------|-----------|-----------------------------------|-------|---|
| 56 | 1000A | N1 | Premium Receiver's Name | | |
| 56 | | N101 | Entity Identifier Code | PE | PE - Payee |
| 56 | | N102 | Payee Organization Name | | Value = Carrier's organization legal name |
| 57 | | N103 | Identification Code Qualifier | F1 | F1 - Federal Taxpayer's Identification Number |
| 57 | | N104 | Payee's Tax Identification Number | | Value = Carrier's Federal Tax Id |

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b) Convention Fields

| <i>Column Name</i> | <i>Description</i> |
|--------------------|--|
| Loop | Loop Number |
| Reference | Segment Reference |
| Name | Segment Name, Segment Element |
| Codes | Standard Codes used |
| Comments | Comments or clarifications, values, data length, and repeats are also listed here. Clarifications in field length only indicate what ASES uses or returns to process the transaction. ASES still accepts the minimum and maximum field lengths required by the TR3 for each element. |
| Page | Page of the TR3 on which the loop, segment, or element is listed. |

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5 Transaction 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

5.1 Control Segments

5.1.1 Header

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|-------|-----------|-------------------------------------|-------|--|
| C.3 | | None | ISA | Interchange Control Header | | |
| C.4 | 2/2 | ISA01 | | Authorization Information Qualifier | 00 | !00 - No authorization information present |
| C.4 | 10/10 | ISA02 | | Authorization Information | | !Filled with 10 spaces |
| C.4 | 2/2 | ISA03 | | Security Information Qualifier | 00 | 00 - No Security Information Present |
| C.4 | 10/10 | ISA04 | | Security Information | | !Filled with 10 spaces |
| C.4 | 2/2 | ISA05 | | Interchange ID Qualifier | 30 | !30 - US Federal Tax Identification Number |
| C.4 | 15/15 | ISA06 | | Interchange Sender Id | | !Value = 660500678 |
| C.5 | 2/2 | ISA07 | | Interchange ID Qualifier | ZZ | !ZZ - Mutually Defined |
| C.5 | 15/15 | ISA08 | | Interchange Receiver Id | | !Value = Trading Partner ID |
| C.5 | 6/6 | ISA09 | | Interchange Date | | !The date format is YYMMDD |
| C.5 | 4/4 | ISA10 | | Interchange Time | | !The time format is HHMM |

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|------------------------------------|-------|---|
| C.5 | 1/1 | | ISA11 | Repetition Separator | | |
| C.5 | 5/5 | | ISA12 | Interchange Control Version Number | 00501 | 00501 - Standards Approved for Publication by ASC X12 |
| C.5 | 9/9 | | ISA13 | Interchange Control Number | | |
| C.6 | 1/1 | | ISA14 | Acknowledgement Requested | | |
| C.6 | 1/1 | | ISA15 | Interchange Usage Indicator | P,T | P - Production Data T - Test Data |
| C.6 | 1/1 | | ISA16 | Component Element Separator | | |
| C.7 | | None | GS | Functional Header | | |
| C.7 | 2/2 | | GS01 | Functional Identifier Code | | |
| C.7 | 2/15 | | GS02 | Application's Sender Code | | Value = 660500678 |
| C.7 | 2/15 | | GS03 | Application's Receiver Code | | Value = Trading Partner ID |
| C.7 | 8/8 | | GS04 | Date | | Functional Group creation date, The date format is CCYYMMDD |
| C.8 | 4/8 | | GS05 | Time | | Functional Group creation time, The time format is HHMM |
| C.8 | 1/9 | | GS06 | Group Control Number | | Value = ASES assigned control number formatted as YYMMDD-CC (YY year MM month DD day - CC carrier code) |
| C.8 | 1/2 | | GS07 | Responsible Agency Code | X | X - Accredited Standards Committee X12 |

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| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|--|-------|--------------------|
| C.8 | 1/12 | | GS08 | Version / Release / Industry Identifier Code | | Value = 005010X218 |

5.1.2 Trailer



| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|--------------------------------------|-------|-------------------------|
| C.9 | | | GE | Functional Group Trailer | | |
| C.9 | 1/6 | | GE01 | Number of Transactions Sets Included | | 1 |
| C.9 | 1/9 | | GE02 | Group Control Number | | 1+SYSTEM DATE(YMMDD) |
| C.10 | | | IEA | Interchange Control Trailer | | |
| C.10 | 1/5 | | IEA01 | Number of Included Functional Groups | | 1 |
| C.10 | 9/9 | | IEA02 | Interchange Control Number | | SYSTEM DATE (YMMDD)+001 |

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№ 23 - 0045A

Contrato Número

5.2 Transaction Segments

5.2.1 Header

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|-------|-----------|-------------------------------------|-------|--|
| 35 | | ST | | 820 Header | | |
| 35 | 3/3 | ST01 | | Transaction Set Identifier Code | 820 | 820 - Payment Order / Remittance Advice |
| 35 | 4/9 | ST02 | | Transaction Set Control Number | | Value = ASES assigned control number formatted as YYDDDDCCPP (YYDDD julian date format CC carrier code PP Plan type) |
| 35 | 1/35 | ST03 | | Implementation Convention Reference | | Value = 005010X218 |
| 36 | | BPR | | Financial Information | | |
| 37 | 1/2 | BPR01 | | Transaction Handling Code | I | I - Remittance Information Only |
| 37 | 1/18 | BPR02 | | Monetary Amount | | Value = Total Premium Payment Amount |
| 38 | 1/1 | BPR03 | | Credit/Debit Flag Code | C | C - Credit |
| 38 | 3/3 | BPR04 | | Payment Method Code | NON | NON - Non Payment Data |
| 40 | 10/10 | BPR10 | | Originating Company Identifier | | Value = 660500678 |
| 42 | 8/8 | BPR16 | | Date | | Value = Check Issue or EFT Date |

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Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|-------|-----------|---------------------------------------|-------|--|
| 43 | | | TRN | Reassociation Trace Number | | |
| 43 | 1/2 | | TRN01 | Trace Type Code | 3 | 3 - Financial Reassociation Trace Number |
| 43 | 1/50 | | TRN02 | Reference Identification | | Value = Check or EFT Trace Number |
| 44 | 10/10 | | TRN03 | Originating Company Identifier | | Value = 660500678 |
| 48 | | | REF | Premium Receiver Identification Key | | |
| 48 | 2/3 | | REF01 | Reference Identification Qualifier | 18 | 14 - Plan Number |
| 49 | 1/50 | | REF02 | Premium Receiver Reference Identifier | | Value = ASES assigned code for the carrier's health plan |
| 50 | | | DTM | Process Date | | |
| 50 | 3/3 | | DTM01 | Date/Time Qualifier | 009 | 009 - Process |
| 50 | 8/8 | | DTM02 | Payer Process Date | | Value = Date expressed as CCYYMMDD |
| 56 | | 1000A | N1 | Premium Receiver's Name | | |
| 56 | 2/3 | | N101 | Entity Identifier Code | PE | PE - Payee |
| 56 | 1/60 | | N102 | Payee Organization Name | | Value = Carrier's organization legal name |
| 57 | 1/2 | | N103 | Identification Code Qualifier | FI | FI - Federal Taxpayer's Identification Number |
| 57 | 2/80 | | N104 | Payee's Tax Identification | | Value = Carrier's Federal Tax Id |

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|-------|-----------|----------------------------------|-------|---|
| | | | | :Number | | |
| 64 | | 1000B | N1 | Premium Payer's Name | | |
| 64 | 2/3 | | N101 | Entity Identifier Code | PR | PR - Payer |
| 64 | 1/60 | | N102 | Payer Name | | Value = ASES |
| 65 | 1/2 | | N103 | Identification Code Qualifier | FI | FI - Federal Taxpayer's Identification Number |
| 65 | 2/80 | | N104 | Payer Identifier | | Value = 660500678 |

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Contrato Número

5.2.2 Detail

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|-------|-----------|--------------------------------------|-------|---|
| 105 | | 2000B | ENT | Remittance Information | | |
| 106 | 1/6 | | ENT01 | Assigned Number | | It will begin with 1 and be incremented by one each time an ENT is used in the transaction. |
| 106 | 2/3 | | ENT02 | Entity Identifier Code | 2J | 2J - Individual |
| 106 | 1/2 | | ENT03 | Identification Code Qualifier | 34 | 34 - Social Security Number |
| 106 | 2/80 | | ENT04 | Identification Code | | Value = Member's Social Security Number |
| 107 | | 2100B | NM1 | Individual Name | | |
| 107 | 2/3 | | NM101 | Entity Identifier Code | IL | Insured or Subscriber |
| 108 | 1/1 | | NM102 | Entity Qualifier Type | 1 | 1 - Person |
| 108 | 1/60 | | NM103 | Name Last | | Value = Member's First Last Name (if there is a second last name separate by) |
| 108 | 1/35 | | NM104 | Name First | | Value = Member First Name |
| 108 | 1/25 | | NM105 | Name Middle | | Value = If available, it will be sent. It will always be a single character |
| 109 | 1/2 | | NM108 | Identification Code Qualifier | N | N - Insured's Unique Identification Number |
| 109 | 2/80 | | NM109 | Individual Identifier | | Value = Member's Medicaid Id Number (11 digits) |
| 112 | | 2300B | RMR | Individual Premium Remittance Detail | | |
| 112 | 2/3 | | RMR01 | Reference Identification | AZ | AZ - Health Insurance Policy Number |

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|-----------|-------|----------------|
| | | | | Qualifier | | |

The field will be populated with multiple values separated by "|". The values correspond to:

- Member's MPI (13 digits)
- Member's PMG NPI (10 digits)
- Member's PMG Location Id (9 digits)

113 1/50 RMR02 Reference Identification

Notes:

- PMG NPI and Location Id are optional for Medicare Platino and Virtual Population.
- PMG Location Id refers to the *Medicaid Id* assigned to the provider per each service location.

| | | | | | | |
|-----|------|--|-------|---------------------------------|--|------------------------|
| 113 | 1/18 | | RMR04 | Detailed Premium Payment Amount | | Value = Payment Amount |
|-----|------|--|-------|---------------------------------|--|------------------------|

| | | | | | | |
|-----|------|--|-------|-----------------------|--|--|
| 113 | 1/18 | | RMR05 | Billed Premium Amount | | Required when the insurer sent an Invoice and the paid amount is different than the amount invoiced. If not required by this implementation Guide do not send. |
|-----|------|--|-------|-----------------------|--|--|

| | | | | | | |
|-----|--|--|-----|-----------------------|--|--|
| 114 | | | REF | Reference Information | | |
|-----|--|--|-----|-----------------------|--|--|

| | | | | | | |
|-----|-----|--|-------|---------------------------------|----|-----------------------|
| 114 | 2/3 | | REF01 | Reference Information Qualifier | ZZ | ZZ - Mutually Defined |
|-----|-----|--|-------|---------------------------------|----|-----------------------|

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|------|-------|----------------|
|------|---------|------|-----------|------|-------|----------------|

The field will be populated with multiple fields separated by "|". The fields are:

- Transaction Type (size = 3)
- Internal Control Number (ICN) (size = 18)
- Payment Category (size = 4)
- Payment Reason (size = 3)
- Rate Cell Code (size = 3)
- Risk Score Factor (size = 8)

Reference Identification

REF02

114 1/50

Notes:

- The ICN for a Reverse Transaction will be the original transaction ICN
- Risk Score Factor is only submitted for Plan Vital Capitation Payments (Payment Category = CP01)

| | | | |
|-----|-------|---|--|
| 115 | DTM | Individual Coverage Period | Required when the premium payer is not paying from an invoice, but paying on account for a covered period. If not required by this implementation guide do not send. |
| 115 | DTM01 | Date/Time Qualifier | 582 - Report Period |
| 76 | DTM05 | Date Time Period Format Qualifier | RD8 - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD |
| 76 | DTM06 | Date Time Period | Value = Coverage Period |
| 117 | ADX | Individual Premium Adjustment for Current | Required when the paid amount differs from the billed amount (RMR05 is present) in the related RMR |

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|------------------------|------------|--|
| | | | | Payment | | segment. If not required by this implementation guide do not send. |
| 117 | 1/18 | | ADX01 | Adjustment Amount | | Adjustment amount, signed if negative. |
| 118 | 2/2 | | ADX02 | Adjustment Reason Code | 52, 53, H6 | 52 - Credit for Previous Overpayment 53 - Remittance for Previous Underpayment H6 - Partial Payment Remitted |

6.2.3 Trailer

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|--------------------------------|-------|--|
| 78 | | | SE | Transaction Set Trailer | | |
| 78 | 1/10 | | SE01 | Transaction Segment Count | | Value = Refer to TR3 |
| 78 | 4/9 | | SE02 | Transaction Set Control Number | | Value = ASES assigned control number formatted as YYDDDDCCPP (YYDDD julian date format CC carrier code PP Plan type) |

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Contrato Número

6 Appendixes

6.1 Transaction Types

| <i>Code</i> | <i>Description</i> |
|-------------|--------------------|
| PAY | Payment |
| REV | Reversal |

6.2 Payment Categories

| <i>Code</i> | <i>Description</i> |
|-------------|-------------------------------------|
| CP01 | Capitation Payment |
| | Capitation Payment - Medicaid |
| CP02 | Wraparound |
| SP01 | Maternity Delivery Kick Payment |
| | Correctional Facility Hospital Case |
| SP02 | Payment |

6.3 Payment Reasons

| <i>Code</i> | <i>Description</i> |
|-------------|-----------------------------|
| 000 | Regular Payment |
| 001 | Rate Adjustment |
| 002 | Rate Cell Change Adjustment |
| 003 | Deceased Member Adjustment |
| 004 | Reconciliation Adjustment |

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6.4 Rate Cell Codes

6.4.1 Capitation Payment

The following codes are for coverage periods previous to January 01, 2023

| Code | Rate Cell |
|------|--------------------------|
| 01 | CHIP Age 0 |
| 02 | CHIP Age 1-6 |
| 03 | CHIP Age 7-13 |
| 04 | CHIP Age 14+ |
| 05 | CHIP Diabetes |
| 05 | CHIP Pulmonary |
| 07 | CW Age 0 |
| 08 | CW Age 1-6 |
| 09 | CW Age 7-13 |
| 10 | CW Cancer |
| 11 | CW Diabetes / Low Cardio |
| 11 | CW Diabetes / Low Cardio |
| 12 | CW Female Age 14-18 |
| 13 | CW Female Age 19-44 |
| 14 | CW Female Age 45+ |
| 15 | CW High Cardio |
| 16 | CW Male Age 14-18 |
| 17 | CW Male Age 19-44 |
| 18 | CW Male Age 45+ |
| 19 | CW Pulmonary |
| 20 | CW Renal |
| 21 | Dual A |
| 22 | Dual AB |
| 23 | Foster or Domestic Abuse |

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Code | Rate Cell |
|------|--------------------------------|
| 24 | Medicaid Age 0 |
| 25 | Medicaid Age 1-6 |
| 27 | Medicaid Cancer |
| 27 | Medicaid Cancer |
| 28 | Medicaid Diabetes / Low Cardio |
| 29 | Medicaid Female Age 14-18 |
| 30 | Medicaid Female Age 19-44 |
| 31 | Medicaid Female Age 45+ |
| 31 | Medicaid Female Age 45+ |
| 32 | Medicaid High Cardio |
| 33 | Medicaid Male Age 14-18 |
| 34 | Medicaid Male Age 19-44 |
| 35 | Medicaid Male Age 45+ |
| 36 | Medicaid Pulmonary |
| 37 | Medicaid Renal |
| 38 | Medicaid Platino |
| 40 | CW Platino |
| 43 | PRPL CHIP Age 0 |
| 44 | PRPL CHIP Age 1-6 |
| 45 | PRPL CHIP Age 7-14 |
| 46 | PRPL CHIP Age 14+ |
| 47 | PRPL Medicaid Age 0 |
| 48 | PRPL Medicaid Age 1-6 |
| 49 | PRPL Medicaid Age 7-13 |
| 50 | PRPL Medicaid Female Age 14-18 |
| 51 | PRPL Medicaid Female Age 19-44 |
| 52 | PRPL Medicaid Female Age 45+ |
| 53 | PRPL Medicaid Male Age 14-18 |
| 54 | PRPL Medicaid Male Age 19-44 |
| 55 | PRPL Medicaid Male Age 45+ |

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Code | Rate Cell |
|------|--|
| 56 | Transferred Medicaid Age 0 |
| 57 | Transferred Medicaid Age 1-6 |
| 58 | Transferred Medicaid Age 7-13 |
| 59 | Transferred Medicaid Cancer |
| 60 | Transferred Medicaid Diabetes / Low Cardio |
| 60 | Transferred Medicaid Diabetes / Low Cardio |
| 61 | Transferred Medicaid Female Age 14-18 |
| 62 | Transferred Medicaid Female Age 19-44 |
| 63 | Transferred Medicaid Female Age 45+ |
| 64 | Transferred Medicaid High Cardio |
| 65 | Transferred Medicaid Male Age 14-18 |
| 66 | Transferred Medicaid Male Age 19-44 |
| 67 | Transferred Medicaid Male Age 45+ |
| 68 | Transferred Medicaid Pulmonary |
| 69 | Transferred Medicaid Renal |
| 70 | Transferred CHIP Age 0 |
| 71 | Transferred CHIP Age 1-6 |
| 72 | Transferred CHIP Age 7-13 |
| 73 | Transferred CHIP Age 14+ |
| 74 | Transferred CHIP Diabetes |
| 75 | Transferred CHIP Pulmonary |

The following codes are for coverage periods on or after January 01, 2023

| Code | Rate Cell |
|------|-----------------------------|
| V01 | Medicaid - Age 18 and under |

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| Code | Rate Cell |
|------|---|
| V02 | Medicaid Age 19+ |
| V03 | Medicaid Non Dual Aged, Blind, Disabled |
| V04 | CHIP All Ages |
| V05 | Commonwealth - Age 18 and under |
| V06 | Commonwealth - Age 19+ |
| V11 | Dual A |
| V12 | Dual AB |
| V13 | Foster or Domestic Abuse |
| V15 | CHIP Non Dual Aged, Blind, Disabled |
| V16 | Commonwealth Non Dual Aged, Blind, Disabled |

6.4.2 Capitation Payment - Medicaid Wraparound

The following codes are for coverage periods previous to January 01, 2023

| Code | Rate Cell |
|------|------------------|
| 38 | Medicaid Platino |
| 40 | CW Platino |

The following codes are for coverage periods on or after January 01, 2023

| Code | Rate Cell |
|------|------------------|
| P01 | Medicaid Platino |
| P02 | CW Platino |

6.4.3 Case Rate Payments

The following codes are for coverage periods previous to January 01, 2023

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| Code | Rate Cell |
|------|-------------------------------------|
| 39 | Medicaid Maternity Kick Payment |
| 41 | CHIP Maternity Kick Payment |
| 42 | CW Maternity Kick Payment |
| 90 | Correctional Facility Hospital Case |

The following codes are for coverage periods on or after January 01, 2023

| Code | Rate Cell |
|------|-------------------------------------|
| V07 | Medicaid Maternity Kick Payment |
| V08 | CHIP Maternity Kick Payment |
| V09 | CW Maternity Kick Payment |
| V10 | Correctional Facility Hospital Case |

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6.5 File Naming Convention

Files sent out to the carriers will use the following naming conventions:

Premium Payment Transactions: [PYYYYMM_CCPT_SS.820]

| File Name Part | Meaning |
|----------------|---------------------------------------|
| P | Fixed Text for Payment Identifier |
| YYYY | Year |
| MM | Month |
| - | Fixed Text for Separator |
| CC | Carrier Code |
| PT | Plan Type |
| - | Fixed Text for Separator |
| 00 | Month payment sequence starting in 00 |
| .820 | File Extension Identifier |

Example: P202301_0101_00.820

Outbound 820 for pay date 01/01/2023 for Carrier 01 Plan Type 01.

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A handwritten signature or stamp in blue ink, consisting of several overlapping, stylized lines.

Addendum 4

MCO Objection Of Payments

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Contrato Número



Government of Puerto Rico
Puerto Rico Health Insurance Administration



Objection To Payment (OTP) Interface

File Layout May 2023

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Contrato Número

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General Information

This document describes the file layout required to be submitted in case of an Objection to Payment.

The information on this document is subject to continuous revisions and modifications that will be made available to all parts involved.

Objection To Payment - Request File Layout

File Naming Convention

| File Naming Convention | Part | Meaning |
|------------------------------|-------------|---------------------------------------|
| otp_request_cc_yyyymm_ss.txt | otp_request | Static text for interface identifier. |
| | cc | Carrier code |
| | yy | Billing date year |
| | mm | Billing date month |
| | ss | Version Sequence |

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File Content

Contrato Número

| Field# | Field Name | Description | Position | Size | Data Type | Validation Rules |
|--------|---------------------|---|----------|------|--------------|------------------|
| 1 | Incurred Month | Member's coverage month for the payment transaction being subject to an objection of payment | 1 | 8 | YYYYMM01 | Required |
| 2 | Incurred Start Date | Start Date within the coverage month. This is for subperiods within a month, otherwise use first day of the month | 9 | 8 | YYYYMMD D | Required |
| 3 | Incurred End Date | End Date within the coverage month. This is for subperiods within a month, | 17 | 8 | YYYYMMD D | Required |

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Objection To Payment (OTP) Interface
File Layout

| Field# | Field Name | Description | Position | Size | Data Type | Validation Rules |
|--------|------------------------------------|--|----------|------|--------------|---|
| | | otherwise use last day of the month | | | | |
| 4 | MPI | Master Patient Index. (Medicaid Member Id) | 25 | 13 | X(13) | Required |
| 5 | Application Number | Medicaid Application Number | 38 | 10 | X(10) | Required |
| 6 | Eligibility Start Date | Eligibility Start Date for the Incurred Period in the Health Plan | 48 | 8 | YYYYMMD D | Required |
| 7 | Carrier | Carrier Code | 56 | 2 | X(2) | Required |
| 8 | Carrier Effective Date | Carrier Effective Date | 58 | 8 | YYYYMMD D | Required |
| 9 | Coverage Code | Coverage Code | 66 | 3 | X(3) | Required |
| 10 | DOB | Date Of Birth | 69 | 8 | YYYYMMD D | Required |
| 11 | Sex | 1=Masculine, 2=Femenine | 77 | 1 | X(1) | Required |
| 12 | Group Ident | Group Identification (Government Group Code) | 78 | 3 | X(3) | Required |
| 12.2 | Group Code | Group Code (Eligibility Group Code) | 81 | 3 | X(3) | Required |
| 13 | Dual Member | Identifies if is a dual member using the following values: N=No Dual; A=Medicare Part A Only AB=Medicare Part A and Medicare Part B | 84 | 2 | X(2) | Required This information is obtained from the Insurance Records, field <i>Health Insurer Code</i> : - 003 for Part A - 009 for Part B |
| 14.1 | Enrollment Notification | Carrier Eligibility File Name (.EXP) where the subscription process is accepted by ASES enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by ASES use the file name for the .EXP with the notification of the assignment for this member. | 86 | 14 | X(14) | Required if payment is expected |
| 14.2 | Enrollment Confirmation By Carrier | Enrollment Effectuation File Name (.SUS) | 100 | 14 | X(14) | Required if payment is expected and a proper enrollment has been rejected by ASES. |

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Objection To Payment (OTP) Interface
File Layout

| Field# | Field Name | Description | Position | Size | Data Type | Validation Rules |
|--------|------------------------|---|----------|------|-----------|---|
| 14.3 | Enrollment Acceptance | Indicate if the subscription process is accepted by ASES using: Y: YES N: NO | 114 | 2 | X(2) | Required if payment is expected and a proper enrollment has been rejected by ASES. |
| 15.1 | HCHN Category | HCHN Category | 116 | 20 | X(20) | Required if Expected Rate Cell is HCHN |
| 16.1 | HCHN Notification | File Name for the <i>Report 8 - High Cost High Need (HCHN)</i> where the notification for this category was sent. | 136 | 30 | X(30) | Required if Expected Rate Cell is HCHN |
| 17.1 | Encounter Carrier Id | Carrier Reporting the Encounter. This is the Carrier reported on the .CLM file | 166 | 2 | X(2) | Required when: - Expected Rate Cell is MDKP - HCHN exceeding 6 months in the registry |
| 18.1 | Encounter Claim Id | Encounter Identifier. This is the Claim Id reported on the .CLM file | 168 | 30 | X(30) | Required when: - Expected Rate Cell is MDKP - HCHN exceeding 6 months in the registry |
| 19.1 | Encounter Service Date | Encounter Service Date. This is the From Date associated to the Claim Id reported in the .CLM File. | 198 | 8 | YYYYMMDD | Required when: - Expected Rate Cell is MDKP - HCHN exceeding 6 months in the registry |
| 20.1 | Encounter Notification | .CLM File Name containing the Encounter that sustains the adjudication of the HCHN rate cell | 206 | 30 | X(30) | Required when: - Expected Rate Cell is MDKP - HCHN exceeding 6 months in the registry |
| 21.1 | Billing Date | Billing Date | 236 | 8 | YYYYMMDD | Required if a Payment was received |
| 22.1 | Rate Cell | Received Rate Cell | 244 | 3 | X(3) | Required if a Payment was received |
| 22.2 | Risk Score | Received Risk Score | 247 | 8 | X(8) | Required for payments received for coverage on or after January 2023 |
| 23.1 | Premium | Received Premium Amount | 255 | 7 | S9(5)v99 | Required if a |

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ADMINISTRACION DE SEGUROS DE SALUD

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Objection To Payment (OTP) Interface
File Layout

| Field# | Field Name | Description | Position | Size | Data Type | Validation Rules |
|--------|-------------------------|---|----------|------|-----------|--|
| | Amount | | | | | Payment was received |
| 24.1 | Payment Id | Unique Id for each transaction associated to an Objection of Payment. All responses for the objections of payment will reference this Identifier. | 262 | 30 | X(30) | Required For payments for coverage before January 2023 this value is generated by the Carrier and transmitted to ASES. For payments for coverage on or after January 2023 use the 18 digits ICN number received in the 820 file. |
| 25.1 | Objection Type | PP=Premium Payment (Capitation Payment) MDKP=Maternity Delivery Kick Payment | 292 | 4 | X(4) | Required |
| 26.1 | Expected Rate Cell | Expected Rate Cell | 296 | 3 | X(3) | Required |
| 27.1 | Expected Premium Amount | Expected Premium Amount | 299 | 7 | S9(5)v99 | Required |
| 28.1 | Comments | Additional Comments explaining the objection of payment | 306 | 200 | X(200) | Required |
| 29 | End of Record | End of Record Filler | 506 | 1 | * | Required |

Total characters in the record: 506 (asterisk included)

Objection To Payment - Response File Layout

ADMINISTRACION DE
SEGUROS DE SALUD

File Naming Convention

№ 23 - 0045A

| File Naming Convention | Part | Contrato Número | Meaning |
|--------------------------------|--------------|-----------------|--------------------------------------|
| otp_response_cc_yyyyymm_ss.txt | otp_response | | Static text for interface identifier |
| | cc | | Carrier code |

 EMR

| | |
|----|--------------------|
| yy | Billing date year |
| mm | Billing date month |
| ss | Version Sequence |

File Content

| Field# | Field Name | Description | Position | Size | Data Type | Validation Rules |
|--------|------------------------|---|----------|------|--------------|----------------------|
| 1 | Payment Objection Id | Objection of Payment Id received from carrier. | 1 | 30 | X(30) | Required |
| 2 | Evaluation Result | Accepted, Rejected, In Process | 31 | 8 | Varchar(9) | Required |
| 3 | Evaluation Explanation | If Evaluation Result is Rejected then an explanation is provided. | 39 | 100 | Varchar(100) | Required if Rejected |
| 4 | End of Record | End of Record Filler | 139 | 1 | * | |

Total characters in the record: 139 (asterisk included)

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ADDENDUM 5

CARRIER to ASES

ver 4.1C_rev.20230221

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ADMINISTRACION DE
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Contrato Número

Carrier to ASES Data Submissions

New File Layouts

Version 4.1C

February 21, 2023

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MedInsight@asespr.org



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION
Carrier to ASES Data Submissions
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Version Changes

Version 3.0A

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

CAPITATION Input File Layout

CAPITATION TYPE field was modified.

PROVIDER Input File Layout

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

CLAIMSERVICES Input File Layout - Added

New fields added to the layout.

Data Validation and Auditing Change

New section regarding data validation and auditing added.

Version 3.0A rev3

Provider, Network, and IPA Files Layout

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

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

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CLAIMSERVICES Input File Layout

PLAN TYPE field and PLAN VERSION LIST were modified.

Version 3.0A rev4

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

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Version 3.0A rev5

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

Version 4.0B

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

Version 4.0C

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

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Version 4.1C

Descriptions and/or validation rules were added to the CLAIMSERVICES and Capitation Input File Layouts, to the Plan Type related fields, applicable to Government Employee Carriers.
Descriptions and/or validation rules were added to the CLAIMSERVICES, to the Primary Center field, applicable to claims for Plan Version 970.

ATTACHMENT IV - PLACE OF SERVICE CODES – updated
ATTACHMENT VI – PLAN VERSION LIST – updated

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IPA Code Deliverable Data Format at IPA, CAPITATION and NETWORK Input File Layouts were changed.
Specialty and Specialty Code fields at NETWORK Input File Layouts were changed.



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Introduction

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

Claims Transaction Handling

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

Paid or Denied FFS Claims

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

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

Encounter Claims

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



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

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

Provider, IPA and Network Files

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

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

The Provider and Network files must include:

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

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

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



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For pharmacy claims only

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

Capitation Files

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

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

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

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

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

Capitation Adjustments

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


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

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

Data Validation and Audit Process

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

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

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

Claims, Capitation and Encounter Lag Reports

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



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

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

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

CLAIMLAG_coyyymm.xls(x)

Where:

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

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

| <u>Claim Type</u> | <u>Region</u> | <u>Incurred Month</u> | <u>Paid Month</u> | <u>Paid Amount</u> | <u>ADMINISTRACION DE SEGUROS DE SALUD</u> |
|-------------------|---------------|-----------------------|-------------------|--------------------|---|
| Medical | East | 201801 | 201801 | 50,823.43 | |
| Medical | South | 201801 | 201802 | 45,534.00 | |
| Medical | North | 201801 | 201803 | 986,796.36 | |

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

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

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

CAPLAG_ccyyymmms.xls(x)

Where:

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

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

| <u>Region</u> | <u>Incurred Month</u> | <u>Paid Month</u> | <u>Capitation Paid Amount</u> |
|---------------|-----------------------|-------------------|-------------------------------|
| East | 201801 | 201801 | 5,023.43 |
| South | 201801 | 201802 | 4,534.00 |
| North | 201801 | 201803 | 98,796.36 |
| East | 201801 | 201801 | 66.89 |

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

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

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

ENCOUNTERLAG_ cyyymm.xls(x)

Where:

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

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

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

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Primary Carrier ID

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

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

General Notes on Field Level Requirements

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

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

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

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

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

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

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

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

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

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



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

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

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

Data File Naming Conventions

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

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

The general format of file names will be –

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

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- Character 4-5 yy = Last two digits of year
 - Characters 6-7 mm = Month
 - Character 8 s = sequence number of file submission.
- All submission start with s = 0 and continue in numeric if files are re-submitted to 9
 If files must be re-submitted beyond 9, then alphabetic characters will be used a, b, c ...
- Character 9 Always “.”
 - Characters 10-12 Extension code identifying type of file
 - CLM for CLAIMSERVICES
 - PRV for PROVIDERS
 - IPA for IPA
 - CAP for CAPITATIONS
 - NET for NETWORK
 - Characters 13-16 .zip = Extension code identifying a compressed file

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

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

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

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

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CLAIMSERVICES INPUT FILE LAYOUT

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



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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|---|---------------|---------------|---|-------------------------|---|
| 3 | plan_type | Plan Type | ASES defined Plan Type 01 = GHIP 02 = MA-SNP 03 = MA-PD 04 = Law 95 Commercial 05 = Law 95 Advantage 06 = Law 95 ELA-GHP 07 = Commercial non-Law 95 08 = Advantage non-Law 95 09 = LAW 95 Pensioned Police | XX | Required Must equal "01", "02", "03", "04", "05", "06", "09" Value "01" must correspond to a GHIP carrier or to an MBHO, PBM, or other assigned carrier code which is not Medicare Platino. Values of "02" or "03" must correspond to Medicare Platino Carrier ID. Values of "04" or "05" must correspond to Government Employee Carrier ID. Value "06" must correspond to Government Employee Carrier ID for ELA-GHP ("ELA Puros"). Values of "07" or "08" must correspond to carrier, which is not plan type "01", "06" or "09". Value "09" must correspond to government employee carrier ID for Pensioned Police. |
| 4 | contract_type | Contract Type | Contract type to distinguish multiple plans within Plan Type. For government employee claims indicates contract type: 1 = Family 2 = Couple 3 = Individual 4 = Optional Dependent | X | Required for Plan Type "04", "05", "06" and "09" (Government Employee) Not required for Plan Type "01", "02", or "03". |
| 5 | claim_id | Claim ID | Unique Identification number within Carrier for the claim. | X(20) | Required Left justified, blank filled to 20 characters if value is less than 20 characters. |



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CLAIMSERVICES INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|---|--------------|---------------------|---|-------------------------|--|
| 6 | sv_line | Service Line Number | Number identifying individual service within a given claim. | XXXXX | Required Must be a maximum of 5 digits. ID of the Service Line within the Claim ID. Duplicates within Claim ID and Service Line Number on the same submission will be considered errors (the combination of the claim_id plus the service_line_no must be unique within the carrier). |
| 7 | bill_type | Bill Type | Originating bill type – U=UB-04 / Institutional H=HCFA/CMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim | X | Required Must equal "U", "H", "P" or "D". |
| 8 | ub_bill_type | UB Type of Bill | Type of Bill on the UB claim form. The type of bill encodes facility type, bill classification, and description. | XXX | Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual. |
| 9 | sv_stat | Claim Line Status | Indicates payment action on the service represented by this record. P= Paid D=Denied A=Adjustment R=Reversal E=Encounter | X | Required Must equal "P", "D", "A", "R" or "E". If value is "E", service will have zero Paid Amount. |

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

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|----------------|-------------------------------|--|-------------------------|---|
| 17 | rec_date | Received Date | Date when claim was received in carrier in YYYYMMDD format | YYYYMMDD | Required Must be a valid date Must be equal or greater than Discharge Date |
| 18 | entry_date | Entry Date | Date when claim was entered into the carrier's system. YYYYMMDD format. | YYYYMMDD | Required Must be a valid date Must be equal or greater than Received Date |
| 19 | extract_date | Extract Date | Date on which record is originally extracted from Carrier's system to create the Claims Input File. | YYYYMMDD | Required Must be a valid date Must be later or equal to any other date field on record |
| 20 | mpi | MPI Number or Contract Number | Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee this will be the contract number | X(13) | Required Must be a valid MPI number For government employee only, contract number Must be left justified, blank filled to the right |
| 21 | primary_center | Primary Center | Identify the Primary Care Center (IPA/HCO) of the member. Code as assigned by the carrier. | X(10) | Must be present on all claims of Plan Type "01", except on claims from plan version 970. May be present on claims of other Plan Types When present it indicates the Primary Care Center (IPA/HCO etc.) of the member. Must be left justified and blank filled to complete the field. Must be found on the IPA table matched by Carrier ID and IPA. |
| 22 | ssn_mainh | HOH Social Security | Social Security number of Head of Household (HOH) of family. This is available from the Family record in ASES eligibility data sent to carriers. | X(9) | Required Must be all numeric Must be a full 9 digits, right justified, zero filled |
| 23 | ssn | Patient Social Security | Social Security Number of member | X(9) | Required Must be all numeric Must be a full 9 digits, right justified, zero filled |

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

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|-------------------|------------------------|---|-------------------------|--|
| 29 | municipality_res | Municipality Residence | Municipality of residence of member. See Municipality Codes in Attachment I. | XXXX | Required Must be a valid ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code |
| 30 | municipality_code | Municipality Service | Municipality in which services are provided based on provider address. See municipality Codes in Attachment I. | XXXX | Required Must be a valid ASES Municipality Code All numeric, right justified, zero filled. For outside of Puerto Rico, code 0666 is included in the list of Municipality Codes. |
| 31 | drg_code | DRG Code | Diagnosis Related Group Code | XXXX | Must be a valid DRG Code |
| 32 | drg_type | DRG Type Code | DRG Type Code, representing the type of DRG Code submitted on the claim. | X | Required when DRG is provided. Must be one of the following: 1= MS DRG 2= CMS DRG 3= AP DRG 4= APR DRG |
| 33 | drg_outlier_amt | DRG Outlier Amount | Additional amount paid by carrier on a claim that is associated with either a cost outlier or length of stay outlier. | S9(7)Y99 | For claims submitted on Uniform Bill (UB) claim form. Must be zero for encounters. Must be zero for Services with Payment Status of "D". On non-UB claims must be blank. |
| 34 | drg_re_weight | Relative DRG Weight | Indicates the relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. | X(6) | If populated, must be a valid weight without any decimal points. Left justified, blank filled. A DRG weight of 2.397 should be reported as 2397. |

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

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

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



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

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



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



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

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



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



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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|-----------------|-----------------------|---|-------------------------|---|
| 81 | amt_paid | Paid Amount | Amount paid by carrier for this service | \$9(7)v99 | <p>Required Must be zero for encounters Must be zero for Services with Payment Status of "D" For Services with sv_stat = "P" (Payment Status = Paid) one of the following calculations must be valid within a record - For non-Pharmacy: amt_paid = amt_allowed - deduct - copay - cob - coins For Pharmacy: amt_paid = rx_ingr_cost - deduct - copay - cob - coins + rx_disp_fee</p> <p>For Plan Type "02", "03", "04", "05", "06", "09" only - amt_paid may be zero if the appropriate calculation above results in 0.00.</p> <p>For Plan Type "01" the amt_paid must be greater than zero.</p> |
| 82 | enc_proxy_price | Encounter Proxy Price | This field shows the amount that would have been paid for this exact same service if it had been processed as a Fee For Service claim. It does not represent an actual dollar disbursement. | \$9(7)v99 | <p>Required on Encounter claims. On non-encounter claims, it must be blank.</p> |

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



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



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23 - 0045A

Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMSERVICES INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|----------------------|-------------------------|--|-------------------------|--|
| 92 | compound_dosage_form | Compound Dosage Form | <p>For Pharmacy only. Indicates the Dosage form of the complete compound mixture.</p> <p>Compound code are identified as:</p> <ul style="list-style-type: none"> 01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema <p>Blank = Not Specified</p> | XX | <p>Required on Pharmacy claims On non-Pharmacy claims must be blank All numeric, right justified, zero filled.</p> |
| 93 | compound_drug_ind | Compound Drug Indicator | <p>For Pharmacy only. Indicator for whether to specify if the drug is compound or not.</p> <p>Y= Drug is compound N= Drug is not compound</p> | X | <p>Required on Pharmacy claims. On non-Pharmacy claims must be blank. Must be "Y" or "N"</p> |
| 94 | date_prescribed | Prescription Date | <p>For Pharmacy claims, this is the date where a prescription was written for the member individual.</p> | YYYYMMDD | <p>Required on Pharmacy claims. Must be a valid date. Must be on or before Service From Date. For non-Pharmacy claims must be blank.</p> |



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

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|----------------|--------------------------|---|-------------------------|---|
| 99 | ub_dis_stat | UB Discharge Status Code | On UB-04 claims, Patient Status Code at discharge. | XX | Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard two digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual. |
| 100 | risk_type | Risk Type | Distinguishes for this service whether risk belongs to PCP/(Group) or carrier. If cost should be charged to PCP/(Group) then value = "PCP". Shared risk agreement should be identified as "SHR". Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR". PBM ONLY – when a PBM is submitting this file this field should be coded as "UNK" for Unknown. When Risk Type is "PCP", set to "Y" if stop loss for PCP/(Group) has been reached for PCP on member. Otherwise "N". When Risk Type is "CAR", set to "N". PBM ONLY – set to "N" | XXX | Required Must be filled Must be "PCP", "SHR" or "CAR" For PBM only value can be "UNK" |
| 101 | stop_loss_flag | Stop Loss Flag | For Medicare Platino, defines whether service is part of the ASES coverage, the CMS (MA) coverage or both. When filled the valid values are – 1=ASES 2=CMS 3=BOTH (SPLIT) | X | Required Must be filled "Y" or "N" |
| 102 | applied_cost | Cost Applied To | | X | Required for Plan Type "02" and "03" (Medicare Platino) Must be filled and be a valid value. Not Required for Plan Type "01", "04", "05", "06", "09" |

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|----------------|-------------------|--|-------------------------|---|
| 103 | ases_split_amt | ASES Split Amount | For Medicare Platino, indicates the part of the Paid Amount allocated to ASES coverage. | S9(7)V99 | Must be filled if Cost Applied To = "1" or "3" Not Required for Plan Type "01", "04", "05", "06" or "09". |
| 104 | cms_split_amt | CMS Split Amount | For Medicare Platino, indicates the part of the Paid Amount allocated to CMS (MA) coverage. | S9(7)V99 | Required for Plan Type "02" and "03" (Medicare Platino) Must be filled if Cost Applied To = 2 or 3 Not Required for Plan Type "01", "04", "05", "06" or "09". |
| 105 | off_island | Off Island Flag | Indicator for whether service was located off of the islands of Puerto Rico, Culebra, and Vieques. | X | Required Y=Off Island N=On Island |
| 106 | plan_version | Plan Version | Plan Version to distinguish multiple plans within the Plan Type. Always three numeric characters, e.g. 001 See Plan Version List in Attachment VI | XXX | Required Must be a 3 digit Plan Version Code Carrier ID, Plan Type, and Plan Version must validate with a plan definition contracted with ASES. |
| 107 | sv_units | Units of Service | Number of occurrences of service | 9(10) | Required for Plan Type "02", "03" (Medicare Platino), "04", "05", "06" and "09" Not Required for Plan Type "01" |
| 108 | claim_type | Claim Type | Claim Type: I=Inpatient O=Outpatient P=Professional | X | When present must be a number. Required for all medical claims. For Rx and Dental claims, this field can be left blank. Must equal "I", "O" or "P" if populated. |

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

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|-------------------|---|--|-------------------------|---|
| 113 | adm_prov_taxonomy | Admitting Provider Taxonomy | Indicates the corresponding provider taxonomy of admitting provider, to define provider's type, classification, and area of specialization. | X(12) | Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Must be left justified and blank filled to the right |
| 114 | check_eff_date | Check Date | Check Date is the date when the check or electronic remittance for payment is processed. | YYYYMMDD | Must be a valid date. Must be on or after Service To Date. |
| 115 | check_num | Check Number | Check Number is the check or electronic remittance number for payment. | X(50) | Not required for denied claims. Must be left blank for Services with Payment Status of "E". Left justified, blank filled to 50 characters if value is less than 50 characters. |
| 116 | claim_rem_code_01 | First Remittance Advice Remark Codes (RARCs) | Indicates the first RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. | XXXX | Not required for denied claims. Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled. |
| 117 | claim_rem_code_02 | Second Remittance Advice Remark Codes (RARCs) | Indicates the second RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. | XXXX | Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled. |
| 118 | claim_rem_code_03 | Third Remittance Advice Remark Codes (RARCs) | Indicates the third RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. | XXXX | Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled. |

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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|-------------------|---|--|-------------------------|--|
| 119 | claim_rem_code_04 | Fourth Remittance Advice Remark Codes (RARCs) | Indicates the fourth RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. | XXXX | Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled. |
| 120 | poa_ind_1 | First Present on Admission (POA) Indicator | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X | Required for all claims involving inpatient admissions to general acute care hospitals Must be left blank for Services exempt from POA reporting. Must be a valid value Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |




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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|-----------|--|--|-------------------------|--|
| 121 | poa_ind_2 | Second Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |
| 122 | poa_ind_3 | Third Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value. Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |

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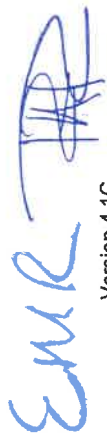
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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|-----------|--|---|-------------------------|---|
| 123 | poa_ind_4 | Fourth Present on Admission (POA) Indicator Flag | <p>A code to identify conditions that are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

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

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


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| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|-----|------------|--|---|-------------------------|--|
| 129 | poa_ind_10 | Tenth Present on Admission (POA) Indicator Flag | <p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X | <p>Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting.</p> <p>Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.</p> |
| 130 | poa_ind_11 | Eleventh Present on Admission (POA) Indicator Flag | <p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X | <p>Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting.</p> <p>Valid values: "Y" = Diagnosis was present at time of inpatient admission "N" = Diagnosis was not present at time of inpatient admission "U" = Documentation insufficient to determine if condition was present at the time of inpatient admission "W" = Clinically undetermined whether the condition was present at the time of inpatient admission.</p> |

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

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

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[Signature]

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

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

| | |
|---------------|-----|
| RECORD LENGTH | 977 |
|---------------|-----|

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PROVIDERS INPUT FILE LAYOUT

| # | Field | Field | Description | Deliverable Data Format | Validation Rules |
|----|----------------|--------------------------|--|-------------------------|--|
| 1 | prov_carrier | Prov Carrier ID | Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II | 99 | Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES. |
| 2 | prov_id | Prov ID | Must be the NPI, or if none exists, may be the Tax id. | X(20) | Required Must be left justified and blank filled to the right. If NPI is used, must be 10 digit numeric NPI. For all providers found in the CLAIMSERVICES files, must be the NPI. |
| 3 | prov_lname | Prov Lname | For an individual, Last Names (Apellidos) For an entity (other than an individual), the entity name | X(50) | Required Must be left justified, blank filled to the right |
| 4 | prov_fname | Prov Fname | For an individual, First Name (Nombre) | X(30) | Required for Individual providers Must be left justified, blank filled to the right |
| 5 | prov_mname | Prov Mname | For an individual, Middle Name | X(30) | Optional Must be left justified, blank filled to the right |
| 6 | prov_name_type | Prov Name Type Indicator | Indicator that tells if the provider is an individual or an entity. Valid values are: "I" = Individual "E" = Entity | X(1) | Required |
| 7 | prov_addr1 | Prov Addr1 | First line of provider's physical address | X(45) | Required Must be the physical address and use second and third line as needed. Must be left justified, blank filled to the right |
| 8 | prov_addr2 | Prov Addr2 | Second line of provider's physical address (if required) | X(45) | Optional Must be left justified, blank filled to the right |
| 9 | prov_addr3 | Prov Addr3 | Third Line of provider's physical address (if required) | X(45) | Optional Must be left justified, blank filled to the right |
| 10 | prov_city | Prov City | Provider's city | X(45) | Required Must be left justified, blank filled to the right |
| 11 | prov_state | Prov State | Provider's state | X(45) | Required Must be left justified, blank filled to the right |

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PROVIDERS INPUT FILE LAYOUT

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

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

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| # | Field | Field | Description | Deliverable Data Format | Validation Rules |
|----|-------------------|---------------------------------|---|-------------------------|--|
| 32 | dea_number | DEA Number | DEA number | X(20) | Optional Should be supplied when available Must be left justified, blank filled to the right |
| 33 | medicare_number | Medicare Number | Medicare number | X(20) | Optional Must be left justified, blank filled to the right |
| 34 | medicaid_number | Medicaid Number | Medicaid number | X(20) | Optional. Must be left justified, blank filled to the right. |
| 35 | extract_date | Extract Date | Date on which record is originally extracted from Carrier's system to create the Provider Input File. | YYYYMMDD | Required Must be a valid date Must be later or equal to any other date field on record |
| 36 | clia_id | CLIA Number | Indicates the Clinical Laboratory Improvement Act (CLIA) certification number for laboratory services billed by an entity performing CLIA covered procedures. CLIA number consists of ten alphanumeric positions. Indicates if the provider is accepting new patients (members) or not. | X(10) | Required for providers with specialty code equals to "Clinical Laboratory". Left justified, blank field to the right. |
| 37 | accepting_new_pat | Accepting New Patient Indicator | Valid values: 0 = No 1 = Yes 8 = N/A – The individual only practices as a member of a group. | X | Must be a valid value. |
| 38 | dob | Birth Date | For an individual, Provider Date of Birth in YYYYMMDD format | YYYYMMDD | Required for an individual; left blank for an entity. Must be a valid date Cannot be in later than the Extract Date. Cannot be greater than 150 years ago compared to Extract Date. |

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PROVIDERS INPUT FILE LAYOUT

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

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| # | Field | Field | Description | Deliverable Data Format | Validation Rules |
|----|---------------------|---------------------------|--|-------------------------|--|
| 42 | license_type | License Type | A code to identify the kind of provider's license. Valid values: "1" = State, county, or municipality professional or business license "2" = DEA license "3" = Professional society accreditation "4" = CLIA accreditation "5" = Other "9" = Unknown | X | Required whenever a provider is required by the state's agency requires one in order to be a Medicaid/CHHP provider. Must be a valid value. If provider has more than one license, please report the one with lowest valid value. Example: for a provider with both "1" = State, county, or municipality professional or business license and "2" = DEA license, report "1" = State, county, or municipality professional or business license. |
| 43 | prov_dba | Provider DBA Name | The provider's name that is commonly used by the public when the "doing-business-as" () name is different from the legal name. DBA is an abbreviation for "doing business as." Registering a DBA is required to operate a business under a name that differs from the company's legal name. | X(150) | Leave the field empty when DBA name equals the legal name |
| 44 | sex | Sex Code | For an individual, indicates the provider's gender. Valid values: M = Male F = Female U = Unknown | X | Must be a valid value |
| 45 | credential_eff_date | Credential Effective Date | The most recent credentialing/recredentialing date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column. | YYYYMMDD | Required |

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

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IPA INPUT FILE LAYOUT

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

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IPA INPUT FILE LAYOUT

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



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CAPITATION INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|---|------------|-----------------|---|-------------------------|--|
| 1 | carrier_id | Carrier ID | Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II. | 99 | Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES. |
| 2 | cap_id | Capitation ID | Capitation payment ID must be a unique ID within carrier; except for the adjustments or reversals that must be the unique ID previously reported. This number is used to avoid duplicated Capitation records. | X(20) | Required Must be left justified, blank filled to the right Must be a unique ID within Carrier |
| 3 | cap_type | Capitation Type | Capitation type code defined as: "01" = Admin "02" = Dental "03" = DME ... See Attachment VII | 99 | Required Must be two (2) digits (numeric). Must be a valid code. See Capitation Type List in Attachment VII |
| 4 | cap_date | Capitation Date | Date capitation paid. | YYYYMMDD | Required Must be a valid date |
| 5 | expr_date | Experience Date | Experience date of capitation payment. This is the date for which the capitation payment applies. | YYYYMMDD | Required Must be a valid date |
| 6 | prov | Provider ID | Must be the NPI, or if none exists, may be the Tax Id of the provider to which the capitation payment is made. | X(20) | Required Must be a valid Provider ID found in PRV File. Must be left justified and blank filled to the right. If NPI is used, must be 10 digit numeric NPI. If Tax Id is used, must be 9 digits in significant positions. |
| 7 | pcp_npi | Provider NPI | National Provider Identifier (NPI) of the provider to which the capitation payment is made. | X(10) | Required Must be the NPI, or if none exists, must be "N/A". Left justified, blank field to the right. |
| 8 | ipa | IPA ID | Carrier assigned ID of IPA/HCO. This must be filled when IPA/HCO is involved (Must always be filled for Plan Type "01" by MCOs/TPAs) | X(10) | Required if Carrier ID corresponds to Plan Type "01" Must be a valid IPA Code for the Carrier and found in the IPA file. Left justified, blank field to the right. |

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CAPITATION INPUT FILE LAYOUT

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




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

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

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CAPITATION INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----------------------|----------------|-------------------------------|--|-------------------------|--|
| 20 | mem_percent | Capitation percentage | Percentage (days / month days) | S999 | Required Must be a number 4 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 3 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 21 | extract_date | Extract Date | Date on which record is originally extracted from Carrier's system to create the Capitation Input File. | YYYYMMDD | Required Must be a valid date Must be later or equal to any other date field on record |
| 22 | mpi | MPI Number or Contract Number | Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee this will be the contract number | X(13) | Required Must be a valid MPI number For government employee only, contract number Must be left justified, blank filled to the right |
| 23 | Federal_Tax_ID | Federal Tax ID (SSN or EIN) | The federal identification number of the provider to which the capitation payment is made. If the provider does not have a federal identification number, enter '999999999' in this column. SSN for individuals, EIN for entities. Fixed filler with "99" | X(20) | Required Left justified, blank filled to the right Must be 9 digits in significant positions |
| 24 | filler | End of Record Filler | | X | Required Must be = "99" |
| RECORD LENGTH | | | | | 193 |

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NETWORK INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|---|--------------------------|--------------------------|---|-------------------------|---|
| 1 | carrier | Carrier ID | ASES assigned carrier code. Must be (2) digits (numeric) | 99 | Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES. |
| 2 | provider_type | Provider Type | PCP, Specialist, Dentist, X-Ray, Ancillary Services, Special Case, Laboratory, Other Facility, Hospital | X(20) | Required Must be left justified, blank filled to the right |
| 3 | month | Month | Date field with the first day of month. Ex: 5/1/2014 | YYYYMMDD | Required Must be a valid date. |
| 4 | region | Region | The ASES region code. (If the provider has multiple locations specify the Region for current address) Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "O" = Outside Puerto Rico | X | Required |
| 5 | pmg | IPA Code | The identification number of the primary medical group. If not applicable enter "N/A". | X(10) | Required IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right |
| 6 | pmg_name | PMG Name | Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters | X(80) | Required |
| 7 | npi | NPI | The name or title of the primary medical group. If not applicable enter "N/A" The national provider identification number. All providers are required to have an NPI number. | X(10) | Required |
| 8 | provider_duplicate_entry | Provider Duplicate Entry | Indicate if the provider is entered multiple times in the list. A provider may be entered multiple times if the provider has more than one office location providing services. Enter a "0" for the first entry of the provider in the list. Enter an "X" for any duplicate entries of the same provider in the list. | X | Required |

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NETWORK INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|---------------------|----------------------------|--|-------------------------|---|
| 9 | assigned_lives | Assigned lives | The number of assigned lives to the provider as of the last day of the reporting period. If the provider has multiple office locations, the number of assigned lives must be entered for the first entry (not a duplicated entry) for the provider. This number should include the sum of all office locations of the provider. If the provider does not have or require assigned lives, enter "0" in this column. | 9999 | Required |
| 10 | credencial | Credencial | Identify if the provider is up to date with all credentialing requirements as of the last day of the reporting period. Enter "Yes" for a fully credentialing/recredentialing provider, enter "No" if the provider requires credentialing/recredentialing. If the provider is not required to submit credentialing/recredentialing, enter "N/A" in this column. | XXX | Required |
| 11 | credencial_eff_date | Credencial Effective Date | The most recent credentialing/recredentialing date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column. | YYYYMMDD | Required |
| 12 | credencial_exp_date | Credencial Expiration Date | The most recent credentialing/recredentialing expiration date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column. | YYYYMMDD | Optional |
| 13 | federal_tax_id | Provider SSN or EIN | The federal identification number of the provider. | X(20) | Required Left justified, blank filled to the right Must be 9 digits in significant positions |
| 14 | prov_id | Provider ID | SSN for individuals, EIN for entities. Must be the NPI, or if none exists, may be the Tax Id. | X(20) | Required Must be left justified and blank filled to the right If NPI is used, must be 10 digit numeric NPI. |
| 15 | ccn | CCN | CMS Certification Number formerly known as the Medicare Provider Number. | X(20) | Optional |
| 16 | contract_eff_date | Contract effective date | The provider's contract effective date. | YYYYMMDD | Required For "Out of Network" providers, please report as '99991231'. |

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

NETWORK INPUT FILE LAYOUT

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION


NETWORK INPUT FILE LAYOUT

| # | Field | Name | Description | Deliverable Data Format | Validation Rules |
|----|----------------|-------------------------|---|-------------------------|--|
| 29 | phone | Phone | Provider's telephone number. SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers | X(20) | Required Must be left justified, blank filled to the right Must include only numbers with no spaces or ()- characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567 |
| 30 | fax | Fax | The primary fax number of the provider. SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers | X(20) | Optional Must be left justified, blank filled to the right Must include only numbers with no spaces or ()- characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567 |
| 31 | sunday | Sunday working hours | The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 32 | monday | Monday working hours | The Monday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 33 | tuesday | Tuesday working hours | The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 34 | wednesday | Wednesday working hours | The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 35 | thursday | Thursday working hours | The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 36 | friday | Friday working hours | The Friday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 37 | saturday | Saturday working hours | The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm) | X(20) | Optional |
| 38 | ncdpd_id | NCPDP ID | The National Council for Prescription Drugs ID | X(10) | Optional |
| 39 | state | State | The provider's address state. | X(45) | Optional Must be left justified, blank filled to the right |
| 40 | license_number | License number | The Provider's license number. | X(10) | Required Should be supplied when available Must be left justified, blank filled to the right |
| 41 | contact_person | Contact person | The provider's contact person. | X(80) | Optional |

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NETWORK INPUT FILE LAYOUT

| # | <i>Field</i> | <i>Name</i> | <i>Description</i> | <i>Deliverable Data Format</i> | <i>Validation Rules</i> |
|---------------|--------------|-------------|--------------------|--------------------------------|-------------------------|
| RECORD LENGTH | | | | | 962 |



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

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

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

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

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

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ATTACHMENT I - MUNICIPALITY CODES

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

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

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

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

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

NOTE: Any municipality code may appear in region SPECIAL.

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT II - CARRIER CODES

| CODE | Carrier | Type |
|------|---|------------------|
| 01 | (discontinued) Triple-S Salud, Inc. | MCO |
| 02 | (discontinued) Humana | MCO |
| 03 | (discontinued) Triple-S Salud, Inc. | TPA |
| 04 | (discontinued) First Medical Health Plan, Inc. | MCO |
| 05 | (discontinued) PMC Medicare Choice, LLC | MCO |
| 06 | (discontinued) Triple-S Salud, Inc. | MCO |
| 07 | (discontinued) Molina Healthcare of Puerto Rico, Inc. | MCO |
| 08 | (discontinued) MMM Multi Health, LLC | MCO |
| 09 | First Medicaid Health Plan, Inc. (NHM) | MCO |
| 10 | MMM Multi Health, LLC (NHM) | MCO |
| 11 | (discontinued) Molina Healthcare of Puerto Rico, Inc. (NHM) | MCO |
| 12 | Plan de Salud Menonita (NHM) | MCO |
| 13 | Triple-S Salud, Inc. (NHM) | MCO |
| 17 | (discontinued) MCS | MCO |
| 25 | (discontinued) La Cruz Azul de P.R. | MCO |
| 27 | (discontinued) MCS Life | Medicare Platino |
| 28 | (discontinued) Red Medica | Medicare Platino |
| 29 | MMM Healthcare, INC | Medicare Platino |
| 31 | (discontinued) Triple-S Salud, Inc. | Medicare Platino |
| 33 | Preferred Medicare Choice | Medicare Platino |
| 34 | MCS Advantage | Medicare Platino |
| 35 | (discontinued) COS/IMed | Medicare Platino |
| 37 | (discontinued) Salud Dorada con Medicare | Medicare Platino |

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ATTACHMENT II - CARRIER CODES

| CODE | Carrier | Type |
|------|--|-----------------------|
| 39 | (discontinued) MAPFRE | Medicare Platino |
| 41 | (discontinued) Health Medicare Ultra | Medicare Platino |
| 42 | Humana | Medicare Platino |
| 44 | (discontinued) Auxilio Platino | Medicare Platino |
| 45 | (discontinued) Constellation Health, LLC | Medicare Platino |
| 46 | Triple-S Advantage | Medicare Platino |
| 47 | (discontinued) American Health | Medicare Platino |
| 48 | (discontinued) MMM-First Plus | Medicare Platino |
| 49 | (discontinued) First Medical Health Plan, Inc. | Medicare Platino |
| 51 | (discontinued) Triple-S Salud, Inc. | TPA – Direct Contract |
| 52 | (discontinued) Humana | TPA – Direct Contract |
| 53 | (discontinued) MCS | TPA – Direct Contract |
| 54 | (discontinued) Triple-S Salud, Inc. | TPA – Direct Contract |
| 55 | (discontinued) COSVI | TPA – Direct Contract |
| 60 | (discontinued) Caremark | PBM |
| 62 | ABARCA | PBM |
| 64 | MC-21 | PBM |
| 70 | (discontinued) ASSMCA | Mental Health Pilot |
| 71 | Plan de Salud Hospital Menonita | Government Employee |
| 72 | MMM Healthcare, INC | Government Employee |
| 73 | (discontinued) National Life Insurance Company | Government Employee |
| 74 | (discontinued) Ryder Health Plan, Inc. | Government Employee |
| 75 | Triple-S Salud Inc. | Government Employee |

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ATTACHMENT II - CARRIER CODES

| CODE | Carrier | Type |
|------|---|---------------------|
| 76 | (discontinued) BHP | MBHO |
| 77 | Humana Health Plan of Puerto Rico, Inc. | Government Employee |
| 78 | (discontinued) MAPFRE | Government Employee |
| 79 | MCS Life Insurance Company | Government Employee |
| 80 | (discontinued) PROSSAM | Government Employee |
| 81 | Asociacion de Maestros de Puerto Rico | Government Employee |
| 82 | First Medical Health Plan, Inc. | Government Employee |
| 83 | (discontinued) APS | MBHO |
| 84 | (discontinued) APS | Government Employee |
| 85 | PMC Medicare Choice, LLC | Government Employee |
| 86 | (discontinued) Molina Healthcare of Puerto Rico, Inc. | Government Employee |
| 87 | Triple-S Advantage | Government Employee |
| 88 | (discontinued) MMM-First Plus | Government Employee |
| 89 | (discontinued) Panamerican Life Insurance Group (PALIG) | Government Employee |
| 90 | (discontinued) Delta Dental | Government Employee |
| 91 | MMM Multi Health, LLC | Government Employee |
| 95 | (discontinued) FHC | MBHO |
| 96 | (discontinued) American Health Medicare | Government Employee |

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ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty |
|--|---|
| Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan | |
| 01 | General Practice |
| 02 | General Surgery |
| 03 | Allergy/Immunology |
| 04 | Otolaryngology |
| 05 | Anesthesiology |
| 06 | Cardiology |
| 07 | Dermatology |
| 08 | Family Practice |
| 09 | Interventional Pain Management |
| 10 | Gastroenterology |
| 11 | Internal Medicine |
| 12 | Osteopathic Manipulative Therapy |
| 13 | Neurology |
| 14 | Neurosurgery |
| 15 | Speech Language Pathologist in Private Practice |
| 16 | Obstetrics / Gynecology |
| 17 | Hospice and palliative care |
| 18 | Ophthalmology |
| 19 | Oral Surgery |
| 20 | Orthopedic Surgery |
| 21 | Cardiac electrophysiology |

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ATTACHMENT III - SPECIALTY CODES

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

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ATTACHMENT III - SPECIALTY CODES

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

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ATTACHMENT III - SPECIALTY CODES

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

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ATTACHMENT III - SPECIALTY CODES

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

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ATTACHMENT III - SPECIALTY CODES

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

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ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty |
|-------------|--------------------------------|
| Z4 | Cardiovascular Surgery Program |

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

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

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

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

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ATTACHMENT IV - PLACE OF SERVICE CODES

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

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ATTACHMENT IV - PLACE OF SERVICE CODES

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

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ATTACHMENT IV - PLACE OF SERVICE CODES

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

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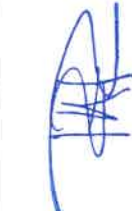
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ATTACHMENT IV - PLACE OF SERVICE CODES

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



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ATTACHMENT V - PROVIDER TYPE CODES

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



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ATTACHMENT VI – PLAN VERSION LIST

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan_ACT | Plan Version Access | Plan Detail |
|-----------|------------|--------------|--------------------------|----------|---------------------|---------------------------------------|
| 01 | 09 | 100 | | | | Plan Vital |
| 01 | 09 | 110 | | | | Plan Vital |
| 01 | 09 | 120 | | | | Plan Vital |
| 01 | 09 | 130 | | | | Plan Vital |
| 01 | 09 | 220 | | | | Plan Vital |
| 01 | 09 | 230 | | | | Plan Vital |
| 01 | 09 | 300 | | | | Plan Vital |
| 01 | 09 | 310 | | | | Plan Vital |
| 01 | 09 | 320 | | | | Plan Vital |
| 01 | 09 | 330 | | | | Plan Vital |
| 01 | 09 | 970 | | | | Encarcelados |
| 01 | 10 | 100 | | | | Plan Vital |
| 01 | 10 | 110 | | | | Plan Vital |
| 01 | 10 | 120 | | | | Plan Vital |
| 01 | 10 | 130 | | | | Plan Vital |
| 01 | 10 | 220 | | | | Plan Vital |
| 01 | 10 | 230 | | | | Plan Vital |
| 01 | 10 | 300 | | | | Plan Vital |
| 01 | 10 | 310 | | | | Plan Vital |
| 01 | 10 | 320 | | | | Plan Vital |
| 01 | 10 | 330 | | | | Plan Vital |
| 01 | 10 | 970 | | | | Encarcelados |
| 01 | 12 | 100 | | | | Plan Vital |
| 01 | 12 | 110 | | | | Plan Vital |
| 01 | 12 | 120 | | | | Plan Vital |
| 01 | 12 | 130 | | | | Plan Vital |
| 01 | 12 | 220 | | | | Plan Vital |
| 01 | 12 | 230 | | | | Plan Vital |
| 01 | 12 | 300 | | | | Plan Vital |
| 01 | 12 | 310 | | | | Plan Vital |
| 01 | 12 | 320 | | | | Plan Vital |
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| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan ACT | Plan Version Access | Plan Detail |
|-----------|------------|--------------|--------------------------|----------|---------------------|---------------------------|
| 01 | 12 | 330 | | | | Plan Vital |
| 01 | 12 | 970 | | | | Encarcelados |
| 01 | 13 | 100 | | | | Plan Vital |
| 01 | 13 | 110 | | | | Plan Vital |
| 01 | 13 | 120 | | | | Plan Vital |
| 01 | 13 | 130 | | | | Plan Vital |
| 01 | 13 | 220 | | | | Plan Vital |
| 01 | 13 | 230 | | | | Plan Vital |
| 01 | 13 | 300 | | | | Plan Vital |
| 01 | 13 | 310 | | | | Plan Vital |
| 01 | 13 | 320 | | | | Plan Vital |
| 01 | 13 | 330 | | | | Plan Vital |
| 01 | 13 | 970 | | | | Encarcelados |
| 02 | 29 | 004 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 005 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 014 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 015 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 017 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 018 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 019 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 020 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 023 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 024 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 025 | | | | Medicare Platino - MA-SNP |
| 02 | 29 | 026 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 005 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 006 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 007 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 008 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 009 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 010 | | | | Medicare Platino - MA-SNP |
| 02 | 33 | 015 | | | | Medicare Platino - MA-SNP |

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

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| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan ACT | Plan Version Access | Plan Detail |
|-----------|------------|--------------|--------------------------|----------|---------------------|---------------------------|
| 02 | 42 | 008 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 013 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 014 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 015 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 016 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 017 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 018 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 019 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 020 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 021 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 022 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 023 | | | | Medicare Platino - MA-SNP |
| 02 | 42 | 024 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 003 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 004 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 005 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 006 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 007 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 008 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 011 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 012 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 013 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 014 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 015 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 016 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 017 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 018 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 019 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 020 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 025 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 026 | | | | Medicare Platino - MA-SNP |
| 02 | 46 | 027 | | | | Medicare Platino - MA-SNP |

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

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| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan_ACT | Plan Version Access | Plan Detail |
|-----------|------------|--------------|----------------------------|-------------------|---------------------|------------------------------------|
| 09 | 75 | 400 | Coverage 400 (ELA) | Retired Policemen | HMO | |
| 05 | 77 | 501 | Oro | Regular | HMO | |
| 05 | 77 | 502 | Plata | Regular | HMO | |
| 05 | 77 | 503 | Bronce | Regular | HMO | |
| 05 | 77 | 504 | Rubi | Regular | HMO | |
| 05 | 77 | 505 | PR I | Auto-Enrollment | HMO | |
| 05 | 77 | 506 | PR II | Auto-Enrollment | HMO | |
| 05 | 77 | 507 | PR III | Auto-Enrollment | PPO | |
| 05 | 77 | 508 | US Access Only | Auto-Enrollment | HMO | |
| 05 | 77 | 509 | HMO FL | Auto-Enrollment | HMO | |
| 05 | 77 | 510 | ELA Rubí MAX | Auto-Enrollment | HMO | |
| 05 | 77 | 511 | ELA HMO Bronce | Auto-Enrollment | HMO | |
| 05 | 77 | 512 | ZAFIRO | | HMO | |
| 05 | 77 | 513 | Basic Deluxe | | HMO | |
| 04 | 78 | 401 | Oro | Regular | MCO | |
| 04 | 78 | 402 | Plata | Regular | MCO | |
| 04 | 78 | 403 | Bronce | Regular | MCO | |
| 04 | 78 | 404 | Rubi | Regular | MCO | |
| 04 | 78 | 405 | Diamante | Regular | MCO | |
| 04 | 78 | 406 | Complementaria de Medicare | Regular | MCO | |
| 04 | 78 | 407 | Mandatoria | Regular | MCO | |
| 04 | 78 | 408 | Alterno 1 | Regular | MCO | |
| 04 | 78 | 409 | Alterno 2 | Regular | MCO | |
| 05 | 79 | 501 | Oro | Regular | HMO | |
| 05 | 79 | 502 | Plata | Regular | HMO | |
| 05 | 79 | 503 | Bronce | Regular | HMO | |
| 05 | 79 | 504 | Rubi | Regular | HMO | |
| 05 | 79 | 505 | ELA Crédito | Auto-Enrollment | HMO | ADMINISTRACION DE SEGUROS DE SALUD |
| 05 | 79 | 506 | ELA Ahorro | Auto-Enrollment | HMO | |
| 05 | 79 | 507 | ELA Crédito Rubí | Auto-Enrollment | HMO | |
| 05 | 79 | 508 | ELA ENLACE ACERO OSS-PDS | Auto-Enrollment | HMO | # 23 - 0045A |
| 05 | 79 | 509 | Gobierno Ahorro | Auto-Enrollment | HMO | |

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Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan_ACT | Plan Version Access | Plan_Detail |
|-----------|------------|--------------|--------------------------------|-------------------|---------------------|-------------|
| 05 | 79 | 510 | ELA TE AYUDA OSS-PDS | Regular | HMO | |
| 05 | 79 | 511 | ELA MAXIMO OSS-PDS | Regular | HMO | |
| 05 | 79 | 512 | ELA Gobierno Extra | Regular | HMO | |
| 04 | 80 | 401 | Oro | Regular | MCO | |
| 04 | 80 | 402 | Plata | Regular | MCO | |
| 04 | 80 | 403 | Bronce | Regular | MCO | |
| 04 | 80 | 404 | Rubi | Regular | MCO | |
| 04 | 80 | 405 | Diamante | Regular | MCO | |
| 04 | 80 | 406 | Complementaria de Medicare | Regular | MCO | |
| 04 | 80 | 407 | Mandatoria | Regular | MCO | |
| 04 | 80 | 408 | Alterno 1 | Regular | MCO | |
| 04 | 80 | 409 | Alterno 2 | Regular | MCO | |
| 04 | 80 | 410 | Mandatorio ULTRA | Regular | MCO | |
| 04 | 80 | 411 | Alternativa 1 MAX | Regular | MCO | |
| 04 | 80 | 412 | Alternativa 2 FIT | Regular | MCO | |
| 04 | 82 | 403 | Bronce | Regular | MCO | |
| 04 | 82 | 404 | Alternativa 1 Premium ELA RUBI | Regular | MCO | |
| 04 | 82 | 405 | Diamante | Regular | MCO | |
| 04 | 82 | 406 | Complementaria de Medicare | Regular | MCO | |
| 04 | 82 | 407 | Alternativa 2 Classic ELA RUBI | Regular | MCO | |
| 04 | 82 | 408 | Alterno 1 | Regular | MCO | |
| 04 | 82 | 409 | Alterno 2 | Regular | MCO | |
| 06 | 82 | 400 | Coverage 400 (ELA) | Regular | HMO | |
| 09 | 82 | 400 | Coverage 400 (ELA) | Retired Policemen | HMO | |
| 05 | 87 | 501 | Oro | Regular | HMO | |
| 05 | 87 | 502 | Plata | Regular | HMO | |
| 05 | 87 | 503 | Bronce | Regular | PPO | |
| 05 | 87 | 504 | Rubi | Regular | HMO | |
| 05 | 87 | 505 | ELA Royal | Auto-Enrollment | HMO | |
| 05 | 87 | 506 | ELA Óptimo | Auto-Enrollment | HMO | |
| 05 | 87 | 507 | ELA Royal Plus | Auto-Enrollment | HMO | |
| 05 | 87 | 508 | ELA Titán | Auto-Enrollment | HMO | |

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Carrier to ASES Data Submissions
File Layouts

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan Act | Plan Version Access | Plan Detail |
|-----------|------------|--------------|--------------------------|-------------------|---------------------|-------------|
| 05 | 87 | 509 | ELA Óptimo Plus | Auto-Enrollment | HMO | |
| 05 | 88 | 501 | MMM ELA Advantage | Regular | PPO | |
| 05 | 88 | 502 | Plata | Regular | PPO | |
| 05 | 88 | 503 | Bronce | Regular | PPO | |
| 05 | 88 | 504 | Rubi | Regular | PPO | |
| 05 | 88 | 505 | Premium | Auto-Enrollment | PPO | |
| 05 | 88 | 506 | Premium 2 | Auto-Enrollment | PPO | |
| 05 | 88 | 507 | Plus | Auto-Enrollment | PPO | |
| 06 | 91 | 400 | Coverage 400 (ELA) | Regular | HMO | |
| 09 | 91 | 400 | Coverage 400 (ELA) | Retired Policemen | HMO | |

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Carrier to ASES Data Submissions
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ATTACHMENT VII – CAPITATION TYPE LIST

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

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ATTACHMENT VIII - HOUR CODES

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

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

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File Layouts

ADDENDUM 6

Coordination of Benefits (COB)

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GOVERNMENT OF PUERTO RICO
PUERTO RICO HEALTH INSURANCE ADMINISTRATION
ASES

ASES/ES
ASES ENTERPRISE SYSTEMS

Puerto Rico Medicaid Enterprise - Health Insurance Plans

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


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Version 1.8.3
January 01, 2023

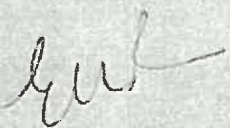

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1

I. Document Information

| Required Information | Description |
|----------------------|--|
| Owner: | ASES |
| Date: | 10/31/2022 |
| Approved by: | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Edna Y. Marin Ramos, MA Executive Director of ASES </div> <div style="text-align: center;">  Winda J Lorenzo Gonzalez Acting Director IT </div> </div> |

II. Document Revision History

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

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Change History

| Version | Release | Author | Description of Change |
|---------|------------|--------|---|
| 1.8.1 | | ASES | Initial Document |
| | | | Field SSN Optional for INSURANCE_COVERAGE (C,G or F) |
| 1.8.2 | 03/01/2020 | ASES | Added Field MBI For Medicare Beneficiaries INSURANCE_COVERAGE (C,G or F) please include the MBI number. The field size is 11 characters. |
| 1.8.3 | 01/01/2023 | ASES | Standardized Service Codes for all Insurers |

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Preface

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

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

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

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

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

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

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



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1 Introduction

1.1 Coordination of Benefits (COB)

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

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

1.2 Data Validation Process

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

All files which are rejected will be notified to the Insurer with an explanation of why the file is rejected. No records from such a file will be retained in the system and the Insurer will be required to resubmit the rejected file in its entirety before the next month's files become due. Such re-submitted files must be carefully named using the sequence number part of the naming convention to ensure the name is distinct from the rejected file and is named in the correct order.

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1.3 General Notes on data layout requirements

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

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

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

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

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

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

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

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

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

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

2 File Naming Convention

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

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

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

Where:

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

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

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

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

COB for COORDINATION OF SERVICES

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ASES COB Data Submissions (Third Party Liability) 1.8.3

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

Examples of completing this naming convention are –

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

Coordination of Services 09613040.COB

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

09612041.COB

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

09612041.ERR

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

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

Where:

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

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

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

XLS for MS EXCEL FILE FORMAT

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ASES COB Data Submissions (Third Party Liability) 1.8.3

Examples of completing this naming convention are –

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

Transmittal Sheet 0961304230-tr.XLS

Data File Text Format

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

utf-8 o

text/plain; charset=us-ascii

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

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3 File Layout - Insurer COB File - COB Record

| # | Field | Description | Pos | Size | Deliverable Data Format | Validation Rules |
|----|-------------------------|--|-----|------|-----------------------------------|---|
| 1 | RECORD_TYPE | Record Type | 1 | 1 | "I" for Insurance | Required. |
| 2 | TRAN_ID | Insurance status with Insurer | 2 | 1 | A=Active, I=Inactive | Required. |
| 3 | PROCESS_DATE | Date of report. Last day of month. | 3 | 8 | MMDDYYYY | Required. |
| 4 | PROCESS_BEGIN_DATE | Identify the initial date that reflects the total time covered by the reported data. | 11 | 8 | MMDDYYYY | Required. |
| 5 | HEALTH_INSURER_CODE | Code that identifies Insurance Company | 19 | 3 | (See Appendix I) | Required. |
| 6 | GROUP_NUMBER | Group number | 22 | 20 | X(20) | Required. Must be left justified, blank filled to the right. |
| 7 | POLICY_NUMBER | Policy or Contract number. | 42 | 20 | Required. | |
| 8 | POLICY_EFFECTIVE_DATE | Start Date of Covered Individual's Primary Coverage by Insurer. | 62 | 8 | MMDDYYYY | Required. |
| 9 | POLICY_TERMINATION_DATE | End Date of Covered Individual's Primary Coverage. | 70 | 8 | MMDDYYYY | Required if the policy does have a termination date, otherwise leave blank. |
| 10 | INSURANCE_TYPE | Insurance Type | 78 | 1 | 1=Private; 2=Medicare; 3=Medicaid | Required. |

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ASES COB Data Submissions (Third Party Liability) 1.8.3

| | | | | | | |
|----|--------------------|--------------------|----|----|--|--|
| 11 | INSURANCE_COVERAGE | Insurance Coverage | 79 | 20 | (See Appendix II) Include all coverage codes with Insurance for covered individual. Concatenate all codes. | Required. For Medicare coverage Plans use letter C,F or G only. DO NOT USE COMMAS TO SEPARATE CODES. |
|----|--------------------|--------------------|----|----|--|--|

| # | Field | Description | Pos | Size | Deliverable Data Format | Validation Rules |
|----|------------------|--|-----|------|--|--|
| 12 | COVERED_SERVICES | Covered Services | 99 | 20 | (See Appendix III) Identify the Insurer's service type codes. Concatenate all codes. | Required. DO NOT USE COMMAS TO SEPARATE CODES. |
| 13 | SSN | Covered Individual's social security number. | 119 | 9 | (X9) | Required if INSURANCE_COVERAGE NOT in (C,G or F) |
| 14 | LAST_NAME_1 | Covered Individual's first last name | 128 | 25 | X(25) | Required Must be left justified, blank filled to the right. |
| 15 | LAST_NAME_2 | Covered Individual's second last name | 153 | 25 | X(25) | Required if he Individual has a Second Last Name. Must be left justified, blank filled to the right. |
| 16 | FIRST_NAME | Covered Individual's First Name | 178 | 25 | X(25) | Required Must be left justified, blank filled to the right. |
| 17 | MIDDLE_INITIAL | Covered Individual's Middle Initial | 203 | 1 | X(1) | Required if he Individual has a Middle Initial |
| 18 | RELATIONSHIP | Covered Individual's Relation to | 204 | 1 | 1 = Policy Holder, 2 = Spouse, 3 = Child, 4 = Other, 5 = | Required. |

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ASES COB Data Submissions (Third Party Liability) 1.8.3

| | | Policy Holder | | | Domestic Partner | |
|----|---------------|--|-----|----|--|--|
| 19 | DATE_OF_BIRTH | Covered Individual's Date of Birth | 205 | 8 | MMDDYYYY | Required. |
| 20 | GENDER | Covered Individual's Sex Code | 213 | 1 | 0 - Unknown 1 - Male 2 - Female | Required. |
| 21 | RX_BIN | Pharmacy Insurance BIN. | 214 | 6 | X(6) | Required if INSURANCE_COVERAGE in (P,C or F) |
| 22 | RX_PCN | Pharmacy Insurance Processor Control Number (PCN). | 220 | 10 | Pharmacy Insurance Processor Control Number (PCN). | Required if INSURANCE_COVERAGE in (P,C or F) |

| # | Field | Description | Pos | Size | Deliverable Data Format | Validation Rules |
|----|----------|---------------------------------------|-----|------|------------------------------|--|
| 23 | RX_GROUP | Pharmacy Insurance Group ID. | 230 | 15 | Alternate Insurance Group ID | Required if INSURANCE_COVERAGE in (P,C or F) |
| 24 | MBI | Medicare Beneficiary Identifier (MBI) | 245 | 11 | X(11) | Required if INSURANCE_COVERAGE in (C,G or F) |
| 25 | FILLER | End of Record Filler | 256 | 1 | * | Required. |
| | | | 256 | | | |

*** All are Text Fields

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4 File Layout - Error COB File

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

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5 Appendixes

Appendix 1 - Insurer Codes

| ASES Insurer Code | Legal Name |
|-------------------|---|
| 001 | MEDICARE HOSP.Y AMBULATORIO - Parte A B |
| 002 | MMM HEALTHCARE, LLC |
| 003 | MEDICARE HOSP. - PARTE A |
| 004 | MMM HEALTHCARE, LLC |
| 005 | MCS ADVANTAGE, INC. |
| 006 | TRIPLE S ADVANTAGE, INC. |
| 007 | LA CRUZ AZUL DE PUERTO RICO |
| 008 | TRIPLE-S |
| 009 | MEDICARE AMBULATORIO - PARTE B |
| 010 | INTERNATIONAL MEDICAL CARD |
| 011 | ASOCIACION DE MAESTROS |
| 012 | HUMANA INSURANCE OF PUERTO RICO, INC. |
| 013 | COSVI DE P.R. |
| 014 | MCS |
| 015 | HOSPITAL DE LA CONCEPCIÓN |
| 016 | HUMANA |
| 017 | SERVICIOS DE SALUD BELLA VISTA |
| 018 | AUXILIO MUTUO |
| 019 | UNION TRABAJADORES DE MUELLES |
| 020 | GOLDEN CROSS HEALTH PLAN |
| 021 | PLAN DE SALUD MENONITA DE P. R. |
| 022 | <i>EMR</i> AETNA LIFE INS. CO. |
| 023 | AMERICAN CENTRAL INVESTOR LIFE |
| 024 | AMERICAN FAMILY LIFE INSURANCE |

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ASES COB Data Submissions (Third Party Liability) 1.8.3

025 AMERICAN HOME ASSURANCE
026 ALLSTATES INSURANCE CO.
027 AMERICAN HARDWARE LIFE INS.
028 AMERICAN NATIONAL INS. CO.
029 ATLANTIC SOUTHERN INS. CO.
030 AMERICAN CENTRAL INVESTOR INS. CO.
031 ARGONAUT INS. CO.
032 CONFEDERATION LIFE INS. CO.
033 COMBINED INS. CO.
034 CROWN LIFE INSURANCE CO.
035 CONNECTICUT GENERAL LIFE INS. CO.
036 COOPERATIVA SEGUROS MULTIPLES
037 COMMUWEALTH INS. CO.
038 CONTINENTAL ASSURANCE CO.
039 CHAMPURS, BLUE SHIELD OF CALIFORNIA
040 CONFEDERATION LIFE GROUP HEALTH
CLAIMS
041 GENERAL ACCIDENT AND INSURANCE CORP.
042 INTERCONTINENTAL LADIES GARMENT
WORKERS
043 JOHN HANCOCK
044 LINCOLN NATIONAL LIFE INS. CO.
045 LA ATLANTICA
046 LINCOLN INCOME LIFE INS. CO.
047 MUTUAL LIFE INC.
048 MUTUAL LIFE INC.
049 MASSACHUSSETS MUTUAL LIFE INS. CO.
050 METROPOLITAN LIFE INS.
051 MONEY MUTUAL LIFE INS. OF N. Y.
052 NATIONAL LIFE INS. CO.
053 N.M.U. PENSION AND WELFARE PLAN
054 NEW ENGLAND MUTUAL LIFE INS. CO.

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ASES COB Data Submissions (Third Party Liability) 1.8.3

055 NORTH AMERICAN CO. LIFE INS. CO.
056 NATIONAL HOME LIFE INS.
057 NEW YORK LIFE INS. CO.
058 OCCIDENTAL LIFE INS.
059 PROVIDENT LIFE AND ACCIDENT INS. CO.
060 PRUDENTIAL LIFE INS. CO.
061 PACIFIC MUTUAL LIFE INS. CO.
062 PUERTO RICAN AMERICAN INS. CORP.
063 PLAN UNION MARINOS MERCANTES
064 PILOT LIFE INS. CO.
065 PAN AMERICAN LIFE INS. CO.
066 PLAN DE SALUD U.I.A.
067 REPUBLIC NATIONAL LIFE INS. CO.
068 SEAFARES WELFARE MEDICAL PLAN
069 SUN LIFE ASSURANCE CO.
070 SALUD PREVENTIVA, INC.
071 SECURITY NATIONAL LIFE INS. CO.
072 STATE MUTUAL LIFE INS. CO. OF AMERICA
073 THE PRUDENTIAL INS. CO.
074 TRANS OCEANIC LIFE INS.
075 TRANS WORLD INS. CO.
076 THE BANKERS LIFE
077 THE CARBORUNDUM CO. OF P.R.
078 THE NEW YORK LIFE INS. CO.
079 THE HERFORD INS. CO.
080 THE MUTUAL LIFE INS. CO. OF NEW YORK
081 THE GUARDIAN LIFE INS. CO.
082 THE EQUITABLE LIFE ASSURANCE
083 THE TRAVELERS INS. CO.
084 THE MONEY MUTUAL LIFE INS. CO.
085 UNITED BENEFITS LIFE INS. CO.

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ASES COB Data Submissions (Third Party Liability) 1.8.3

086 UNITED OF OMAHA
087 UNITED LIFE INS. CO.
088 SERVI MEDICAL
089 PLAN DE LA POLICIA
090 FIRST MEDICAL ADVANTAGE
091 AUXILIO MUTUO ADVANTAGE
092 RYDERS HEALTH PLAN
093 CIGNA
094 COSVI ADVANTAGE
095 MAPFRE ADVANTAGE
096 AMERICAN HEALTH MEDICARE
097 SALUD DORADA ADVANTAGE
098 MEDICARE PLATINO
099 OTRAS COMPANIAS ASEGURADORAS
100 ACCA
101 COVEL
102 FONDO DEL SEGURO DEL ESTADO
103 TRICARE
104 CIGNA PREFERED
105 CIGNA EXCLUSIVE
106 CANADA LIFE
107 CHAMPUS/CHAMPVA
108 MEDPLUS
109 COLVER
110 GLOBAL HEALTH PLAN
111 HOFFA
112 INTEGRATE COMMUNITY HEALTH
113 PROSALUD
114 INTERNATIONAL MANAGED CARE
115 MMM
116 NIÑOS LISIADOS (DEPT DE SALUD)

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ASES COB Data Submissions (Third Party Liability) 1.8.3

117 OPTIONS
118 PALIC
119 PROSAM
120 UTM
121 UTI
122 UIA
123 UNITEDHEALTHCARE INS. CO.
124 SDM HEALTH MANAGEMENT, INC.
125 PHARMACY INSURANCE CORPORATION OF
AMERICA
126 MCS ADVANTAGE, INC.
127 PROSALUD HMO, CORP.
128 FEDERACION DE MAESTROS DE PUERTO
RICO
129 FIRST PLUS
130 DELTA DENTAL
131 CONSTELLATION HEALTH
132 MOLINA HEALTHCARE
133 ENVISION RX
134 CORRECTIONAL HEALTH SERVICES CORP.
135 OPTIMA HEALTH PR
136 MEDICARE FARMACIA - PARTE D
137 PLATINO - CONSTELLATION HEALTH
HUMANA HEALTH PLANS OF PUERTO RICO,
138 INC.
139 PLATINO - MCS CLASSICARE
140 MMM HEALTHCARE, LLC
141 PLATINO - PREFERRED MEDICARE CHOICE
(PMC)
142 TRIPLE S ADVANTAGE, INC.

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Appendix 2 -Insurance Coverage

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

Appendix 3 - Services Type Codes

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

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ASES COB Data Submissions (Third Party Liability) 1.8.3

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

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Appendix 4 - Error Codes

| Error | Description |
|-------|--|
| DTE | Data Type Error |
| EOL | End Of Line Error: Bad Filler |
| LEN | Unexpected Record Length |
| R1202 | Unexpected NULL value for TRAN_ID field |
| R1204 | Unexpected NULL value for PROCESS_DATE field |
| R1206 | Unexpected NULL value for INSURANCE_TYPE field |
| R1208 | Unexpected NULL value for INSURANCE_COVERAGE field |
| R1210 | Unexpected NULL value for COVERED_SERVICES field |
| R1212 | Invalid value for HEALTH_INSURER_CODE field |
| R1214 | Unexpected NULL value for GROUP_NUMBER field |
| R1216 | Unexpected NULL value for POLICY_NUMBER field |
| R1218 | Unexpected NULL value for RELATIONSHIP field |
| R1220 | Unexpected NULL value for RX_BIN field based on COVERED_SERVICES Field |
| R1222 | Unexpected NULL value for RX_PCN field based on COVERED_SERVICES Field |
| R1224 | Unexpected NULL value for RX_GROUP field based on COVERED_SERVICES Field |
| R1459 | Unexpected NULL value for PROCESS_BEG_DATE field |
| R1479 | Unexpected NULL value for GENDER field |
| R1481 | Unexpected NULL value for SSN field |
| R1483 | Unexpected NULL value for POLICY_TERMINATION_DATE field |
| R1485 | Unexpected NULL value for POLICY_EFFECTIVE_DATE field |
| R1499 | Invalid value for COVERED_SERVICES field |
| R562 | Invalid value for GENDER field |
| R563 | Invalid value for INSURANCE_COVERAGE field |
| R564 | Invalid value for HEALTH_INSURER_CODE field |
| R565 | Unexpected NULL value for RECORD_TYPE field |

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ASES COB Data Submissions (Third Party Liability) 1.8.3

R566 Invalid value for RELATIONSHIP field
R567 Invalid value for TRAN_ID field
R568 PROCESS_DATE is not set to the last day of the month
R569 Invalid value for PROCESS_BEG_DATE field
R570 Invalid value for GROUP_NUMBER field
R572 Unexpected NULL value for LAST_NAME_1 field
R573 Unexpected NULL value for FIRST_NAME field
R574 Invalid value for DATE_OF_BIRTH field
R575 Invalid value for POLICY_EFFECTIVE_DATE field
R576 Invalid value for POLICY_TERMINATION_DATE field
R577 Invalid value for INSURANCE_TYPE field
R578 Invalid value for SSN field
R571 Invalid value for POLICY_NUMBER field
R5632 Invalid value for COVERED_SERVICES field

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Appendix 3 - Transmittal Sheet

NOMBRE DE ASEGURADORA
HOJA DE TRAMITE ARCHIVOS COB
ENVIO DE ARCHIVOS

FECHA DE ENVIO:

ENVIADO A: ASES_COB@asespr.org

ENVIADO POR:

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

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

*****INSTRUCCIONES ESPECIALES.*****

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

Handwritten signature/initials

Handwritten signature: EMR

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ADDENDUM 7

Transition of Care

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**Transition of Care File
Case Management**

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|---------------------|--------------------------------------|--------------|------|-----------|-------------------|---|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | PCP_Name | PCP Name | 272 | 30 | Varchar | R | |
| 16 | PCP_NPI | PCP NPI | 302 | 10 | Numeric | R | |
| 17 | Servicing_NPI | Servicing Provider NPI | 312 | 10 | Numeric | R | |
| 18 | Servicing_Specialty | Servicing Provider Specialty type | 322 | 2 | Varchar | R | |
| 19 | Servicing_Name | Servicing provider Name | 324 | 30 | Varchar | R | |
| 20 | Servicing_Phone | Servicing provider phone number | 354 | 10 | Numeric | R | 9999999999 |
| 21 | Care_Ma_Prog | Care Management Program | 364 | 500 | Varchar | R | |
| 22 | Prog_Start_Date | Program Start Date | 864 | 8 | Numeric | R | YYYYMMDD (for open period use YYYYMMDD (for open period use 20990101) |
| 23 | Prog_End_Date | Program End Date | 872 | 8 | Numeric | R | |
| 24 | Diag_Code1 | Primary Diagnostic Code | 880 | 8 | Varchar | R | |
| 25 | Diag_Code2 | Diagnosis Code | 888 | 8 | Varchar | R | |
| 26 | Diag_Code3 | Diagnosis Code | 896 | 8 | Varchar | R | |
| 27 | Diag_Code4 | Diagnosis Code | 904 | 8 | Varchar | R | |
| 28 | Diag_Code5 | Diagnosis Code | 912 | 8 | Varchar | R | |
| 29 | Problem | Problems/Situations | 920 | 500 | Varchar | R | situations |
| 30 | Intervention | Interventions (ongoing and Pending) | 1420 1920 | 500 | Varchar | R | Include one or more interventions |

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[Signature]

Transition of Care File Process

PCP/PMG Change Effectivity

This file is received by ASES from the insurance companies and on a WEEKLY basis. The purpose of this table is to monitor the care of beneficiaries who lost the physician/patient relationship as of 1/1/2023 and to monitor PCP and/or PMG assignment prior to the established period (90 days).

| Item num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|----------------|---------------------|----------|------|-----------|-------------------|---|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | PMG_Name | PMG Name | 107 | 30 | Varchar | R | Require when Assigned |
| 8 | PMG_NPI | PMG NPI | 137 | 10 | Varchar | R | Require when Assigned |
| 9 | PCP_Name | PCP Name | 147 | 30 | Varchar | R | Require when Assigned |
| 10 | PCP_NPI | PCP NPI | 177 | 10 | Numeric | R | Require when Assigned |
| 11 | Effective_date | Effective_date | 187 | 8 | Numeric | R | YYYYMMDD - Effective date of PCP/PMG assignment |

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| Code | Code Description |
|-------|-----------------------------------|
| HIV | HIV CATASTROPHIC DIAGNOSIS |
| NEPH | NEPHROLOGY - ESRD V |
| OBGY | OBGYN DIAGNOSIS |
| ONCO | ONCOLOGY CATASTROPHIC DIAGNOSIS |
| TRAN | ORGAN TRANSPLANT |
| PNEP | CHRONIC RENAL DISEASE III & IV |
| GANAP | APLASTIC ANEMIA |
| ARRE | REHUMATOID ARTHRITIS |
| UTIP | AUTISM |
| SCLE | SCLERODERM |
| MSCL | SCLEROSIS MULTIPLE |
| CYFI | CYSTIC FIBROSIS |
| HEMO | HEMOFILIA |
| LEPR | LEPRA |
| LUPU | LUPUS |
| TUBE | TUBERCULOSIS |
| CSN | CHILDREN WITH SPECIAL NEEDS |
| ADHD | ADHD Diagnosis |
| CMH | Chronic Mental Health Patient |
| SBUP | Buprenorphine Patient |
| DIAB | Diabetes Type 1 |
| MOB | Morbid Obesity |
| PKU | Phenylketonuria (PKU) |
| PH | Pulmonary Hypertension |
| PCC | Palliative Care in Cancer (PCC) |
| ZIKA | Children in ZIKA care & following |




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Transition of Care File
Disease Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item Num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|-----------------------|--------------------------|----------|------|-----------|-------------------|----------------------------|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | Servicing_NPI | Servicing Provider NPI | 272 | 10 | Numeric | R | |
| 16 | Servicing_Specialty | type | 282 | 2 | Varchar | R | |
| 17 | Servicing_Name | Servicing provider Name | 284 | 30 | Varchar | R | |
| 18 | Servicing_Phone | Servicing provider phone | 314 | 10 | Numeric | R | |
| 19 | Diag_code1 | Diagnostic Code | 324 | 8 | Varchar | R | ICD 10 |
| 20 | Diag_code2 | Diagnostic Code | 332 | 8 | Varchar | R | ICD 10 |
| 21 | Diag_code3 | Diagnostic Code | 340 | 8 | Varchar | R | ICD 10 |
| 22 | Diag_code4 | Diagnostic Code | 348 | 8 | Varchar | R | ICD 10 |
| 23 | Diag_code5 | Diagnostic Code | 356 | 8 | Varchar | R | ICD 10 |
| 24 | Condition_for_program | Condition | 364 | 8 | Varchar | R | ICD 10 |
| 25 | Severity | Severity | 372 | 10 | Varchar | R | Low, Medium, High |
| | | | 382 | | | | |

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Transition of Care File

Hospital Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item Num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|----------------------|-----------------------|----------|------|-----------|-------------------|--|
| 1 | Carrier_source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 9999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | Adm_date | Admission Date | 272 | 8 | Numeric | R | YYYYMMDD |
| 16 | Dis_date | Actual Discharge Date | 280 | 8 | Numeric | R | YYYYMMDD |
| 17 | Hosp_NPI | Hospital NPI | 288 | 10 | Numeric | R | |
| 18 | Hosp_Name | Hospital Name | 298 | 30 | Varchar | R | |
| 19 | Adm_Diag1 | Admission Diagnosis | 328 | 8 | Varchar | R | ICD 10 |
| 20 | Adm_Diag2 | Admission Diagnosis | 336 | 8 | Varchar | R | ICD 10 |
| 21 | Adm_Diag3 | Admission Diagnosis | 344 | 8 | Varchar | R | ICD 10 |
| 22 | Adm_Diag4 | Admission Diagnosis | 352 | 8 | Varchar | R | ICD 10 |
| 23 | Adm_Diag5 | Admission Diagnosis | 360 | 8 | Varchar | R | ICD 10 |
| 24 | Adm_type | Admission type | 368 | 2 | Varchar | R | PH=Physical, ME=Mental, MP=Mental Partial, SN=skill nursing facility |
| 25 | Dis_diag1 | Discharge Diagnostic | 370 | 7 | Varchar | R | ICD 10 |
| 26 | Dis_diag2 | Discharge Diagnostic | 377 | 7 | Varchar | R | ICD 10 |
| 27 | Dis_diag3 | Discharge Diagnostic | 384 | 7 | Varchar | R | ICD 10 |
| 28 | Dis_diag4 | Discharge Diagnostic | 391 | 7 | Varchar | R | ICD 10 |
| 29 | Dis_diag5 | Discharge Diagnostic | 398 | 7 | Varchar | R | ICD 10 |
| 30 | Authorization_number | For references | 405 | 15 | Varchar | R | |
| | | | 420 | | | | |

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Transition of Care File
Life Support Case Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item Num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|---------------------|--------------------------------------|------------------------------------|------|-----------|-------------------|---|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 99999999999 |
| 15 | Servicing_NPI | Servicing Provider NPI | 272 | 10 | Numeric | R | |
| 16 | Servicing_Specialty | Servicing Provider Specialty | 282 | 2 | Numeric | R | |
| 17 | Servicing_Name | Servicing provider Name | 284 | 30 | Varchar | R | |
| 18 | Servicing_Phone | Servicing provider phone number | 314 | 10 | Numeric | R | 9999999999 |
| 19 | Req_NPI | Requesting Provider NPI | 324 | 10 | Numeric | R | |
| 20 | Req_Specialty | Requesting Provider Specialty | 334 | 10 | Numeric | R | |
| 21 | Req_Name | Requesting provider Name | 344 | 30 | Varchar | R | |
| 22 | Req_Phone | Requesting provider phone number | 374 | 10 | Numeric | R | 9999999999 |
| 23 | Service_Pla_Trans | Services in place to be transitioned | 384 | 10 | Varchar | R | |
| 24 | Service_Code1 | Service codes | 394 | 10 | Varchar | R | CPT, No decimal period |
| 25 | Service_Code2 | Service codes | 404 | 10 | Varchar | R | CPT, No decimal period |
| 26 | Service_Code3 | Service codes | 414 | 10 | Varchar | R | CPT, No decimal period |
| 27 | Service_Code4 | Service codes | 424 | 10 | Varchar | R | CPT, No decimal period |
| 28 | Service_Code5 | Service codes | 434 | 10 | Varchar | R | CPT, No decimal period |
| 29 | Request_date | Authorization request date | 444 | 8 | Numeric | R | YYYYMMDD |
| 30 | Approved_date | Approved date | 452 | 8 | Numeric | R | YYYYMMDD |
| 31 | Place_of_Service | Place of Services | ADMINISTRACION DE SEGUROS DE SALUD | | Numeric | R | See Place of Service TAG (Source Milliman Layout) |

Todos los procedimientos incluidos en una misma transacción debe ser aprobados en la misma fecha. La fecha de comienzo y/o terminación de aplicar deben coincidir, de lo contrario, se requiere emitir otra transacción.

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| | | | | | | | |
|----|----------------------|--------------------------|-----|---|---------|---|----------|
| 32 | Service_Start_Period | Period Start Date | 470 | 8 | Numeric | R | YYYYMMDD |
| 33 | Service_Expected_End | Expected Period End Date | 478 | 8 | Numeric | R | YYYYMMDD |
| 34 | Diag_code1 | Diagnosis Code | 486 | 6 | Varchar | R | ICD 10 |
| 35 | Diag_code2 | Diagnosis Code | 492 | 6 | Varchar | R | ICD 10 |
| 36 | Diag_code3 | Diagnosis Code | 498 | 6 | Varchar | R | ICD 10 |
| 37 | Diag_code4 | Diagnosis Code | 504 | 6 | Varchar | R | ICD 10 |
| 38 | Diag_code5 | Diagnosis Code | 510 | 6 | Varchar | R | ICD 10 |
| | | | 516 | | | | |

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ADMINISTRACION DE
SEGUROS DE SALUD ,

№ 23 - 0045A

Contrato Número

Transition of Care File
OBGYN Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|-----------------|---------------------------------------|----------|------|-----------|-------------------|--|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | PCP_Name | PCP Name | 272 | 30 | Varchar | R | |
| 16 | PCP_NPI | PCP NPI | 302 | 10 | Numeric | R | |
| 17 | Req_NPI | Requesting Provider NPI | 312 | 10 | Numeric | R | |
| 18 | Req_Specialty | Requesting Provider Specialty type | 322 | 10 | Numeric | R | |
| 19 | Req_Name | Requesting provider Name | 332 | 30 | Varchar | R | |
| 20 | Req_Phone | Requesting provider phone number | 362 | 10 | Numeric | R | |
| 21 | OB_NPI | OBGYN NPI | 372 | 10 | Numeric | R | if apply |
| 22 | OB_Group | OBGYN -PMG | 382 | 20 | Varchar | R | |
| 23 | OB_Name | OBGYN Physician Name | 402 | 30 | Varchar | R | |
| 24 | OB_Phone | OBGYN phone number | 432 | 10 | Numeric | R | 9999999999 |
| 25 | Program | Program | 442 | 20 | Varchar | R | |
| 26 | Preg_Trim_Reg | Pregnant Woman Trimester at Registry | 462 | 1 | Numeric | R | |
| 27 | Est_Date_Deli | Estimated Date of Delivery | 463 | 8 | Numeric | R | YYYYMMDD |
| 28 | Preg_High_Risk | Pregnant Woman is a High Risk YES/NO? | 471 | 1 | Varchar | R | Y/N |
| 29 | Prog_Start_Date | Registry Program Start Date | 472 | 8 | Numeric | R | YYYYMMDD |
| 30 | Prog_End_Date | Registry Program End Date | 480 | 8 | Numeric | R | YYYYMMDD (for open period use 20990101) |
| 31 | Diag_Code | Primary Diagnostic Code | 488 | 8 | Numeric | R | ICD 10 |
| 32 | Diag_Code | Diagnosis Code | 496 | 8 | Numeric | R | ICD 10 |
| 33 | Diag_Code | Diagnosis Code | 504 | 8 | Numeric | R | ICD 10 |
| 34 | Diag_Code | Diagnosis Code | 512 | 8 | Numeric | R | ICD 10 |
| 35 | Diag_Code | Diagnosis Code | 520 | 8 | Numeric | R | ICD 10 |
| 36 | Last_men_date | last menstruation date | 528 | 8 | Numeric | R | YYYYMMDD |
| 37 | Problems | Problems | 536 | 500 | Varchar | R | Care Plan Problems. One or more situations |
| 38 | Intervention | Interventions (ongoing and Pending) | 1036 | 500 | Varchar | R | ADMINISTRACION DE INTERVENCIONES |
| | | | 1536 | | | | SEGUROS DE SALUD |

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№ 2 3 - 0 0 4 5 A

Contrato Número

Transition of Care File
PA Denied Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item Num | Record Fields | Description | Position | Size | Data Type | Required/ Optional | Notes |
|----------|-----------------------|------------------------------------|----------|------|-----------|-----------------------|--|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | O | 99999999999 |
| 15 | Req_NPI | Requesting Provider NPI | 272 | 10 | Numeric | R | |
| 16 | Req_Specialty_code | Requesting Provider Specialty type | 282 | 2 | Numeric | R | |
| 17 | Req_Name | Requesting provider Name | 284 | 30 | Varchar | R | |
| 18 | Req_Phone | Requesting provider phone number | 314 | 10 | Numeric | R | 99999999999 |
| 19 | Service_Denied1 | Procedure code denied | 324 | 6 | Numeric | R | CPT, No decimal period |
| 20 | Service_Denied2 | Procedure code denied | 330 | 6 | Numeric | R | CPT, No decimal period |
| 21 | Service_Denied3 | Procedure code denied | 336 | 6 | Numeric | R | CPT, No decimal period |
| 22 | Service_Denied4 | Procedure code denied | 342 | 6 | Numeric | R | CPT, No decimal period |
| 23 | Service_Denied5 | Procedure code denied | 348 | 6 | Numeric | R | CPT, No decimal period |
| 24 | Request_date | Authorization request date | 354 | 8 | Numeric | R | |
| 25 | PA_Denial_Determ_Date | PA Denial Determination Date | 362 | 8 | Numeric | R | YYYYMMDD - Considered up to 60 days to submit the appeal |
| 26 | Total_Units_Denied | Total Units Denied | 370 | 3 | Numeric | R | |
| 27 | Diag_Code1 | Primary Diagnostic Code | 373 | 8 | Numeric | R | ICD 10 |
| 28 | Diag_Code2 | Diagnosis Code | 381 | 8 | Numeric | R | ICD 10 |
| 29 | Diag_Code3 | Diagnosis Code | 389 | 8 | Numeric | R | ICD 10 |
| 30 | Diag_Code4 | Diagnosis Code | 397 | 8 | Numeric | R | ICD 10 |
| 31 | Diag_Code5 | Diagnosis Code | 405 | 8 | Numeric | R | ICD 10 |
| | | | 413 | | | | |

ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0045A

Contrato Número

**Transition of Care File
Pre Authorization Layout**

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

| Item Num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|----------------------|------------------------------------|----------|------|-----------|-------------------|---|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | PCP_Name | PCP Name | 272 | 30 | Varchar | R | |
| 16 | PCP_NPI | PCP NPI | 302 | 10 | Numeric | R | |
| 17 | Servicing_NPI | Servicing Provider NPI | 312 | 10 | Numeric | R | |
| 18 | Servicing_Specialty | Servicing Provider Specialty type | 322 | 2 | varchar | R | |
| 19 | Servicing_Name | Servicing provider Name | 324 | 30 | Varchar | R | |
| 20 | Servicing_Phone | Servicing provider phone number | 354 | 10 | Numeric | R | 9999999999 |
| 21 | Req_Prov_NPI | Requesting provider NPI | 364 | 10 | Numeric | R | |
| 22 | Req_Prov_Specialty | Requesting provider Specialty Type | 374 | 2 | Varchar | R | |
| 23 | Req_Prov_Name | Requesting provider Name | 376 | 30 | Varchar | R | |
| 24 | Req_Prov_Phone | Requesting provider Phone Number | 406 | 10 | Numeric | R | 9999999999 |
| 25 | Diag_code1 | Primary Diagnostic Code | 416 | 8 | Varchar | R | |
| 26 | Diag_code2 | Diagnostic Code | 424 | 8 | Varchar | R | |
| 27 | Diag_code3 | Diagnostic Code | 432 | 8 | Varchar | R | |
| 28 | Diag_code4 | Diagnostic Code | 440 | 8 | Varchar | R | |
| 29 | Diag_code5 | Diagnostic Code | 448 | 8 | Varchar | R | |
| 30 | Service_units | Units or quantity services | 456 | 4 | Numeric | R | |
| 31 | Authorization_date | Service Authorization date | 460 | 8 | Numeric | R | YYYYMMDD |
| 32 | Service_code1 | Service code/Procedure (\$) | 468 | 6 | Varchar | R | CPT, No decimal period |
| 33 | Service_code2 | Service code/Procedure (\$) | 474 | 6 | Varchar | R | CPT, No decimal period |
| 34 | Service_code3 | Service code/Procedure (\$) | 480 | 6 | Varchar | R | CPT, No decimal period |
| 35 | Service_code4 | Service code/Procedure (\$) | 486 | 6 | Varchar | R | CPT, No decimal period |
| 36 | Service_code5 | Service code/Procedure (\$) | 492 | 6 | Varchar | R | CPT, No decimal period |
| 37 | Hospice | Hospice | 498 | 1 | Varchar | R | Y=Yes, N=No |
| 38 | Authorization number | For references only | 499 | 15 | Varchar | R | |
| 39 | Serv_Start_Date | Service start date | 514 | 8 | Numeric | R | YYYYMMDD |
| 40 | Serv_End_Date | Service end date | 522 | 8 | Numeric | R | YYYYMMDD (for open period use 20990101) |
| | | | 530 | | | | |

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Place of Service Codes Attachment

Attachment IV - Place of Service Codes

| CODE | Name | Description |
|--|---|--|
| Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan | | |
| 01 | Pharmacy | A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. |
| 02 | Unassigned | N/A |
| 03 | School | A facility whose primary purpose is education. |
| 04 | Homeless Shelter | A facility or location whose primary purpose is to provide temporary housing to homeless individuals. |
| 05 | Indian Health Service Free-standing Facility | A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization |
| 06 | Indian Health Service Provider-based Facility | A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. |
| 07 | Tribal 638 Free-standing Facility | A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. |
| 08 | Tribal 638 Provider-based Facility | A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. |
| 09-10 | Unassigned | N/A |
| 11 | Office | Location, other than a hospital, Skilled Nursing Facility (SNF), military treatment facility, community health center, State or local public health clinic, or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. |
| 12 | Home | Location, other than a hospital or other facility, where the patient receives care in a private residence. |
| 13 | Assisted Living Facility | Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. |
| 14 | Group Home | A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services. |
| 15 | Mobile Unit | A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. |
| 16-19 | Unassigned | N/A |
| 20 | Urgent Care Facility | Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled ambulatory patients seeking immediate medical attention. |
| 21 | Inpatient Hospital | A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions. |
| 22 | Outpatient Hospital | A portion of a hospital, which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. |

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| | | |
|-------|--|---|
| 23 | Emergency Room - Hospital | A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided. |
| 24 | Ambulatory Surgical Center | A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis. |
| 25 | Birthing Center | A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants. |
| 26 | Military Treatment Facility | A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF). |
| 27-30 | Unassigned | N/A |
| 31 | Skilled Nursing Facility | A facility, which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. |
| 32 | Nursing Facility | A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals. |
| 33 | Custodial Care Facility | A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component. |
| 34 | Hospice | A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided. |
| 35-40 | Unassigned | N/A |
| 41 | Ambulance - Land | A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured. |
| 42 | Ambulance - Air or Water | An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured. |
| 43-48 | Unassigned | N/A |
| 49 | Independent Clinic | A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only. |
| 50 | Federally Qualified Health Center | A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician. |
| 51 | Inpatient Psychiatric Facility | A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician. |
| 52 | Psychiatric Facility Partial Hospitalization | A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility. |
| 53 | Community Mental Health Center | A facility that provides the following services: <ul style="list-style-type: none"> • Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility. • 24 hour a day emergency care services. • Day treatment, other partial hospitalization services, or psychosocial rehabilitation services. • Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. • Consultation and education services. |
| 54 | Intermediate Care Facility/Mentally Retarded | A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF. |

| | | |
|-------|--|---|
| 55 | Residential Substance Abuse Treatment Facility | A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who, does not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board. |
| 56 | Psychiatric Residential Treatment Center | A facility or distinct part of a facility for psychiatric care, which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment. |
| 57 | Non-residential Substance Abuse Treatment Facility | A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing. |
| 58-59 | Unassigned | N/A |
| 60 | Mass Immunization Center | A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting. |
| 61 | Comprehensive Inpatient Rehabilitation Facility | A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services. |
| 62 | Comprehensive Outpatient Rehabilitation Facility | A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services. |
| 63-64 | Unassigned | N/A |
| 65 | End-Stage Renal Disease Treatment Facility | A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis. |
| 66-70 | Unassigned | N/A |
| 71 | State or Local Public Health Clinic | A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician. |
| 72 | Rural Health Clinic | A certified facility, which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician. |
| 73-80 | Unassigned | N/A |
| 81 | Independent Laboratory | A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office. |
| 82-98 | Unassigned | N/A |
| 99 | Other Place of Service | Other service facilities not specified above. |



ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0045A

Contrato Número

**Transition of Care File
Serious Mental Illness Patients (SMI)**

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of

| Item num | Record Fields | Description | Position | Size | Data Type | Required/Optional | Notes |
|----------|---------------------|--------------------------------------|----------|------|-----------|-------------------|--|
| 1 | Carrier_Source | Source Carrier Code | 1 | 2 | Numeric | R | Carrier Code Given by ASES |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | PCP_Name | PCP Name | 272 | 30 | Varchar | R | |
| 16 | PCP_NPI | PCP NPI | 302 | 10 | Numeric | R | |
| 17 | Servicing_NPI | Servicing Provider NPI | 312 | 10 | Numeric | R | |
| 18 | Servicing_Specialty | Servicing Provider Specialty type | 322 | 2 | Varchar | R | |
| 19 | Servicing_Name | Servicing provider Name | 324 | 30 | Varchar | R | |
| 20 | Servicing_Phone | Servicing provider phone number | 354 | 10 | Numeric | R | 9999999999 |
| 21 | Care_Ma_Prog | Care Management Program | 364 | 500 | Varchar | R | |
| 22 | Prog_Start_Date | Program Start Date | 864 | 8 | Numeric | R | YYYYMMDD |
| 23 | Prog_End_Date | Program End Date | 872 | 8 | Numeric | R | YYYYMMDD |
| 24 | Diag_Code1 | Primary Diagnostic Code | 880 | 8 | Varchar | R | |
| 25 | Diag_Code2 | Diagnosis Code | 888 | 8 | Varchar | R | |
| 26 | Diag_Code3 | Diagnosis Code | 896 | 8 | Varchar | R | |
| 27 | Diag_Code4 | Diagnosis Code | 904 | 8 | Varchar | R | |
| 28 | Diag_Code5 | Diagnosis Code | 912 | 8 | Varchar | R | |
| 29 | Problem | Problems/Situations | 920 | 500 | Varchar | R | Care Plan Problems. One or more situations |
| 30 | Intervention | Interventions (ongoing and Pending) | 1420 | 500 | Varchar | R | Include one or more interventions |

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ADMINISTRACION DE
SEGUROS DE SALUD

№ 23 - 0045A

Contrato Número

**Transition of Care File
Special Coverage Layout**

This file is received by ASES from the insurance companies and monthly basis. It contains data pertinent to the transition of care of the patient

| Item Num | Record Fields | Description | Position | Size | Data Type | Required/ Optional | Notes |
|----------|---------------------|--------------------------------------|----------|------|-----------|-----------------------|--|
| 1 | Carrier_source | Source Carrier code | 1 | 2 | Numeric | R | |
| 2 | MPI | Member MPI | 3 | 13 | Numeric | R | |
| 3 | Last_Name1 | Member Last Name | 16 | 30 | Varchar | R | |
| 4 | Last_Name2 | Member Last Name 2 | 46 | 30 | Varchar | O | |
| 5 | First_Name | Member First Name | 76 | 30 | Varchar | R | |
| 6 | Initial | Initial | 106 | 1 | Varchar | O | |
| 7 | DOB | Enrollee DOB | 107 | 8 | Numeric | R | YYYYMMDD |
| 8 | Gender | Member Gender | 115 | 1 | Numeric | R | 1=Masculino, 2=Femenino |
| 9 | Addr1 | Member Address1 | 116 | 45 | Varchar | R | |
| 10 | Addr2 | Member Address2 | 161 | 45 | Varchar | O | |
| 11 | City | Member City | 206 | 45 | Varchar | R | |
| 12 | State | Member State | 251 | 2 | Varchar | R | |
| 13 | Zip | Member Zip | 253 | 9 | Numeric | R | 999999999 |
| 14 | Phone | Member Phone | 262 | 10 | Numeric | R | 9999999999 |
| 15 | Servicing_NPI | Servicing Provider NPI | 272 | 10 | Numeric | R | |
| 16 | Servicing_Specialty | Servicing Provider Specialty type | 282 | 2 | Numeric | R | |
| 17 | Servicing_Name | Servicing provider Name | 284 | 30 | Varchar | R | |
| 18 | Servicing_Phone | Requesting provider phone number | 314 | 10 | Numeric | R | 9999999999 |
| 19 | Program | Program | 324 | 6 | Varchar | R | |
| 20 | Prog_Start_Date | Registry Program Start Date | 330 | 8 | Numeric | R | YYYYMMDD |
| 21 | Prog_End_Date | Registry Program End Date | 338 | 8 | Numeric | R | YYYYMMDD (for open period use 20990101) |
| 22 | Condition | Condition | 346 | 8 | Varchar | R | See Condition Table TAG |
| 23 | Diag_Code1 | Primary Diagnostic Code | 354 | 8 | Varchar | R | ICD 10 |
| 24 | Diag_Code2 | Diagnostic Code | 362 | 8 | Varchar | R | ICD 10 |
| 25 | Diag_Code3 | Diagnostic Code | 370 | 8 | Varchar | R | ICD 10 |
| 26 | Diag_Code4 | Diagnostic Code | 378 | 8 | Varchar | R | ICD 10 |
| 27 | Diag_Code5 | Diagnostic Code | 386 | 8 | Varchar | R | ICD 10 |
| 28 | Problems | Problem | 394 | 500 | Varchar | R | Care Plan Problems. One or more situations |
| 29 | Intervention | Interventions (ongoing and Pending) | 894 | 500 | Varchar | R | Include one or more interventions |
| | | | 1394 | | | | |

ADMINISTRACION DE
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№ 23 - 0045A

Contrato Número



GOVERNMENT OF PUERTO RICO
 PUERTO RICO HEALTH INSURANCE ADMINISTRATION
ASES



Health Insurance Plans for the Medical Assistance Program
Carrier Change Interface (Actuary)

Interface Control Document

ADMINISTRACION DE
 SEGUROS DE SALUD

№ 2 3 - 0 0 4 5A

Contrato Número

Version 1.0
 01/07/2023

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ADMINISTRACION DB
SEGUROS DE SALUD

Nº 23 - 004 5A

Contrato Número

General Information

This document describes the Layout for the Files that ASES sends to the Actuary for the carrier changes of the beneficiaries of the medical assistance program that are assigned to the Health Insurance Plans contracted by ASES for Plan Vital and Medicare Platino.

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 Plan Vital and Medicare Platino on the 20th of each month.

The Actuary generates files with the information required for the transition of care of the beneficiaries.

The information on this document is subject to continuous revisions and modifications that will be made available to all parts involved.

ADMINISTRACION DE
SEGUROS DE SALUD

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Change History

| Version | Release | Author | Description of Change |
|---------|------------|----------------|-----------------------|
| 0.1 | 07/01/2022 | ASES CORE team | Initial Document |
| | | | |
| | | | |
| | | | |

ADMINISTRACION DB
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File Layout

File Naming Convention

| File Name | Part | Meaning |
|-----------------------------|----------|--|
| | CC | : Carrier code |
| | MRC | : Static text for interface identifier |
| | YY | : Billing date year |
| | MM | : Billing date month |
| MCO_MRCYYMM_REGISTRY_SS.csv | REGISTRY | : Static text for interface component identifier |
| | SS | : Version Sequence |

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File Content

This file is exported using CSV format.

| Id | Field | Data Format | Description |
|----|-------------|-------------|---|
| 1 | Person Id | char(11) | :Medicaid Id |
| 2 | Region Code | :char(1) | Managed Care Region |
| 3 | Carrier | :char(2) | Carrier currently assigned to the member |
| 4 | New Carrier | char(2) | Carrier assigned to the member for the next month |

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To New Carrier Historical Utilization

| Column Name | Data Type |
|------------------|--------------|
| claim_id | varchar(100) |
| sv_line | int |
| form_type | char(1) |
| Sv_stat | char(1) |
| ADM_date | date |
| dis_date | date |
| from_date | date |
| to_date | date |
| MPI | varchar(200) |
| relation | varchar(20) |
| [Carrier Id] | varchar(100) |
| Region | varchar(100) |
| Municipality | varchar(100) |
| [Medicare Stat] | varchar(100) |
| [Medicaid Stat] | varchar(100) |
| [Plan Type] | varchar(100) |
| [Plan Version] | varchar(100) |
| [Enc Type] | varchar(100) |
| [Risk Type] | varchar(100) |
| [Primary Center] | varchar(100) |
| claim_rec_date | date |
| claim_entry_date | date |
| paid_date | date |
| MS_DRG | char(4) |
| ICD_DIAG_ADMIT | varchar(7) |
| ICD_DIAG_01 | varchar(7) |
| ICD_DIAG_02 | varchar(7) |
| ICD_DIAG_03 | varchar(7) |
| ICD_DIAG_04 | varchar(7) |
| ICD_DIAG_05 | varchar(7) |
| ICD_DIAG_06 | varchar(7) |
| ICD_DIAG_07 | varchar(7) |
| ICD_DIAG_08 | varchar(7) |
| ICD_DIAG_09 | varchar(7) |
| ICD_DIAG_10 | varchar(7) |
| ICD_PROC_01 | varchar(10) |
| ICD_PROC_02 | varchar(10) |
| ICD_PROC_03 | varchar(10) |
| ICD_PROC_04 | varchar(10) |
| ICD_PROC_05 | varchar(10) |
| ICD_PROC_06 | varchar(10) |
| ATT_PROV | varchar(100) |
| ATT_IPA | varchar(100) |
| BILL_PROV | varchar(100) |
| POS | char(2) |

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| | |
|----------------------|----------------|
| PROC_CODE | varchar(10) |
| CPT_MOD_1 | char(2) |
| CPT_MOD_2 | char(2) |
| REV_CODE | varchar(4) |
| NDC | varchar(11) |
| RX_DAYS_SUPPLY | smallint |
| RX_QTY_DISPENSED | numeric(10, 2) |
| RX_INGR_COST | numeric(18, 2) |
| RX_DISP_FEE | numeric(18, 2) |
| RX_DISCOUNT | numeric(18, 2) |
| RX_DAW | char(1) |
| RX_FILL_SRC | char(1) |
| RX_REFILLS | smallint |
| RX_PAR | char(1) |
| AMT_BILLED | numeric(18, 2) |
| AMT_ALLOWED | numeric(18, 2) |
| AMT_PAID | numeric(18, 2) |
| AMT_DEDUCT | numeric(18, 2) |
| AMT_COINS | numeric(18, 2) |
| AMT_COPAY | numeric(18, 2) |
| AMT_COB | numeric(18, 2) |
| DIS_STAT | char(2) |
| CL_DATA_SRC | varchar(30) |
| [Primary Carrier ID] | varchar(2) |
| [Municipality 2] | varchar(20) |
| [Stop Loss Flag] | varchar(1) |
| [Applied Cost] | varchar(1) |
| [ASES Split Amount] | numeric(18, 2) |
| [CMS Split Amount] | numeric(18, 2) |
| [Rx Total Dispensed] | numeric(18, 2) |
| [Surface Code] | varchar(7) |
| [COB Code] | varchar(1) |
| [Claim DOB] | datetime |
| [Claim Gender] | varchar(1) |
| IPA | varchar(10) |
| [IPA Description] | varchar(80) |
| [IPA Address 1] | varchar(45) |
| [IPA Address 2] | varchar(45) |
| [IPA City] | varchar(45) |
| [IPA Country] | varchar(45) |
| [IPA State] | varchar(45) |
| [IPA ZIP] | varchar(45) |
| [Federal Tax ID] | varchar(20) |
| [Family ID] | varchar(11) |
| [PCP Provider] | varchar(20) |
| [Type Plan] | varchar(2) |
| [Main SSN] | varchar(9) |

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| | |
|-------------------------|-------------|
| Subscriber | varchar(20) |
| SSN | varchar(9) |
| [Tooth Code] | varchar(3) |
| [EDI Source] | varchar(12) |
| [ASES Source Form Type] | varchar(50) |
| [MILLIMAN Form Type] | varchar(20) |
| [ASES Days Supply] | int |
| [FIPS Municipality] | varchar(5) |
| st_claim_id | bigint |
| claim_in_network | char(1) |
| ICD_10_OR_HIGHER | bit |



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Addendum 8

EFT Folder Organization

Insurance Carrier

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GOVERNMENT OF PUERTO RICO
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ASES

Puerto Rico Medicaid Enterprise - Health Insurance Plans

ASES Enterprise File Transfer (EFT) Folder Organization

Insurance Carrier

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[Signature]

Version 1.1
Effective May 01, 2023

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Document Information

| Required Information | Description |
|----------------------|-------------|
| Owner: | ASES |
| Date: | 03/16/2023 |

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Revision History

| Version | Date | Description of Change |
|---------|------------|---------------------------------|
| 1.0 | 10/01/2022 | Initial Folder Structure |
| 1.1 | 03/16/2023 | Criteria to consider for law 95 |
| | | |



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Preface

The purpose of this document is to describe how the folders are organized in the ASES Enterprise File Transfer (EFT) solution for the Data Exchange between ASES and the Insurance Carriers.

ASES EFT solution is also known as "*ASES Secure FTP*" and it's currently contracted with CITRIX which uses a secure FTP protocol.

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ASES EFT Location

The location for the ASES EFT solution (ASES Secure FTP) is in the following URL:

<https://asessecurevdr.sharefile.com/>



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Reporting Guidelines Folder

ASES publishes all reporting and data exchange guidelines in the following folder:

■ Reporting_Guidelines

Folder Organization

Here are how the files are organized for Insurance Carriers.

Folder Categories

Container Folders

■ [Environment Root Folder]

This is the primary access for the Data Exchange for a specific environment.

[Environment Root Folder] can be one of the following:

Production: ASES_FTP

Test: ASES_FTP_TEST

■ [Insurance Carrier Root Folder]

This is the Root Folder for an Insurance Carrier within the environment [Insurance Carrier Root Folder] will be replaced with the corresponding FTP_CarrierName assigned to the Insurance Carrier.

■ Regular Folder

This Folder contains files for ad-hoc for manual business processes.

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■ Automated Processing Folder

This Folder contains files for automated business processes.

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Data Exchange Folders

Within container folders there are Data Exchange Folders that identify the direction of the information been shared

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Received From ASES:

These folders contain all data exchange the Insurance Carrier **receives from ASES**.

Received From ASES:

These folders contain all data exchange the Insurance Carrier **submits from ASES**.

“General Use” Folder

This folder is used for manual sharing of information that is not automated in any of the other folders. The “General Use” folder is located under the following path:

- FTP_ASES
 - [INSURANCE CARRIER]
 - General Use
 - Submit to ASES
 - Received from ASES

“Benefit Enrollment and Maintenance” Folder

This folder is used for sharing data associated with the Benefit Enrollment and Maintenance business processes.

- Received From ASES:
 - Enrollment Export Files (.EXP, .CNCL, .ALL)
- Submit to ASES:
 - Enrollment Effectuation Files (.SUS)
 - FAM95/MEM95
 - Coordination of Benefits (.COB)

The “Benefit Enrollment and Maintenance Folder” folder is located under the following path:

- FTP_ASES
 - [INSURANCE CARRIER]
 - Enrollment
 - Submit to ASES
 - Received from ASES

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“Premium Payment” Folder

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This folder is used for sharing data associated with the Premium Payment business processes.

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- Received From ASES:
 - 820 Files
- Submit to ASES:
 - OTP Files

The "Benefit Enrollment and Maintenance Folder" folder is located under the following path:

- FTP_ASES
 - [INSURANCE CARRIER]
 - Premium Payment
 - Submit to ASES
 - Received from ASES

Encounter Data Folder

- FTP_ASES
 - [INSURANCE CARRIER]
 - Encounter Data (Report 12)
 - CLM
 - Submit to ASES
 - Received from ASES
 - CAP
 - Submit to ASES
 - Received from ASES
 - PRV
 - Submit to ASES
 - Received from ASES
 - NET
 - Submit to ASES
 - Received from ASES
 - IPA
 - Submit to ASES
 - Received from ASES



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Reporting Package Folders

This folder is used for sharing information associated with the Reporting Package business processes as it is stated in the Reporting Guide.

An Example for the Compliance business process data exchange is as follows:

- FTP_ASES
 - [INSURANCE CARRIER]
 - Reporting Package
 - Compliance
 - 1-Weekly
 - Submit to ASES
 - Received from ASES
 - 1.5-Bi-Weekly
 - Submit to ASES
 - Received from ASES
 - 2-Monthly
 - Submit to ASES
 - Received from ASES
 - 3-Quarterly
 - Submit to ASES
 - Received from ASES
 - 4-Semi annually
 - Submit to ASES
 - Received from ASES
 - 5-Annually
 - Submit to ASES
 - Received from ASES
 - 6-Ad Hoc
 - Submit to ASES
 - Received from ASES



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The other Reporting Packages business processes share the same structure:

- FTP_ASES
 - [INSURANCE CARRIER]
 - Reporting_Package
 - Customer Service
 - [Note: Contents same as Compliance]
 - Finance
 - [Note: Contents same as Compliance]
 - Legal
 - [Note: Contents same as Compliance]
 - Clinical Operations Area
 - [Note: Contents same as Compliance]
 - Systems
 - [Note: Contents same as Compliance]
 - Program Integrity
 - [Note: Contents same as Compliance]

All contents for the “Reporting_Package” folders, are explained in the following guides shared by ASES:

- Plan Vital Reporting Guide
- Medicare Platino Reporting Guide
- Law 95 Reporting Guide

Example for Insurance Carrier submission (MCOs/MAOs):

Quarterly submission for report 03 “Fraud, Waste and Abuse”: RP_13_03_2022030.xml. (Production Environment)

Example of Use Starting December 01, 2022

- FTP_ASES
 - FTP_CARRIER_NAME
 - Reporting_Package
 - Compliance
 - 3-Quarterly
 - Submit to ASES
 - RP_13_03_2022030.xml

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Some Insurance Carriers used a different folder organization in the past. Please note that this will no longer be supported:

| |
|---|
| <p>Example of Use Before December 01, 2022</p> <ul style="list-style-type: none"> ■ Directorio para Reportes <ul style="list-style-type: none"> ■ CARRIER_NAME <ul style="list-style-type: none"> ■ Compliance <ul style="list-style-type: none"> ■ 3-Quarterly <ul style="list-style-type: none"> RP_13_03_2022030.xml |
|---|

Other Guidelines

- No Entity other than ASES should create folders or subfolders without the written authorization of ASES, as they will be deleted without prior notice and files placed in a folder not authorized by ASES will not be considered received.
- For Test environments the folder structure will be the same as the Production Environment, except that the root folder will be as follows:
 - For QA Tests the root folder is:
 - FTP_ASES_TEST
 - For other required tests that are used in parallel, a specific structure can be created using a number after the word TEST, this environment will be created on demand.
 Example of root folders:
 - FTP_ASES_TEST01
 - FTP_ASES_TEST02

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