

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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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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MANAGED CARE INBOUND 0010 CARRIER SUB-CAPITATION PAYMENTS

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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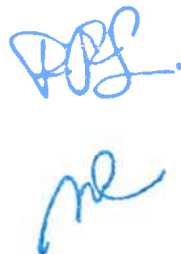
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1 Acronyms

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_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 number of Warning messages. This report will be uploaded to OnBase.

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_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_PRMMIS_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_PRMMIS_MGD_0010_INBOUND_CARRIER_SUB_CAPITATION_PMTS) with appropriate fixes to be processed in the PRMMIS.

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3 Process Flow

Figure 1 – Sub-Capitation Payments Verification Process Flow

CARRIER SUB-CAPITATION PAYMENTS PROCESS

EDI/MOVER TRANSFER

PAYMENTS VERIFICATION

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CARRIER SUB-CAPITATION PAYMENTS
ACKNOWLEDGEMENT
REPORT (ERRORS/
WARNINGS SUMMARY)

OnBase

CARRIER E-MAIL

EDI/MOVER TRANSFER

NCOS

OSIS

TMSSS

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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. Alphanumeric 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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			should not be included in the calculation			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 should be "UNK"

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18	tier	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 0031 65 + Female 0032 65 + Male	X(4)	148 - 151	Required
19	days	Capitation Days	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 negative

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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 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 be filled to the right Must be DE SALUD

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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 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	Required
25	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	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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32	Carrier Record Identifier Original Transaction	Valid values: "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(20)	264 - 283	Required	
33	End of Record Filler	Note: This is the carrier unique system identifier for the record that was recoup. Only for Recoupments: "RL" - Adjustment Recoupment (Negative). "RW" - Recoupment - Rate Change Mass Adjustment "RC" - Recoupment - Court Settlement	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 PRMIS 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.



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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.
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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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Phase III

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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.

2.5 Error Handling

N/A

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2.6 Assumptions

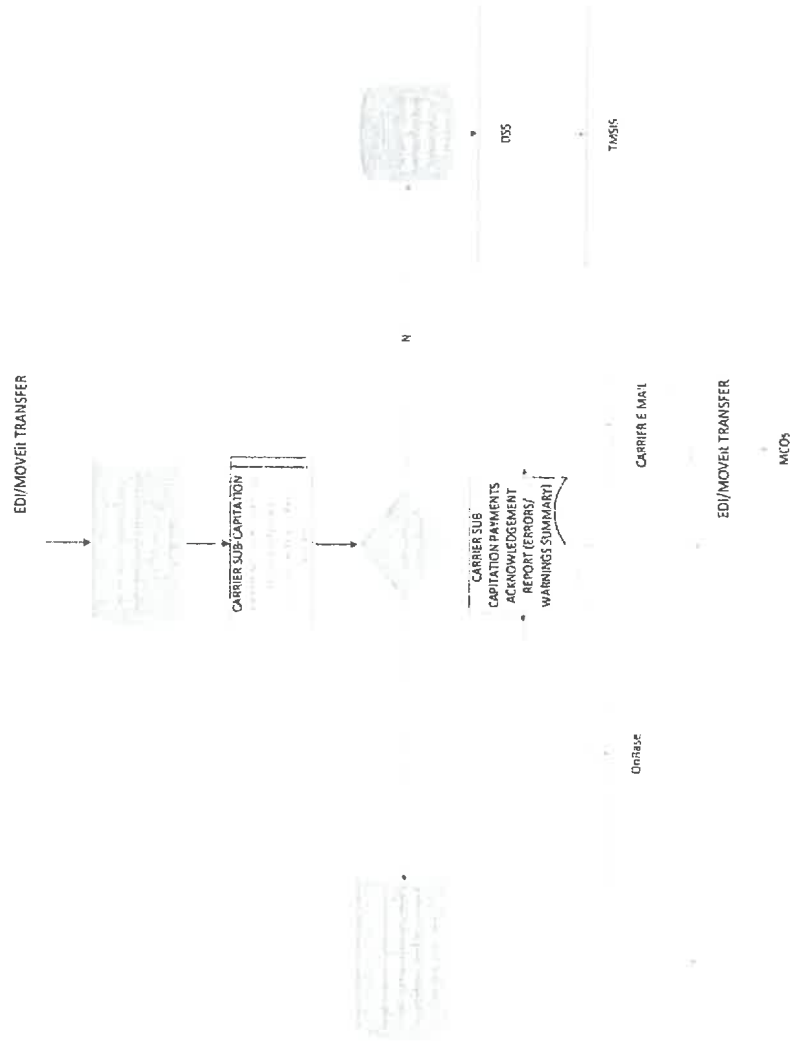
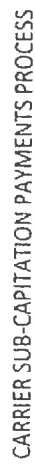
- It is expected that Carriers will fix the errors identified on the Carrier Sub-Capitation Payments Errors Response File and make necessary updates in their system in order to re-submit the records in the format of the Carrier Sub-Capitation Payments Interface file (ICD_PRMMIS_MGD_0010_INBOUND_CARRIER_SUB_CAPITATION_PMTS)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

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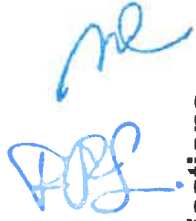
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Figure 1 – Sub-Capitation Payments Verification Process Flow

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MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

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)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 "-", 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.	S9(7)v99	135 - 144	Required	

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			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.			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" 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(3)	145 - 147	Required Must be filled Must be "PCP", "SHR" or "CAR" For PBM the only value should be "UNK"
18	tier	Member capitation tier	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	X(4)	148 - 151	Required

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MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

			0031 65 + Female 0032 65 + Male			
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 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

MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

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	Not Required Left justified, blank filled to the right. Must be 9 digits in significant positions
24		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	Required
25		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	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 did 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.

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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: • "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: • "RL" - Adjustment Recoupment (Negative). • "RW" - Recoupment - Rate Change Mass Adjustment • "RC" - Recoupment - Court Settlement	X(20)	264 - 283	Required
		Record Length = 283			
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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MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

34	Record Error Codes	Note: These are Error/Waming Codes separated by forward slash ('/'). Ex. 0100/0200/0300	X(100)	285 - 384	Required
35	Filler	Fixed filler with "4"	X	385 - 385	Required Must be = "4"
		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 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.
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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	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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MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

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.

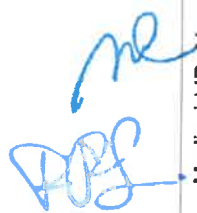
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MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

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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MANAGED CARE OUTBOUND 0011 CARRIER SUB-CAPITATION PAYMENTS RESPONSE

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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