

# ADDENDUM 4

## MCO's Objection To Payments

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000479

Contrato Número

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Government of Puerto Rico  
Puerto Rico Health Insurance Administration



# Objection To Payment (OTP) Interface

File Layout

Version 1.4  
February, 2024

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Objection To Payment (OTP) Interface / Version 1.3.0\_20230101  
ASES to MCO File Layouts

## 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.

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## Objection To Payment - Request File Layout

### File Naming Convention

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

### Notes:

#### Versioning

The first file submitted for a billing cycle should use Version Sequence equal to "00". If a submitted file presents errors or requires adjustments, the Contractor may submit a second version incrementing by one the Version Sequence. Nonetheless, a new version can only be submitted within the 30 Calendar Days period after the payment is made.

### Incoming Objection to Payment File Layout

See Appendix A

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## Objection To Payment - Error File Layout

### File Naming Convention

File Naming Convention	Part	Meaning
otp_response	otp_response	Static text for interface identifier
cc	cc	Carrier code
otp_response_cc_yyyyymm_ss.err	yy	Billing date year
	mm	Billing date month
	ss	Version Sequence

### File Content

The error file to the objection of payment will contain the Objection Payment Id and the following fields

Field#	Field Name	Description	Position	Size	Data Type
1	Rec_file	Record Line	1	6	Number
2	payment_objection_id	Objection of Payment Id received from the carrier.	7	30	Varchar(30)
3	err_code	Error Code	37	5	Varchar(5)
4	field_name	Fields that affect the rule	42	150	Varchar(150)
5	description	Description	192	100	Varchar(100)
6	Filler	End of Record Filler (*) ADMINISTRACION DE SEGUROS DE SALUD	292	1	*

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## Objection To Payment - Response File Layout

### File Naming Convention

File Naming Convention	Part	Meaning
otp_response	otp_response	Static text for Interface Identifier
cc	cc	Carrier code
yy	yy	Billing date year
mm	mm	Billing date month
ss	ss	Version Sequence

### File Content

The response file to the objection of payment will contain the Objection Payment Id and the following fields

Field#	Field Name	Description	Position	Size	Data Type	Validation Rules
1	Payment Objection Id	Objection of Payment Id received from the carrier	1	30	X(30)	Required
2	Evaluation Result	Accepted, Rejected, InProcess	31	9	Varchar(9)	Required
3	Evaluation Explanation	If the Evaluation Result is Rejected then an explanation is provided.	40	100	Varchar(100)	Required if Rejected
4	End of Record	End of Record Filler	140	1	*	Required



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Objection To Payment File Layout V2.4

Field Category	Field Code	Field Name	Description	Position	Start	Data Type	Validation Rules	Source Illustration	120 Field Reference	254 Field Reference	
Incurred Periods	1	Incurred Month	Member's coverage month for the payment transaction being subject to an objection of payment.	1	8	YYMMMMDD	Required	OBJECTION / 820	Coverage Period - DTW006		
	2	Incurred Start Date	Start Date within the coverage month. This is for subperiods within a month, otherwise use first day of the month.	5	8	YYMMMMDD	Required	OBJECTION / 820	Coverage Period - DTW006		
	3	Incurred End Date	End Date within the coverage month. This is for subperiods within a month, otherwise use last day of the month.	17	8	YYMMMMDD	Required	OBJECTION / 820	Coverage Period - DTW006		
Eligibility and Enrollment Info.	4	MPI	Master Patient Index. (Medicaid Member ID)	25	11	X(11)	Required	834/EXP		Subscriber Identifier - REF02	
	5	Application Number	Medicaid Application Number	30	10	X(10)	If Apply	EXP		Member Level Dates - DTW03	
	6	Eligibility Start Date	Eligibility Start Date for the Incurred Period in the Health Plan	46	8	YYMMMMDD	Required	834/EXP		Transaction Set Policy Number - REF02	
	7	Carrier	Carrier's Trading Partner ID supplied by NEMESIS	54	6	X(6)	Required	834/EXP		Health Coverage Detail - DTW03	
	8	Carrier Effective Date	Carrier Effective Date	60	8	YYMMMMDD	Required	834/EXP		Health Coverage - HD04	
	9	Coverage Code	Coverage Code	68	3	X(3)	Required	834/EXP		Member Demographics - DMG02	
	10	DOB	Date of Birth	71	8	YYMMMMDD	Required	834/EXP		Member Demographics - DMG02	
	11	Gender Code	M=Male, F=Female, U=Unknown	79	1	X(1)	Required	834/EXP		Member Demographics - DMG02	
	12	Group Ident	Medicare	80	3	X(3)					
	12.1	Group Code	Group Code (Eligibility Group Code)	83	3	X(3)	Required	834/EXP		Health Coverage - HD04	
	13	Medicare Plan Code/Dual Member	Medicare Plan from 834 identifies the member's Medicare Plan using the following values: A=Medicare Part A C=Medicare Part A and B E=No Medicare Dual Member from EKR No/Dual A=Medicare Part A Only All=Medicare Part A and Medicare Part B	86	1	X(1)	Required	834/EXP		Member Level Detail - MNS06-1	

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Enrollment Reference Fields	14.1 Enrollment Notification	87	50	X(50)	Required if payment is expected	834/EXP	Filename
	<p>Filename for the Outbound Benefit Enrollment and Maintenance (834) file where the subscription process is accepted by PRIMIS enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by PRIMIS use the filename for the Outbound 834 file with the notification of the assignment for this member.</p> <p>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.</p>	137	50	X(50)	Required if payment is expected and a proper enrollment has been rejected by PRIMIS.	834/SUS	Filename
	<p>14.2 Confirmation By Carrier</p> <p>Filename for the Inbound Benefit Enrollment and Maintenance (834) file where the enrollment is confirmed by the carrier.</p> <p>Enrollment Confirmation File Name (.SUS)</p> <p>Indicate if the subscription process is accepted by PRIMIS or ASES using:</p> <p>Y: YES N: NO</p>	187	1	X(1)	Required if payment is expected and a proper enrollment has been rejected by PRIMIS.	834/EXP	Health Coverage - HD04
	<p>15.1 HCIN Category</p> <p>HCIN Category</p>	188	20	X(20)	Required if Expected Rate Cell is		
	<p>16.1 HCIN Notification</p> <p>File Name for the Report 8 - High Cost High Need (HCIN)</p> <p>where the notification for this category is used</p>	208	30	X(30)	For HCIN Objection		
CLM Reference Fields	<p>17.1 Encounter Carrier Id</p> <p>Carrier Reporting the Encounter. This is the Carrier reported on the CLM file</p>	238	7	X(7)	Required when - Expected Rate Cell is MDKP - HCIN exceeding 6 months in the registry	CLM	ADMINISTRACION DE SEGUROS DE SALUD
	<p>18.1 Encounter Claim Id</p> <p>Encounter Identifier This is the Claim Id reported on the CLM file</p>	240	30	X(30)	Required when: - Expected Rate Cell is MDKP - HCIN exceeding 6 months in the registry	CLM	23 - 000479
	<p>19.1 Encounter Service Date</p> <p>Encounter Service Date. This is the From Date associated to the Claim Id reported in the .CLM file</p>	270	6	YYYYMMDD	Required when: - Expected Rate Cell is MDKP - HCIN exceeding 6 months in the registry	CLM	Contrato Número
	<p>20.1 Encounter Modification</p> <p>CLM File Name containing the Encounter that sustains the adjudication of the HCIN rate cell</p>	276	30	X(30)	Required when: - Expected Rate Cell is MDKP - HCIN exceeding 6 months in the registry	CLM	
Premium Payment (830)	<p>21.1 Payment Process Date</p> <p>Payment Process Date (Billing Date)</p>	308	8	YYYYMMDD	Required if a Payment was received	830	Process Date - DTMO3
	<p>22.1 Rate Cell</p> <p>Received Rate Cell</p>	316	3	X(3)	Required if a Payment was received	830	Reference Information - REF02 - Rate Cell Code
	<p>22.2 Risk Score</p> <p>Received Risk Score</p>	319	8	X(8)	Required if a Payment was received	830	Reference Information - REF03 - Risk Score Factor

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Objection and Expected Fields	23.1 Premium Amount	Received Premium Amount	327	7	59(5)/99	Required if a Payment was received	B20	Individual Premium Remittance Detail - RIMR04
24.1 Payment Objection Id		Unique id for each transaction associated to an Objection of Payment. All responses for the objections of payment will reference this identifier.	334	30	X(30)	Required	OBJECTION	
25.1 Objection Type		PP-Premium Payment (Caption Payment) MNP-Mainline Delivery Kick Payment IKP-Integrated RC-Rate Cell	364	4	X(4)	Required	OBJECTION	
26.1 Expected Rate Cell		Expected Rate Cell	368	3	X(3)	Required	OBJECTION	
27.1 Expected Risk Score		Expected Risk Score	371	8	X(8)	Required	OBJECTION	
28.1 Expected Premium Amount		Expected Premium Amount	379	7	59(5)/99	Required	OBJECTION	
29.1 Comments		Additional Comments explaining the objection of payment.	386	200	X(200)	Required	OBJECTION	
30 End of Record		End of Record Filter	585	1				

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