

ADDENDUM 12

COVID-19 Treatment SOP's

- Remdesivir and
Convalescent Plasma
- Vaccine

POS.



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23 - 000456

Contrato Número



Carta Normativa 23-1005

Contrato Número

5 de octubre de 2023

A: Organizaciones de Cuidado Coordinado de Salud (MCOs, por sus siglas en inglés) contratadas bajo el Plan de Salud del Gobierno – Plan Vital, Administrador del Beneficio de Farmacia, Farmacias, Grupos Médicos Primarios (GMP), y Proveedores participantes

Re: Actualización Códigos y costo de Administración de vacunas contra el COVID-19 bajo Plan Vital

Basándonos en la información más reciente presentada por el Centro para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) y la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) compartimos la información más actualizada al momento de publicada esta carta. Esta comunicación y los Anejos 1 y 2 actualizan la información vigente de las vacunas recomendadas y los códigos de facturación para administración por vacuna para la Población Adulta y Pediátrica. Las normativas anteriores: 20-1214, 20-1214 B, 20-1214 C, 20-1214 D, 20-1214 E, 20-1214 F, 20-1214 G, 22-0202, 22-0202 B, 22-0202 C, 22-0202 D, 22-0202 E, 22-0202 F (Enmendada), 22-0202 (Enmendada) (Aclaración), (Carta Circular) 23-0710, quedan sin efecto y permanece vigente esta normativa.

- El Comité Asesor sobre Prácticas de Inmunización (ACIP) del CDC recomendó, el 12 de septiembre de 2023, que todos los estadounidenses de seis (6) meses de edad o más reciban las vacunas actualizadas de COVID-19 (fórmula 2023-2024).
- Hay dos (2) tipos de vacunas contra el COVID-19 disponibles para su uso en los Estados Unidos:
 - Vacunas de ARNm:
 - La vacuna Moderna COVID-19 (fórmula 2023-2024) está autorizada para niños de seis (6) meses a 11 años.
 - SPIKEVAX de Moderna para personas de 12 años en adelante.
 - La vacuna Pfizer-BioNTech COVID-19 (fórmula 2023-2024) está autorizada para niños de seis (6) meses a 11 años.
 - COMIRNATY de Pfizer-BioNTech para personas de 12 años en adelante.
 - Vacuna de subunidades proteicas:
 - La vacuna Novavax contra el COVID-19 está autorizada para personas de 12 años o más para la vacunación primaria y, en determinadas situaciones, como dosis de refuerzo en personas de 18 años o más.
- El 11 de septiembre de 2023, las vacunas Moderna y Pfizer-BioNTech COVID-19 (formulación 2023-2024) se actualizaron a una vacuna monovalente basada en el subvariante Ómicron XBB.1.5 del SARS-CoV-2. Estas vacunas fueron aprobadas para personas de 12 años o más y bajo una autorización de uso de emergencia (EUA) para niños de seis (6) meses a 11 años
- Las vacunas con la formulación bivalente (Original y Ómicron BA.4/BA.5) ya no se recomiendan en los Estados Unidos. La FDA revocó la autorización de uso de emergencia (EUA) de la vacuna de COVID-

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19 de Janssen, por lo tanto, fue eliminada de los Anejos. Es por esto por lo que la Carta Normativa 22-0202-F (Enmendada) queda sin efecto.

- Para más información relacionado al tiempo de espera entre dosis o régimen de vacunación para personas con inmunodeficiencia, favor referirse al siguiente enlace: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#COVID-vaccines>
- A continuación, se resume consideraciones clínicas para administración de las vacunas:

	No vacunados	Recibió dosis previas
Seis (6) meses a cuatro (4) años	Debe recibir dos (2) dosis de la vacuna Moderna actualizada (fórmula 2023-2024) ó tres (3) dosis de la vacuna Pfizer-BioNTech COVID-19 actualizada (fórmula 2023-2024).	Debe recibir una (1) ó (2) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer-BioNTech COVID-19, según la cantidad de dosis anteriores.
Cinco (5) años a 11 años	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech.	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech al menos ocho (8) semanas después de la última dosis.
12 años en adelante	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech.	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech al menos ocho (8) semanas después de la última dosis. * Aplica recomendación a personas que recibieron una (1) o más dosis de las vacunas Novavax o Janssen.

Por tal razón, efectivo inmediato, se incluyen en el formulario de medicamentos de Plan Vital, Salud Física, las vacunas monovalentes COVID-19 actualizadas (fórmula 2023-2024) de Pfizer-BioNTech y de Moderna.

Farmacias: La población federal menor de 19 años deberá cubrirse por el programa Vaccine for Children en farmacias certificadas por el programa y facturar solamente la tarifa de administración. Acorde a la enmienda 11 del Public Readiness and Emergency Preparedness Declaration (PREP ACT), la población estatal mayor de 3 años podrá vacunarse en las farmacias certificadas. Las farmacias deberán comprar la vacuna, la cual será reembolsada al rate contratado por ASES a través del PBM. Se mantiene la tarifa de administración de \$40.00 hasta el 30 de septiembre 2024 para población Vital, Vaccine for Children (VFC) y Vaccine for Adults (VFA).





Los proveedores médicos y centros de vacunación contratados por las aseguradoras de Plan Vital deberán facturar el costo de la vacuna, la cual pagará a las tarifas contratadas y la tarifa de administración de \$40.00, a la aseguradora correspondientes. Para población VFC y VFA solo facturará la tarifa de administración de \$40.00.

En adición, toda vacuna bivalente debe ser retirada del inventario y serán removidas del formulario del Plan Vital.

La ASES requiere a todas las aseguradoras contratadas bajo Plan Vital que distribuyan esta información a sus redes de proveedores. Agradecemos su continua colaboración en la prevención de esta enfermedad.

Cordialmente,

Roxana K. Rosario Serrano, BHE, MS
Directora Ejecutiva Interina

Anejos (2)

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Anejo 1

POBLACIÓN PEDIÁTRICA					
Pfizer-BioNTech COVID-19 Monovalente: 5 meses a 4 años					
Código Vacuna CVD-19	Código de Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Pfizer – 91318 (Yellow cap; yellow label)	02	90480	1ª Dosis	3mcg / 0.3 mL	\$40.00
Pfizer – 91318 (Yellow cap; yellow label)	06	90480	2ª Dosis*	3mcg / 0.3 mL	\$40.00
Pfizer – 91318 (Yellow cap; yellow label)	07	90480	3ª Dosis*	3mcg / 0.3 mL	\$40.00
Pfizer-BioNTech COVID-19 Monovalente: 5 hasta 11 años					
Pfizer – 91319 (Blue cap; blue label)	02	90480	Dosis única	10 mcg/0.3 mL	\$40.00

*Depende según la cantidad de dosis recibidas previamente.

POBLACIÓN PEDIÁTRICA					
Moderna COVID-19 Vaccine, Monovalente: 6 meses a 4 años					
Código Vacuna CVD-19	Código de Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Moderna – 91321 (Dark blue cap; green label)	02	90480	1ª Dosis	25 mcg / 0.25 mL	\$40.00
Moderna – 91321 (Dark blue cap; green label)	06	90480	2ª Dosis*	25 mcg / 0.25 mL	\$40.00
Moderna COVID-19 Vaccine, Monovalente: 5 años a 11 años					
Moderna – 91321 (Dark blue cap; green label)	02	90480	Dosis única	25 mcg/0.25 mL	\$40.00

*Depende según la cantidad de dosis recibidas previamente.

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Anejo 2

Pfizer-BioNTech COVID-19 Monovalente: Población 12 años en adelante					
Código Vacuna CVD-19	Código de Facturación para Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Pfizer COMIRNATY - 91320 (Gray cap; gray label)	02	90480	Dosis única	30 mcg/0.3 mL	\$40.00

Moderna COVID-19 Vaccine, Monovalente: 12 años en adelante					
Código Vacuna CVD-19	Código de Facturación para Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Moderna SPIKEVAX - 91322 (Dark blue cap; blue label)	02	90480	Dosis única	50 mcg/0.5 mL	\$40.00

Referencias:

- (1) <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#interchangeability>
- (2) <https://www.ama-assn.org/js-stem/files/covid-19-assistant-guide-coronavirus-august-2023-updated.pdf>
- (3) <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- (4) <https://www.ama-assn.org/practice-management/covid-19/covid-19-coding-vaccine-and-immunization-codes#:~:text=Be%20on%20Aug%2014%2C%202023%20for%20current%20authorized%20vaccine>
- (5) <https://www.ama-assn.org/practice-management/covid-19/coding-and-guidance>
- (6) <https://www.vacunarte.net/files/img/be29f3-f6391b24d16e4f2c97c17bec9bc26fba.pdf>

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GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SEGUROS DE SALUD
Director Ejecutivo | Jorge E. Galvis, J.D., MHA | jgalvis@asesnet.org



Reimbursement of Paid Services for Remdesivir and/or Convalescent Plasma Treatments

Standard Operating Procedure

Responsible Entity: ASES

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Version 1.7
October 2021

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I. Document Information

Information Required	Description	Contrato Número
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Owner: ASES
Date: 10/20/2021
Approved by:


Jorge E. Galva Rodríguez
ASES Executive Director


Rafael Vázquez Paniagua
ASES Chief Information Officer

II. Document Revision History

Version Number	Date	Description
v 1.0	< 10/30/20 >	First version published for review.
v.1.5	< 05/03/21 >	1. It includes the requirement to bill Hospitals for the administration of Remdesivir and/or Convalescent Plasma treatments to the MCO that administers the Vital Plan beneficiary's benefit coverage. 2. New treatment administration coding is added for Remdesivir and/or Convalescent Plasma related claims.
v.1.6	<22/09/21 >	New section added: 11.Special One-Time Report: Period October 2020-August 2021 New coding is added for the purpose of reimbursing payment for COVID-19 (Remdesivir and Convalescent Plasma) treatments for the period October 1, 2020 through August 31, 2021. 2.This coding will be a one-time only Special Report for reimbursement for the period indicated above. Subsequent reimbursements shall be made monthly in accordance with the claims received and validated by ASES in



		<p>the files called *.CLM sent by the MCOs on or before the 15th of each month.</p> <p>3. The Insurers shall accompany the report required above with an attestation confirming that the information provided is current, complete and accurate. (Attachment 1)</p>
v.1.7	<10/20/2021>	Review and correction of typos.

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1. Acronyms and Terms

The following table provides definitions for acronyms and terms used in this document.

Table 1: Acronyms and Terms

Acronyms	Definition
Actuary	An actuarial science professional who deals with the financial implications of risk and uncertainty. Actuaries provide expert evaluations of actuarial systems, financial collateral, with special attention to its complexity, mathematics and mechanisms.
ASES	Puerto Rico Health Insurance Administration.
Centers for Medicare & Medicaid Services (CMS)	The Centers for Medicare & Medicaid Services is the agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major health care programs. CMS oversees programs including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the state and federal health insurance marketplaces. CMS collects and analyzes data, produces investigative reports, and works to eliminate fraud and abuse within the health care system.
Enterprise System (ES)	A system for collecting and managing data from diverse sources to provide meaningful business information. A data warehouse is generally used to connect and analyze business data from heterogeneous sources.
Managed Care Organization (MCO)	An entity that is organized for the purpose of providing health care and is licensed as an insurer by the Insurance Commissioner of Puerto Rico, which contracts with ASES for the provision of Covered Services and Benefits throughout the Island on a PMPM Payment basis, under the GHP program.
VITAL Health Plan/ Government Health Plan (GHP)	It is the health plan that the government of Puerto Rico provides through federal Medicaid funds and state funds.
MIP System	Account Payable Module. This module registers the invoices for payment of Account Payable. The information to be entered in A/P Invoices Form is the following: invoice, date, amount, description, Vendor ID, enter the transaction in debit and credit among others.
Standard Operating Procedure (SOP)	A set of instructions that describes all the relevant steps and activities of a process or procedure.

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2. Legal Basis

The Centers for Medicare & Medicaid Services (CMS) has made more flexible and promoted access to services and treatments available for COVID-19. These policy changes are based on regulatory flexibilities granted under the emergency declaration. CMS is extending this benefit on a temporary and emergency basis under the 1135 waiver authority and the Coronavirus Adequacy of Response Act.

Therefore, the Health Insurance Administration (ASES) is issuing the following procedure pursuant to CMS approval (TN-20-0010) effective October 1, 2020. CMS approved the State Plan Amendment (SPA) process to include in the beneficiary coverage under the Government Health Plan (GHP) "Vital Plan" the treatment for COVID-19 Remdesivir and Plasma Convalescent.

3. Purpose

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) has approved the introduction or infusion of therapies, including **Remdesivir and Convalescent Plasma**.

The CMS-approved SPA, submitted by the Medicaid PR Program Office, states that costs associated with the treatment of Remdesivir and/or Convalescent Plasma are excluded from the Monthly Premium Payment for Health Care Organizations (MCO). The payment methodology is reimbursement based. This determination was supported, as the constant changes in the Clinical Guidelines and Novel Treatment are elements that impact the cost projection.

Based on the above, ASES has established the operational procedure to allow reimbursement to MCOs for referral treatments. In addition to maintaining the necessary documentation of such reimbursements in a correct and auditable manner.



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The purpose of this procedure is to establish and provide guidelines to the ASES Information Systems Department personnel who perform the automated data entry and certifications necessary for the execution of payment for reimbursement of claims on Remdesivir and/or Convalescent Plasma treatments to the MCOs, carrying out the rigorous fiscal controls required by current State and Federal regulations.

4. Scope

This Procedure applies so that the necessary controls are established and the proper disbursements and notifications of payment of claims submitted by MCOs are made in compliance with all applicable State and Federal laws.

5. Effectiveness

Treatments and/or services provided to Vital Plan beneficiaries on or after October 1, 2020.

6. Responsible Parties

The following parties are responsible for the execution of this Procedure.

- ASES Planning Department
- ASES Compliance Office
- ASES Information System Office
- ASES Office of Fiscal Affairs
- Health Care Organizations (MCOs contracted with Plan Vital)



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7. Reimbursement of Paid Services for Remdesivir and/or Convalescent Plasma Treatments

Hospitals should bill MCOs for the treatment used (Remdesivir/Plasma) as well as the administration of such treatment to Vital Plan beneficiaries on the CMS-1450 form (UB-04). Billing for the treatment and its administration must be done separately from other services provided (unbundled) to MCOs. These services/treatments are considered outside the scope of Perdem and/or some other contracting modality between the MCO and the hospital. MCOs will be billed for these services/treatments and will make payment at rates determined by ASES.

Therefore, the identification of these services, in the file of claims issued by the Insurers to the ASES (*.CLM), will be carried out using the coding according to the Normative Letter 20-1110-A:

Treatment Management

Remdesivir:

NEW FILE LAYOUT			REIMBURSEMENT COORDINATION		
Code	Service	Description	Reimbursement Rate	Reimbursement Status	Reimbursement Coordinator
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	2	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada
01010000	01010000	Administración de medicamentos - Remdesivir (Vial) - Convalescent Plasma (Vial) - Pruebas de laboratorio - Pruebas de laboratorio - Pruebas de laboratorio	200	Activo	URSA - Inicializada

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Convalescent Plasma:

CÓDIGO DE SERVICIO			DESCRIPCIÓN DEL SERVICIO		PLAZA CONVALESCENTE		REEMBOLSO (DEFINICIÓN)		CATEGORÍA
Código	Unidad	Descripción	Eligibilidad	Requisitos	Valor	Descripción	Definición	Exigencias	
01-0000-0001	01	Supervisión del paciente en el hogar por personal capacitado.	0	Requisitos: - No se aplica.		0001	Requisitos		
01-0000-0002	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0002	Requisitos		
01-0000-0003	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0003	Requisitos		
01-0000-0004	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0004	Requisitos		
01-0000-0005	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0005	Requisitos		
01-0000-0006	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0006	Requisitos		
01-0000-0007	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0007	Requisitos		
01-0000-0008	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0008	Requisitos		
01-0000-0009	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0009	Requisitos		
01-0000-0010	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0010	Requisitos		
01-0000-0011	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0011	Requisitos		
01-0000-0012	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0012	Requisitos		
01-0000-0013	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0013	Requisitos		
01-0000-0014	01	Atención de enfermería en el hogar.	001	Requisitos: - No se aplica.		0014	Requisitos		
01-0000-0015	01	Atención médica en el hogar.	001	Requisitos: - No se aplica.		0015	Requisitos		

The MCO will process the invoice and issue the corresponding payment according to the volume of services and established fee and payment schedule. No co-payments or deductibles will apply.

Subsequent to the payment issued by the MCO to the hospitals, the MCO must report these payment transactions to ASES via the contractual requirement called *.CLM.

The claims to be evaluated by ASES will be those received in the *.CLM files sent by the insurers on or before the 15th of each month. ASES will process the payment in the subsequent month after receiving the transactions issued in *.CLM.

ASES will perform a series of validations to identify claims that are eligible for reimbursement from the ASES to MCOs related to claims for Remdesivir and/or Convalescent Plasma treatments.

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The staff of ASES's Office of Fiscal Affairs will have a module in the ES application where they will be able to manage each month the reimbursement corresponding to the MCOs based on the payments reported by the referral treatments according to the claims received by ASES in the *.CLM files.

After the 15th of each month the Office of Fiscal Affairs will proceed to begin the process of identifying and validating COVID-19 related claims through the COVID-19 Module in ES.

The procedure to be followed to achieve the objective described above will be as follows:

1) The ASES will perform the following validation for each of the transactions received for treatments and/or services of Remdesivir and/or Convalescent Plasma.

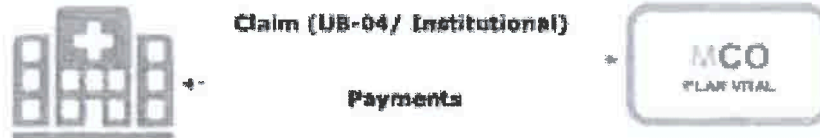
Using the ES database, claims with the following validation criteria will be selected:

- A. Carriers contracted for PSG or Plan Vital. (Medicare Advantage Organizations (MAOs) contracted for Medicare Platinum coverage are included).
- B. Services Provided to Vital Plan beneficiaries as of the date of service.
- C. Unduplicated invoices (MIP - Date of Service -from -to).
- D. Identified as paid by the MCO
- E. Identified as Hospital/Inpatient
- F. Service date (from date) from October 1, 2020 onwards
- G. Validation of transactions for which ASES has issued a refund.
- H. Treatment codes:
 - i. Remdesivir
 - ii. Convalescent Plasma

- 2) The MCO will include in the required monthly certification "CLM" the amount of payments issued for the referenced treatments. This Certification will be received by the ASES Information Systems Department and will be shared with the ASES Office of Fiscal Affairs. The report generated by the ASES Information Systems Office must match the amounts submitted by each MCO on the certification.
- 3) The Office of Information Systems will generate a report and file for Finance with the summary by MCO and by coverage (Medicaid, CHIP, State) of the cost and claims totals that met the established criteria.
- 4) The ASES will perform a series of validations on the identified claims: duplicity / dates of services / beneficiaries of the Vital Plan.
- 5) Upon receipt of a Certification from Information Systems to the Office of Fiscal Affairs that the reimbursements and transactions have been validated, Finance/ASES will proceed with the corresponding payments to each MCO.
- 6) A report will be generated for each MCO with the claims that met all validation criteria, detailing the payment for reimbursement.
- 7) ASES will generate a report for the MCOs with claims that did not meet the explanatory validation criteria.

General Diagram of the Reimbursement Process

STEP 1: Payments For Covid-19 Treatment



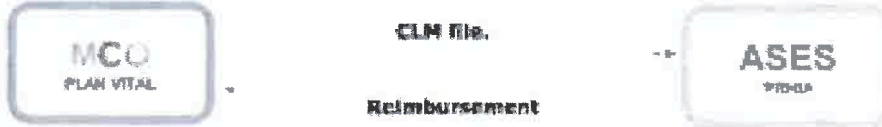
- The hospital submits claims to the MCO using the corresponding coding for COVID-19 treatment.
- The MCO conducts the adjudication process and payment of these claims.

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STEP 2: Monthly Refund



- The MCO sends, on or before the 15th of each month, the *.CLM File.
- ASES identifies transactions that qualify for reimbursement (Remdesivir and/or Convalescent Plasma)
- ASES makes the payment of the refund and sends a payment explanation file.

Claims or transactions submitted by MCOs that do not meet established criteria



- 1) A report will be generated for the MCOs of claims or transactions that ASES judged did not meet the defined criteria and therefore were not considered in the reimbursement calculation. For each transaction there will be a note explaining the criteria that was not met and therefore excluded from the reimbursement calculation process.

- 2) If the transactions that were not considered in the refund calculation are corrected, MCO should re-submit them in the next *.CLM with adjustment status.

- 3) Upon receipt of the corrected transactions submitted by the MCO and the report generated for reimbursement by the Office of Information Systems, the Office of Fiscal Affairs/ASES will proceed with the corresponding payments to each MCO.

8. Flowchart

Hospitals bill MCOs via form CMS-1450(U8-04), using the corresponding codes.

Before the 15th of each month, the MCOs will submit to ASES the corresponding claims in the *.CLM file.

ASES Information and Systems Office will validate whether the submitted claims are eligible for reimbursement.

A report is generated for the Office of Fiscal Affairs with the totals of the transactions, specified according to the coverage of the beneficiary (Medicaid, CHIP, State) per month of service.

Yes

Eligible Claims?

No

A claims report is generated for the MCO detailing the claims that ASES found did not meet the defined criteria.

A report is generated for each MCO with the transactions accepted by ASES that detail the reimbursements to be made.

Upon receipt of a certification by ASES Information and Systems Office to the Office of Fiscal Affairs, that the reimbursements and transactions have been validated, ASES will proceed with the corresponding payments.

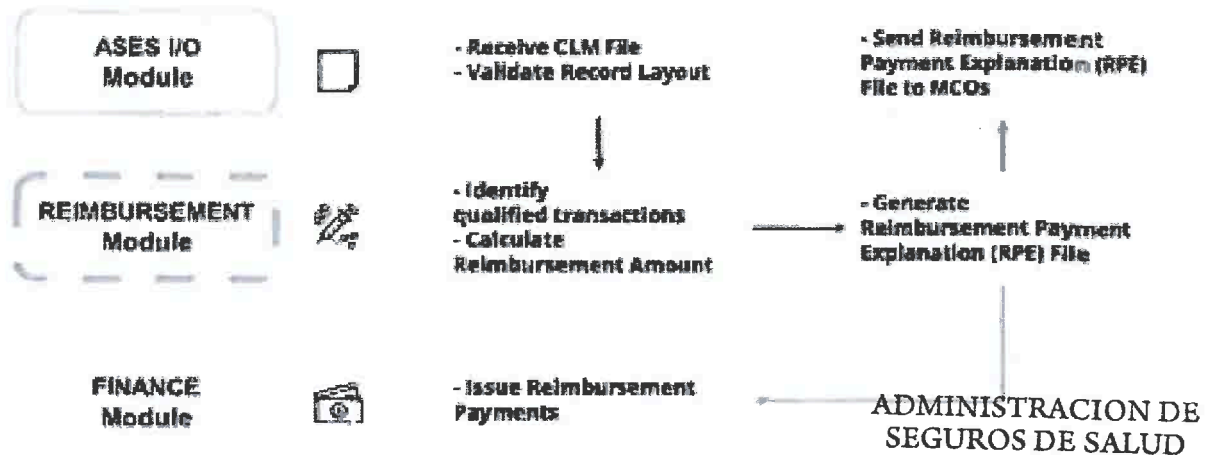
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9. Internal Subsystems in ASES



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10. Applicable Standard Coding

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The International Classification of Diseases, Tenth Revision Procedural Coding System (ICD-10-PCS), effective August 1, 2020.

11. Special One-Time Report: Period October 2020- August 2021

In order to perform in the most effective and agile manner the verification and reimbursement of payments for COVID-19 treatments (Remdesivir and Convalescent Plasma) to MCOs for the period from October 1, 2020 to August 31, 2021, ASES has created a special coding system to validate claims for these services and proceed with reimbursement.


 This coding will be a Special One-Time Report that will be made only once for the reimbursement of the period indicated above. Subsequent reimbursements will be made monthly according to the claims received and validated by ASES in the files named *.CLM sent by the Insurers on or before the 15th of each month, as described



Reimbursement of Paid Services for Remdesivir and/or Convalescent Plasma Treatments Standard Operating Procedure

in the previous sections of this procedure and the Normative Letter 20-1110-A, issued by ASES on May 18, 2021.

Therefore, for the identification and reimbursement of these services for the period specified above, it will be made in a Special One-Time Report by the MCO to ASES using the following coding:

Reporting Period
Please include information for services for the following period

Service Period
From: October 01, 2020
To: August 31, 2021

Payment Period
From: October 01, 2020
To: August 31, 2021

File Naming Convention
Please use the following naming convention

CC_COVID19_TREATMENT_REIMBURSMENT_202010_202108.REIME

CC Carrier Code: 05, 10, 12, 13

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File Contents and Format

Please provide all services paid by the MCO for the administrators of territories and convalescent plasma. This is a fixed length format file with contents specified in the Tab "File Layout"

Field	Description	Substitute Data Format	Validation Rules
Carrier Id	Value that identifies carrier which is reporting claims. Must be a valid code.	99	This value will be reported in the CLM File for Field #1 Carrier Id. It must comply with all validation rules from CLM File.
Claim Id	See Claim Order Code in Attachment B	4(9)	This value will be reported in the CLM File for Field #5 Claim Id. It must comply with all validation rules from CLM File.
SP1	Account Provider Number (APN) of the provider coding for the service.	4(10)	This value will be reported in the CLM File for Field #13 Billing Provider. It must comply with all validation rules from CLM File.
SP2	Special Patient Index (SPI) As specified in APR 5 Eligible Data	3(1)	This value will be reported in the CLM File for Field #22 SPI. It must comply with all validation rules from CLM File.
Procedure Code	Standard procedure codes pertaining to treatment.	3(5)	This value will be reported in the CLM File for Field #15 Procedure Code. It must comply with all validation rules from CLM File.
Service Date	Date of the treatment.	YYMMDD	This value will be reported in the CLM File for Field #14 Service Date. It must comply with all validation rules from CLM File.
Service Units	Number of occurrences of service.	9(1)	This value will be reported in the CLM File for Field #17 (Only CV Service). It must comply with all validation rules from CLM File.
Paid Date	This will be the date of payment for paid claims or the provider date for service claims.	YYMMDD	This value will be reported in the CLM File for Field #18 Payment Date. It must comply with all validation rules from CLM File.
Amount Allowed	Total amount allowed for the service by the carrier.	10(7)99	This value will be reported in the CLM File for Field #19 Allowed Amount. It must comply with all validation rules from CLM File.
Amount Paid	Amount paid by carrier for the service.	10(7)99	This value will be reported in the CLM File for Field #20 Paid Amount. It must comply with all validation rules from CLM File.
ICD Diagnostic Code	ICD Diagnostic code listed for historic reason(s).	3(8)	This is reported only for the beneficiaries following beneficiary form ASES reference letter 20-1110-A.
ICD Procedure Code	ICD/HCPCS codes for medical procedures.	3(1)	This is reported only for the beneficiaries following beneficiary form ASES reference letter 20-1110-A.
Reason Code	AESC Reason Code listed for historic reason(s).	3(1)	This is reported only for the beneficiaries following beneficiary form ASES reference letter 20-1110-A.

Note: All reports should comply with CLM2020-11-10-01 FILE LAYOUT (3.0)



The MCO shall attach to this Special One-Time Report an attestation stating that the information provided is correct, current, complete and accurate.

(Attachment 1)

The report file and the attestation should be sent to the ASES FTP server, in the "Submit To ASES" folder.

Once the Report is received, with the corresponding attestation, the Information Systems Office will proceed with the validation of each of the transactions received for treatments and/or services of Remedial and/or Convalescent Plasma. A series of validations will be performed on the identified claims, as previously defined in this procedure.

Upon validation, the Office of Information Systems will generate a report and file for the Office of Fiscal Affairs summarizing, by MCO and by coverage (Medicald, CHIP, State), the cost and claims totals that met the established criteria.

Upon receipt of a Certification from Information Systems to Finance that the reimbursements and transactions have been validated, Finance will proceed with the corresponding payments to each MCO.

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12. References

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The following references will be used to perform this procedure.

- Applicable Federal Laws
- Applicable laws of Puerto Rico
- Normative Letter 20-1110-A, issued May 18, 2021.
- Specified payment and information management policies of the ASES.



13. Validity

The provisions of this Procedure shall enter into effect immediately from the date of its adoption.

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