

ADDENDUM 4

MCO's Objection To Payments



ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 000466

Contrato Número





Government of Puerto Rico
Puerto Rico Health Insurance Administration



Objection To Payment (OTP) Interface

File Layout

ADMINISTRACION DB
SEGUROS DE SALUD ,

Version 1.4
February, 2024

23 - 0 0 0 4 64

Contrato Número



GOVERNMENT OF PUERTO RICO



Table Of Contents

Table Of Contents	1
General Information	2
Objection To Payment - Request File Layout	3
File Naming Convention	3
File Content	3
Objection To Payment - Error File Layout	4
File Naming Convention	4
File Content	4
Objection To Payment - Response File Layout	5
File Naming Convention	5
File Content	5

ADMINISTRACION DB
SEGUROS DE SALUD

23 - 0 0 0 4 6G

Contrato Número



General Information

This document describes the file layout required to be submitted in case of an Objection to Payment.

The information on this document is subject to continuous revisions and modifications that will be made available to all parts involved.

ADMINISTRACION DE
SEGUROS DE SALUD ,

23 - 0 0 0 4 66

Contrato Número



GOVERNMENT OF PUERTO RICO



Objection To Payment - Request File Layout

File Naming Convention

File Naming Convention	Part	Meaning
otp_request	otp_request	Static text for interface identifier
cc	cc	Carrier code
otp_request_cc_yyyymm_ss.txt	yy	Billing date year
	mm	Billing date month
	ss	Version Sequence

Notes:

Versioning

The first file submitted for a billing cycle should use Version Sequence equal to "00". If a submitted file presents errors or requires adjustments, the Contractor may submit a second version incrementing by one the Version Sequence. Nonetheless, a new version can only be submitted within the 30 Calendar Days period after the payment is made.

Incoming Objection to Payment File Layout

See Appendix A

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000464

Contrato Número



Objection To Payment - Error File Layout

File Naming Convention

File Naming Convention	Part	Meaning
otp_response	otp_response	Static text for interface identifier
cc	cc	Carrier code
yy	yy	Billing date year
mm	mm	Billing date month
ss	ss	Version Sequence

ADMINISTRACION DB
SEGUROS DE SALUD ,
23 - 0 0 0 4 64

File Content

Contrato Número

The error file to the objection of payment will contain the Objection Payment Id and the following fields

Field#	Field Name	Description	Position	Size	Data Type
1	Rec_file	Record Line	1	8	Number
2	payment_objection_id	Objection of Payment Id received from the carrier.	7	30	Varchar(30)
3	err_code	Error Code	37	5	Varchar(5)
4	field_name	Fields that affect the rule	42	150	Varchar(150)
5	description	Description	192	100	Varchar(100)
6	Filler	End of Record Filler (*)	292	1	*



Objection To Payment - Response File Layout

File Naming Convention

File Naming Convention	Part	Meaning
otp_response	otp_response	Static text for interface identifier
cc	cc	Carrier code
otp_response_cc_yyyyymm_ss.txt	yy	Billing date year
	mm	Billing date month
	ss	Version Sequence

ADMINISTRACION DE
SEGUROS DE SALUD
23 - 0 0 0 4 69

File Content

Contrato Número

The response file to the objection of payment will contain the Objection Payment Id and the following fields

Field#	Field Name	Description	Position	Size	Data Type	Validation Rules
1	Payment Objection Id	Objection of Payment Id received from the carrier.	1	30	X(30)	Required
2	Evaluation Result	Accepted, Rejected, InProcess	31	9	Varchar(9)	Required
3	Evaluation Explanation	If the Evaluation Result is Rejected then an explanation is provided.	40	100	Varchar(100)	Required if Rejected
4	End of Record	End of Record Filter	140	1	*	Required

Objection To Payment File Layout V2.4

Field Category	Field Code	Field Name	Description	Position	Size	Data Type	Validation Rules	Source Reference	E23 Field Reference	E34 Field Reference
Incurred Period	1	Incurred Month	Member's coverage month for the payment transaction being subject to an objection of payment.	3	8	YYYYMM00	Required	OBJECTION / B20	Coverage Period - DTAK06	
	2	Incurred Start Date	Start Date within the coverage month. This is for subperiods within a month, otherwise use first day of the month.	9	8	YYYYMMDD	Required	OBJECTION / B20	Coverage Period - DTAK06	
	3	Incurred End Date	End Date within the coverage month. This is for subperiods within a month, otherwise use last day of the month.	17	8	YYYYMMDD	Required	OBJECTION / B20	Coverage Period - DTAK06	
Eligibility and Enrollment Info	4	MPI	Master Patient Index (Medical Member ID)	25	11	K(11)	Required	B34/EXP		Subscriber Identifier - BSE02
	5	Application Number	Medicare Application Number	38	40	X(40)	If Apply	EXP		
	6	Eligibility Start Date	Eligibility Start Date for the Incurred Period in the Health Plan	46	8	YYYYMMDD	Required	B34/EXP		Member Level Dates - DTP03
	7	Carrier	Carrier's Trading Partner ID supplied by PBM/MLIS	54	6	X(6)	Required	B34/EXP		Transaction Set Policy Number - REF02
	8	Carrier Effective Date	Carrier Effective Date	60	8	YYYYMMDD	Required	B34/EXP		Health Coverage Details - DTP03
	9	Coverage Code	Coverage Code	68	3	K(3)	Required	B34/EXP		Health Coverage - HD04
	10	DOB	Date Of Birth	71	8	YYYYMMDD	Required	B34/EXP		Member Demographics - DAW03
	11	Gender Code	M=Male, F=Female, U=Unknown	79	1	X(1)	Required	B34/EXP		Member Demographics - DAW03
	12	Group Ident	Not in use	80	3	X(3)				
	12.1	Group Code	Group Code (Eligibility Group Code)	83	3	X(3)	Required	B34/EXP		Health Coverage - HD04
13	Medicare Pgm Code/Dual Member	Medicare Plan from B34 identifies the member's Medicare Plan using the following values: A-Medicare Part A C-Medicare Part A and B E-NO MEDICARE Dual Member from EXP N-No Dual A-Medicare Part A Only AB-Medicare Part A and Medicare Part B	86	1	X(1)	Required	B34/EXP		Member Level Detail - BNS05-3	

[Handwritten Signature]

[Handwritten Signature]

ADMINISTRACION DE SEGUROS DE SALUD

23 - 000469

Contrato Número

23 - 000469

Contrato Número

Enrollment Reference Fields



14.1 Enrollment Notification	File Name for the Outbound Benefit Enrollment and Maintenance (834) file where the subscription process is accepted by PRIMMIS enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by PRIMMIS use the file name for the Outbound 834 file with the notification of the assignment for this member.	87	50	X(50)	Required if payment is expected	834/EXP	File Name
14.2 Enrollment Confirmation by Carrier	Carrier Eligibility File Name (EXP) where the subscription process is accepted by ASSES enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by ASSES use the file name for the 834 with the notification of the assignment for this member.	137	50	X(50)	Required if payment is expected and a proper enrollment has been rejected by PRIMMIS.	834/SUS	File Name
14.3 Enrollment Acceptance	Indicate if the subscription process is accepted by PRIMMIS or ASSES using: Y: YES N: NO	187	1	X(1)	Required if payment is expected and a proper enrollment has been rejected by PRIMMIS.	834/EXP	Health Coverage - HD04
15.1 HCHN Category	HCHN Category	188	20	X(20)	Required if Expected Rate Cell is		
16.1 HCHN Notification	File Name for the Report 6 - High Cost High Need (HCHN) where the notification for this category is sent	208	30	X(30)	For HCHN Collection		
17.1 Encounter Carrier Id	Carrier Reporting the Encounter. This is the Carrier reported on the CLM file	238	2	X(2)	Required when - Expected Rate Cell is MCKP - HCHN exceeding 6 months in the registry	CLM	
18.1 Encounter Claim Id	Encounter Identifier. This is the Claim Id reported on the CLM file	240	30	X(30)	Required when: - Expected Rate Cell is MCKP - HCHN exceeding 6 months in the registry	CLM	
19.1 Encounter Service Date	Encounter Service Date. This is the From Date associated to the Claim Id reported in the CLM file	270	8	YYYYMMDD	Required when: Rate Cell is MCKP - HCHN exceeding 6 months in the registry	CLM	
20.1 Encounter Notification	CLM File Name containing the Encounter that sustains the adjudication of the HCHN rate cell	278	30	X(30)	Required when - Expected Rate Cell is MCKP - HCHN exceeding 6 months in the registry	CLM	
21.1 Payment Process Date	Payment Process Date (Billing Date)	308	8	YYYYMMDD	Required if a Payment was received	820	Process Date - DT1602
22.1 Rate Cell	Received Rate Cell	316	3	X(3)	Required if a Payment was received	820	Reference Information - REF02 - Rate Cell Code
22.2 Risk Score	Received Risk Score	319	8	X(8)	Required if a Payment was received	820	Reference Information - REF100 - Risk Score Factor

Premium Payment (820)



23.1 Premium Amount	Received Premium Amount	327	7	5945199	Required if Payment was received	830	Individual Premiums Number Period - R14R04
24.1 Payment Objection Id	Unique Id for each transaction associated to an Objection of Payment. All responses for the objections of payment will reference this identifier.	334	30	X(30)	Required	OBJECTION	
25.1 Objection Type	PP-Premium Payment (Capitation Payment) MOW-Mandatory Delivery Risk Payment WR-Integrated RC-Rate Cell	364	4	X(4)	Required	OBJECTION	
26.1 Expected Rate Cell	Expected Rate Cell	368	3	X(3)	Required	OBJECTION	
27.1 Expected Risk Score	Expected Risk Score	371	8	X(8)	Required	OBJECTION	
28.1 Expected Premium Amount	Expected Premium Amount	379	7	5945199	Required	OBJECTION	
29.1 Comments	Additional Comments explaining the objection of payment.	388	200	X(200)	Required	OBJECTION	
30 End of Record	End of Record #/file	585	1	.	.	.	

Objection and Expected
Fields

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000466

Contrato Número