

ADDENDUM 7

Transition of Care

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000476

Contrato Número



Transition of Care File
Case Management

This file is received by ASIS 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/O ptional	Notes
1	Carrier Code	Source Carrier Code	1	3	Numeric	R	Carrier Code Given by ASIS
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 MPI	PCP MPI	302	10	Numeric	R	
17	Servicing MPI	Servicing Provider MPI	312	10	Numeric	R	
18	Servicing Specialty	Servicing Provider Specialty type	322	1	Varchar	R	
19	Servicing Name	Servicing provider name	324	30	Varchar	R	
20	Servicing Phone	Servicing provider phone number	354	10	Numeric	R	999999999
21	Care Mgt 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	Interventions	Interventions (ongoing and pending)	1420 1910	500	Varchar	R	Exclude one or more interventions

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Conditions Table

Code	Code Description
HIV	HIV CATASTROPHIC DIAGNOSIS
NEPH	NEPHROLOGY - EERD V
OBGY	OBGYN DIAGNOSIS
ONCO	ONCOLOGY CATASTROPHIC DIAGNOSIS
TRAN	ORGAN TRANSPLANT
PNEP	CHRONIC RENAL DISEASE III & IV
GANAP	APLASTIC ANEMIA
ARRE	REHINATOID ARTHRITIS
UTIP	AUTISM
SCLE	SCLERODERM
MISC	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
SBLUP	Buprenorphine Patient
DIAB	Diabetes Type 1
MOB	Morbid Obesity
PKU	Phenylketonuria (PKU)
PH	Pulmonary Hypertension
PCC	Palative Care in Cancer (PCC)
ZIKA	Children in ZIKA care & following

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Part of Service Codes Attachment

Attachment IV - Places of Service Codes

CODE	Name	Description
Codes included in this table are assigned for reimbursement only in no way imply coverage of services under the Government Health Insurance Plus		
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	Monetary 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.
08-10	Unassigned	N/A
11	Office	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.
12	Home	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.
13	Assisted Living Facility	Location, other than a hospital or other facility, where the patient receives care in a private residence.
14	Group Home	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.
18	Mobile Unit	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services.
18-19	Unassigned	N/A
20	Urgent Care Facility	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
21	Inpatient Hospital	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.
22	Outpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Outpatient Hospital	A portion of a hospital, which provides diagnostic, therapeutic (both surgical and non-surgical), 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 postpartum 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 Services 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.

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85	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.
86	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care, which provides a total 24-hour therapeutic, structured and professionally staffed group living and learning environment.
87	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.
88-89	Unassigned	N/A
89	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.
89	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.
89	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.
89-89	Unassigned	N/A
89	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.
89-89	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.
82-88	Unassigned	N/A
89	Other Place of Service	Other service facilities not specified above.

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Contrato Número

Transition of Care File
 Disease Layout

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

Item	Record Header	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASEES
2	MPI#	Member MPI	3	13	Numeric	R	
3	Last Name1	Member Last Name	15	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-Male, 2-Female, 0
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	354	8	Varchar	R	ICD 10
25	Severity	Severity	372	10	Varchar	R	Low, Medium, High
			382				

ADMINISTRACION DE
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23 - 0 0 0 4 7A

Contrato Número

Transition of Care File

Hospital Layout
patient

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

Item #/Item	Record Field	Description	Position	Size	Data Type	Required/Opti- onal	Notes
1	Carrier Code	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	NPI	Member NPI	3	10	Numeric	R	
3	Last Name1	Member Last Name	16	30	Varchar	R	
4	Last Name2	Member Last Name 2	16	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=Male, 2=Female
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	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	288	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, MF=Menal Partial, SPS=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				

ADMINISTRACION DE
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23 - 000479

Contrato Número

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

MMR 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	36	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	Enrollor 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	259	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	Service MPI	Servicing Provider MPI	272	10	Numeric	R	
16	Service_Specialty	Servicing Provider Specialty	282	2	Numeric	R	
17	Service Name	Servicing provider Name	284	30	Varchar	R	
18	Service_Phone	Servicing provider phone number	314	10	Numeric	R	9999999999
19	Req MPI	Requesting Provider MPI	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_Mg_Term	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 Codes	Service codes	434	10	Varchar	R	CPT, No decimal period
29	Request date	Authorization request date	444	8	Varchar	R	YYYYMMDD
30	Approved date	Approved date	452	8	Numeric	R	YYYYMMDD
31	Place_of_Service	Place of Service	460	10	Numeric	R	See Place of Service TAG (Source Milliman Layout)

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

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32	Service Start Period	Period Start Date	470	8	Number	R	YYYYMMDD
33	Service Expected End	Expected Period End Date	470	8	Number <td>R <td>YYYYMMDD</td> </td>	R <td>YYYYMMDD</td>	YYYYMMDD
34	Diag. code1	Diagnosis Code	486	6	Varchar <td>R <td>ICD 10</td> </td>	R <td>ICD 10</td>	ICD 10
35	Diag. code2	Diagnosis Code	487	6	Varchar <td>R <td>ICD 10</td> </td>	R <td>ICD 10</td>	ICD 10
36	Diag. code3	Diagnosis Code	488	6	Varchar <td>R <td>ICD 10</td> </td>	R <td>ICD 10</td>	ICD 10
37	Diag. code4	Diagnosis Code	504	5	Varchar <td>R <td>ICD 10</td> </td>	R <td>ICD 10</td>	ICD 10
38	Diag. code5	Diagnosis Code	510	6	Varchar <td>IN <td>ICD 10</td> </td>	IN <td>ICD 10</td>	ICD 10
			516				

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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0 0 0 4 7G

Contrato Número

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Transition of Care File
OBGYN Layout

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

Item name	Member Fields	Description	Position	Size	Data Type	Required/Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASEB
2	MPI	Member MPI	1	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-Female
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	7	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 MPI	PCP MPI	302	10	Numeric	R	
17	Req MPI	Requesting Provider MPI	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 MPI	OBGYN MPI	372	10	Numeric	R	
22	OB Group	OBGYN -PMID	382	20	Varchar	R	if apply
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	Prog Item Num	Pregnant Women Trimester at Registry	462	1	Numeric	R	YYYYMMDD
27	Est Date Del	Estimated Date of Delivery	463	8	Numeric	R	Y/N
28	Prog High Risk	Pregnant Woman is a High Risk YES/NO?	471	1	Varchar	R	YYYYMMDD
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	Clat Code	Primary Diagnostic Code	488	8	Numeric	R	ICD 10
32	Clat Code	Diagnosis Code	496	8	Numeric	R	ICD 10
33	Clat Code	Diagnosis Code	504	8	Numeric	R	ICD 10
34	Clat Code	Diagnosis Code	512	8	Numeric	R	ICD 10
35	Clat 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	Include one or more interventions
			1536				

ADMINISTRACION DE
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Transition of Care File
PA Denied Layout

This file is received by ASEB 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_Src	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASEB
2	MPI	Member MPI	3	33	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	105	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Male; 2=Female
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	9999999999
15	Req MPI	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	9999999999
19	Service Denied1	Procedure code denied	324	6	Numeric	R	CPT, No decimal period
20	Service Denied2	Procedure code denied	336	6	Numeric	R	CPT, No decimal period
21	Service Denied3	Procedure code denied	342	6	Numeric	R	CPT, No decimal period
22	Service Denied4	Procedure code denied	348	6	Numeric	R	CPT, No decimal period
23	Service Denied5	Procedure code denied	354	6	Numeric	R	CPT, No decimal period
24	Request Date	Authorization request date	362	8	Numeric	R	YYYYMMDD - Considered up to 60 days to submit the appeal
25	PA Denial Determin Date	PA Denial Determination Date	370	8	Numeric	R	
26	Total Units Denied	Total Units Denied	373	8	Numeric	R	ICD 10
27	Diag Code1	Primary Diagnostic Code	381	8	Numeric	R	ICD 10
28	Diag Code2	Diagnosis Code	389	8	Numeric	R	ICD 10
29	Diag Code3	Diagnosis Code	397	8	Numeric	R	ICD 10
30	Diag Code4	Diagnosis Code	405	8	Numeric	R	ICD 10
31	Diag Codes	Diagnosis Code	413	8	Numeric	R	ICD 10

**Transmission of Care File
Pre Authorization Layout**

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

Item	Item Name	Record Fields	Description	Position	File Type	Segment/NO provided	Notes
1	Carrier Source	Source Carrier Code		1	Numeric	R	
2	MPI	Member MPI		3	Numeric	R	
3	Last Name 1	Member Last Name		36	Varchar	R	
4	Last Name 2	Member Last Name 2		46	Varchar	O	
5	First Name	Member First Name		76	Varchar	R	
6	Initial	Initial		106	Varchar	O	
7	DOB	Member DOB		107	Numeric	R	YYYYMMDD
8	Gender	Member Gender		115	Numeric	R	1=Male, 2=Female
9	Address 1	Member Address 1		116	Varchar	R	
10	Address 2	Member Address 2		161	Varchar	O	
11	City	Member City		206	Varchar	R	
12	State	Member State		251	Varchar	R	
13	Zip	Member Zip		253	Numeric	R	
14	Phone	Member Phone		262	Numeric	R	9999999999
15	PCP Name	PCP Name		272	Varchar	R	9999999999
16	PCP NPI	PCP NPI		302	Numeric	R	
17	Servicing NPI	Servicing Provider NPI		312	Numeric	R	
18	Servicing Specialty	Servicing Provider Specialty Type		322	Varchar	R	
19	Servicing Name	Servicing Provider Name		324	Varchar	R	
20	Servicing Phone	Servicing Provider Phone Number		354	Numeric	R	9999999999
21	Req. Prov. NPI	Requesting provider NPI		364	Numeric	R	
22	Req. Prov. Specialty	Requesting provider Specialty Type		374	Varchar	R	
23	Req. Prov. Name	Requesting provider Name		376	Varchar	R	
24	Req. Prov. Phone	Requesting provider Phone Number		406	Numeric	R	9999999999
25	Diag. code 1	Primary Diagnostic Code		416	Varchar	R	
26	Diag. code 2	Diagnostic Code		424	Varchar	R	
27	Diag. code 3	Diagnostic Code		432	Varchar	R	
28	Diag. code 4	Diagnostic Code		440	Varchar	R	
29	Diag. code 5	Diagnostic Code		448	Varchar	R	
30	Service Units	Units or quantity services		456	Numeric	R	
31	Authorization Date	Service authorization date		460	Numeric	R	YYYYMMDD
32	Service code 1	Service code/Procedure (S)		468	Varchar	R	CPT, No decimal period
33	Service code 2	Service code/Procedure (S)		474	Varchar	R	CPT, No decimal period
34	Service code 3	Service code/Procedure (S)		480	Varchar	R	CPT, No decimal period
35	Service code 4	Service code/Procedure (S)		486	Varchar	R	CPT, No decimal period
36	Service code 5	Service code/Procedure (S)		492	Varchar	R	CPT, No decimal period
37	Hospital	Hospital		498	Varchar	R	Y=Yes, N=No
38	Authorization number	For references only		499	Varchar	R	
39	Serv Start Date	Service start date		514	Numeric	R	YYYYMMDD
40	Serv End Date	Service end date		517	Numeric	R	YYYYMMDD (for open period use 20990101)
				518	Numeric	R	

**ADMINISTRACION DE
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Contrato Número

Transition of Care File
 Serious Member (Missile Patients) (MAM)

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	Date 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	40	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	Addr 1	Member Address1	116	45	Varchar	R	
10	Addr 2	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 Mgt Prog	Care Management Program	369	500	Varchar	R	
22	Prog Start Date	Program Start Date	364	8	Numeric	R	YYYYMMDD
23	Prog End Date	Program End Date	372	8	Numeric	R	YYYYMMDD
24	Diag Code1	Primary Diagnostic Code	380	8	Varchar	R	
25	Diag Code2	Diagnosis Code	388	8	Varchar	R	
26	Diag Code3	Diagnosis Code	396	8	Varchar	R	
27	Diag Code4	Diagnosis Code	504	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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Contrato Número

**Transition of Care File
Special Coverage Layout**

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

Item Num	Record Field	Description	Position	Size	Data Type	Required/Optional	Notes
1	Carrier source	Source Carrier code	1	2	Numeric	R	
2	NPI	Member NPI	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	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	Problem	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				

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GOVERNMENT OF PUERTO RICO
PUERTO RICO HEALTH INSURANCE ADMINISTRATION
ASES



ASES ENTERPRISE SYSTEMS

Health Insurance Plans for the Medical Assistance Program

Carrier Change Interface (Actuary)

Interface Control Document

Version 1.0
01/07/2023

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Carrier Change Interface (Actuary)

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Carrier Change Interface (Actuary)

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.



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Change History

Version	Release	Author	Description of Change
0.1	07/11/2022	ASES CORE team	Initial Document

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RFJ

Carrier Change Interface (Actuary)

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

RFJ

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AS

File Content

This file is exported using CSV format.

Id	Field	Data Format	Description
1	Person Id	char(11)	Member 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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AS

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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Contrato Número

APC

APC

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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Contrato Número

