

ADDENDUM 4

MCO's Objection To Payments



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000456

Contrato Número



Government of Puerto Rico
Puerto Rico Health Insurance Administration



Objection To Payment (OTP) Interface

File Layout

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Version 1.4
February, 2024



GOVERNMENT OF PUERTO RICO



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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
otp_request	otp_request	Static text for interface identifier
cc	cc	Carrier code
otp_request_cc_yyyyymm_ss.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
yy	yy	Billing date year
mm	mm	Billing date month
ss	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 (*)	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.txt	ss	Version Sequence

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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

Objection To Payment File Layout v2.1

Field Category	Field Code	Field Name	Description	Position	Size	Data Type	Validation Rules	Source Reference	B23 Field Reference	B24 Field Reference	
Incurred Period	1	Incurred Month	Member's coverage month for the payment transaction being subject to an objection of payment.	8	8	YYYYMM01	Required	OBJECTION / B20	Coverage Period - DTM08		
	2	Incurred Start Date	Start Date within the coverage month. This is for subperiods within a month, otherwise use first day of the month.	9	8	YYYYMM00	Required	OBJECTION / B23	Coverage Period - DTM06		
	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	YYYYMM00	Required	OBJECTION / B23	Coverage Period - DTM06		
Eligibility and Enrollment Info	4	MPI	Master Patient Index (Medicaid Member ID)	25	11	X(11)	Required	B34/EXP		Subscriber Identifier - REF02	
	5	Application Number	Medicaid Application Number	30	10	X(10)	IF APPLY	EXP		Member Level Dates - DTPO3	
	6	Eligibility Start Date	Eligibility Start Date for the Incurred Period in the Health Plan	46	8	YYYYMM00	Required	B34/EXP		Transaction Set Policy Number - REF02	
	7	Carrier	Carrier's Trading Partner ID supplied by HRIMMIS	54	6	X(6)	Required	B34/EXP		Health Coverage Dates - DTPO3	
	8	Carrier Effective Date	Carrier Effective Date	60	8	YYYYMM00	Required	B34/EXP		Health Coverage - HD04	
	9	Coverage Code	Coverage Code	68	3	X(3)	Required	B34/EXP		Member Demographics - DMG02	
	10	DOB	Date of Birth	71	8	YYYYMM00	Required	B34/EXP		Member Demographics - DMG02	
	11	Gender Code	M=Male, F=Female, U=Unknown	79	1	X(1)	Required	B34/EXP		Member Demographics - DMG03	
	12	Group Ident	Not in use	80	3	X(3)					
	12.1	Group Code	Group Code (Eligibility Group Code)	83	3	X(3)	Required	B34/EXP		Health Coverage - HD04	
13	Medicare Part Code/Dual Member	Medicare Plan from B34 identifies the member's Medicare Plan using the following values: A=Medicare Part A C=Medicare Part A and B E=No Medicare G=Medicare from EXP N=No Dual A=Medicare Part A Only All=Medicare Part A and B	86	1	X(1)	Required	B34/EXP		Member Level Detail - INS06-1		

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Enrollment Reference Fields

14.1 Enrollment Notification	Planama for the Outbound Benefit Enrollment and Maintenance (B34) 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 B34 file with the notification of the assignment for this member.	01	50	X(50)	Required if payment is expected	834/EXP
14.2 Enrollment Confirmation By Carrier	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.	137	50	X(50)	Required if payment is expected and a proper enrollment has been rejected by PRIMIS.	834/SUS
14.3 Enrollment Acceptance	Indicate if the subscription process is accepted by PRIMIS or ASES using: Y: YES N: NO	187	1	X(1)	Required if payment is expected and a proper enrollment has been rejected by PRIMIS.	834/EXP
15.1 HCHN Category	HCHN Category	188	20	X(20)	Required if Expected Rate Cell is	
16.1 HCHN Notification	File Name for the Report (- High Cost High Need (HCHN) where the notification for this category is used	208	30	X(30)	For HCHN Deletion	
17.1 Encounter Carrier Id	Carrier Reporting the Encounter. This is the Carrier reported on the CLM file	258	7	X(7)	Required when - Expected Rate Cell is MORP - HCHN exceeding 6 months in the registry	CLM
18.1 Encounter Claim Id	Encounter Identifier. This is the Claim Id reported on the CLM file	240	30	X(30)	Required when - Expected Rate Cell is MORP - HCHN exceeding 6 months in the registry	CLM
19.1 Encounter Service Date	Encounter Service Date. This is the From Date associated to the Claim Id reported in the CLM file	270	8	YYYYMMDD	Required when: - Expected Rate Cell is MORP - HCHN exceeding 6 months in the registry	CLM
20.1 Encounter Notification	CLM File Name containing the Encounter that sustains the adjudication of the HCHN rate cell	278	30	X(30)	Required when: - Expected Rate Cell is MORP - HCHN exceeding 6 months in the registry	CLM
21.1 Payment Process Date	Payment Process Date (Billing Date)	308	8	YYYYMMDD	Required if a Payment was received	820
22.1 Rate Cell	Received Rate Cell	316	3	X(3)	Required if a Payment was received	820
22.2 Risk Score	Received Risk Score	318	8	X(8)	Required if a Payment was received	820

Premium Payment (820)

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Filename

Health Coverage H004

820
Reference Information - REF02 - Rate Cell Code
Reference Information - REF02 - Risk Score Factor

Objection and Expected Fields	23.1 Premium Amount	Received Premium Amount	327	7	58(5)999	Required if a Payment was received	820	Individual Premium Admissions default - #PARIDA
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 (Capitation Payment) MOP-Maternity Delivery Kick Payment IKP-Incarcerated IC-Rate Cell	368	4	X(4)	Required	OBJECTION	
26.3 Expected Rate Cell		Expected Rate Cell	388	3	X(3)	Required	OBJECTION	
27.3 Expected Risk Score		Expected Risk Score	371	8	X(8)	Required	OBJECTION	
28.4 Expected Premium Amount		Expected Premium Amount	379	7	58(5)999	Required	OBJECTION	
29.1 Comments		Additional Comments explaining the objection of payment.	385	200	X(200)	Required	OBJECTION	
30 End of Record		End of Record Filler	586	1				



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