

ADDENDUM 3

*.820 Premium Payment
Companion Guide
and
Prempay ADJ File Layout

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SEGUROS DE SALUD
23 - 000464

Contrato Número

PPS.



Puerto Rico Medicaid Enterprise - Health Insurance Plans **820 Payroll Deducted and Other Group Premium Payment for Insurance Products** Companion Guide

Instructions related to the ASC X12 Payroll Deducted and Other Group Premium Payment For Insurance Products (820) transaction, based on the 005010X218 Implementation Guide for the Issuers contracted by the the Puerto Rico Health Insurance Administration (ASES) Act No. 72, for the following Health Insurance Plans: Government Health Plan (GHP) known as *Plan Vital*, and Medicare Advantage Special Needs Plan (MA-SNP) known as *Medicare Platino*

Version 1.0.2
February 01, 2023

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23 - 000464

Contrato Número

1 Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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SEGUROS DE SALUD

23 - 000469

Contrato Número



2 Table of Contents

| | |
|---|----|
| 1 Preface | 2 |
| 2 Table of Contents | 3 |
| 3 Revision History | 5 |
| 4 Introduction | 6 |
| 4.1 Overview of HIPAA Legislation | 6 |
| 4.2 Compliance according to HIPAA | 6 |
| 4.3 Compliance according to ASC X12 | 6 |
| 4.4 Intended Use | 7 |
| 4.5 Updates | 7 |
| 4.6 Contacts | 7 |
| 4.7 Conventions | 7 |
| 5 Transaction 820 Payroll Deducted and Other Group Premium Payment for Insurance Products | 9 |
| 5.1 Control Segments | 9 |
| 5.1.1 Header | 9 |
| Interchange Control Header | 9 |
| Functional Header | 10 |
| 5.1.2 Trailer | 11 |
| Functional Group Trailer | 11 |
| Interchange Control Trailer | 11 |
| 5.2 Transaction Segments | 12 |
| 5.2.1 Header | 12 |
| 820 Header | 12 |
| Financial Information | 12 |
| Reassociation Trace Number | 13 |
| Premium Receiver Identification Key | 13 |
| Process Date | 13 |
| Premium Receiver's Name | 13 |
| Premium Payer's Name | 14 |
| 5.2.2 Detail | 15 |

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**ADMINISTRACION DE
SEGUROS DE SALUD**

23 - 000466

Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| | |
|--|----|
| Remittance Information | 15 |
| Individual Name | 15 |
| Individual Premium Remittance Detail | 15 |
| Reference Information | 16 |
| Individual Coverage Period | 17 |
| 6.2.3 Trailer | 18 |
| Transaction Set Trailer | 18 |
| 6 Appendixes | 19 |
| 6.1 Transaction Types | 19 |
| 6.2 Payment Categories | 19 |
| 6.3 Payment Reasons | 19 |
| 6.4 Rate Cell Codes | 20 |
| 6.4.1 Capitation Payment | 20 |
| 6.4.2 Capitation Payment - Medicaid Wraparound | 23 |
| 6.4.3 Case Rate Payments | 23 |
| 6.5 File Naming Convention | 25 |



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000466

Contrato Número

Page 4

3 Revision History

| Version | Date | Description |
|---------|------------|--|
| v1.0 | 10/28/2022 | First version published for review. |
| v1.0.1 | 11/16/2022 | Adjustments to Loop 2300B to Include PMG NPI and PMG Location Id and also instructions for transactions where the Risk Score does not apply. |
| v1.0.2 | 02/01/2023 | Inclusion of appendix 7.4 to include new rate cell codes V15 - CHIP Non Dual Aged, Blind, Disabled V16 - Commonwealth Non Dual Aged, Blind, Disabled |
| | | |
| | | |
| | | |



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000464

Contrato Número

4 Introduction

4.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

4.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

4.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000464

Contrato Número

4.4 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

4.5 Updates

Changes to this guide are published on the ASES website: <https://www.asespr.org>

4.6 Contacts

See the ASES website for contact information: <https://www.asespr.org>

4.7 Conventions

Most of the companion guide is in table format (see example below). Only loops, elements, or segments with clarifications or comments are listed. For further information, please see the TR3 for the transaction.

a) Convention Example

| Page | Loop | Reference | Name | Codes | Notes/Comments |
|------|-------|-----------|-----------------------------------|-------|---|
| 56 | 1000A | N1 | Premium Receiver's Name | | |
| 56 | | N101 | Entity Identifier Code | PE | PE - Payee |
| 56 | | N102 | Payee Organization Name | | Value = Carrier's organization legal name |
| 57 | | N103 | Identification Code Qualifier | F1 | F1 - Federal Taxpayer's Identification Number |
| 57 | | N104 | Payee's Tax Identification Number | | Value = Carrier's Federal Tax Id |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000464

Contrato Número

b) Convention Fields

| <i>Column Name</i> | <i>Description</i> |
|--------------------|--|
| Loop | Loop Number |
| Reference | Segment Reference |
| Name | Segment Name, Segment Element |
| Codes | Standard Codes used |
| Comments | Comments or clarifications, values, data length, and repeats are also listed here. Clarifications in field length only indicate what ASES uses or returns to process the transaction. ASES still accepts the minimum and maximum field lengths required by the TR3 for each element. |
| Page | Page of the TR3 on which the loop, segment, or element is listed. |



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000464



Contrato Número

5 Transaction 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

5.1 Control Segments

ADMINISTRACION DE
SEGUROS DE SALUD
23 - 000464

5.1.1 Header

Contrato Número

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|------|-----------|-------------------------------------|------|---|
| C.3 | | None | ISA | Interchange Control Header | | |
| C.4 | 2/2 | | ISA01 | Authorization Information Qualifier | 00 | 00 - No authorization information present |
| C.4 | 10/10 | | ISA02 | Authorization Information | | Filled with 10 spaces |
| C.4 | 2/2 | | ISA03 | Security Information Qualifier | 00 | 00 - No Security Information Present |
| C.4 | 10/10 | | ISA04 | Security Information | | Filled with 10 spaces |
| C.4 | 2/2 | | ISA05 | Interchange ID Qualifier | 30 | 30 - US Federal Tax Identification Number |
| C.4 | 15/15 | | ISA06 | Interchange Sender Id | | Value = 660500678 |
| C.5 | 2/2 | | ISA07 | Interchange ID Qualifier | ZZ | ZZ - Mutually Defined |
| C.5 | 15/15 | | ISA08 | Interchange Receiver Id | | Value = Trading Partner ID |
| C.5 | 6/6 | | ISA09 | Interchange Date | | The date format is YYMMDD |
| C.5 | 4/4 | | ISA10 | Interchange Time | | The time format is HHMM |

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|------------------------------------|-------|---|
| C.5 | 1/1 | | ISA11 | Repetition Separator | | |
| C.5 | 5/5 | | ISA12 | Interchange Control Version Number | 00501 | 00501 - Standards Approved for Publication by ASC X12 |
| C.5 | 9/9 | | ISA13 | Interchange Control Number | | |
| C.6 | 1/1 | | ISA14 | Acknowledgement Requested | | |
| C.6 | 1/1 | | ISA15 | Interchange Usage Indicator | P,T | P - Production Data T - Test Data |
| C.6 | 1/1 | | ISA16 | Component Element Separator | | |
| C.7 | | None | GS | Functional Header | | Contrato Número |
| C.7 | 2/2 | | GS01 | Functional Identifier Code | | |
| C.7 | 2/15 | | GS02 | Application's Sender Code | | Value = 660500678 |
| C.7 | 2/15 | | GS03 | Application's Receiver Code | | Value = Trading Partner ID |
| C.7 | 8/8 | | GS04 | Date | | Functional Group creation date, The date format is CCYYMMDD |
| C.8 | 4/8 | | GS05 | Time | | Functional Group creation time, The time format is HHMM |
| C.8 | 1/9 | | GS06 | Group Control Number | | Value = ASES assigned control number formatted as YYMMDD-CC (YY year MM month DD day - CC carrier code) |
| C.8 | 1/2 | | GS07 | Responsible Agency Code | X | X - Accredited Standards Committee X12 |

ADMINISTRACION DE SEGUROS DE SALUD
23 - 000469

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|--|-------|--------------------|
| C.8 | 1/12 | | GS08 | Version / Release / Industry Identifier Code | | Value = 005010X218 |

5.1.2 Trailer

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|------|-----------|--------------------------------------|-------|--------------------------|
| C.9 | | | GE | Functional Group Trailer | | |
| C.9 | 1/6 | | GE01 | Number of Transactions Sets Included | | 1 |
| C.9 | 1/9 | | GE02 | Group Control Number | | 1+SYSTEM DATE(YYMMDD) |
| C.10 | | | IEA | Interchange Control Trailer | | |
| C.10 | 1/5 | | IEA01 | Number of Included Functional Groups | | 1 |
| C.10 | 9/9 | | IEA02 | Interchange Control Number | | SYSTEM DATE (YYMMDD)+001 |

ADMINISTRACION DE SEGUROS DE SALUD

23 - 00046a

Contrato Número

5.2 Transaction Segments

5.2.1 Header

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|------|-----------|-------------------------------------|------|--|
| 35 | | | ST | 820 Header | | |
| 35 | 3/3 | | ST01 | Transaction Set Identifier Code | 820 | 820 - Payment Order / Remittance Advice |
| 35 | 4/9 | | ST02 | Transaction Set Control Number | | Value = ASES assigned control number formatted as YYDDDDCCPP (YYDDD julian date format CC carrier code PP Plan type) |
| 35 | 1/35 | | ST03 | Implementation Convention Reference | | Value = 005010X218 |
| 36 | | | BPR | Financial Information | | |
| 37 | 1/2 | | BPR01 | Transaction Handling Code | I | I - Remittance Information Only |
| 37 | 1/18 | | BPR02 | Monetary Amount | | Value = Total Premium Payment Amount |
| 38 | 1/1 | | BPR03 | Credit/Debit Flag Code | C | C - Credit |
| 38 | 3/3 | | BPR04 | Payment Method Code | NON | NON - Non Payment Data |
| 40 | 10/10 | | BPR10 | Originating Company Identifier | | Value = 660500678 |
| 42 | 8/8 | | BPR16 | Date | | Value = Check Issue or EFT Date |

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000462

Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Attn/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|----------|-------|-----------|---------------------------------------|------|--|
| 43 | | | TRN | Reassociation Trace Number | | |
| 43 | 1/2 | | TRN01 | Trace Type Code | 3 | 3 - Financial Reassociation Trace Number |
| 43 | 1/50 | | TRN02 | Reference Identification | | Value = Check or EFT Trace Number |
| 44 | 10/10 | | TRN03 | Originating Company Identifier | | Value = 660500678 |
| 48 | | | REF | Premium Receiver Identification Key | | ADMINISTRACION DE SEGUROS DE SALUD |
| 48 | 2/3 | | REF01 | Reference Identification Qualifier | 18 | 14 - Plan Number |
| 49 | 1/50 | | REF02 | Premium Receiver Reference Identifier | | Value = ASES assigned code for the carrier's health plan |
| 50 | | | DTM | Process Date | | Contrato Número |
| 50 | 3/3 | | DTM01 | Date/Time Qualifier | 009 | 009 - Process |
| 50 | 8/8 | | DTM02 | Payer Process Date | | Value = Date expressed as CCYYMMDD |
| 56 | | 1000A | N1 | Premium Receiver's Name | | |
| 56 | 2/3 | | N101 | Entity Identifier Code | PE | PE - Payee |
| 56 | 1/60 | | N102 | Payee Organization Name | | Value = Carrier's organization legal name |
| 57 | 1/2 | | N103 | Identification Code Qualifier | FI | FI - Federal Taxpayer's Identification Number |
| 57 | 2/80 | | N104 | Payee's Tax Identification | | Value = Carrier's Federal Tax Id |

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|-------|-----------|-------------------------------|------|---|
| | | | | Number | | |
| 64 | | 1000B | N1 | Premium Payer's Name | | |
| 64 | 2/3 | | N101 | Entity Identifier Code | PR | PR - Payer |
| 64 | 1/60 | | N102 | Payer Name | | Value = ASES |
| 65 | 1/2 | | N103 | Identification Code Qualifier | FI | FI - Federal Taxpayer's Identification Number |
| 65 | 2/80 | | N104 | Payer Identifier | | Value = 660500678 |

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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000466

Contrato Número

5.2.2 Detail

| Page | Min/Max | Loop | Reference | Name | Codes | Notes/Comments |
|------|---------|-------|-----------|--------------------------------------|-------|---|
| 105 | 2000B | ENT | ENT | Remittance Information | | |
| 106 | 1/6 | ENT01 | ENT01 | Assigned Number | | It will begin with 1 and be incremented by one each time an ENT is used in the transaction. |
| 106 | 2/3 | ENT02 | ENT02 | Entity Identifier Code | 2J | 2J - Individual |
| 106 | 1/2 | ENT03 | ENT03 | Identification Code Qualifier | 34 | 34 - Social Security Number |
| 106 | 2/80 | ENT04 | ENT04 | Identification Code | | Value = Member's Social Security Number |
| 107 | | 2100B | NM1 | Individual Name | | MINISTRACION DE SALUD |
| 107 | 2/3 | NM101 | NM101 | Entity Identifier Code | IL | Insured or Subscriber |
| 108 | 1/1 | NM102 | NM102 | Entity Qualifier Type | 1 | 1 - Person |
| 108 | 1/60 | NM103 | NM103 | Name Last | | Value = Member's First Last Name (if there is a second last name separate by) |
| 108 | 1/35 | NM104 | NM104 | Name First | | Value = Member First Name |
| 108 | 1/25 | NM105 | NM105 | Name Middle | | Value = If available, it will be sent. It will always be a single character |
| 109 | 1/2 | NM108 | NM108 | Identification Code Qualifier | N | N - Insured's Unique Identification Number |
| 109 | 2/80 | NM109 | NM109 | Individual Identifier | | Value = Member's Medicaid Id Number (11 digits) |
| 112 | 2300B | RMR | RMR | Individual Premium Remittance Detail | | |
| 112 | 2/3 | RMR01 | RMR01 | Reference Identification | AZ | AZ - Health Insurance Policy Number |

23 - 000464

Contrato Número

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|------|-----------|------|------|----------------|
|------|---------|------|-----------|------|------|----------------|

Qualifier

The field will be populated with multiple values separated by "|". The values correspond to:

- Member's MPI (13 digits)
- Member's PMG NPI (10 digits)
- Member's PMG Location Id (9 digits)

Notes:

- PMG NPI and Location Id are optional for Medicare Platino and Virtual Population.
- PMG Location Id refers to the *Medicaid Id* assigned to the provider per each service location.

113 1/50 RMR02 Reference Identification

113 1/18 RMR04 Detailed Premium Payment Amount

Value = Payment Amount

Required when the insurer sent an Invoice and the paid amount is different than the amount invoiced. If not required by this implementation Guide do not send.

113 1/18 RMR05 Billed Premium Amount

114 REF Reference Information

ZZ - Mutually Defined

114 2/3 REF01 Reference Information Qualifier

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000466

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|------|-----------|------|------|----------------|
|------|---------|------|-----------|------|------|----------------|

The field will be populated with multiple fields separated by "|". The fields are:

- Transaction Type (size = 3)
- Internal Control Number (ICN) (size = 18)
- Payment Category (size = 4)
- Payment Reason (size = 3)
- Rate Cell Code (size = 3)
- Risk Score Factor (size = 8)

Reference Identification

114 1/50

REF02

Notes:

- The ICN for a Reverse Transaction will be the original transaction ICN
- Risk Score Factor is only submitted for Plan Vital Capitation Payments (Payment Category = CP01)

| | | | |
|-----|-------|-----------------------------------|--|
| 115 | DTM | Individual Coverage Period | Required when the premium payer is not paying from an invoice, but paying on account for a covered period. If not required by this implementation guide do not send. |
| 115 | DTM01 | Date/Time Qualifier | 582 - Report Period |
| 76 | DTM05 | Date Time Period Format Qualifier | RD8 - Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD |
| 76 | DTM06 | Date Time Period | Value = Coverage Period |

| | | | |
|-----|-----|---|--|
| 117 | ADX | Individual Premium Adjustment for Current | Required when the paid amount differs from the billed amount (RMR05 is present) in the related RMR |
|-----|-----|---|--|

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000466

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|------|-----------|------------------------|------------|--|
| | | | | Payment | | segment. If not required by this implementation guide do not send. |
| 117 | 1/18 | | ADX01 | Adjustment Amount | | Adjustment amount, signed if negative. |
| 118 | 2/2 | | ADX02 | Adjustment Reason Code | 52, 53, H6 | 52 - Credit for Previous Overpayment 53 - Remittance for Previous Underpayment H6 - Partial Payment Remitted |



6.2.3 Trailer

| Page | Min/Max | Loop | Reference | Name | Code | Notes/Comments |
|------|---------|------|-----------|--------------------------------|------|--|
| 78 | | | SE | Transaction Set Trailer | | |
| 78 | 1/10 | | SE01 | Transaction Segment Count | | Value = Refer to TR3 |
| 78 | 4/9 | | SE02 | Transaction Set Control Number | | Value = ASES assigned control number formatted as YYDDDDCCPP (YYDDD julian date format CC carrier code PP Plan type) |



ADMINISTRACION DE
SEGUROS DE SALUD
23 - 000466

Contrato Número

6 Appendixes

6.1 Transaction Types

| Code | Description |
|------|-------------|
| PAY | Payment |
| REV | Reversal |

6.2 Payment Categories

| Code | Description |
|------|--|
| CP01 | Capitation Payment Capitation Payment - Medicaid |
| CP02 | Wraparound |
| SP01 | Maternity Delivery Kick Payment Correctional Facility Hospital Case |
| SP02 | Payment |

6.3 Payment Reasons

| Code | Description |
|------|-----------------------------|
| 000 | Regular Payment |
| 001 | Rate Adjustment |
| 002 | Rate Cell Change Adjustment |
| 003 | Deceased Member Adjustment |
| 004 | Reconciliation Adjustment |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000466

Contrato Número



6 Appendixes

6.1 Transaction Types

| Code | Description |
|------|-------------|
| PAY | Payment |
| REV | Reversal |

6.2 Payment Categories

| Code | Description |
|------|---|
| CP01 | Capitation Payment Capitation Payment - Medicaid |
| CP02 | Wraparound |
| SP01 | Maternity Delivery Kick Payment |
| SP02 | Correctional Facility Hospital Case Payment |

6.3 Payment Reasons

| Code | Description |
|------|-----------------------------|
| 000 | Regular Payment |
| 001 | Rate Adjustment |
| 002 | Rate Cell Change Adjustment |
| 003 | Deceased Member Adjustment |
| 004 | Reconciliation Adjustment |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00046G

Contrato Número

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6.4 Rate Cell Codes

6.4.1 Capitation Payment

The following codes are for coverage periods previous to January 01, 2023

| Code | Rate Cell |
|------|--------------------------|
| 01 | CHIP Age 0 |
| 02 | CHIP Age 1-6 |
| 03 | CHIP Age 7-13 |
| 04 | CHIP Age 14+ |
| 05 | CHIP Diabetes |
| 05 | CHIP Pulmonary |
| 07 | CW Age 0 |
| 08 | CW Age 1-6 |
| 09 | CW Age 7-13 |
| 10 | CW Cancer |
| 11 | CW Diabetes / Low Cardio |
| 11 | CW Diabetes / Low Cardio |
| 12 | CW Female Age 14-18 |
| 13 | CW Female Age 19-44 |
| 14 | CW Female Age 45+ |
| 15 | CW High Cardio |
| 16 | CW Male Age 14-18 |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000466

Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

- 17 CW Male Age 19-44
- 18 CW Male Age 45+
- 19 CW Pulmonary
- 20 CW Renal
- 21 Dual A
- 22 Dual AB
- 23 Foster or Domestic Abuse

| Code | Rate Cell |
|------|-----------|
|------|-----------|

- 24 Medicaid Age 0
- 25 Medicaid Age 1-6
- 27 Medicaid Cancer
- 27 Medicaid Cancer
- 28 Medicaid Diabetes / Low Cardio
- 29 Medicaid Female Age 14-18
- 30 Medicaid Female Age 19-44
- 31 Medicaid Female Age 45+
- 31 Medicaid Female Age 45+
- 32 Medicaid High Cardio
- 33 Medicaid Male Age 14-18
- 34 Medicaid Male Age 19-44
- 35 Medicaid Male Age 45+
- 36 Medicaid Pulmonary
- 37 Medicaid Renal

ADMINISTRACION DE
 SEGUROS DE SALUD
 23 - 00046G
 Contrato Número

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820 Payroll Deducted and Other Group Premium Payment For Insurance Products

- 38 Medicaid Platino
- 40 CW Platino
- 43 PRPL CHIP Age 0
- 44 PRPL CHIP Age 1-6
- 45 PRPL CHIP Age 7-14
- 46 PRPL CHIP Age 14+
- 47 PRPL Medicaid Age 0
- 48 PRPL Medicaid Age 1-6
- 49 PRPL Medicaid Age 7-13
- 50 PRPL Medicaid Female Age 14-18
- 51 PRPL Medicaid Female Age 19-44
- 52 PRPL Medicaid Female Age 45+
- 53 PRPL Medicaid Male Age 14-18
- 54 PRPL Medicaid Male Age 19-44
- 55 PRPL Medicaid Male Age 45+

| Code | Rate Cell |
|------|-----------|
|------|-----------|

- 56 Transferred Medicaid Age 0
- 57 Transferred Medicaid Age 1-6
- 58 Transferred Medicaid Age 7-13
- 59 Transferred Medicaid Cancer
- 60 Transferred Medicaid Diabetes / Low Cardio
- 60 Transferred Medicaid Diabetes / Low Cardio

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 SEGUROS DE SALUD
 23 - 00046G
 Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

- 61 Transferred Medicaid Female Age 14-18
- 62 Transferred Medicaid Female Age 19-44
- 63 Transferred Medicaid Female Age 45+
- 64 Transferred Medicaid High Cardio
- 65 Transferred Medicaid Male Age 14-18
- 66 Transferred Medicaid Male Age 19-44
- 67 Transferred Medicaid Male Age 45+
- 68 Transferred Medicaid Pulmonary
- 69 Transferred Medicaid Renal
- 70 Transferred CHIP Age 0
- 71 Transferred CHIP Age 1-6
- 72 Transferred CHIP Age 7-13
- 73 Transferred CHIP Age 14+
- 74 Transferred CHIP Diabetes
- 75 Transferred CHIP Pulmonary

The following codes are for coverage periods on or after January 01, 2023

| Code | Rate Cell |
|------|-----------|
|------|-----------|

V01 Medicaid - Age 18 and under

| Code | Rate Cell |
|------|-----------|
|------|-----------|

V02 Medicaid Age 19+

V03 Medicaid Non Dual Aged, Blind, Disabled

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000466

Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

- V04 CHIP All Ages
- V05 Commonwealth - Age 18 and under
- V06 Commonwealth - Age 19+
- V11 Dual A
- V12 Dual AB
- V13 Foster or Domestic Abuse
- V15 CHIP Non Dual Aged, Blind, Disabled
- V16 Commonwealth Non Dual Aged, Blind, Disabled

NOTE:

The following codes are for coverage periods on or after October 01, 2023
Pending to approve and apply retroactively.

| Code | Rate Cell | Region |
|------|---------------------------------------|--------|
| R04 | CHIP | A |
| R01 | Medicaid Child 0-18 | A |
| R02 | Medicaid Adult 19+ | A |
| R05 | Commonwealth Child 0-18 | A |
| R06 | Commonwealth Adult 19+ | A |
| R03 | Medicaid Aged Blind Disabled Non-Dual | A |
| R12 | Dual Eligible Part A and B | A |
| R11 | Dual Eligible Part A Only | A |
| R16 | CW Aged Blind Disabled Non-Dual | A |
| B04 | CHIP | B |
| B01 | Medicaid Child 0-18 | B |
| B02 | Medicaid Adult 19+ | B |
| B05 | Commonwealth Child 0-18 | B |
| B06 | Commonwealth Adult 19+ | B |
| B03 | Medicaid Aged Blind Disabled Non-Dual | B |
| B12 | Dual Eligible Part A and B | B |
| B11 | Dual Eligible Part A Only | B |
| B16 | CW Aged Blind Disabled Non-Dual | B |
| E04 | CHIP | E |
| E01 | Medicaid Child 0-18 | E |
| E02 | Medicaid Adult 19+ | E |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000469

Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| | | |
|-----|---------------------------------------|---|
| E05 | Commonwealth Child 0-18 | E |
| E06 | Commonwealth Adult 19+ | E |
| E03 | Medicaid Aged Blind Disabled Non-Dual | E |
| E12 | Dual Eligible Part A and B | E |
| E11 | Dual Eligible Part A Only | E |
| E16 | CW Aged Blind Disabled Non-Dual | E |
| F04 | CHIP | F |
| F01 | Medicaid Child 0-18 | F |
| F02 | Medicaid Adult 19+ | F |
| F05 | Commonwealth Child 0-18 | F |
| F06 | Commonwealth Adult 19+ | F |
| F03 | Medicaid Aged Blind Disabled Non-Dual | F |
| F12 | Dual Eligible Part A and B | F |
| F11 | Dual Eligible Part A Only | F |
| F16 | CW Aged Blind Disabled Non-Dual | F |
| G04 | CHIP | G |
| G01 | Medicaid Child 0-18 | G |
| G02 | Medicaid Adult 19+ | G |
| G05 | Commonwealth Child 0-18 | G |
| G06 | Commonwealth Adult 19+ | G |
| G03 | Medicaid Aged Blind Disabled Non-Dual | G |
| G12 | Dual Eligible Part A and B | G |
| G11 | Dual Eligible Part A Only | G |
| G16 | CW Aged Blind Disabled Non-Dual | G |
| J04 | CHIP | J |
| J01 | Medicaid Child 0-18 | J |
| J02 | Medicaid Adult 19+ | J |
| J05 | Commonwealth Child 0-18 | J |
| J06 | Commonwealth Adult 19+ | J |
| J03 | Medicaid Aged Blind Disabled Non-Dual | J |
| J12 | Dual Eligible Part A and B | J |
| J11 | Dual Eligible Part A Only | J |
| J16 | CW Aged Blind Disabled Non-Dual | J |
| O04 | CHIP | S |
| O01 | Medicaid Child 0-18 | S |
| O02 | Medicaid Adult 19+ | S |
| O05 | Commonwealth Child 0-18 | S |
| O06 | Commonwealth Adult 19+ | S |
| O03 | Medicaid Aged Blind Disabled Non-Dual | S |
| O12 | Dual Eligible Part A and B | S |
| O11 | Dual Eligible Part A Only | S |

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000464

Contrato Número

820 Payroll Deducted and Other Group Premium Payment For Insurance Products

| | | |
|-----|---------------------------------------|----|
| O16 | CW Aged Blind Disabled Non-Dual | S |
| Z04 | CHIP | Z |
| Z01 | Medicaid Child 0-18 | Z |
| Z02 | Medicaid Adult 19+ | Z |
| Z05 | Commonwealth Child 0-18 | Z |
| Z06 | Commonwealth Adult 19+ | Z |
| Z03 | Medicaid Aged Blind Disabled Non-Dual | Z |
| Z12 | Dual Eligible Part A and B | Z |
| Z11 | Dual Eligible Part A Only | Z |
| Z16 | CW Aged Blind Disabled Non-Dual | Z |
| V13 | Foster Care/Domestic Abuse | IW |

6.4.2 Capitation Payment - Medicaid Wraparound

The following codes are for coverage periods previous to January 01, 2023

| Code | Rate Cell |
|------|-----------|
|------|-----------|

- 38 Medicaid Platino
- 40 CW Platino

The following codes are for coverage periods on or after January 01, 2023

| Code | Rate Cell |
|------|-----------|
|------|-----------|

- P01 Medicaid Platino
- P02 CW Platino




ADMINISTRACION DE
SEGUROS DE SALUD
23 - 000466
Contrato Número

6.4.3 Case Rate Payments

The following codes are for coverage periods previous to January 01, 2023

| Code | Rate Cell |
|------|-------------------------------------|
| 39 | Medicaid Maternity Kick Payment |
| 41 | CHIP Maternity Kick Payment |
| 42 | CW Maternity Kick Payment |
| 90 | Correctional Facility Hospital Case |

The following codes are for coverage periods on or after January 01, 2023

| Code | Rate Cell |
|------|---|
| V07 | Medicaid Maternity Kick Payment |
| V08 | CHIP Maternity Kick Payment |
| V09 | CW Maternity Kick Payment |
| V10 | Correctional Facility Hospital Case |
| V17 | Administration of Youth Institutions (AI) |
| V18 | Forensic Psychiatry |



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000466

Contrato Número

6.5 File Naming Convention

Files sent out to the carriers will use the following naming conventions:

Premium Payment Transactions: [PYYYYMM_CCPT_SS.820]

| File Name Part | Meaning |
|----------------|---------------------------------------|
| P | Fixed Text for Payment Identifier |
| YYYY | Year |
| MM | Month |
| _ | Fixed Text for Separator |
| CC | Carrier Code |
| PT | Plan Type |
| _ | Fixed Text for Separator |
| 00 | Month payment sequence starting in 00 |
| .820 | File Extension Identifier |

Example: P202301_0101_00.820

Outbound 820 for pay date 01/01/2023 for Carrier 01 Plan Type 01.



ADMINISTRACION DE
SEGUROS DE SALUD
23 - 000466

Contrato Número