

# ADDENDUM 15

NPL File  
from MCO's to Enrollment Counselor

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 00047A

Contrato Número

POS.

*[Handwritten signature]*

Files names

**Layout Short NPL file name**

CC	Carrier code
MM	Month
DD	Day
YY	Year
Type	NPL
Extension	.CSV

**Rejected Layout Short NPL file name**

CC	Carrier code
MM	Month
DD	Day
YY	Year
Type	RJCNPL
Extension	.CSV



ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número

**Layout of the file required weekly to update the NPL data**

ID	Field	Name	Description	Deliverable Data Format	Validation Rules
1	Carrier_Code	Carrier_Code	Carrier Code	X(2)	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	ReportDate	ReportDate	Date field with the first day of month. Ex: 5/1/2014	YYYYMMDD	Required Must be a valid date.
4	PMG	IPA Code	The identification number of the primary medical group. If not applicable enter "N/A".	X(4)	Required
5	PMG_Name	PMG Name	Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters	X(80)	Required Must be left justified, blank filled to the right
6	PMG_federal_tax_id	Federal Tax ID (HIPPA / PMG)	EIN of IPA	X(20)	Required
7	NPI	NPI_PCP	The national provider identification number. All providers are required to have an NPI number. A provider may be entered multiple times if the provider has more than one PMG location where he/she provides services.	X(10)	Required ADMINISTRACION DE SEGUROS DE SALUD 23 - 000474
8	Federal_Tax_ID	Provider SSN or EIN	The federal identification number of the provider. If the provider does not have a federal identification number, enter "N/A" in this column.	X(9)	Required Contrato Número

			SSN for individuals, EIN for entities.		Left justified, blank filled to the right Must be 9 digits in significant positions
9	Specialty_Code	Specialty Code	Provider Specialty. See Specialty Code	XX	Required Must be left justified, blank filled to the right. Must be a valid Specialty Code
10	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
11	Name	Name	The full name of the provider.	X(80)	Optional Must be left justified, blank filled to the right
12	Last_Name1	Last Name 1	The last name of the provider. If the provider has two last names, this should be the first name.	X(30)	Required Must be left justified, blank filled to the right
13	Last_Name2	Last Name 2	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
14	First_Name	First Name	The first name of the provider.	X(50)	Required Must be left justified, blank filled to the right
15	MI	MI	The middle name of the provider.	X(30)	Optional Must be left justified, blank filled to the right
16	Addr1	Address Line 1	The first line of the physical address of the provider.	X(45)	Optional Must be left justified, blank filled to the right
17	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
18	City	City	The city of the provider.	X(45)	Optional Must be left justified, blank filled to the right
			Provider's Zip code		Required Must be left justified, blank filled to the right

ADMINISTRACION DE SEGUROS DE SALUD

23 - 00047

Contrato Número

<b>19</b>	Zip	Zip code	Either 5 digit or plus 4 format without dashes	<b>X(9)</b>	Must be left justified, blank filled to the right Significant characters must be numeric and 5 or 9 digits in length
<b>20</b>	Phone	Phone	Provider's telephone number.	<b>X(20)</b>	Required
			SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers		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
<b>21</b>	Fax	Fax	The primary fax number of the provider.	<b>X(20)</b>	Optional
			SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers		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
<b>22</b>	Sunday	Sunday working hours	The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional
<b>23</b>	Monday	Monday working hours	The Monday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional
<b>24</b>	Tuesday	Tuesday working hours	The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional
<b>25</b>	Wednesday	Wednesday working hours	The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional
<b>26</b>	Thursday	Thursday working hours	The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional
<b>27</b>	Friday	Friday working hours	The Friday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional
<b>28</b>	Saturday	Saturday working hours	The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	<b>X(20)</b>	Optional

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000478

Contrato Número

29	License_Num	License number	The Provider's license number.	X(10)	Required
30	Contact_Person	Contact person	The provider's contact person.	X(80)	Optional
31	Gender	Gender	Gender	X	Optional Male=M; Female=F;
32	Language	Language	Language	XX	Optional English = EN; Spanish = ES;
33	Provider_Capacity	Provider_Capacity	Maximum beneficiaries accepted by the Provider 0 = Not accepted new beneficiaries.	9999	Required
34	Accept_Gender	Accept_Gender	Values Accepted M = Accepted Male F = Accepted Female A = ALL	X	Required
35	Age_Accept_Begin	Age_Accept_Begin		999	Required
36	Age_Accept_End	Age_Accept_End		999	Required
37	Contract_Status	Contract Status	Approved Contract = ACT (approved by ASES) Unapproved Contract = UCT Letter of Intent = LOI	XXX	Required
38	municipality_code	PCP_MUNICIPALITY_CODE_PHYSICAL_ADDRESS	Municipality of the physical address of the provider. See municipality Codes	X(4)	Required
39	NPI_PMG	NPI_PMG	PMG Primary Care Services NPI	X(10)	Required
		Medicaid Location_Id	PMG location ID	X(10)	Required
<b>RECORD LENGTH</b>				<b>834</b>	

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número



**Layout of the rejected file of the NPL data**

ID	Field	Name	Description	Deliverable Data Format	Validation Rules
1	Carrier_Code	Carrier_Code	Carrier Code	X(2)	Required Must be two (2) digits (numeric).
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	ReportDate	ReportDate	Date field with the first day of month. Ex: 5/1/2014	YYYYMMDD	Required Must be a valid date.
4	PMG	IPA Code	The identification number of the primary medical group. If not applicable enter "N/A".	X(4)	Required
			Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters		IPA/HCO code assigned by Carrier
5	PMG_Name	PMG Name	The name or title of the primary medical group.	X(80)	Required
6	PMG_federal_tax_id	Federal Tax ID (HIPPA / PMG)	EIN of IPA	X(20)	Required
7	NPI	NPI_PCP	The national provider identification number. All providers are required to have an NPI number. A provider may be entered multiple times if the provider has more than one PMG location where he/she provides services.	X(10)	Required
8	Federal_Tax_ID	Provider SSN or EIN	The federal identification number of the provider. If the provider does not have a federal identification number, enter "N/A" in this column.	X(9)	Required
			SSN for individuals, EIN for entities.		Left justified, blank filled to the right
					Must be 9 digits in significant positions

23 - 00047

Contrato Número

*[Handwritten signature]*

Specialty Code	Specialty Code	Provider Specialty. See Specialty Code	XX	Required
9				Must be left justified, blank filled to the right. Must be a valid Specialty Code
10	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
11	Name	The full name of the provider.	X(80)	Optional Must be left justified, blank filled to the right
12	Last_Name1	The last name of the provider. If the provider has two last names, this should be the first name.	X(30)	Required Must be left justified, blank filled to the right
13	Last_Name2	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
14	First_Name	The first name of the provider.	X(50)	Required Must be left justified, blank filled to the right
15	MI	The middle name of the provider.	X(30)	Optional Must be left justified, blank filled to the right
16	Addr1	The first line of the physical address of the provider.	X(45)	Optional Must be left justified, blank filled to the right
17	Addr2	The second line of the physical address of the provider.	X(45)	Optional Must be left justified, blank filled to the right
18	City	The city of the provider.	X(45)	Optional Must be left justified, blank filled to the right
19	Zip	Provider's Zip code	X(9)	Required Must be left justified, blank filled to the right. Significant characters must be numeric and 5 or 9 digits in length
	ADMINISTRACION DE SEGUROS DE SALUD			Required

23 - 000474

Contrato Número



20	Phone	Phone	SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers	X(20)	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
21	Fax		The primary fax number of the provider.	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
			SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers		
22	Sunday	Sunday working hours	The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
23	Monday	Monday working hours	The Monday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
24	Tuesday	Tuesday working hours	The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
25	Wednesday	Wednesday working hours	The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
26	Thursday	Thursday working hours	The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
27	Friday	Friday working hours	The Friday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
28	Saturday	Saturday working hours	The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)	X(20)	Optional
29	License_Num	License number	The Provider's license number.	X(10)	Required
30	Contact_Person	Contact person	The provider's contact person.	X(80)	Optional

ADMINISTRACION DE SEGUROS DE SALUD  
23 - 00047

31	Gender	Gender	Gender	Gender	X	Optional Male=M; Female=F;
32	Language	Language	Language	Language	XX	Optional English = EN; Spanish = ES;
33	Provider_Capacity	Provider_Capacity	Provider_Capacity	Maximum beneficiaries accepted by the Provider 0 = Not accepted new beneficiaries.	9999	Required
34	Accept_Gender	Accept_Gender	Accept_Gender	Values Accepted M = Accepted Male F = Accepted Female A = ALL	X	Required
35	Age_Accept_Begin	Age_Accept_Begin	Age_Accept_Begin		999	Required
36	Age_Accept_End	Age_Accept_End	Age_Accept_End		999	Required
37	Contract_Status	Contract Status	Contract Status	Approved Contract = ACT (approved by ASES) Unapproved Contract = UCT Letter of Intent = LOI	XXX	Required
38	municipality_code	PCP_MUNICIPALITY_CODE_PHYSICAL_ADDRESS	PCP_MUNICIPALITY_CODE_PHYSICAL_ADDRESS	Municipality of the physical address of the provider. See municipality Codes	X(4)	Required
39	NPI_PMG	NPI_PMG	NPI_PMG	PMG Primary Care Services NPI	X(10)	Required
40	Error codes	Defined rejected error codes	Defined rejected error codes	See Reject Error codes TAG	X(15)	Until 5 error codes
RECORD LENGTH						839

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 00047

Contrato Número

Error Code	Error Code Message
001	Incorrect carrier code or blank
002	Incorrect provider code or blank
003	Incorrect date or blank
004	PMG IPA Code in blank
005	PMG name in blank
006	PMG federal id in blank or incorrect length
007	PCP NPI in blank or incorrect length
008	PCP tax id in blank or incorrect length
009	Specility code incorrect or in blank
010	Assign lives equal 0
012	Last name 1 in blank
014	First name in blank
019	Zip code in blank
020	Phone in blank or incorrect length
029	License in blank or incorect length
033	PCP capacity equal 0
034	Gender incorrect or in blank
035	Begin Age in blank
036	End Age in blank or > 135 or < Begin Age
037	Contract status in blank
038	Municipality code incorrect or in blank
039	PMG NPI in blank or incorrect length

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número

MUNICIPALITY	CODE
Adjuntas	0004
Aguada	0008
Aguadilla	0012
Aguas Buenas	0016
Aibonito	0020
Añasco	0024
Arecibo	0028
Arroyo	0032
Barceloneta	0036
Barranquitas	0040
Bayamón	0044
Cabo Rojo	0048
Caguas	0052
Camuy	0056
Canovanas	0060
Carolina	0064
Cataño	0068
Cayey	0072
Ceiba	0076
Ciales	0080
Cidra	0084
Coamo	0088
Comerio	0092
Corozal	0096
Culebra	0100
Dorado	0104
Fajardo	0108
Florida	0112
Guanica	0116
Guayama	0120
Guayanilla	0124
Guaynabo	0128
Gurabo	0132
Hatillo	0136
Hormigueros	0140
Humacao	0144
Isabela	0148
Jayuya	0152
Juana Diaz	0156
Juncos	0160
Lajas	0164
Lares	0168
Las Marias	0172
Las Piedras	0176

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número

*PPS.*

*[Handwritten signature]*

Loiza	0180
Luquillo	0184
Manatí	0188
Maricao	0192
Maunabo	0196
Mayagüez	0200
Moca	0204
Morovis	0208
Naguabo	0212
Naranjito	0216
Orocovis	0220
Patillas	0224
Peñuelas	0228
Ponce	0232
Puerta de Tierra	0264
Puerto Nuevo	0270
Quebradillas	0236
Rincon	0240
Rio Grande	0244
Rio Piedras	0272
Sabana Grande	0248
Salinas	0252
San German	0256
San José	0274
San Juan	0266
San Lorenzo	0276
San Sebastian	0280
Santa Isabel	0284
Toa Alta	0288
Toa Baja	0292
Trujillo Alto	0296
Utua	0300
Vega Alta	0304
Vega Baja	0308
Vieques	0312
Villalba	0316
Yabucoa	0320
Yauco	0324
Outside Puerto Rico	0666

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número




## Specialty codes

CODE	Specialty
Codes included in this table are designed for completeness and in no way imply coverage of services un	
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
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

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número




42	Certified Nurse Midwife
43	Certified Registered Nurse Assistant (CRNA)
44	Infectious Disease
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
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

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número






87	All Other Suppliers
88	Unknown Supplier / Provider Specialty
89	Certified Clinical Nurse Specialist
90	Medical Oncology
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
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

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número






<b>RT</b>	Respiratory Therapist
<b>SH</b>	State Hospital
<b>SP</b>	State Psychiatric Hospital
<b>ST</b>	Short Term Intervention Center (Behavioral Health-Stabilization Unit)
<b>XR</b>	X-ray Facility
<b>Z4</b>	Cardiovascular Surgery Program

ADMINISTRACION DE  
SEGUROS DE SALUD

23 - 000474

Contrato Número

