

ADDENDUM 4

MCO's Objection To Payments

me

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00044G

Contrato Número

PPS.

RFJ



Government of Puerto Rico
Puerto Rico Health Insurance Administration



Objection To Payment (OTP) Interface

File Layout

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Contrato Número

Version 1.4
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GOVERNMENT OF PUERTO RICO

Objection To Payment (OTP) Interface / Version 1.3.0_20230101
ASSES to MCO File Layouts

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Objection To Payment (OTP) Interface / Version 1.3.0_20230101
ASES to MCO File Layouts

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

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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

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File Content

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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	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	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 v3.4

Field Category	Field Code	Description	Position	Qty	Data Type	Validation Rules	Source Reference	E20 Field Reference	E34 Field Reference
Incurred Postfix	1	Member's coverage month for the payment transaction being subject to an objection of payment.	4	8	YYYYMM01	Required	OBJECTION / B20	Coverage Period - DTW01	
	2	Start Date within the coverage month. This is for subperiods within a month, otherwise use first day of the month.	5	8	YYYYMM00	Required	OBJECTION / B20	Coverage Period - DTW06	
	3	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 / B20	Coverage Period - DTW06	
Eligibility and Enrollment Info	4	Master Patient Index (Medical Member ID)	25	11	X(11)	Required	B34/EXP		Subscriber Identifier - REF02
	5	Medical Application Number	36	30	X(30)	If Applicable	EXP		
	6	Eligibility Start Date for the Incurred Period in the Health Plan	46	8	YYYYMM00	Required	B34/EXP		Member Level Dates - DTW03
	7	Carrier's Trading Partner ID supplied by HRIMMIS	54	6	X(6)	Required	B34/EXP		Transaction Set Policy Number - REF02
	8	Carrier Effective Date	60	8	YYYYMM00	Required	B34/EXP		Health Coverage Dates - DTW03
	9	Coverage Code	68	3	X(3)	Required	B34/EXP		Health Coverage - HD04
	10	Date of Birth	71	8	YYYYMMDD	Required	B34/EXP		Member Demographics - DM02
	11	Gender Code	79	1	X(1)	Required	B34/EXP		Member Demographics - DM02
	12	Group Identi	80	3	X(3)	Required	B34/EXP		Health Coverage - HD04
	12.1	Group Code	81	3	X(3)	Required	B34/EXP		Health Coverage - HD04
Medicare Part Code/Dual Member	13	Medicare Part Code/Dual Member	86	1	X(1)	Required	B34/EXP		Member Level Detail - INS06-2

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Enrollment Reference Fields	14. Enrollment Notification	87	50	X(50)	Required if payment is expected	834/EXP	File name
	14.1 Enrollment Notification				Function for the Outbound Benefit Enrollment and Maintenance (834) 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 file name for the Outbound 834 file with the notification of the assignment for this member.		
	14.2 Confirmation By Carrier	187	50	X(50)	Carrier Eligibility File Status (LERP) 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.	834/SUS	File name
	14.3 Enrollment Acceptance	187	3	X(3)	Function for the Inbound Benefit Enrollment and Maintenance (834) file where the enrollment is confirmed by the carrier.	834/EXP	File name
	15.1 HCHN Category	188	20	X(20)	Indicate if the subscription process is accepted by PRIMIS or ASES using: Y: YES N: NO		Health Coverage - HD04
	16.1 HCHN Notification	208	30	X(30)	Encounter Confirmation File Name (SUS)		
CLAIM reference fields	17.1 Encounter Carrier Id	258	2	X(2)	File Name for the Report B - High Cost High Need (HCHN) which the notifications for this category are sent	CLM	
	18.1 Encounter Claim Id	260	30	X(30)	Carrier Reporting the Encounter. This is the Carrier reported on the CLM file	CLM	
	19.1 Encounter Service Date	270	8	YYYYMMDD	Encounter Identifier. This is the Claim Id reported on the CLM file	CLM	
Premium Payment (820)	20.1 Encounter Notification	278	30	X(30)	Encounter Service Date. This is the From Date associated to the Claim Id reported in the CLM File	CLM	
	21.1 Payment Process Date	308	8	YYYYMMDD	CLM File Name containing the Encounter that sustains the adjudication of the HCHN rate code?	820	Process Date - DTMMYY
	22.1 Rate Call	318	3	X(3)	Payment Process Date (Billing Date)	820	Reference Information - REF02 - Rate Call Code
	22.2 Risk Score	319	8	X(8)	Received Rate Call	820	Reference Information - REF03 - Risk Score Factor

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Objection and Expected Fields	Premium Amount	Received Premium Amount	327	7	59/5/1999	Required if a Payment was received	830	Individual Premiums Mantienen Delet - PIMRPA
23.1 Premium Amount			327	7	59/5/1999		830	
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		PT=Premium Payment (Capital Payment) MOP=Maternity Delivery Risk Payment IN=Increased IC=Rate Cell	364	4	X(4)	Required	OBJECTION	
26.1 Expected Rate Cell		Expected Rate Cell	368	3	X(3)	Required	OBJECTION	
27.1 Expected Risk Score		Expected Risk Score	371	8	X(8)	Required	OBJECTION	
28.1 Expected Premium Amount		Expected Premium Amount	379	7	59/5/1999	Required	OBJECTION	
29.1 Comments		Additional Comments explaining the objection of Payment.	386	200	X(200)	Required	OBJECTION	
30. End of Record		End of Record filler	585	1				

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