

ADDENDUM 14

Carriers Sub Capitation Payments

ICD_PRMMIS_MGD_0010_INBOUND_
CARRIER_SUB_CAPITATION_PMTS

ICD_PRMMIS_MGD_0011_OUTBOUND_
CARRIER_SUB_CAPITATION_PMTS_RESP

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DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0010_INBOUND_CARRIER_SUB_CAPITATION_PMTS

MANAGED CARE INBOUND 0010 CARRIER SUB-CAPITATION PAYMENTS

Phase III

Interface Control Document

Version 1.5

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Change History

| Version # | Date | Modified By | Description |
|-----------|------------|-----------------------|---|
| 1.0 | 05/11/2023 | Gainwell Technologies | Initial submission |
| 1.1 | 05/19/2023 | Gainwell Technologies | Updates to file layout |
| 1.2 | 06/01/2023 | Gainwell Technologies | Added the field positions to the file layout and update to the Errors and Warning messages. |
| 1.3 | 07/05/2023 | Gainwell Technologies | Update to add the Capitation Month and Year to the name of the file. Updated the Errors and Warnings Messages to 3000 series. Added the Sub-Capitation Fee for Service amount field to the file layout. |

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1 Acronyms

The following table contains the list of abbreviations used within this document.

NOTE: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

| Acronyms | Definition |
|----------|---|
| CMS | Centers for Medicare & Medicaid Services |
| FQHC | Federally Qualified Health Center |
| HIPAA | Health Insurance Portability and Accountability Act |
| ICD | Interface Control Document |
| MEDITI | Medicaid Integrated Technology Initiative |
| PMPM | Per Member Per Month |
| PRMP | Puerto Rico Department of Health |
| PRMMIS | Puerto Rico Medicaid Management Information System |

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2 Interface Overview

This document is the definition of the Monthly Carrier PMPM Sub-Capitation Payments Interface file layout that will be transmitted from each MCO to the PRMMIS. This file will contain the Carrier PMPM Capitation Payment records that are required to be added to PRMMIS as Carrier Sub-Capitation Payments.

2.1 Use Requirements

This monthly interface will be used by the PRMMIS to receive the PMPM Capitation Payments made by the MCOs to their Primary Medical Group (PMGs) that will be added to PRMMIS as Carrier Sub-Capitation Payments.

2.2 Communication Methods and Format

The inbound fix length file will be transmitted from each MCO to the PRMMIS. The Carrier Sub-Capitation Payments Interface File name will be MGD_SUBCAP_PYMT_CCYMM_CARRIERID_CCYMMDD_HHMMSS.dat where "MGD_SUBCAP_PYMT_CCYMM" is the file prefix and the Sub-Capitation Month and Year (capitation date field of the file layout), "CARRIERID" is the nine-digit Medicaid ID (assigned by PRMMIS) for the Carrier, "CCYMMDD" is the file creation date, and "HHMMSS" is the file creation time.

2.3 Timing and Frequency

The file will be transmitted to PRMMIS on a monthly basis, on the first business day of the month by 6 PM Atlantic Standard Time (AST) containing the data from one month lag* (for example: on February 1st, 2024, file will contain the data for January 2024). Any files received by PRMMIS after 6 PM AST will be processed the following day.

*Note: Each of MCO have different file creation dates. In order to be able to address this, PRMMIS has one month lag.

2.4 Monitoring and Reporting

The Carrier Sub-Capitation Payments Acknowledgment Report will be generated and provided to the Carriers through SFTP server to report the file received date, file name, sub-capitation transaction date, number of records received, number of records processed successfully (uploaded into PRMMIS database) and number of records that failed processing. The report will also contain the Summary of Errors and the Summary of Warning messages. This report will be uploaded to OnBase.

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2.5 Error Handling

All records that pass validity checks will be uploaded to the PRMMIS database.

The inbound Carrier Sub-Capitation Payments file (MGD_SUBCAP_PYMT_CCYMM_CARRIERID_CCYMMDD_HHMMSS.dat) will be evaluated and if an error is found, the failed record will be rejected and reported through Carriers SFTP server on the Carrier Sub-Capitation

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Payments Error Response file (MGD_SUBCAP_PYMT_CCYYMM_CARRIERID_ERR_RESP_CCYYMMDD_HHMMSS.dat) documented in the ICD_PRRMIS_MGD_0011_OUTBOUND_CARRIER_SUB_CAPITATION_PMTS_RESP.docx.

2.6 Assumptions

- It is expected that Carriers will fix the errors identified on the Carrier Sub-Capitation Payments Errors Response File and make necessary updates in their system in order to re-submit the records in the format of the Carrier Sub-Capitation Payments Interface file (ICD_PRRMIS_MGD_0010_INBOUND_CARRIER_SUB_CAPITATION_PMTS) with appropriate fixes to be processed in the PRRMIS.



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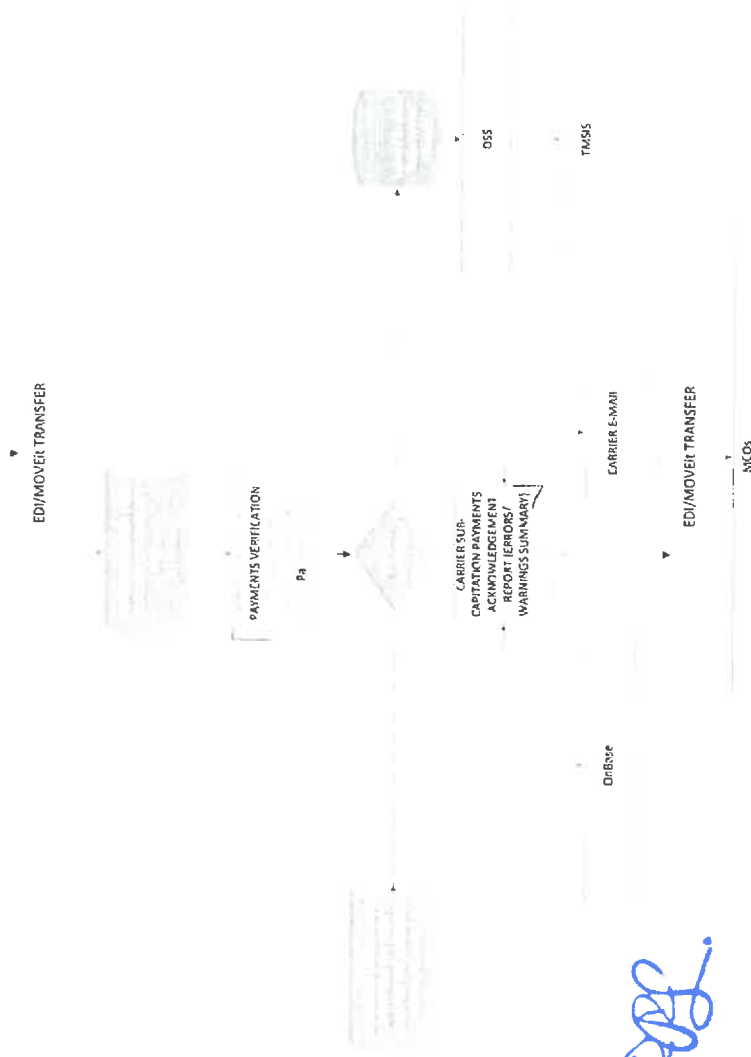
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3 Process Flow

Figure 1 – Sub-Capitation Payments Verification Process Flow

CARRIER SUB-CAPITATION PAYMENTS PROCESS



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4 Detailed Specifications

The file naming standard is MGD_SUBCAP_PYMT_CCYMM_CARRIERID_CCYYMMDD_HHMMSS.dat where "MGD_SUBCAP_PYMT_CCYMM" is the file prefix and the Sub-Capitation Month and Year (capitation date field of the file layout), "CARRIERID" is the nine-digit Medicaid ID (assigned by PRMMIS) for the Carrier, "CCYYMMDD" is the file creation date, and "HHMMSS" is the file creation time.

Table 2 - Detailed Specifications

| # | Field | Name | Description | Deliverable Data Format | Positions | Validation Rules |
|---|------------|---------------------|---|-------------------------|-----------|---|
| 1 | carrier_id | Carrier Medicaid ID | Note: This is the Medicaid ID assigned by PRMMIS for each carrier. | 9(9) | 1 - 9 | Required Must be nine (9) digits (numeric). |
| 2 | cap_id | Capitation ID | Capitation payment ID must be a unique ID within carrier. | X(20) | 10 - 29 | Required Must be left justified, blank filled to the right Must be a unique ID within Carrier |
| 3 | cap_type | Capitation Type | Capitation type code defined as: "01"= Admin "02"= Dental "03"= DME ... | 99 | 30 - 31 | Required Must be two (2) digits (numeric). Must be a valid code. |
| 4 | cap_date | Capitation Date | Date capitation paid. | YYYYMMDD | 32 - 39 | Required Must be valid date. |
| 5 | expr_date | Experience Date | Experience date of capitation payment. This is the date for which the capitation payment applies. | YYYYMMDD | 40 - 47 | Required Must be valid date. |

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| | | | | | | |
|----|-------------------|--------------|---|-------|----------|---|
| 6 | prov | Provider ID | Must be the NPI, or if none exists, may be the Tax Id of the provider to which the capitation payment is made. | X(20) | 48 - 67 | Not Required |
| 7 | pcp_npi | Provider NPI | National Provider Identifier (NPI) of the provider to which the capitation payment is made. | X(10) | 68 - 77 | Not Required |
| 8 | ipa | IPA ID | Carrier assigned ID of IPA/HCO. This must be filled when IPA/HCO is involved (Must always be filled for Plan Type "01" by MCOs/TPAs). | X(10) | 78 - 87 | Not Required Required If Carrier ID corresponds to Plan Type "01" Must be a valid IPA Code for the Carrier and found in the IPA file. Left justified, blank field to the right |
| 9 | region_code | Region | Region of member Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "X" = All Regions "O" = Outside Puerto Rico | X | 88 - 88 | Required Must be valid region code. |
| 10 | municipality_code | Municipality | Municipality of residence of member. | X(4) | 89 - 92 | Required Must be valid region code. |
| 11 | member_ssn | Member SSN | Social Security Number of member | 9(9) | 93 - 101 | Not Required Must be 9 digits (numeric) Right justified, zero filled |

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| | | | | | | |
|----|---------------|-------------------|--|----------|-----------|---|
| 12 | household_id | ASES Household ID | Household ID As supplied in ASES Eligibility data | X(11) | 102 - 112 | Not Required ASES / ODSI Household ID. Alphabetic full 11 characters. For government employee use SSN Main Holder. Must be left justified, blank filled to the right. |
| 13 | member_suffix | Member Suffix | Identifies the beneficiary within the family group. For non-governmental employees - Must be the two digit member suffix as supplied in ASES Eligibility data. For governmental employees - Must be one of the following: 01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 = Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint | 99 | 113 - 114 | Not Required Must be 2 digits (numeric). |
| 14 | cap_amt | Capitation Amount | Capitation amount paid to provider MAY BE NEGATIVE The cap_amount field should represent a calculation which includes the earned capitation for the period for each member. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves | S9(7)v99 | 115 - 124 | Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric if the value is negative the sign byte must be a "-", |

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| | gross_cap_amt | Gross Capitation Amount | should not be included in the calculation | S9(7)v99 | 125 - 134 | otherwise it must be blank |
|----|---------------|-------------------------|---|----------|-----------|---|
| 15 | gross_cap_amt | Gross Capitation Amount | Gross Capitation amount paid to provider per MPI for all risk types. MAY BE NEGATIVE The gross_cap_amount field should represent a calculation that includes the earned capitation for the period for each member (not the group average). | S9(7)v99 | 125 - 134 | Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric if the value is negative the sign byte must be a "-", otherwise it must be blank |
| 16 | net_cap_amt | Net Capitation Amount | Net Capitation amount paid to provider per MPI for all risk types. MAY BE NEGATIVE The net_cap_amount field should represent a calculation which includes the earned capitation for the period for each member (gross_cap_amount) less claims paid amounts, if any, chargeable against the provider risk. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves should not be included in the calculation. | S9(7)v99 | 135 - 144 | Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric if the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 17 | risk_type | MPI Risk Type | Distinguishes for this service whether risk belongs to PCP/(Group) or carrier. If cost should be charged to PCP/(Group) then value = "PCP" | X(3) | 145 - 147 | Required Must be filled Must be "PCP", "SHR" or "CAR" For PBM the only value allowed is "UNK" |

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|----|------|---------------------------|--|------|-----------|--|
| 18 | tier | Member capitation tier | If the risk is shared, then the value = ' SHR' Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR" | X(4) | 148 - 151 | Required |
| 19 | days | Capitation Days | Number of days included in capitation amount. | S99 | 152 - 154 | Required Must be a number 3 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 2 bytes must be numeric If the value is negative the sign byte must be |

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| | | | | | | |
|----|----------------|--------------------------------------|--|----------|-----------|--|
| 20 | mem_percent | Capitation percentage | Percentage (days / month days) | S999 | 155 - 158 | a "-", otherwise it must be blank. Not Required Must be a number 4 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 3 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 21 | extract_date | Extract Date | Date on which record is originally extracted from Carrier's system to create the Capitation Input File. | YYYYMMDD | 159 - 166 | Required Must be a valid date Must be later or equal to any other date field on record. |
| 22 | mpi | Member MPI Number or Contract Number | Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee this will be the contract number | X(13) | 167 - 179 | Required Must be a valid MPI number For government employee only, contract number Must be left justified, blank filled to the right. |
| 23 | Federal_Tax_ID | Federal Tax ID (SSN or EIN) | The federal identification number of the provider to which the capitation payment is made. If the | X(20) | 180 - 199 | Not Required Left justified, blank filled to the right Must |

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| | | | | | | | | |
|----|---|--|--|--|----------|-----------|--|--|
| | | | | provider does not have a federal identification number, enter '999999999' in this column. SSN for individuals, EIN for entities | | | | be 9 digits in significant positions |
| | | | | Record Length = 199 | | | | |
| 24 | Pay to Provider Medicaid ID | | | This is the Medicaid ID assigned by the PRIMMIS for PEP enrolled Provider. The groups that can receive payments, but also the specialist can receive payments and are considered also like PMG. | 9(9) | 200 - 208 | | Required |
| 25 | PCP Medicaid ID | | | This is the Medicaid ID assigned by the PRIMMIS for PEP enrolled Provider. | 9(9) | 209 - 217 | | Not Required |
| 26 | Sub-Capitation Date Payment Begin | | | Note: This is the first date that the Sub-Capitation payment covers during the Sub-Capitation Month. | CCYYMMDD | 218 - 225 | | Required |
| 27 | Sub-Capitation Date Payment End | | | Note: This is the last date that the Sub-Capitation payment covers during the Sub-Capitation Month. | CCYYMMDD | 226 - 233 | | Required |
| 28 | Sub-Capitation Interest amount | | | Note: Represent the interest applied when payments of the Carriers to Providers are made in the form of a Sub-Capitation payment are issued later than the fifteenth (15th) Calendar Day of the month. | S9(7)v99 | 234 - 243 | | Required If the Sub-Capitation Interest amount is not applicable provide 0.00. |
| 29 | Sub-Capitation Fee for Service amount | | | Note: When a FFS claim was paid to the provider (FQHC) and must be subtracted from future sub-capitation, this is the amount of FFS that is being withheld | S9(7)v99 | 244 - 253 | | Required If the Sub-Capitation Fee for Service amount is not applicable provide 0.00. |
| 30 | Sub-Capitation Financial Date Payment Issue | | | Note: This is the date that Carrier Financial System issued/processed the payment. | CCYYMMDD | 254 - 261 | | Required |
| 31 | Sub-Capitation Reason Code | | | Note: This is the code for the reason sub-capitation is being made. | X(2) | 262 - 263 | | Required |

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| | | | | | |
|----|--|------------|--|-----------|---------------------------|
| | | | <p>Valid values:</p> <ul style="list-style-type: none"> • "PN" - Payment - Normal • "PR" - Payment - Retro • "RL" - Adjustment Recoupment (Negative). • "PW" - Payment - Rate Change Mass Adjustment • "RW" - Recoupment - Rate Change Mass Adjustment • "PC" - Payment - Court Settlement • "RC" - Recoupment - Court Settlement | | |
| 32 | Carrier Record Identifier Original Transaction | X(20) | <p>Note: This is the carrier unique system identifier for the record that was recoup. Only for Recoupments:</p> <ul style="list-style-type: none"> • "RL" - Adjustment Recoupment (Negative). • "RW" - Recoupment - Rate Change Mass Adjustment • "RC" - Recoupment - Court Settlement | 264 - 283 | Required |
| 33 | End of Record Filler | X | Fixed filler with "X" | 284 - 284 | Required Must be = "X" |
| | Record Length | 284 | | | |

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5 Response Report

5.1 Carrier Sub-Capitation Payments Acknowledgment Report

The Carrier Sub-Capitation Payments Acknowledgment Report will be generated and provided to the Carriers through SFTP server to report the file received date, file name, sub-capitation transaction date, number of records received, number of records processed successfully (uploaded into PRMMIS database) and number of records that failed processing. The report will also contain the Summary of Errors and the Summary of Warning messages.

5.1.1 MGD-0900 Carrier Provider Payments Acknowledgment Report Layout.



MGD-0900-M_ver1.3.
xlsx



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6 Code Table Values

Table 3 – Carrier Medicaid IDs

| Legacy Carrier ID | PRMMIS Carrier Medicaid ID | Carrier Type | Name |
|-------------------|----------------------------|--------------|---------------------------------|
| 09 | 000001900 | MCO | FIRST MEDICAL HEALTH PLAN, INC. |
| 10 | 000002000 | MCO | MMM MULTI HEALTH, LLC |
| 12 | 000002200 | MCO | PLAN DE SALUD MENONITA |
| 13 | 000002400 | MCO | TRIPLE-S SALUD, INC. |

Table 4 - Sub-Capitation Reason Codes

| Sub-Capitation Reason Code | Description | Definition |
|----------------------------|--|---|
| PN | Normal Payment | The Payment made to the Provider per Member per Month (PMPM) for the Current Sub-Capitation month. |
| PR | Retroactive Payment | The Payment made to the Provider per Member per Month (PMPM) for periods prior to the current Sub-Capitation month. |
| RL | Adjustment Recoupment (Negative) | The Recoupment Payment of the per Member per Month (PMPM) for periods prior to the current Sub-Capitation month. |
| PW | Payment - Rate Change Mass Adjustment | The Payment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to rate changes prior to the current Sub-Capitation month. |
| RW | Recoupment - Rate Change Mass Adjustment | The Recoupment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to rate changes prior to the current Sub-Capitation month. |
| PC | Payment - Court Settlement | The Payment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to court settlement prior to the current Sub-Capitation month. |

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| | | |
|----|-------------------------------|--|
| RC | Recoupment - Court Settlement | The Recoupment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to court settlement prior to the current Sub-Capitation month. |
|----|-------------------------------|--|

Table 5 - Sub-Capitation Type

| Sub-Capitation Type | Description |
|---------------------|--------------------------------------|
| 01 | Admin |
| 02 | Dental |
| 03 | DME |
| 04 | Emergency Room |
| 05 | Extended Hours |
| 06 | Glasses and Contact Lenses |
| 07 | Home Health |
| 08 | Hospital |
| 09 | Lab/Medical Imaging |
| 10 | Medical Transportation |
| 11 | Mental Health |
| 12 | Mental Health Facility |
| 13 | Occupational/Physical/Speech Therapy |
| 14 | On Call Services |
| 15 | Pharmacy |
| 16 | Preventative |
| 17 | Primary Care Physician |

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| | |
|----|---------------------------|
| 18 | Primary Medical Group |
| 19 | Prosthetics and Orthotics |
| 20 | RAF |
| 21 | Specialist |
| 22 | Other |



Table 6 - Region Codes

| Region Code | Description |
|-------------|-------------|
| A | North |
| B | Metro-North |
| E | East |
| F | North-East |
| G | South-East |
| Z | West |
| J | San Juan |
| S | South-West |

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7 Error/Warning Codes Table Values

Table 7 – Error Codes

| Error Code | Description |
|------------|---|
| 3000 | File rejected. An empty file was received. |
| 3010 | File rejected. Incorrect file length. |
| 3020 | File rejected. The records did not correspond to the File name Capitation Month and year. |
| 3030 | File rejected. The records did not correspond to the same Capitation Date. |
| 3130 | Carrier Medicaid ID. Not a number or is Bad Format. |
| 3131 | Carrier Medicaid ID. Not found on PRMMIS. |
| 3140 | PMG Medicaid ID. Not a number or is Bad Format. |
| 3141 | PMG Medicaid ID. Not found on PRMMIS. |
| 3170 | Member MPI Number. Not a number or is Bad Format. |
| 3171 | Member MPI Number. Not Found on PRMMIS. |
| 3200 | Capitation ID. Missing or Invalid. |
| 3210 | Capitation Type. Missing or Invalid. |
| 3211 | Capitation Type. Not found on PRMMIS. |

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| | |
|------|--|
| 3230 | Capitation Date. Not a number or Invalid Date. |
| 3240 | Experience Date. Not a number or Invalid Date |
| 3250 | Sub-Capitation Date Payment Begin. Not a number or Invalid Date. |
| 3260 | Sub-Capitation Date Payment End. Not a number or Invalid Date. |
| 3280 | Capitation Days. or is Bad Format. |
| 3281 | Capitation Days. Cannot be Zero. |
| 3300 | Capitation Amount. Not a number or is Bad Format. |
| 3301 | Capitation Amount. Cannot be Zero. |
| 3310 | Gross Capitation Amount. Not a number or is Bad Format. |
| 3311 | Gross Capitation Amount. Cannot be Zero. |
| 3320 | Net Capitation Amount. Not a number or is Bad Format. |
| 3321 | Net Capitation Amount. Cannot be Zero. |
| 3400 | Sub-Capitation Reason Code. Invalid or is Bad Format. |
| 3401 | Sub-Capitation Reason Code. Not Found on PRMMIS. |

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| | |
|------|---|
| 3410 | Carrier Record Identifier Original Transaction. Missing for a recoupment. |
| 3450 | Duplicate Transaction previously processed on PRMMIS. |

Table 8 - Warnings Codes

| Warning Code | Description |
|--------------|--|
| 3500 | Region. Invalid or is Bad Format. |
| 3501 | Region. Not Found on PRMMIS. |
| 3520 | Municipality. Invalid or is Bad Format. |
| 3521 | Municipality. Not Found on PRMMIS. |
| 3540 | Financial Date Payment issue. Invalid or is Bad Format. |
| 3541 | Financial Date Payment Issue. Cannot be Zero. |
| 3600 | Carrier Medicaid ID. Carrier not Eligible for the Sub-Capitation Period. |
| 3630 | PMG Medicaid ID. PMG not Eligible for the Sub-Capitation Period. |
| 3640 | Member Medicaid ID. Member not Eligible for the Sub-Capitation Period. |
| 3641 | Member Medicaid ID. Member not Enrolled/Assigned to the Carrier. |
| 3642 | Member Medicaid ID. Member not Enrolled/Assigned to the PMG. |

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| | |
|------|--|
| 3680 | Adjustment with missing Adjusted Carrier Record Identifier for the Original Transaction. |
| 3700 | MPI Risk Type. Invalid or is Bad Format. |
| 3701 | MPI Risk Type. Not found on PRMMIS. |
| 3720 | Member Capitation tier. Invalid or is Bad Format. |
| 3721 | Member Capitation tier. Not found on PRMMIS. |
| 3730 | Extract Date. Not a number or Invalid Date. |
| 3731 | Extract Date. Cannot be Zero. |
| 3740 | Sub-Capitation Interest amount. Invalid or is Bad Format. |
| 3741 | Sub-Capitation Interest amount. Equal Zero, Sub-Capitation Financial Date Payment Issue is after the 15 th of the Capitation Date. |
| 3745 | Sub-Capitation Fee for Service amount. Invalid or is Bad Format. |
| 3750 | PCP Medicaid ID. Not a number or is Bad Format. |
| 3751 | PCP Medicaid ID. Not found on PRMMIS. |
| 3800 | Sub-Capitation Reason Code. The payment reason code did not correspond with the expected positive Capitation Amount, the Gross Capitation Amount, the Net Capitation Amount. |

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| | |
|------|---|
| 3801 | Sub-Capitation Reason Code. The recoupment reason code did not correspond with the expected negative Capitation Amount, the Gross Capitation Amount, the Net Capitation Amount. |
| 3860 | Experience Date greater than the Capitation Date. |
| 3861 | Sub-Capitation Date Payment Begin and End not within the Experience Date Month and Year. |
| 3862 | Sub-Capitation Date Payment Begin and End not within the same month and Year. |



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gainwell

DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0011_OUTBOUND_CARRIER_SUB_CAPITATION_PMTS_RE
SP

MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

Phase III

Interface Control Document

Version 1.5

MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

Change History

| Version # | Date | Modified By | Description |
|-----------|------------|-----------------------|---|
| 0.1 | 05/12/2023 | Gainwell Technologies | Initial submission |
| 1.1 | 05/19/2023 | Gainwell Technologies | Updates to layout |
| 1.2 | 06/01/2023 | Gainwell Technologies | Added the field positions to the file layout and update to the Errors and Warning messages. |
| 1.3 | 07/05/2023 | Gainwell Technologies | Update to add the Capitation Month and Year to the name of the file. Updated the Errors and Warnings Messages to 3000 series. Added the Sub-Capitation Fee for Service amount field to the file layout. |



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1 Acronyms

The following table contains the list of abbreviations used within this document.

NOTE: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

| Acronyms | Definition |
|----------|---|
| CMS | Centers for Medicare & Medicaid Services |
| FQHC | Federally Qualified Health Center |
| HIPAA | Health Insurance Portability and Accountability Act |
| ICD | Interface Control Document |
| MEDITI | Medicaid Integrated Technology Initiative |
| PMPM | Per Member Per Month |
| PRMP | Puerto Rico Department of Health |
| PRMMIS | Puerto Rico Medicaid Management Information System |
| TPL | Third Party Liability |

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2 Interface Overview

This document is the definition of the monthly Carrier Sub-Capitation Payments Error Response Interface Outbound File layout that will be transmitted to each MCO from the PRMMIS. This file will contain the Carrier PMPM Sub-Capitation Payment records that were rejected with the appropriate error code or processed successfully with the appropriate warning code during the validation of the monthly Inbound Carrier Sub-Capitation Payments file (MGD_SUBCAP_PYMT_CCYMM_CARRIERID_CCYMMDD_HHMMSS.dat) documented in the ICD (ICD_PRMMIS_MGD_0010_INBOUND_CARRIER_SUB_CAPITATION_PMTS).

2.1 Use Requirements

This monthly/on demand interface will be used by the PRMMIS to provide to the MCOs the Carrier PMPM Sub-Capitation Payment Error Response records (MGD_SUBCAP_PYMT_CCYMM_CARRIERID_ERR_RESP_CCYMMDD_HHMMSS.dat) that were rejected with the appropriate error code during the validation of the monthly Inbound Carrier Sub-Capitation Payments Interface file, or with the records processed successfully with warnings, the appropriate warning code will be provided.

2.2 Communication Methods and Format

The outbound fix length file will be transmitted to each Carrier (MCO) from the PRMMIS. The fields will be written to the file in a predefined order as described later in this document.

The Carrier Sub-Capitation Payments Error Response Interface Outbound File name will be MGD_SUBCAP_PYMT_CCYMM_CARRIERID_ERR_RESP_CCYMMDD_HHMMSS.dat

where "MGD_SUBCAP_PYMT_CCYMM" is the file prefix and the Sub-Capitation Month and Year (capitation date field of the file layout), "CARRIERID" is the nine-digit Medicaid ID (assigned by PRMMIS) for the Carrier, "CCYMMDD" is the file creation date, and "HHMMSS" is the file creation time.

2.3 Timing and Frequency

The file will be transmitted to the Carriers (MCO) SFTP server from the PRMMIS as processed by the PRMMIS.

2.4 Monitoring and Reporting

EDI panels will be used to monitor the file delivery.

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2.5 Error Handling

N/A

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2.6 Assumptions

- It is expected that Carriers will fix the errors identified on the Carrier Sub-Capitation Payments Errors Response File and make necessary updates in their system in order to re-submit the records in the format of the Carrier Sub-Capitation Payments Interface file (ICD_PRMMIS_MGD_0010_INBOUND_CARRIER_SUB_CAPITATION_PMTS) with appropriate fixes to be processed in the PRMMIS.



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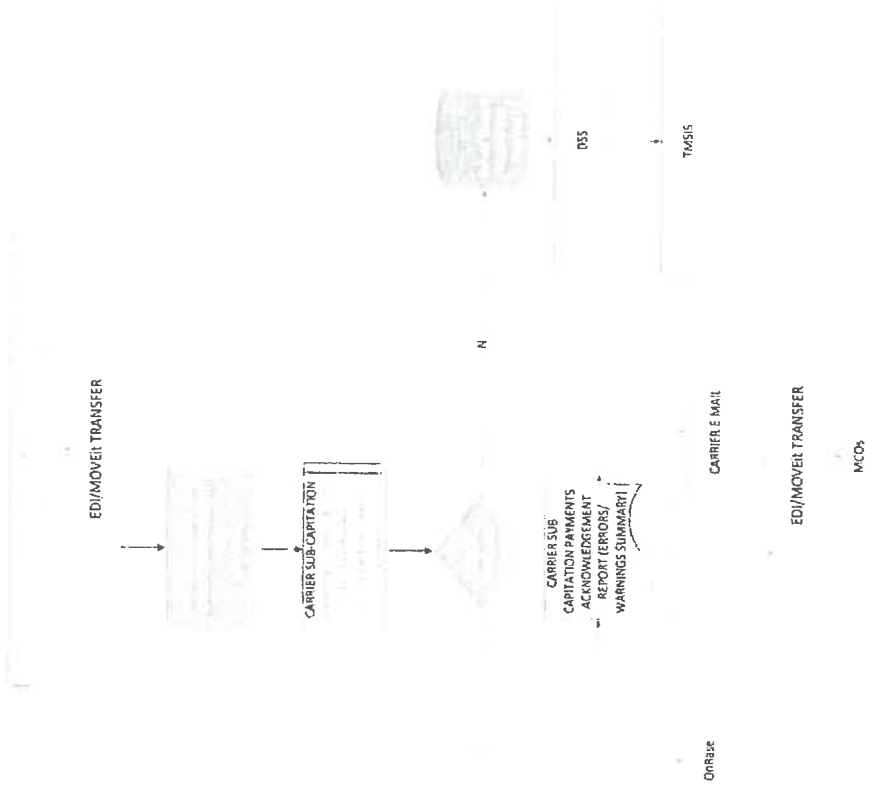
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3 Process Flow

Figure 1 – Sub-Capitation Payments Verification Process Flow

CARRIER SUB-CAPITATION PAYMENTS PROCESS



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4 Detailed Specifications

The file naming standard is MGD_SUBCAP_PYMT_CCYYMM_CARRIERID_ERR_RESP_CCYYMMDD_HHMMSS.dat where "MGD_SUBCAP_PYMT_CCYYMM" is the file prefix and the Sub-Capitation Month and Year (capitation date field of the file layout), "CARRIERID" is the nine-digit Medicaid ID (assigned by PRMMIS) for the Carrier, "CCYYMMDD" is the file creation date, and "HHMMSS" is the file creation time.

Table 2- Detailed Specifications

| # | Field | Name | Description | Deliverable Data Format | Positions | Validation Rules |
|---|------------|---------------------|--|-------------------------|-----------|---|
| 1 | carrier_id | Carrier Medicaid ID | Note: This is the Medicaid ID assigned by PRMMIS for each carrier. | 9(9) | 1 - 9 | Required Must be nine (9) digits (numeric). |
| 2 | cap_id | Capitation ID | Capitation payment ID must be a unique ID within carrier. | X(20) | 10 - 29 | Required Must be left justified, blank filled to the right Must be a unique ID within Carrier |
| 3 | cap_type | Capitation Type | Capitation type code defined as: "01"= Admin "02"= Dental "03"= DME | 99 | 30 - 31 | Required Must be two (2) digits (numeric). Must be a valid code. |
| 4 | cap_date | Capitation Date | Date capitation paid. | YYYYMMDD | 32 - 39 | Required Must be valid date. |
| 5 | expr_date | Experience Date | Experience date of capitation payment. This is the date for which the capitation payment applies. | YYYYMMDD | 40 - 47 | Required Must be valid date. |
| 6 | prov | Provider ID | Must be the NPI, or if none exists, may be the Tax Id of the provider to which the capitation payment is made. | X(20) | 48 - 67 | Not Required |

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| | | | | | | |
|----|-------------------|-------------------|---|-------|-----------|---|
| 7 | pcp_npi | Provider NPI | National Provider Identifier (NPI) of the provider to which the capitation payment is made. | X(10) | 68 - 77 | Not Required |
| 8 | ipa | IPA ID | Carrier assigned ID of IPA/HCO. This must be filled when IPA/HCO is involved (Must always be filled for Plan Type "01" by MCOs/TPAs). | X(10) | 78 - 87 | Not Required Required If Carrier ID corresponds to Plan Type "01" Must be a valid IPA Code for the Carrier and found in the IPA file. Left justified, blank field to the right |
| 9 | region_code | Region | Region of member Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL "X" = All Regions "O" = Outside Puerto Rico | X | 88 - 88 | Required Must be valid region code. |
| 10 | municipality_code | Municipality | Municipality of residence of member. | X(4) | 89 - 92 | Required Must be valid region code. |
| 11 | member_ssn | Member SSN | Social Security Number of member | 9(9) | 93 - 101 | Not Required Must be 9 digits (numeric) Right justified, zero filled |
| 12 | household_id | ASES Household ID | Household ID As supplied in ASES Eligibility data | X(11) | 102 - 112 | Not Required ASES / ODSI Household ID. Alphanumeric full 11 characters. For government employee use SSN Main Holder. |

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| | | | | | | | |
|----|---------------|-------------------------|--|----------|-----------|---|--|
| 13 | member_suffix | Member Suffix | Identifies the beneficiary within the family group. For non-governmental employees - Must be the two digit member suffix as supplied in ASES Eligibility data. For governmental employees - Must be one of the following: 01 = Principal - (Main Holder) 02 = Spouse - Direct 03 = Spouse - Joint (Mancomunado) 04 = Children - Direct 05 = Optional - Direct (parents) 06 = Substantial 07 = Co-Habitant 08 = Co-Habitant - Joint | 99 | 113 - 114 | Not Required Must be 2 digits (numeric). | Must be left justified, blank filled to the right. |
| 14 | cap_amt | Capitation Amount | Capitation amount paid to provider MAY BE NEGATIVE The cap_amount field should represent a calculation which includes the earned capitation for the period for each member. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves should not be included in the calculation | S9(7)y99 | 115 - 124 | Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank | |
| 15 | gross_cap_amt | Gross Capitation Amount | Gross Capitation amount paid to provider per MPI for all risk types. MAY BE NEGATIVE The gross_cap_amount field should represent a calculation that includes the earned capitation for the period for each member (not the group average). | S9(7)y99 | 125 - 134 | Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank | |
| 16 | net_cap_amt | Net Capitation Amount | Net Capitation amount paid to provider per MPI for all risk types. | S9(7)y99 | 135 - 144 | Required | |

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| | | | | | | |
|----|-----------|------------------------|---|---|------------------|--|
| 17 | risk_type | MPI Risk Type | <p>MAY BE NEGATIVE</p> <p>The net_cap_amount field should represent a calculation which includes the earned capitation for the period for each member (gross_cap_amount) less claims paid amounts, if any, chargeable against the provider risk. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves should not be included in the calculation.</p> | <p>X(3)</p> | <p>145 - 147</p> | <p>Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank.</p> |
| 18 | tier | Member capitation tier | <p>Distinguishes for this service whether risk belongs to PCP/(Group) or carrier. If cost should be charged to PCP/(Group) then value = "PCP" If the risk is shared, then the value = "SHR" Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR".</p> | <p>X(4)</p> | <p>148 - 151</p> | <p>Required Must be filled Must be "PCP", "SHR" or "CAR" For PBM the only value should be "UNK"</p> |
| | | | <p>Member capitation tier 0001 Medicare A&B Male 0002 Medicare A Male 0006 Medicare A&B Female 0007 Medicare A Female 0008 0-11 Months 0009 12-23 Months 0010 24 Months - 10 Years 0011 11 - 18 Years 0024 19 - 35 Female 0025 19 - 35 Male 0026 36 - 54 Female 0027 36 - 54 Male 0028 55 - 64 Female 0029 55 - 64 Male</p> | <p>ADMINISTRACION DE SEGUROS DE SALUD 23 - 00045H Contrato Número</p> | | |

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| | | | | | | | |
|----|--------------|--------------------------------------|------------------------------------|--|----------|-----------|--|
| 19 | days | Capitation Days | 0031 65 + Female 0032 65 + Male | Number of days included in capitation amount. | S99 | 152 - 154 | Required Must be a number 3 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 2 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 20 | mem_percent | Capitation percentage | | Percentage (days / month days) | S999 | 155 - 158 | Not Required Must be a number 4 byte field Signed, may be negative only for adjustments or reversals Sign must appear in leftmost byte, other 3 bytes must be numeric If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 21 | extract_date | Extract Date | | Date on which record is originally extracted from Carrier's system to create the Capitation Input File. | YYYYMMDD | 159 - 166 | Required Must be a valid date Must be later or equal to any other date field on record. |
| 22 | mpi | Member MPI Number or Contract Number | | Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee this will be the contract number | X(13) | 167 - 179 | Required Must be a valid MPI number For government employee only, contract number |

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| | | | | | | |
|----|---------------------------------------|---------------------------------------|---|----------|-----------|---|
| 23 | Federal_Tax_ID | Federal Tax ID (SSN or EIN) | The federal identification number of the provider to which the capitation payment is made. If the provider does not have a federal identification number, enter '999999999' in this column. SSN for individuals, EIN for entities | X(20) | 180 - 199 | Must be left justified, blank filled to the right. |
| 24 | Pay to Provider Medicaid ID | Pay to Provider Medicaid ID | Record Length = 199 This is the Medicaid ID assigned by the PRMMIS for PEP enrolled Provider. The groups that can receive payments, but also the specialist can receive payments and are considered also like PMG. | 9(9) | 200 - 208 | Not Required Left justified, blank filled to the right Must be 9 digits in significant positions |
| 25 | PCP Medicaid ID | PCP Medicaid ID | This is the Medicaid ID assigned by the PRMMIS for PEP enrolled Provider. | 9(9) | 209 - 217 | Not Required |
| 26 | Sub-Capitation Date Payment Begin | Sub-Capitation Date Payment Begin | Note: This is the first date that the Sub-Capitation payment covers during the Sub-Capitation Month. | CCYYMMDD | 218 - 225 | Required |
| 27 | Sub-Capitation Date Payment End | Sub-Capitation Date Payment End | Note: This is the last date that the Sub-Capitation payment covers during the Sub-Capitation Month. | CCYYMMDD | 226 - 233 | Required |
| 28 | Sub-Capitation Interest amount | Sub-Capitation Interest amount | Note: Represent the interest applied when payments of the Carriers to Providers are made in the form of a Sub-Capitation payment are issued later than the fifteenth (15th) Calendar Day of the month. | S9(7)v99 | 234 - 243 | Required If the Sub-Capitation Interest amount did not applicable provide 0.00. |
| 29 | Sub-Capitation Fee for Service amount | Sub-Capitation Fee for Service amount | Note: When a FFS claim was paid to the provider (FQHC) and must be subtracted from future sub-capitation, this is the amount of FFS that is being withheld | S9(7)v99 | 244 - 253 | Required If the Sub-Capitation Fee for Service amount is not applicable provide 0.00. |

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| | | | | | |
|----|--|---|----------|-----------|----------|
| 30 | Sub-Capitation Financial Date Payment Issue | Note: This is the date that Carrier Financial System issued/processed the payment. | CCYYMMDD | 254 - 261 | Required |
| 31 | Sub-Capitation Reason Code | Note: This is the code for the reason sub-capitation is being made. Valid values: <ul style="list-style-type: none"> • "PN" - Payment - Normal • "PR" - Payment - Retro • "RL" - Adjustment Recoupment (Negative). • "PW" - Payment - Rate Change Mass Adjustment • "RW" - Recoupment - Rate Change Mass Adjustment • "PC" - Payment - Court Settlement • "RC" - Recoupment - Court Settlement | X(2) | 262 - 263 | Required |
| 32 | Carrier Record Identifier Original Transaction | Note: This is the carrier unique system identifier for the record that was recoup. Only for Recoupments: <ul style="list-style-type: none"> • "RL" - Adjustment Recoupment (Negative). • "RW" - Recoupment - Rate Change Mass Adjustment • "RC" - Recoupment - Court Settlement | X(20) | 264 - 283 | Required |
| 33 | Record Status | Note: This is the status of the record processed by PRMMIS. "W" - Warning "R" - Rejected with an Error Code. | X | 284 - 284 | Required |

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| | | | | | | |
|----|--------|----------------------|---|--------|-----------|---------------------------|
| 34 | | Record Error Codes | Note: These are Error/Warning Codes separated by forward slash (/). Ex. 0100/0200/0300 | X(100) | 285 - 384 | Required |
| 35 | Filler | End of Record Filler | Fixed filler with "*" | X | 385 - 385 | Required Must be = "*" |
| | | | Record Length = 385 | | | |



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5 Response Report

5.1 Carrier Sub-Capitation Payments Acknowledgment Report

The Carrier Sub-Capitation Payments Acknowledgment Report will be generated and provided to the Carriers through SFTP server to report the file received date, file name, sub-capitation transaction date, number of records received, number of records processed successfully (uploaded into PRIMMIS database) and number of records that failed processing. The report will also contain the Summary of Errors and the Summary of Warning messages.

5.1.1 MGD-0900 Carrier Provider Payments Acknowledgment Report Layout.



MGD-0900-M_ver1.3.
xlsx



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6 Code Table Values

Table 3 – Carrier Medicaid IDs

| Legacy Carrier ID | PRMIS Carrier Medicaid ID | Carrier Type | Name |
|-------------------|---------------------------|--------------|---------------------------------|
| 09 | 000001900 | MCO | FIRST MEDICAL HEALTH PLAN, INC. |
| 10 | 000002000 | MCO | MMM MULTI HEALTH, LLC |
| 12 | 000002200 | MCO | PLAN DE SALUD MENONITA |
| 13 | 000002400 | MCO | TRIPLE-S SALUD, INC. |

Table 4 - Sub-Capitation Reason Codes

| Sub-Capitation Reason Code | Description | Definition |
|----------------------------|--|---|
| PN | Normal Payment | The Payment made to the Provider per Member per Month (PMPM) for the Current Sub-Capitation month. |
| PR | Retroactive Payment | The Payment made to the Provider per Member per Month (PMPM) for periods prior to the current Sub-Capitation month. |
| RL | Adjustment Recoupment (Negative) | The Recoupment Payment of the per Member per Month (PMPM) for periods prior to the current Sub-Capitation month. |
| PW | Payment - Rate Change Mass Adjustment | The Payment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to rate changes prior to the current Sub-Capitation month. |
| RW | Recoupment - Rate Change Mass Adjustment | The Recoupment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to rate changes prior to the current Sub-Capitation month. |
| PC | Payment - Court Settlement | The Payment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to court settlement prior to the current Sub-Capitation month. |

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| | | |
|----|-------------------------------|--|
| RC | Recoupment - Court Settlement | The Recoupment made to the Provider per Member per Month (PMPM) for periods that were mass adjust due to court settlement prior to the current Sub-Capitation month. |
|----|-------------------------------|--|

Table 5 -- Funding Source Indicator


| Sub-Capitation Type | Description |
|---------------------|--------------------------------------|
| 01 | Admin |
| 02 | Dental |
| 03 | DME |
| 04 | Emergency Room |
| 05 | Extended Hours |
| 06 | Glasses and Contact Lenses |
| 07 | Home Health |
| 08 | Hospital |
| 09 | Lab/Medical Imaging |
| 10 | Medical Transportation |
| 11 | Mental Health |
| 12 | Mental Health Facility |
| 13 | Occupational/Physical/Speech Therapy |
| 14 | On Call Services |
| 15 | Pharmacy |
| 16 | Preventative |
| 17 | Primary Care Physician |

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| | |
|----|---|
| 18 | Primary Medical Group |
| 19 | Prosthetics and Orthotics |
| 20 | RAF |
| 21 | Specialist |
| 22 | Other |
| 1 | Medicaid Federal |
| 2 | Medicaid CHIP |
| 3 | Medicaid Commonwealth |
| 4 | Medicaid D-SNP (wraparound) - MAOs Medicaid Portion |

Table 6 - Region Codes

| Region Code | Description |
|-------------|-------------|
| A | North |
| B | Metro-North |
| E | East |
| F | North-East |
| G | South-East |
| Z | West |
| J | San Juan |
| S | South-West |

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7 Error/Warning Codes Table Values

Table 7 – Error Codes

| Error Code | Description |
|------------|---|
| 3000 | File rejected. An empty file was received. |
| 3010 | File rejected. Incorrect file length. |
| 3020 | File rejected. The records did not correspond to the File name Capitation Month and year. |
| 3030 | File rejected. The records did not correspond to the same Capitation Date. |
| 3130 | Carrier Medicaid ID. Not a number or is Bad Format. |
| 3131 | Carrier Medicaid ID. Not found on PRMMIS. |
| 3140 | PMG Medicaid ID. Not a number or is Bad Format. |
| 3141 | PMG Medicaid ID. Not found on PRMMIS. |
| 3170 | Member MPI Number. Not a number or is Bad Format. |
| 3171 | Member MPI Number. Not Found on PRMMIS. |
| 3200 | Capitation ID. Missing or Invalid. |
| 3210 | Capitation Type. Missing or Invalid. |
| 3211 | Capitation Type. Not found on PRMMIS. |

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| | |
|------|--|
| 3230 | Capitation Date. Not a number or Invalid Date. |
| 3240 | Experience Date. Not a number or Invalid Date |
| 3250 | Sub-Capitation Date Payment Begin. Not a number or Invalid Date. |
| 3260 | Sub-Capitation Date Payment End. Not a number or Invalid Date. |
| 3280 | Capitation Days. or is Bad Format. |
| 3281 | Capitation Days. Cannot be Zero. |
| 3300 | Capitation Amount. Not a number or is Bad Format. |
| 3301 | Capitation Amount. Cannot be Zero. |
| 3310 | Gross Capitation Amount. Not a number or is Bad Format. |
| 3311 | Gross Capitation Amount. Cannot be Zero. |
| 3320 | Net Capitation Amount. Not a number or is Bad Format. |
| 3321 | Net Capitation Amount. Cannot be Zero. |
| 3400 | Sub-Capitation Reason Code. Invalid or is Bad Format. |
| 3401 | Sub-Capitation Reason Code. Not Found on PRMMIS. |

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| | |
|------|---|
| 3410 | Carrier Record Identifier Original Transaction. Missing for a recoupment. |
| 3450 | Duplicate Transaction previously processed on PRMMIS. |

Table 8 - Warnings Codes

| Warning Code | Description |
|--------------|--|
| 3500 | Region. Invalid or is Bad Format. |
| 3501 | Region. Not Found on PRMMIS. |
| 3520 | Municipality. Invalid or is Bad Format. |
| 3521 | Municipality. Not Found on PRMMIS. |
| 3540 | Financial Date Payment Issue. Invalid or is Bad Format. |
| 3541 | Financial Date Payment Issue. Cannot be Zero. |
| 3600 | Carrier Medicaid ID. Carrier not Eligible for the Sub-Capitation Period. |
| 3630 | PMG Medicaid ID. PMG not Eligible for the Sub-Capitation Period. |
| 3640 | Member Medicaid ID. Member not Eligible for the Sub-Capitation Period. |
| 3641 | Member Medicaid ID. Member not Enrolled/Assigned to the Carrier. |

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| | |
|------|--|
| 3642 | Member Medicaid ID. Member not Enrolled/Assigned to the PMG. |
| 3680 | Adjustment with missing Adjusted Carrier Record Identifier for the Original Transaction. |
| 3700 | MPI Risk Type. Invalid or is Bad Format. |
| 3701 | MPI Risk Type. Not found on PRMMIS. |
| 3720 | Member Capitation tier. Invalid or is Bad Format. |
| 3721 | Member Capitation tier. Not found on PRMMIS. |
| 3730 | Extract Date. Not a number or Invalid Date. |
| 3731 | Extract Date. Cannot be Zero. |
| 3740 | Sub-Capitation Interest amount. Invalid or is Bad Format. |
| 3741 | Sub-Capitation Interest amount. Equal Zero, Sub-Capitation Financial Date Payment Issue is after the 15 th of the Capitation Date. |
| 3745 | Sub-Capitation Fee for Service amount. Invalid or is Bad Format. |
| 3750 | PCP Medicaid ID. Not a number or is Bad Format. |
| 3751 | PCP Medicaid ID. Not found on PRMMIS. |
| 3800 | Sub-Capitation Reason Code. The payment reason code did not correspond with the expected positive Capitation Amount, the Gross Capitation Amount, the Net Capitation Amount. |

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| | |
|------|---|
| 3801 | Sub-Capitation Reason Code. The recoupment reason code did not correspond with the expected negative Capitation Amount, the Gross Capitation Amount, the Net Capitation Amount. |
| 3860 | Experience Date greater than the Capitation Date. |
| 3861 | Sub-Capitation Date Payment Begin and End not within the Experience Date Month and Year. |
| 3862 | Sub-Capitation Date Payment Begin and End not within the same month and Year. |

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 00045#

Contrato Número