ADDENDUM 7

Transition of Care

GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SEGUROS DE SALUD
Directora Ejecutiva   Edna Y. Marin Ramos | emarin@asespr.org

ASES
ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO

Transition of Care Beneficiaries' Clinical information Between Insurers (TOC)

Standard Operating Procedure

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00045 H

Contrato Número

Version 1.0
July 2024

GOBIERNO DE PUERTO RICO
ADMINISTRACIÓN DE SEGUROS DE SALUD
Directora Ejecutiva | Edna Y. Marín Ramos | emarin@asespr.org

I. Document Information

Required Information	Description		
Owner:	ASES		
Date:	07/01/2024		
Approved by:			**Signature:**
	Ramiro Rodriguez Chief Information Officer		
	Milagros Soto Director /Clinical Operations		

II. Document Revision History

Version number	Date	Description
v 1.0	07/01/2024	First version published for review.

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III Table of Contents

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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
ASES/PRHIA	Puerto Rico Health Insurance Administration.
Managed Care Organization (MCO)	An entity that is organized for the purpose of providing medical care and is authorized 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 based on PMPM Payments, under the PSG program.
Plan VITAL / Government Health Plan (PSG)	It is the health plan that the government of Puerto Rico grants through federal Medicaid and State funds.
Standard Operating Procedure (SOP)	A set of instructions that describes all the relevant steps and activities of a process or procedure.

2. Legal Base

Law 72 of 7 September 1993, amended et.al. created the Health Insurance Administration of Puerto Rico (ASES by its Spanish acronym) to, among its range of purposes, functions, and powers, be the government agency in charge of implementing and administering the hospital-medical services plan and contracting with insurers to provide coverage for these services. Part of the functions of ASES is to ensure adequate and quality service and treatment for beneficiaries under the PRMP program.

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3. Background

The current PHRIA model allows beneficiaries to make changes in insurers during the period of Annual Open Enrollment, 90 days Open Enrollment and changes for Just Cause. For this reason, it is necessary that when a beneficiary makes a change from one insurer to another, these can communicate with clinical data so that the continuity of services and treatments is effective. This could help not only the continuity and quality of services, but also avoid duplication of services and wasteful expenditure of state and federal funds.

4. Purpose

The purpose of this procedure is to establish and provide guidelines to the Office of Information Systems, Clinical Operations, and Insurers. This procedure is a guide to establish processes to improve the quality of services with correct care management to our beneficiaries as established by federal regulations. For this, the following information was established:

- Case Management
- Pharmacy Coverage
- Serious Mental Illness Patients (SMI)
- Pre-Authorization
- PA Denied
- OBGYN
- Special Coverage
- Life Support Case
- Hospitalizations / Impatient

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5. Scope

The scope of this procedure is that the insurance companies contracted by ASES comply with the preparation of the data as established in this SOP so that the insurance company that receives the beneficiary in the change can continue with the services, he/she needs.

6. Effective Date

January 1, 2024

7. Responsible Parties

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

1. ASES Information System Office

2. Carriers contracted by ASES

3. Clinical Operations

8. Special Reports

Changes from a Vital Plan insurer to another Vital Plan insurer, from a Vital Plan insurer to a Platinum insurer, from a Platinum insurer to a Vital Plan insurer, or from a Platinum insurer to another Platinum insurer are included in the journal files PRMP sends to insurers in 834 format. The insurer that loses the beneficiary must generate the files described below for the insurer that will receive the beneficiary. The data requested are:

- a. Pharmacy Coverage (**DX**)
  Pharmacy data indicating the health conditions of each beneficiary so that the medication dispensing service is not stopped.
- b. Serious Mental Illness Patients (**SMI**)
  Data related to mental health conditions.
- c. Pre-authorizations (**PA**)
  Approved pre-authorization data
- d. Pre-authorizations denied (**PD**)
  Denied pre-authorization data

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e. OBGYN (**OB**)

   Data related to pregnant women or any gynecological condition that requires follow-up.

f. Special Coverage (**SC**)

   Data related to special covers.

g. Life Support (**LS**)

   Data on members using life-supporting equipment.

h. Hospitalizations /Impatient (**HP**)

   Hospitalizations/Impatient at the time of the change

i. Case Management (**CM**)

   Any other condition that requires continuity of services and is not included in any of the above mentioned files.

The nomenclature of these files is as follows:

From_CC_To_NC_TypeOfFile_yyyymm_S.TRN
CC   = Insurer where the beneficiary is located (Current Carrier)
NC   = Insurer to which the beneficiary has been changed (New Carrier)
TypeOfFile= PC, SMI, PA, PD, OB, SC, LS, HP, CM
YYYY   = Year
MM   = Month
S   = Sequence

Attached to this document is Attachment 1 with the layouts for each type of file. The file must be sent to the ASES FTP server, in the "Enrollment\Submit To ASES" folder. Once the files are received the System automatically transfer to the new carrier.

9. References

The following references will be used to run this procedure.

• Applicable Federal Laws

• Applicable Laws of Puerto Rico

• Plan Vital and Platino Contract, between ASES and the carriers. ADMINISTRACION DE SEGUROS DE SALUD,

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10. Appendix 1   TOC Layouts

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From_Carrier_To_NewCarrier_TypeOfFile_yyyymm_S.TRN

Carrier	Aseguradora donde está el beneficiario
NewCarrier	Aseguradora a la que cambió el beneficiario
TypeOfFile	See line 13
YYYY	Año
MM	Mes
S	Secuencia (no someter nuevos archivos con la misma secuencia)

Layout File	Tye Of File
Pharmacy	DX
Case Management	CM
PA Auth	PA
PA Denied	PD
OBGYN	OB
Special Coverage	SC
Life Support	LS
Hospital	HP
Disease	DC
Serious Mental Illness Patients	SM

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Transition of Care File
Pharmacy Coverage Layout

This file is received by ASES from the insurance companies and monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_source	Source Carrier code	1	2	Numeric	R	
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Adrr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	Condition CODE 1	Diagnostic Code	272	8	Varchar	R	See Conditions Codes
16	Condition 1 EFFECTIVE FROM DATE	Date value	280	8	Numeric	R	YYYYMMDD
17	Condition 1 EFFECTIVE THRU DATE	Date value	288	8	Numeric	R	YYYYMMDD
18	Condition CODE 2	Diagnostic Code	296	8	Varchar	R	See Conditions Codes
19	Condition 2 EFFECTIVE FROM DATE	Date value	304	8	Numeric	R	YYYYMMDD
20	Condition 2 EFFECTIVE THRU DATE	Date value	312	8	Numeric	R	YYYYMMDD
21	Condition CODE 3	Diagnostic Code	320	8	Varchar	R	See Conditions Codes
22	Condition 3 EFFECTIVE FROM DATE	Date value	328	8	Numeric	R	YYYYMMDD
23	Condition 3 EFFECTIVE THRU DATE	Date value	336	8	Numeric	R	YYYYMMDD
24	Condition CODE 4	Diagnostic Code	344	8	Varchar	R	See Conditions Codes
25	Condition 4 EFFECTIVE FROM DATE	Date value	352	8	Numeric	R	YYYYMMDD
26	Condition 4 EFFECTIVE THRU DATE	Date value	360	8	Numeric	R	YYYYMMDD

27	Condition CODE 5	Diagnostic Code	368	8	Varchar	R	See Conditions Codes
28	Condition 5 EFFECTIVE FROM DATE	Date value	376	8	Numeric	R	YYYYMMDD
29	Condition 5 EFFECTIVE THRU DATE	Date value	384	8	Numeric	R	YYYYMMDD
30	Condition CODE 6	Diagnostic Code	392	8	Varchar	R	See Conditions Codes
31	Condition 6 EFFECTIVE FROM DATE	Date value	400	8	Numeric	R	YYYYMMDD
32	Condition 6 EFFECTIVE THRU DATE	Date value	408	8	Numeric	R	YYYYMMDD
33	Condition CODE 7	Diagnostic Code	416	8	Varchar	R	See Conditions Codes Values
34	Condition 7 EFFECTIVE FROM DATE	Date value	424	8	Numeric	R	YYYYMMDD
35	Condition 7 EFFECTIVE THRU DATE	Date value	432	8	Numeric	R	YYYYMMDD
36	Condition CODE 8	Diagnostic Code	440	8	Varchar	R	See Conditions Codes
37	Condition 8 EFFECTIVE FROM DATE	Date value	448	8	Numeric	R	YYYYMMDD
38	Condition 8 EFFECTIVE THRU DATE	Date value	456	8	Numeric	R	YYYYMMDD
39	Condition CODE 9	Diagnostic Code	464	8	Varchar	R	See Conditions Codes
40	Condition 9 EFFECTIVE FROM DATE	Date value	472	8	Numeric	R	YYYYMMDD
41	Condition 9 EFFECTIVE THRU DATE	Date value	480	8	Numeric	R	YYYYMMDD
42	Condition CODE 10	Diagnostic Code	488	8	Varchar	R	See Conditions Codes
43	Condition 10 EFFECTIVE FROM DATE	Date value	496	8	Numeric	R	YYYYMMDD
44	Condition 10 EFFECTIVE THRU DATE	Date value	504	8	Numeric	R	YYYYMMDD
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Transition of Care File
Case Management

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	PCP_Name	PCP Name	272	30	Varchar	R	
16	PCP_NPI	PCP NPI	302	10	Numeric	R	
17	Servicing_NPI	Servicing Provider NPI	312	10	Numeric	R	
18	Servicing_Specialty	Servicing Provider Specialty type	322	2	Varchar	R	
19	Servicing_Name	Servicing provider Name	324	30	Varchar	R	
20	Servicing_Phone	Servicing provider phone number	354	10	Numeric	R	9999999999
21	Care_Ma_Prog	Care Management Program	364	500	Varchar	R	
22	Prog_Start_Date	Program Start Date	864	8	Numeric	R	YYYYMMDD
23	Prog_End_Date	Program End Date	872	8	Numeric	R	YYYYMMDD (for open period use 20990101)
24	Diag_Code1	Primary Diagnostic Code	880	8	Varchar	R	
25	Diag_Code2	Diagnosis Code	888	8	Varchar	R	
26	Diag_Code3	Diagnosis Code	896	8	Varchar	R	
27	Diag_Code4	Diagnosis Code	904	8	Varchar	R	
28	Diag_Code5	Diagnosis Code	912	8	Varchar	R	
29	Problem	Problems/Situations	920	500	Varchar	R	Care Plan Problems. One or more situations
30	Intervention	Interventions (ongoing and Pending)	1420	500	Varchar	R	Include one or more inverventions
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Transition of Care File
Serious Mental Illness Patients (SMI)

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the

Item num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculibo, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	PCP_Name	PCP Name	272	30	Varchar	R	
16	PCP_NPI	PCP NPI	302	10	Numeric	R	
17	Servicing_NPI	Servicing Provider NPI	312	10	Numeric	R	
18	Servicing_Specialty	Servicing Provider Specialty type	322	2	Varchar	R	
19	Servicing_Name	Servicing provider Name	324	30	Varchar	R	
20	Servicing_Phone	Servicing provider phone number	354	10	Numeric	R	9999999999
21	Care_Ma_Prog	Care Management Program	364	500	Varchar	R	
22	Prog_Start_Date	Program Start Date	864	8	Numeric	R	YYYYMMDD
23	Prog_End_Date	Program End Date	872	8	Numeric	R	YYYYMMDD
24	Diag_Code1	Primary Diagnostic Code	880	8	Varchar	R	
25	Diag_Code2	Diagnosis Code	888	8	Varchar	R	
26	Diag_Code3	Diagnosis Code	896	8	Varchar	R	
27	Diag_Code4	Diagnosis Code	904	8	Varchar	R	
28	Diag_Code5	Diagnosis Code	912	8	Varchar	R	
29	Problem	Problems/Situations	920	500	Varchar	R	Care Plan Problems. One or more situations
30	Intervention	Interventions (ongoing and Pending)	1420	500	Varchar	R	Include one or more inverventions
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Transition of Care File
Pre Authorization Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	PCP_Name	PCP Name	272	30	Varchar	R	
16	PCP_NPI	PCP NPI	302	10	Numeric	R	
17	Servicing_NPI	Servicing Provider NPI	312	10	Numeric	R	
18	Servicing_Specialty	Servicing Provider Specialty type	322	2	varchar	R	
19	Servicing_Name	Servicing provider Name	324	30	Varchar	R	
20	Servicing_Phone	Servicing provider phone number	354	10	Numeric	R	9999999999
21	Req_Prov_NPI	Requesting provider NPI	364	10	Numeric	R	
22	Req_Prov_Specialty	Requesting provider Speciality Type	374	2	Varchar	R	
23	Req_Prov_Name	Requesting provider Name	376	30	Varchar	R	
24	Req_Prov_Phone	Requesting provider Phone Number	406	10	Numeric	R	9999999999
25	Diag_code1	Primary Diagnostic Code	416	8	Varchar	R	
26	Diag_code2	Diagnostic Code	424	8	Varchar	R	
27	Diag_code3	Diagnostic Code	432	8	Varchar	R	Include all related diagnoses
28	Diag_code4	Diagnostic Code	440	8	Varchar	R	
29	Diag_code5	Diagnostic Code	448	8	Varchar	R	
30	Service_units	Units or quantity services	456	4	Numeric	R	
31	Authorization_date	Service Authorization date	460	8	Numeric	R	YYYYMMDD
32	Service_code1	Service code/Procedure (S)	468	6	Varchar	R	CPT, No decimal period
33	Service_code2	Service code/Procedure (S)	474	6	Varchar	R	CPT, No decimal period
34	Service_code3	Service code/Procedure (S)	480	6	Varchar	R	CPT, No decimal period
35	Service_code4	Service code/Procedure (S)	486	6	Varchar	R	CPT, No decimal period
36	Service_code5	Service code/Procedure (S)	492	6	Varchar	R	CPT, No decimal period
37	Hospice	Hospice	498	1	Varchar	R	Y=Yes, N=No
38	Authorization number	For references only	499	15	Varchar	R	
39	Serv_Start_Date	Service start date	514	8	Numeric	R	YYYYMMDD
40	Serv_End_Date	Service end date	522	8	Numeric	R	YYYYMMDD (for open period use 20990101)
			530				

Transition of Care File
PA Denied Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	O	9999999999
15	Req_NPI	Requesting Provider NPI	272	10	Numeric	R	
16	Req_Specialty_code	Requesting Provider Specialty type	282	2	Numeric	R	
17	Req_Name	Requesting provider Name	284	30	Varchar	R	
18	Req_Phone	Requesting provider phone number	314	10	Numeric	R	9999999999
19	Service_Denied1	Procedure code denied	324	6	Numeric	R	CPT, No decimal period
20	Service_Denied2	Procedure code denied	330	6	Numeric	R	CPT, No decimal period
21	Service_Denied3	Procedure code denied	336	6	Numeric	R	CPT, No decimal period
22	Service_Denied4	Procedure code denied	342	6	Numeric	R	CPT, No decimal period
23	Service_Denied5	Procedure code denied	348	6	Numeric	R	CPT, No decimal period
24	Request_date	Authorization request date	354	8	Numeric	R	
25	PA_Denial_Determ_Date	PA Denial Determination Date	362	8	Numeric	R	YYYYMMDD - Considered up to 60 days to summit the appeal
26	Total_Units_Denied	Total Units Denied	370	3	Numeric	R	
27	Diag_Code1	Primary Diagnostic Code	373	8	Numeric	R	ICD 10
28	Diag_Code2	Diagnosis Code	381	8	Numeric	R	ICD 10
29	Diag_Code3	Diagnosis Code	389	8	Numeric	R	ICD 10
30	Diag_Code4	Diagnosis Code	397	8	Numeric	R	ICD 10
31	Diag_Code5	Diagnosis Code	405	8	Numeric	R	ICD 10
			413				

Transition of Care File
OBGYN Layout
This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item num	Record Fields	Description	Position	Size	Data Type	Required/Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	PCP_Name	PCP Name	272	30	Varchar	R	
16	PCP_NPI	PCP NPI	302	10	Numeric	R	
17	Req_NPI	Requesting Provider NPI	312	10	Numeric	R	
18	Req_Specialty	Requesting Provider Specialty type	322	10	Numeric	R	
19	Req_Name	Requesting provider Name	332	30	Varchar	R	
20	Req_Phone	Requesting provider phone number	362	10	Numeric	R	
21	OB_NPI	OBGYN NPI	372	10	Numeric	R	
22	OB_Group	OBGYN -PMG	382	20	Varchar	R	If apply
23	OB_Name	OBGYN Physician Name	402	30	Varchar	R	
24	OB_Phone	OBGYN phone number	432	10	Numeric	R	9999999999
25	Program	Program	442	20	Varchar	R	
26	Preg_Trim_Reg	Pregnant Woman Trimester at Registry	462	1	Numeric	R	
27	Est_Date_Deli	Estmated Date of Delivery	463	8	Numeric	R	YYYYMMDD
28	Preg_High_Risk	Pregnant Woman is a High Risk YES/NO?	471	1	Varchar	R	Y/N
29	Prog_Start_Date	Registry Program Start Date	472	8	Numeric	R	YYYYMMDD
30	Prog_End_Date	Registry Program End Date	480	8	Numeric	R	YYYYMMDD (for open period use 20990101)
31	Diag_Code	Primary Diagnostic Code	488	8	Numeric	R	ICD 10
32	Diag_Code	Diagnosis Code	496	8	Numeric	R	ICD 10
33	Diag_Code	Diagnosis Code	504	8	Numeric	R	ICD 10
34	Diag_Code	Diagnosis Code	512	8	Numeric	R	ICD 10
35	Diag_Code	Diagnosis Code	520	8	Numeric	R	ICD 10
36	Last_men_date	last menstruation date	528	8	Numeric	R	YYYYMMDD
37	Problems	Problems	536	500	Varchar	R	Care Plan Problems. One or more situations
38	Intervention	Interventions (ongoing and Pending)	1036	500	Varchar	R	Include one or more inverventions
			1536				

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Contrato Número

Transition of Care File
Special Coverage Layout

This file is received by ASES from the insurance companies and monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_source	Source Carrier code	1	2	Numeric	R	
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Adrr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	Servicing_NPI	Servicing Provider NPI	272	10	Numeric	R	
16	Servicing_Specialty	Servicing Provider Specialty type	282	2	Numeric	R	
17	Servicing_Name	Servicing provider Name	284	30	Varchar	R	
18	Servicing_Phone	Requesting provider phone number	314	10	Numeric	R	9999999999
19	Program	Program	324	6	Varchar	R	
20	Prog_Start_Date	Registry Program Start Date	330	8	Numeric	R	YYYYMMDD
21	Prog_End_Date	Registry Program End Date	338	8	Numeric	R	YYYYMMDD (for open period use 20990101)
22	Condition	Condition	346	8	Varchar	R	**See Condition Table TAG**
23	Diag_Code1	Primary Diagnostic Code	354	8	Varchar	R	ICD 10
24	Diag_Code2	Diagnostic Code	362	8	Varchar	R	ICD 10
25	Diag_Code3	Diagnostic Code	370	8	Varchar	R	ICD 10
26	Diag_Code4	Diagnostic Code	378	8	Varchar	R	ICD 10
27	Diag_Code5	Diagnostic Code	386	8	Varchar	R	ICD 10
28	Problems	Problem	394	500	Varchar	R	Care Plan Problems. One or more situations
29	Intervention	Interventions (ongoing and Pending)	894	500	Varchar	R	Include one or more inverventions
			1394				

ADMINISTRACION DB
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23 - 00045H

Contrato Número

Transition of Care File
Life Support Case Layout

This file is received by ASES from the Insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	Servicing_NPI	Servicing Provider NPI	272	10	Numeric	R	
16	Servicing_Specialty	Servicing Provider Specialty type	282	2	Numeric	R	
17	Servicing_Name	Servicing provider Name	284	30	Varchar	R	
18	Servicing_Phone	Servicing provider phone number	314	10	Numeric	R	9999999999
19	Req_NPI	Requesting Provider NPI	324	10	Numeric	R	
20	Req_Specialty	Requesting Provider Specialty type	334	10	Numeric	R	
21	Req_Name	Requesting provider Name	344	30	Varchar	R	
22	Req_Phone	Requesting provider phone number	374	10	Numeric	R	9999999999
23	Service_Pla_Trans	Services In place to be transitioned	384	10	Varchar	R	
24	Service_Code1	Service codes	394	10	Varchar	R	CPT, No decimal period
25	Service_Code2	Service codes	404	10	Varchar	R	CPT, No decimal period
26	Service_Code3	Service codes	414	10	Varchar	R	CPT, No decimal period
27	Service_Code4	Service codes	424	10	Varchar	R	CPT, No decimal period
28	Service_Code5	Service codes	434	10	Varchar	R	CPT, No decimal period
29	Resquest_date	Authorization request date	444	8		R	YYYYMMDD
30	Approved_date	Approved date	452	8	Numeric	R	YYYYMMDD
31	Place_of_Service	Place of Services	460	10	Numeric	R	See Place of Service TAG (Source Millman Layout)
32	Service_Start_Period	Period Start Date	470	8	Numeric	R	YYYYMMDD
33	Service_Expected_End	Expected Period End Date	478	8	Numeric	R	YYYYMMDD
34	Diag_code1	Diagnosis Code	486	6	Varchar	R	ICD 10
35	Diag_code2	Diagnosis Code	492	6	Varchar	R	ICD 10
36	Diag_code3	Diagnosis Code	498	6	Varchar	R	ICD 10
37	Diag_code4	Diagnosis Code	504	6	Varchar	R	ICD 10
38	Diag_code5	Diagnosis Code	510	6	Varchar	R	ICD 10
			516				

Todos los procedimientos incluidos en una misma transacción debe ser aprobados en la misma fecha. La fecha de comienzo y/o terminación de aplicar deben coincidir, de lo contrario, se requiere emitir otra transacción.

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Contrato Número

Transition of Care File
Hospital Layout
This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/ Optional	Notes
1	Carrier_source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	Adm_date	Admision Date	272	8	Numeric	R	YYYYMMDD
16	Dis_date	Actual Discharge Date	280	8	Numeric	R	YYYYMMDD
17	Hosp_NPI	Hospital NPI	288	10	Numeric	R	
18	Hosp_Name	Hospital Name	298	30	Varchar	R	
19	Adm_Diag1	Admission Diagnosis	328	8	Varchar	R	ICD 10
20	Adm_Diag2	Admission Diagnosis	336	8	Varchar	R	ICD 10
21	Adm_Diag3	Admission Diagnosis	344	8	Varchar	R	ICD 10
22	Adm_Diag4	Admission Diagnosis	352	8	Varchar	R	ICD 10
23	Adm_Diag5	Admission Diagnosis	360	8	Varchar	R	ICD 10
24	Adm_type	Admission type	368	2	Varchar	R	PH=Physical, ME=Mental, MP=Mental Partial, SN=skill nursing
25	Dis_diag1	Discharge Diagnostic	370	7	Varchar	R	ICD 10
26	Dis_diag2	Discharge Diagnostic	377	7	Varchar	R	ICD 10
27	Dis_diag3	Discharge Diagnostic	384	7	Varchar	R	ICD 10
28	Dis_diag4	Discharge Diagnostic	391	7	Varchar	R	ICD 10
29	Dis_diag5	Discharge Diagnostic	398	7	Varchar	R	ICD 10
30	Authorization_number	For references	405	15	Varchar	R	
			420				

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00045 H

Contrato Número

Transition of Care File
Disease Layout

This file is received by ASES from the insurance companies and on a monthly basis. It contains data pertinent to the transition of care of the patient

Item Num	Record Fields	Description	Position	Size	Data Type	Required/Optional	Notes
1	Carrier_Source	Source Carrier Code	1	2	Numeric	R	Carrier Code Given by ASES
2	MPI	Member MPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	R	
4	Last_Name2	Member Last Name 2	46	30	Varchar	O	
5	First_Name	Member First Name	76	30	Varchar	R	
6	Initial	Initial	106	1	Varchar	O	
7	DOB	Enrollee DOB	107	8	Numeric	R	YYYYMMDD
8	Gender	Member Gender	115	1	Numeric	R	1=Masculino, 2=Femenino
9	Addr1	Member Address1	116	45	Varchar	R	
10	Addr2	Member Address2	161	45	Varchar	O	
11	City	Member City	206	45	Varchar	R	
12	State	Member State	251	2	Varchar	R	
13	Zip	Member Zip	253	9	Numeric	R	999999999
14	Phone	Member Phone	262	10	Numeric	R	9999999999
15	Servicing_NPI	Servicing Provider NPI	272	10	Numeric	R	
16	Servicing_Specialty	Specialty type	282	2	Varchar	R	
17	Servicing_Name	Servicing provider Name	284	30	Varchar	R	
18	Servicing_Phone	number	314	10	Numeric	R	
19	Diag_code1	Diagnosic Code	324	8	Varchar	R	ICD 10
20	Diag_code2	Diagnosic Code	332	8	Varchar	R	ICD 10
21	Diag_code3	Diagnosic Code	340	8	Varchar	R	ICD 10
22	Diag_code4	Diagnosic Code	348	8	Varchar	R	ICD 10
23	Diag_code5	Diagnosic Code	356	8	Varchar	R	ICD 10
24	Condition_for_program	Condition	364	8	Varchar	R	ICD 10
25	Severity	Severity	372	10	Varchar	R	Low, Medium, High
			382				

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Contrato Número

Conditions Table

SC Category Code	SC Category
ALB	ALB: Oculocutaneous albinism, Hermansky-Pudlak syn
ANE	Aplastic Anemia
ART	Rheumatoid Arthritis
AUT	Autism
CAN	Cancer
CFI	Cystic Fibrosis
CHF3	Congestive Heart Failure Class III
CHF4	Congestive Heart Failure Class IV
CLP	Cleft lip and Cleft Palate
HCV	Chronic Hepatitis C
HEM	Hemophilia
HIV	HIV/AIDS
IBD	IBD: Inflammatory Bowel Disease (IBD)
LEP	Leprosy
LUP	Lupus
MS	Multiple Sclerosis / Amyotrophic Lateral Sclerosis
OB	OB
OTH	Other
PCD	Primary Ciliary Dyskinesis
PHT	Pulmonary Hypertension
PKU	Phenilketonuria (PKU) - Adult
POT	Post Organ Transplant
PRT	Post Renal Transplant
PTP	Post Transplant
PTP	Post Transplant
RE3	Chronic Renal Disease Level 3
RE4	Chronic Renal Disease Level 4
RE5	Chronic Renal Disease Level 5
SCM	SCM: Skin Cancer: Invasive Melanoma or squamous cells
SCT	SCT: Skin Cancer: Carcinoma IN SITU
SDE	Scleroderma
SNC	Children With Special Needs (NNE)
TUB	Tuberculosis

Updated:7/1/2024

Attachment IV - Place of Service Codes

CODE	Name	Description
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan		
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Unassigned	N/A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals.
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09-10	Unassigned	N/A
11	Office	Location, other than a hospital, Skilled Nursing Facility (SNF), military treatment facility, community health center, State or local public health clinic, or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital, which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility, which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: • Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility. • 24 hour a day emergency cares services. • Day treatment, other partial hospitalization services, or psychosocial rehabilitation services. • Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. • Consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who, does not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care, which provides a total 24-hour therapeutically, planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility, which is located in a rural medically, underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other service facilities not specified above.

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