ADDENDUM 7

Transition of Care

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	NPI	Member NPI	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_Mg_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	situations
30	Intervention	Interventions (ongoing and Pending)	1420 1910	500	Varchar	R	include one or more interventions

ADMINISTRACION DE
SEGUROS DE SALUD.

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Contrato Número

Conditions Table

Code	Code Description
HIV	HIV CATASTROPHIC DIAGNOSIS
NEPH	NEPHROLOGY - ESRD V
OBGY	OBGYN DIAGNOSIS
ONCO	ONCOLOGY CATASTROPHIC DIAGNOSIS
TRAN	ORGAN TRANSPLANT
PNEP	CHRONIC RENAL DISEASE III & IV
GANAE	APLASTIC ANEMIA
ARRE	REHUMATOID ARTHRITIS
AUTI?	AUTISM
SCLE	SCLERODERM
NSCL	SCLEROSIS MULTIPLE
CYFI	CYSTIC FIBROSIS
HEMO	HEMOFILIA
LEPR	LEPRA
LUPU	LUPUS
TUBE	TUBERCULOSIS
CSN	CHILDREN WITH SPECIAL NERDS
ADHD	ADHD Diagnosis
CMH	Chronic Mental Health Patient
SBUP	Buprenorphine Patient
DIAB	Diabetes Type 1
MOB	Morbid Obesity
PKU	Phenylketonuria (PKU)
PH	Pulmonary Hypertension
PCC	Palliative Care in Cancer (PCC)
ZIKA	Children in ZIKA care & following

ADMINISTRACION DB
SEGUROS DE SALUD,

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Contrato Número:

Attachment IV - Place of Service Codes

CODE	Name	Description
		Codes included in this table are designed for use in settings other than 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 examination, 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 care 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; and • 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, 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.
82-88	Unassigned	N/A
99	Other Place of Service	Other service facilities not specified above

ADMINISTRACION DE SEGUROS DE SALUD

23 - 00044

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	15	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	type	282	2	Varchar	R	
17	Servicing_Name	Servicing provider Name	284	30	Varchar	R	
18	Servicing_Phone	Servicing provider phone	314	10	Numeric	R	
19	Diag_code1	Diagnostic Code	324	8	Varchar	R	ICD 10
20	Diag_code2	Diagnostic Code	332	8	Varchar	R	ICD 10
21	Diag_code3	Diagnostic Code	340	8	Varchar	R	ICD 10
22	Diag_code4	Diagnostic Code	348	8	Varchar	R	ICD 10
23	Diag_code5	Diagnostic 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

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ADMINISTRACION DE
SEGUROS DE SALUD /

23 - 0 0 0 4 4 G

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	11	Numeric	R	
3	Last Name1	Member Last Name	15	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	Admission 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, MH=Mental Partial, SN=skill nursing facility
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

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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

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

Item Num	Record Fields	Description	Source Carrier Code	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	O	
22	Req_Phone	Requesting provider phone number		374	10	Numeric	R	9999999999
23	Service_Pla_Tran	Services in place to be transitioned		384	10	Varchar	R	
24	Service_Code1	Service codes		394	10	Varchar	R	
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	Request_date	Authorization request date		444	8	Varchar	R	YYYYMMDD
30	Approved_date	Approved date		452	8	Numeric	R	YYYYMMDD
31	Place_of_Service	Place of Service		460	10	Numeric	R	See Place of Service TAG (Source Milliman 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	O	ICD 10
			516				

ADMINISTRACION DE
SEGUROS DE SALUD .

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Contrato Número

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	O	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	N apply
23	OB_Name	OBGYN Physician Name	402	90	Varchar	R	
24	OB_Phone	OBGYN phone number	492	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	Estimated 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 interventions

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Transition of Care File
PA Denied layout

This file is received by ASES from the insurance companies and on a monthly basis. It compares 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	Ader1	Member Address1	116	45	varchar	R	
10	Ader2	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 Speciality Type	282	2	Numeric	R	
17	Req_Name	Requesting provider Name	284	90	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				

ADMINISTRACION DE
SEGUROS DE SALUD /

23 - 0 0 0 4 4 G

Contrato Número

Transmittal 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	Ran	Data Type	Required (y)/(n)	Notes
1	Carrier_Source	Source Carrier Code	5	2	Numeric	R	Carrier Code Given by ASES
2	NPI	Member NPI	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	Member 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	20	Numeric	N	99999999999
15	PCP_Name	PCP Name	272	10	Varchar	R	
16	PCP_NPI	PCP NPI	302	10	Numeric	R	
17	Servicing_NPI	Servicing Provider NPI	312	50	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 Specialty 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	50	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 diagnosis
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 (5)	468	6	Varchar	R	CPT, No decimal period
33	Service_code2	Service code/Procedure (5)	474	6	varchar	R	CPT, No decimal period
34	Service_code3	Service code/Procedure (5)	480	6	varchar	R	CPT, No decimal period
35	Service_code4	Service code/Procedure (5)	486	6	Varchar	O	CPT, No decimal period
36	Service_code5	Service code/Procedure (5)	492	6	varchar	R	CPT, No decimal period
37	Hospice	Hospice	498	1	Varchar	R	Y=Yes, N=No
38	Authorization_number	For reference only	499	15	Varchar	R	
39	Serv_Start_Date	Service start date	514	8	Numeric	R	YYYYMMDD
40	Serv_End_Date	Service end date	530	*	Numeric	R	YYYYMMDD (for open period use 20990101)

Transition of Care File
Serious Mental Illness Patients (SMI)

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

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
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 Interventions

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Transition of Care File
Special Coverage Layout

This file is received by ASES from the managed caregivers 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	NPI	Member NPI	3	13	Numeric	R	
3	Last_Name1	Member Last Name	16	30	Varchar	O	
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	Member 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	Adr2	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	H	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	H	ICD 10
27	Diag_Code5	Diagnostic Code	386	8	Varchar	R	ICD 10
28	Problem	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 interventions
			1394				

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Contrato Número

ASES/ES
ASES ENTERPRISE SYSTEMS

GOVERNMENT OF PUERTO RICO
PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ASES

Health Insurance Plans for the Medicaid Assistance Program

Carrier Change Interface (Actuary)

Interface Control Document

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

Version 1.0
01/07/2023

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General Information

This document describes the Layout for the Files that ASES sends to the Actuary for the carrier changes of the beneficiaries of the medical assistance program that are assigned to the Health Insurance Plans contracted by ASES for Plan Vital and Medicare Platino.

Process where the file of the beneficiaries who changed their MCO, is sent to the Actuary, to collect the history of the use of claims and meeting of the beneficiary for the Plan Vital and Medicare Platino on the 20th of each month.

The Actuary generales files with the information required for the transition of care of the beneficiaries.

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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Change History

Version	Release	Author	Description of Change
0.1	07/01/2022	ASES CORE team	Initial Document

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File Layout

File Naming Convention

File Name	Part	Meaning
	CC	Carrier code
	MRC	Static text for interface identifier
	YY	Billing date year
	MM	Billing date month
	REGISTRY	Static text for interface component identifier
	SS	Version Sequence

MCO_MRCYYMM_REGISTRY_SS.csv

**ADMINISTRACION DE
SEGUROS DE SALUD**

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File Content

This file is exported using CSV format.

Id	Field	Data Format	Description
1	Person Id	char(11)	Medicaid Id
2	Region Code	char(1)	Managed Care Region
3	Carrier	char(2)	Carrier currently assigned to the member
4	New Carrier	char(2)	Carrier assigned to the member for the next month

ADMINISTRACION DE SEGUROS DE SALUD

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To New Carrier Historical Utilization

Column Name	Data Type
claim_id	varchar(100)
sv_line	int
form_type	char(1)
Sv_stat	char(1)
ADM_date	date
dis_date	date
from_date	date
to_date	date
MPI	varchar(200)
relation	varchar(20)
[Carrier Id]	varchar(100)
Region	varchar(100)
Municipality	varchar(100)
[Medicare Stat]	varchar(100)
[Medicaid Stat]	varchar(100)
[Plan Type]	varchar(100)
[Plan Version]	varchar(100)
[Enc Type]	varchar(100)
[Risk Type]	varchar(100)
[Primary Center]	varchar(100)
claim_rec_date	date
claim_entry_date	date
paid_date	date
MS_DRG	char(4)
ICD_DIAG_ADMIT	varchar(7)
ICD_DIAG_01	varchar(7)
ICD_DIAG_02	varchar(7)
ICD_DIAG_03	varchar(7)
ICD_DIAG_04	varchar(7)
ICD_DIAG_05	varchar(7)
ICD_DIAG_06	varchar(7)
ICD_DIAG_07	varchar(7)
ICD_DIAG_08	varchar(7)
ICD_DIAG_09	varchar(7)
ICD_DIAG_10	varchar(7)
ICD_PROC_01	varchar(10)
ICD_PROC_02	varchar(10)
ICD_PROC_03	varchar(10)
ICD_PROC_04	varchar(10)
ICD_PROC_05	varchar(10)
ICD_PROC_06	varchar(10)
ATT_PROV	varchar(100)
ATT_IPA	varchar(100)
BILL_PROV	varchar(100)
POS	char(2)

PROC_CODE	varchar(10)
CPT_MOD_1	char(2)
CPT_MOD_2	char(2)
REV_CODE	varchar(4)
NDC	varchar(11)
RX_DAYS_SUPPLY	smallint
RX_QTY_DISPENSED	numeric(10, 2)
RX_INGR_COST	numeric(18, 2)
RX_DISP_FEE	numeric(18, 2)
RX_DISCOUNT	numeric(18, 2)
RX_DAW	char(1)
RX_FILL_SRC	char(1)
RX_REFILLS	smallint
RX_PAR	char(1)
AMT_BILLED	numeric(18, 2)
AMT_ALLOWED	numeric(18, 2)
AMT_PAID	numeric(18, 2)
AMT_DEDUCT	numeric(18, 2)
AMT_COINS	numeric(18, 2)
AMT_COPAY	numeric(18, 2)
AMT_COB	numeric(18, 2)
DIS_STAT	char(2)
CL_DATA_SRC	varchar(30)
[Primary Carrier ID]	varchar(2)
[Municipality 2]	varchar(20)
[Stop Loss Flag]	varchar(1)
[Applied Cost]	varchar(1)
[ASES Split Amount]	numeric(18, 2)
[CMS Split Amount]	numeric(18, 2)
[Rx Total Dispensed]	numeric(18, 2)
[Surface Code]	varchar(7)
[COB Code]	varchar(1)
[Claim DOB]	datetime
[Claim Gender]	varchar(1)
IPA	varchar(10)
[IPA Description]	varchar(80)
[IPA Address 1]	varchar(45)
[IPA Address 2]	varchar(45)
[IPA City]	varchar(45)
[IPA Country]	varchar(45)
[IPA State]	varchar(45)
[IPA ZIP]	varchar(45)
[Federal Tax ID]	varchar(20)
[Family ID]	varchar(11)
[PCP Provider]	varchar(20)
[Type Plan]	varchar(2)
[Main SSN]	varchar(9)

Subscriber	varchar(20)
SSN	varchar(9)
[Tooth Code]	varchar(3)
[EDI Source]	varchar(12)
[ASES Source Form Type]	varchar(50)
[MILLIMAN Form Type]	varchar(20)
[ASES Days Supply]	int
[FIPS Municipality]	varchar(5)
st_claim_id	bigint
claim_in_network	char(1)
ICD_10_OR_HIGHER	bit