

ADDENDUM 3

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

ADMINISTRACION DE
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23 - 000476

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ADP.

ADP



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

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.

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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

Code	Field Name	Value	Code	Value
C.3	Interchange Control Header	None	ISA	ISA
C.4	Authorization Information Qualifier	ISA01	00	00 - No authorization information present
C.4	Authorization Information	ISA02		'Filled with 10 spaces
C.4	Security Information Qualifier	ISA03	00	00 - No Security Information Present
C.4	Security Information	ISA04		'Filled with 10 spaces
C.4	Interchange ID Qualifier	ISA05	30	30 - US Federal Tax Identification Number
C.4	Interchange Sender Id	ISA06		Value = 660500678
C.5	Interchange ID Qualifier	ISA07	ZZ	ZZ - Mutually Defined
C.5	Interchange Receiver Id	ISA08		Value = Trading Partner ID
C.5	Interchange Date	ISA09		The date format is YYMMDD
C.5	Interchange Time	ISA10		The time format is HHMM

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

Page	Msg/Act	Loop	Separator	Name	Conf	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	Code	Notes/Comments
C.8	1/12		GS08	Version / Release / Industry Identifier Code		Value = 005010X218

5.1.2 Trailer

Page	Min/Max	Loop	Reference	Name	Code	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(YMMD)
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 (YMMD)+001

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5.2 Transaction Segments

5.2.1 Header

Page	Month	Year	Report	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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Line	Amount	Loop	Reference	Name	Code	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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Page	Emp/ Mbr	Emp	Rate	Name	Code	Name/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	FI	FI - Federal Taxpayer's Identification Number
65	2/80		N104	Payer Identifier		Value = 660500678

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5.2.2 Detail

Page	Plan/Line Group	Reference	Name	Code	Note/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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Page	Min/Max	Comp	Retiree	Name	Code	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 <i>Medicaid Id</i> 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 - Mutually Defined

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Page	Alpha Max Loop	Reference	Name	Codes	Notes/Comments
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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

1/50

114

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	Code	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	Code	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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6 Appendixes

6.1 Transaction Types

Code	Description
PAY	Payment
REV	Reversal

6.2 Payment Categories

Code	Description
CP01	Capitation Payment Capitation Payment - Medicaid
CP02	Wraparound
SP01	Maternity Delivery Kick Payment Correctional Facility Hospital Case
SP02	Payment

6.3 Payment Reasons

Code	Description
000	Regular Payment
001	Rate Adjustment
002	Rate Cell Change Adjustment
003	Deceased Member Adjustment
004	Reconciliation Adjustment

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6 Appendixes

6.1 Transaction Types

Code	Description
PAY	Payment
REV	Reversal

6.2 Payment Categories

Code	Description
CP01	Capitation Payment Capitation Payment - Medicaid
CP02	Wraparound
SP01	Maternity Delivery Kick Payment Correctional Facility Hospital Case
SP02	Payment

6.3 Payment Reasons

Code	Description
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

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- 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

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

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- 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+

Code	Rate Cell
------	-----------

- | | |
|----|-------------------------------------|
| 56 | Transferred Medicaid Age 0 |
| 57 | Transferred Medicaid Age 1-6 |
| 58 | Transferred Medicaid Age 7-13 |
| 59 | Transferred Medicaid Cancer |
| | Transferred Medicaid Diabetes / Low |
| 60 | Cardio |
| | Transferred Medicaid Diabetes / Low |
| 60 | Cardio |

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- 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

Code	Rate Cell
------	-----------

V02 Medicaid Age 19+

V03 Medicaid Non Dual Aged, Blind, Disabled

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- 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

NOTE:

The following codes are for coverage periods on or after October 01, 2023 Pending to approve and apply retroactively.

Code	Rate Cell	Region
R04	CHIP	A
R01	Medicaid Child 0-18	A
R02	Medicaid Adult 19+	A
R05	Commonwealth Child 0-18	A
R06	Commonwealth Adult 19+	A
R03	Medicaid Aged Blind Disabled Non-Dual	A
R12	Dual Eligible Part A and B	A
R11	Dual Eligible Part A Only	A
R16	CW Aged Blind Disabled Non-Dual	A
B04	CHIP	B
B01	Medicaid Child 0-18	B
B02	Medicaid Adult 19+	B
B05	Commonwealth Child 0-18	B
B06	Commonwealth Adult 19+	B
B03	Medicaid Aged Blind Disabled Non-Dual	B
B12	Dual Eligible Part A and B	B
B11	Dual Eligible Part A Only	B
B16	CW Aged Blind Disabled Non-Dual	B
E04	CHIP	E
E01	Medicaid Child 0-18	E
E02	Medicaid Adult 19+	E

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E05	Commonwealth Child 0-18	E
E06	Commonwealth Adult 19+	E
E03	Medicaid Aged Blind Disabled Non-Dual	E
E12	Dual Eligible Part A and B	E
E11	Dual Eligible Part A Only	E
E16	CW Aged Blind Disabled Non-Dual	E
F04	CHIP	F
F01	Medicaid Child 0-18	F
F02	Medicaid Adult 19+	F
F05	Commonwealth Child 0-18	F
F06	Commonwealth Adult 19+	F
F03	Medicaid Aged Blind Disabled Non-Dual	F
F12	Dual Eligible Part A and B	F
F11	Dual Eligible Part A Only	F
F16	CW Aged Blind Disabled Non-Dual	F
G04	CHIP	G
G01	Medicaid Child 0-18	G
G02	Medicaid Adult 19+	G
G05	Commonwealth Child 0-18	G
G06	Commonwealth Adult 19+	G
G03	Medicaid Aged Blind Disabled Non-Dual	G
G12	Dual Eligible Part A and B	G
G11	Dual Eligible Part A Only	G
G16	CW Aged Blind Disabled Non-Dual	G
J04	CHIP	J
J01	Medicaid Child 0-18	J
J02	Medicaid Adult 19+	J
J05	Commonwealth Child 0-18	J
J06	Commonwealth Adult 19+	J
J03	Medicaid Aged Blind Disabled Non-Dual	J
J12	Dual Eligible Part A and B	J
J11	Dual Eligible Part A Only	J
J16	CW Aged Blind Disabled Non-Dual	J
O04	CHIP	S
O01	Medicaid Child 0-18	S
O02	Medicaid Adult 19+	S
O05	Commonwealth Child 0-18	S
O06	Commonwealth Adult 19+	S
O03	Medicaid Aged Blind Disabled Non-Dual	S
O12	Dual Eligible Part A and B	S
O11	Dual Eligible Part A Only	S

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O16	CW Aged Blind Disabled Non-Dual	S
Z04	CHIP	Z
Z01	Medicaid Child 0-18	Z
Z02	Medicaid Adult 19+	Z
Z05	Commonwealth Child 0-18	Z
Z06	Commonwealth Adult 19+	Z
Z03	Medicaid Aged Blind Disabled Non-Dual	Z
Z12	Dual Eligible Part A and B	Z
Z11	Dual Eligible Part A Only	Z
Z16	CW Aged Blind Disabled Non-Dual	Z
V13	Foster Care/Domestic Abuse	IW

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

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6.4.3 Case Rate Payments

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

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
V17	Administration of Youth Institutions (AIJ)
V18	Forensic Psychiatry

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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

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Example: P202301_0101_00.820

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

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