

**ADDENDUM 12**

**COVID-19 Treatment SOP's**

**Remdesivir and Convalescent Plasma**

**COVID 19 Vaccine**

The ASES Supplemental Payment Process ended on 3/3/2024.



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## Carta Normativa 23-1005

5 de octubre de 2023

**A:** Organizaciones de Cuidado Coordinado de Salud (MCOS, por sus siglas en inglés) contratadas bajo el Plan de Salud del Gobierno – Plan Vital, Administrador del Beneficio de Farmacia, Farmacias, Grupos Médicos Primarios (GMP), y Proveedores participantes

**Re:** Actualización Códigos y costo de Administración de vacunas contra el COVID-19 bajo Plan Vital

Basándonos en la información más reciente presentada por el Centro para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) y la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) compartimos la información más actualizada al momento de publicada esta carta. Esta comunicación y los Anejos 1 y 2 actualizan la información vigente de las vacunas recomendadas y los códigos de facturación para administración por vacuna para la Población Adulta y Pediátrica. Las normativas anteriores: 20-1214, 20-1214 B, 20-1214 C, 20-1214 D, 20-1214 E, 20-1214 F, 20-1214 G, 22-0202, 22-0202 B, 22-0202 C, 22-0202 D, 22-0202 E, 22-0202 F (Enmendada), 22-0202 (Enmendada) (Aclaración), (Carta Circular) 23-0710, quedan sin efecto y permanece vigente esta normativa.

- El Comité Asesor sobre Prácticas de Inmunización (ACIP) del CDC recomendó, el 12 de septiembre de 2023, que todos los estadounidenses de seis (6) meses de edad o más reciban las vacunas actualizadas de COVID-19 (fórmula 2023-2024).
- Hay dos (2) tipos de vacunas contra el COVID-19 disponibles para su uso en los Estados Unidos:
  - Vacunas de ARNm:
    - La vacuna **Moderna COVID-19** (fórmula 2023-2024) está autorizada para niños de seis (6) meses a 11 años.
    - **SPIKEVAX** de Moderna para personas de 12 años en adelante.
    - La vacuna **Pfizer-BioNTech COVID-19** (fórmula 2023-2024) está autorizada para niños de seis (6) meses a 11 años.
    - **COMIRNATY** de Pfizer-BioNTech para personas de 12 años en adelante.
  - Vacuna de subunidades proteicas:
    - La vacuna **Novavax** contra el COVID-19 está autorizada para personas de 12 años o más para la vacunación primaria y, en determinadas situaciones, como dosis de refuerzo en personas de 18 años o más.

- El 11 de septiembre de 2023, las vacunas Moderna y Pfizer-BioNTech COVID-19 (formulación 2023-2024) se actualizaron a una vacuna monovalente basada en el subvariante Omicron XBB.1.5 del SARS-CoV-2. Estas vacunas fueron aprobadas para personas de 12 años o más y bajo una autorización de uso de emergencia (EUA) para niños de seis (6) meses a 11 años.
- Las vacunas con la formulación bivalente (Original y Omicron BA.4/BA.5) ya no se recomiendan en los Estados Unidos. La FDA revocó la autorización de uso de emergencia (EUA) de la vacuna de COVID-

  
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19 de Janssen, por lo tanto, fue eliminada de los Anejos. Es por esto por lo que la Carta Normativa 22-0202-F (Enmendada) queda sin efecto.

- Para más información relacionado al tiempo de espera entre dosis o régimen de vacunación para personas con inmunodeficiencia, favor referirse al siguiente enlace: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#%3Acovid-vaccines>
- A continuación, se resume consideraciones clínicas para administración de las vacunas:

	No vacunados	Recibió dosis previas
Seis (6) meses a cuatro (4) años	Debe recibir dos (2) dosis de la vacuna Moderna actualizada (fórmula 2023-2024) ó tres (3) dosis de la vacuna Pfizer-BioNTech COVID-19 actualizada (fórmula 2023-2024).	Debe recibir una (1) ó (2) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer-BioNTech COVID-19, según la cantidad de dosis anteriores.
Cinco (5) años a 11 años	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech.	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech al menos ocho (8) semanas después de la última dosis.
12 años en adelante	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech.	Debe recibir una (1) dosis de la vacuna COVID-19 actualizada (fórmula 2023-2024) de Moderna o Pfizer Pfizer-BioNTech al menos ocho (8) semanas después de la última dosis. * Aplica recomendación a personas que recibieron una (1) o más dosis de las vacunas Novavax o Janssen.

Por tal razón, **efectivo inmediato**, se incluyen en el formulario de medicamentos de Plan Vital, Salud Física, las vacunas monovalentes COVID-19 actualizadas (fórmula 2023-2024) de Pfizer-BioNTech y de Moderna.

**Farmacias:** La población federal menor de 19 años deberá cubrirse por el programa *Vaccine for Children* en farmacias certificadas por el programa y facturar solamente la tarifa de administración. Acorde a la enmienda 11 del *Public Readiness and Emergency Preparedness Declaration (PREP ACT)*, la población estatal mayor de 3 años podrá vacunarse en las farmacias certificadas. Las farmacias deberán comprar la vacuna, la cual será reembolsada al rate contratado por ASES a través del PBM. Se mantiene la tarifa de administración de \$40.00 hasta el 30 de septiembre 2024 para población Vital, Vaccine for Children (VFC) y Vaccine for Adults (VFA).

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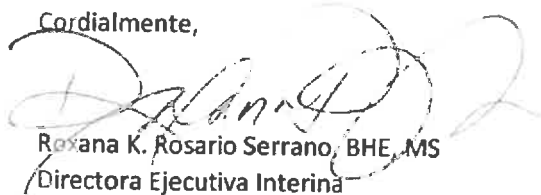
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Los **proveedores médicos** y **centros de vacunación** contratados por las aseguradoras de Plan Vital deberán facturar el costo de la vacuna, la cual pagará a las tarifas contratadas y la tarifa de administración de \$40.00, a la aseguradora correspondientes. Para población VFC y VFA solo facturará la tarifa de administración de \$40.00.

En adición, toda vacuna bivalente debe ser retirada del inventario y serán removidas del formulario del Plan Vital.

La ASES requiere a todas las aseguradoras contratadas bajo Plan Vital que distribuyan esta información a sus redes de proveedores. Agradecemos su continua colaboración en la prevención de esta enfermedad.

Cordialmente,



Roxana K. Rosario Serrano, BHE, MS  
Directora Ejecutiva Interina

Anejos (2)



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Anejo 1

POBLACIÓN PEDIÁTRICA					
Pfizer-BioNTech COVID-19 Monovalente: 6 meses a 4 años					
Código Vacuna CVD-19	Código de Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Pfizer – 91318 (Yellow cap; yellow label)	02	90480	1 <sup>ra</sup> Dosis	3mcg / 0.3 mL	\$40.00
Pfizer – 91318 (Yellow cap; yellow label)	06	90480	2 <sup>da</sup> Dosis*	3mcg / 0.3 mL	\$40.00
Pfizer – 91318 (Yellow cap; yellow label)	07	90480	3 <sup>ra</sup> Dosis*	3mcg / 0.3 mL	\$40.00
Pfizer-BioNTech COVID-19 Monovalente: 5 hasta 11 años					
Pfizer – 91319 (Blue cap; blue label)	02	90480	Dosis única	10 mcg/0.3 mL	\$40.00

\*Depende según la cantidad de dosis recibidas previamente.

POBLACIÓN PEDIÁTRICA					
Moderna COVID-19 Vaccine, Monovalente: 6 meses a 4 años					
Código Vacuna CVD-19	Código de Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Moderna – 91321 (Dark blue cap; green label)	02	90480	1 <sup>ra</sup> Dosis	25 mcg / 0.25 mL	\$40.00
Moderna – 91321 (Dark blue cap; green label)	06	90480	2 <sup>da</sup> Dosis*	25 mcg / 0.25 mL	\$40.00
Moderna COVID-19 Vaccine, Monovalente: 5 años a 11 años					
Moderna – 91321 (Dark blue cap; green label)	02	90480	Dosis única	25 mcg/0.25 mL	\$40.00

\*Depende según la cantidad de dosis recibidas previamente.

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Anejo 2

Pfizer-BioNTech COVID-19 Monovalente: Población 12 años en adelante					
Código Vacuna CVD-19	Código de Facturación para Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Pfizer COMIRNATY – 91320 (Gray cap; gray label)	02	90480	Dosis única	30 mcg/0.3 mL	\$40.00

Moderna COVID-19 Vaccine, Monovalente: 12 años en adelante					
Código Vacuna CVD-19	Código de Facturación para Administración			Dosis	Costo de Administración Plan Vital
	Farmacia	MCO	#Dosis		
Moderna SPIKEVAX - 91322 (Dark blue cap; blue label)	02	90480	Dosis única	50 mcg/0.5 mL	\$40.00

Referencias:

- (1) <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#Interchangeability>
- (2) <https://www.ama-assn.org/system/files/clinical-assistant-guide-coronavirus-august-2023-updated.pdf>
- (3) <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- (4) <https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes#:~:text=Beginning%20on%20August%202014%2C%202023.91304%20for%20current%20authorized%20vaccine>
- (5) <https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-coding-and-guidance>
- (6) [https://www.vacunater.com/files/ugd/be29f3\\_f6391b24d16e4f2c97c17bec9bc26fba.pdf](https://www.vacunater.com/files/ugd/be29f3_f6391b24d16e4f2c97c17bec9bc26fba.pdf)

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# Reimbursement of Paid Services for COVID-19 Vaccine Administration to Plan Vital Beneficiaries

Standard Operating Procedure

Responsible Entity:  
ASES

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**Version 1.3**  
**October, 2023**

## I. Document Revision History

Version Number	Date	Description
v 1.0	<09/22/21>	First version
v 1.1	<10/20/21>	Review and correction of typos.
V 1.2	<10/05/23>	Update by Carta Normativa 23-1005

Send your inquiries to: <ASES>

  
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# 1. Acronyms and Terms

The following table provides definitions for acronyms and terms used in this document.

**Table 1: Acronyms y Terms**

Acronym and Terms	Definition
<b>Pharmacy Benefit Managers (PBM)</b>	Intermediaries that negotiate services and drug costs between pharmaceutical companies and third-party payers, such as the government, insurance companies, businesses, and direct-paying customers.
<b>Advisory Committee on Immunization Practices (ACIP)</b>	Advisory Committee on Immunization Practices. A committee within the U.S. Centers for Disease Control and Prevention that provides advice and guidance on the effective control of vaccine-preventable diseases in the U.S. civilian population.
<b>ASES</b>	Puerto Rico Health Insurance Administration.
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	The Centers for Medicare & Medicaid Services is the agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major health care programs. CMS oversees programs including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the state and federal health insurance marketplaces. CMS collects and analyzes data, produces investigative reports, and works to eliminate fraud and abuse within the health care system.
<b>Puerto Rico Department of Health (PRDH)</b>	Entity responsible for regulating and overseeing the provision of health services in Puerto Rico and ensuring that standards are met to guarantee the general welfare of the people.
<b>Emergency Utilization Act (EUA)</b>	Emergency Use Authorization. It allows FDA to help strengthen the nation's public health protections against chemical, biological, radiological, and nuclear threats by facilitating the availability and use of medically necessary countermeasures during public health emergencies.
<b>Enterprise System (ES)</b>	It is a system for collecting and managing data from various sources, and providing statistical, financial and demographic reports. These are shared between management, offices inside and outside the agency.
<b>Food and Drug Administration (FDA)</b>	An entity responsible for protecting public health by regulating human and veterinary drugs, vaccines and other biological

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Acronym and Terms	Definition
<b>Managed Care Organization (MCO)</b>	products, medical devices, our nation's food supply, cosmetics, dietary supplements, and products that emit radiation. An entity that is organized for the purpose of providing health care and is licensed as an insurer by the Insurance Commissioner of Puerto Rico, which contracts with ASES for the provision of Covered Services and Benefits throughout the Island on a PMPM Payment basis, under the GHP program.
<b>VITAL Health Plan/ Government Health Plan (GHP)</b>	It is the Puerto Rico government health plan, which is provided through federal Medicaid funds and state funds.
<b>Standard Operating Procedure (SOP)</b>	A set of instructions that describes all the relevant steps and activities of a process or procedure.
<b>Monthly Income Plan (MIP) System</b>	Module Account Payable Module. MIP stands for Monthly Income Plan. MIP is today's leading accounting software for government and non-profit organizations nationwide. In this module, invoices are recorded for Accounts Payable payment.

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## 2. Background

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On December 11, 2020, the Food and Drug Administration (FDA) issued an emergency use authorization under the Emergency Utilization Act (EUA) for the use of Pfizer-BioNTech COVID-19 vaccine for the prevention of COVID-19 in persons 16 years of age or older, as described in the scope of the authorization. (Section II) of the response letter, pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the FD&C Act)(21 USC 360bbb-3).

Similarly, on December 18, 2020, the FDA issued a EUA for Modern COVID-19 vaccine for active immunization use to prevent COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in persons 18 years

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of age and older. On December 19, 2020, after a transparent, evidence-based review of available data, the Advisory Committee on Immunization Practices (ACIP) issued a recommendation for the use of Modern COVID-19 vaccine in persons 18 years of age and older for the prevention of COVID-19.

On February 27, 2021, the FDA issued an EUA for a third vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The EUA allows the Janssen COVID-19 vaccine to be distributed in the U.S. for use in people 18 years of age and older.

Therefore, the Department of Health and Human Services (HHS) and the Department of Defense (DOD) have established strategies and protocols for the distribution and administration of these vaccines. The vaccines will be provided at no cost to the public and service providers for the period of time established by the CDC, especially during these early phases established for the vaccination of the population. However, providers will be entitled to bill for vaccine delivery services, which includes not only inoculation, but specific information on vaccine storage, patient counseling, and tracking to allow for any subsequent doses.

The cost for the administration of these vaccines will be a uniform cost for all **duly certified and registered providers** who meet the requirements established by the CDC and the Puerto Rico Department of Health (DOH) for COVID 19 vaccines.


**All pharmacy** specifically interested in vaccinating Plan Vital beneficiaries with the Pfizer, Moderna, Janssen or other vaccines that become available at

a later date must contact the ASES contracted Plan Vital Pharmacy Benefit Manager (PBM) to submit the necessary paperwork to become a provider of the COVID-19 vaccine and bill Plan Vital for the inoculation. Likewise, **all reimbursement to pharmacies** related to the administration of Covid-19 Vaccines will be handled by the ASES contracted PBM.


### 3. Purpose

The purpose of this procedure is to establish guidelines for the issuance of the necessary certifications for the execution of payment for reimbursement of claims for the administration of Covid-19 vaccines to Vital Plan beneficiaries by any provider duly certified for this purpose, carrying out the rigorous fiscal controls required by current State and Federal regulations. In addition to maintaining proper and auditable documentation of such reimbursements.

### 4. Scope

- 
- This Procedure applies to the establishment of the necessary controls and proper disbursement and notification of payment of Covid-19 vaccine administration claims submitted by providers certified for this purpose, in compliance with all applicable State and Federal laws.

### 5. Responsible Parties

- 
1. ASES Office of Planning, Quality and Clinical Affairs.
  2. ASES Compliance Office.
  3. ASES Information System Office.
  4. ASES Office of Fiscal Affairs.
  5. Health Care Organizations (MCOs) contracted for Plan Vital.

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6. Plan Vital Pharmacy Benefit Manager contracted by ASES (PBM).

## 6. Reimbursement Process of Covid-19 Vaccine Administration to MCO

Providers properly certified to administer COVID-19 vaccines and/or licensed vaccination sites must bill the MCO, based on the Covid-19 vaccine administered (Pfizer/Moderna/Jassen), to Plan Vital beneficiaries. Billing for the administration must be separate from other services provided (unbundled) to the MCO. This administration is considered outside the scope of Perdiem and/or any other contracting arrangement between the MCO and the provider.

The MCO will receive the invoices of these services and will make the payment according to the rates determined by the ASES.

Billing for these services should therefore be done on a separate line using the following coding:

### Coding Fee prior to April 1, 2021 to March 31, 2021

Vaccine Code	Administration Code	Dose	Cost of Plan Vital Administration
Pfizer-91300	0001A 1ra dosis	30mcg./0.3mL	\$16.94
Pfizer-91300	0002A 2da dosis	30mcg./0.3mL	\$28.39
Moderna-91301	0011A 1ra dosis	100mcg./0.5mL	\$16.94
Moderna-91301	0012A 2da dosis	100mcg./0.5mL	\$28.39
Janssen-91303	0031A dosis única	0.5mL	\$28.39

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**Coding Fee as of April 1, 2021 to August 11, 2021**

Vaccine Code	Adminsitration Code	Dose	Cost of Plan Vital Adminsitration
Pfizer-91300	0001A 1ra dosis	30mcg./0.3mL	\$40.00
Pfizer-91300	0002A 2da dosis	30mcg./0.3mL	\$40.00
Moderna-91301	0011A 1ra dosis	100mcg./0.5mL	\$40.00
Moderna-91301	0012A 2da dosis	100mcg./0.5mL	\$40.00
Janssen-91303	0031A dosis única	0.5mL	\$40.00

**Coding Fee as of August 12, 2021 to October 4, 2023**

Vaccine Code	Administration Code	Dose	Cost of Plan Vital Administration
Pfizer-91300	0001A 1ra dosis	30mcg./0.3mL	\$40.00
Pfizer-91300	0002A 2da dosis	30mcg./0.3mL	\$40.00
Pfizer-91300	0003A 3ra dosis	30mcg./0.3mL	\$40.00
Moderna-91301	0011A 1ra dosis	100mcg./0.5mL	\$40.00
Moderna-91301	0012A 2da dosis	100mcg./0.5mL	\$40.00
Moderna-91301	0013A 3ra dosis	100mcg./0.5mL	\$40.00
Janssen-91303	0031A dosis única	0.5mL	\$40.00

The MCO will process the invoice and issue the corresponding payment in accordance with the volume of services and established fee and payment schedule. No co-payments or deductibles will apply.

Subsequent to payment issued by the MCO to providers or immunization centers, the MCO must report these payment transactions to ASES using the contractual requirement named \*.CLM- layout in last verion.

The claims to be evaluated by ASES will be those received in the \*.CLM files that are received from the MCOs on or before the 15th of each month. ASES

will process the payment in the subsequent month after receiving the transactions issued in \*.CLM file.

After the 15th of each month the Office of Information Systems will proceed with the process of identifying and validating claims related to the administration of the COVID-19 vaccine through the COVID-19 Module in ES.

ASES will execute a validation process, which will identify claims transactions that meet the valid codes and/or billing for reimbursement by the ASES to the MCOs related to the administration of Covid-19 vaccines.

The staff of the Fiscal Affairs Office will have a module defined in the Enterprise System (ES) application, where they will be able to manage every month the reimbursement corresponding to the MCOs, based on the payments reported by the reference administrations according to the claims received by the ASES in the \*.CLM files, after validation by the Information Systems.

**CPT Code y Layout**

<b>CPT Code</b>	<b>CPT Short Descriptor</b>	<b>Labeler Name</b>	<b>Vaccine/Procedure Name</b>
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	Moderna	Moderna Covid-19 Vaccine Administration – Third Dose
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	Janssen Covid-19 Vaccine Administration

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CLM FILE LAYOUT					COVID-19 VACCINES ADMINISTRATION			
#	Field	Name	Description	Deliverable Data Format	Validation Rules	Values	Description	Comments
7	bill_type	Bill Type	Originating bill type - U=UB-04 / Institutional H=HCFA/CMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	Required Must equal "U", "H", "P" or "D".	U,H	Institutional and Professional	Institutional and Professional
14	from_date	Service From Date	Begin date of the treatment.	YYYYMMDD	Required Must be a valid date.	Vaccine Administration Date	Vaccine Administration Date	For Pfizer and Moderna the date will be used to determine 1st and second dose.
36	proc_code	Procedure Code	For non-Pharmacy Standard procedure code conforming to HCPCS/CPT or HCSP/CDT as appropriate	X(15)	For claims from CMS1500 / UB-04, when present must be a HCPCS/CPT code. For Dental claims must be a valid dental HCPCS/CDT code. For Pharmacy claims this must be all blanks.	Used codes in Vaccine Procedure CPT Codes	Used codes in Vaccine Procedure CPT Codes	Used codes in Vaccine Procedure CPT Codes
43	rev_code	Revenue Code	For UB-04 Claims NUBC Revenue Code	X(4)	Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left.	771	Vaccine Administration	Only required for Bill Type = U
107	sv_units	Units of Service	Number of occurrences of service	9(10)	Must be a valid ICD/DSM-IV code without any decimal points. Diagnosis codes must be carried to their highest When present must be a number	Z23	Immunization	Report once This value is required

**The procedure to be followed to achieve the objective describe above will be as follows:**

ASES will perform validation for each of the transactions received for the administration of Covid-19 vaccines.

1) Using the ES database, claims with the following validation criteria will be selected:

- A. Carrier contracted for PSG or Plan Vital. (Medicare Advantage Organizations [MAOs contracted for Medicare Platinum coverage] are not included.)
- B. Services Provided to eligible Plan Vital beneficiaries as of the date of service.
- C. Unduplicated invoices (MIP - Date of Service -from -to).
- D. Identified as paid by the MCO.
- E. Identified as administration of Covid-19 Vaccine.
- F. Date of service (from date) from December 10, 2020 onwards.
- G. Validation of transactions for which ASES has issued a refund.

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- H. Beneficiary eligibility will be verified.
- I. First, second and third doses will be identified on the appropriate vaccines administered. This is subject to change as doses are approved.
- J. For MCOs, all pharmacy transactions will be excluded; these will be through the PBM contracted by ASES.
- K. **Actually, the current Normative Letter is 23-1005.**

- 2) A report will be generated in the Office of Information Systems/ASES in the ES COVID-19 Module with the summary in order of MCO and coverage (Medicaid, CHIP, State) with cost totals for claims that met the established criteria.
- 3) A file will be generated with the details described above, which will be integrated into the MIP system.
- 4) Based on the data generated by the ES COVID-19 Module, the Office of Fiscal Affairs will proceed with the corresponding payments to each MCO.
- 5) A file will be generated for each MCO with the claims received that met all validation criteria, detailing the payment for reimbursement.

**General Diagram of the Reimbursement Process**

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### STEP 1: Payments For Covid-19 Vaccine

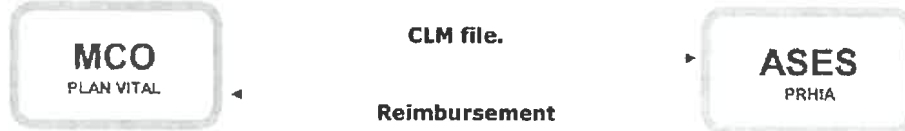


*RS*

- Certified Providers submits claims to the MCO using the corresponding coding for COVID-19 Vaccine.

- The MCO conducts the adjudication process and payment of these claims.

### STEP 2: Monthly Refund



- The MCO sends, on or before the 15th of each month, the \*.CLM File.

- ASES identifies transactions that qualify for reimbursement. (Covid-19 Vaccine)

- ASES makes the payment of the refund and sends a payment explanation file.

*RS*

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### **Right to Object Unreimbursed Submitted Claims**

If any MCO identifies that they submitted a claim or claims related to the administration of Covid-19 vaccines and were not reimbursed, they will have the right to challenge the amount of reimbursement made by ASES through the following process:

1) The MCO shall submit to ASES, in the format defined by ASES, all documentation supporting its objection no later than ninety (90) calendar days after the payment is made. In the event that ASES notifies changes in the files or file layouts necessary for the reconciliation of payments, the deadline to submit an objection to the payment shall begin to run sixty (60) days after ASES has issued the notice of changes in the files or file layouts. Upon expiration of this time period, the MCO forfeits its right to claim any additional amounts with respect to the period in dispute.



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2) Within thirty (30) calendar days after the MCO submits all relevant information, the MCO and ASES will meet to discuss the matter. If after discussing the matter and analyzing all relevant data it is subsequently determined that a payment error was made, the MCO and ASES shall develop a plan to remedy the situation, which shall include a mutually agreed upon resolution timeline within a mutually agreed upon time period.

3) The remediation plan for any payment error or ASES response to the MCO's payment objection shall be set forth in writing within ninety (90) calendar days from the date the MCO filed the objection. Full

resolution and payment of cases objected to and accepted by ASES shall not exceed one hundred eighty (180) days from the date the MCO filed the objection.

## 7. Flowchart

Certified Providers bill MCOs using the corresponding codes.

Before the 15th of each month, the MCOs will submit to ASES the corresponding claims in the \*.CLM file.

ASES Information and Systems Office will validate whether the submitted claims are eligible for reimbursement.

A report is generated for the Office of Fiscal Affairs with the totals of the transactions, specified according to the coverage of the beneficiary (Medicaid, CHIP, State) per month of service.

A report is generated for each MCO with the transactions accepted by ASES that detail the reimbursements to be made.

Upon receipt of a certification by ASES Information and Systems Office to the Office of Fiscal Affairs, that the reimbursements and transactions have been validated, ASES will proceed with the corresponding payments.



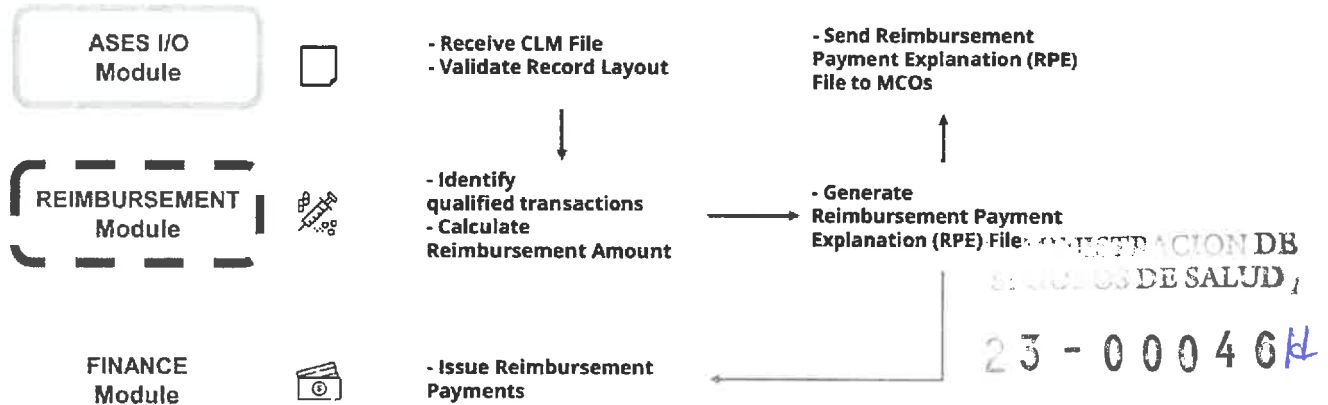
## 8. Internal Subsystems in ASES



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## 9. Covid -19 Vaccination Administration Payment Process for All Pharmacies through the PBM contracted by ASES

This section describes the payment process by ASES , with the ASES contracted Vital Plan Pharmacy Benefit Manager (PBM), to all pharmacies participating in the COVID-19 Vaccination Program, for the services of administering such vaccines to Plan Vital members.

This process will be specifically for all pharmacies that provide Covid-19 vaccine administration services to Vital Plan beneficiaries, and involves the steps described below:

- 1) The vaccines covered under this process are described in the table below:

GPI	GP Name	Drug Name
170100002401820	COVID-19 VACC, MRNA(PFIZER)/PF	PFIZER-BIOTECH COVID-19 VACCI



Reimbursement of Paid Services for COVID-19 Vaccine Administration to Plan Vital Beneficiaries Standard Operating Procedure

GPI	GP Name	Drug Name
170100002401840	COVID-19VACC, MRNA(MODERNA/PF	MODERNA COVID-19 VACCINE VIAL
170100002101840	COVID-19 VAC,AD26(JASSEN)/PF	JASSEN COVID-19 VACCINE VIAL

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2) On each bi-weekly payment cycle, the PBM contracted by ASES will generate a report with the National Drug Code Directory (NDC's) detail of the vaccines that reflected charges for their administration in the payment cycle. This report will be by insurer (MCO) and will include the paid amount for the administration of the vaccines, which will be the responsibility of ASES. The PBM will pay pharmacies the administration amount after receiving the defined funds for this process from ASES.

Example of Utilization Report of Covid-19 Vaccine by MCO ADMINISTRACION DE SEGUROS DE SALUD,

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COVID VACCINES DETAIL REPORT

Payment Cycle: February 11 2021 - February 24 2021

Insurance Company	Claim Number	Sequence Number	Member ID	Submitted Date	NDC	Product Name	Claims	Units	Paid Amount	Contrato Número
M	210422335974725	999	0080027335687	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
M	210422637774757	999	0080009476408	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
SS	210422686374738	999	0080010063165	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
A	210422695774724	999	0080013649432	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
IS	210422701174734	999	0080034690131	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
S	210422844374735	999	0080006927373	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
ST	210422884474722	999	0080015520714	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
EN	210422900774732	999	0080006697922	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
SS	210422947774736	999	0080016548539	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$16.94	
S	210422994874741	999	0080015355179	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
S*	210423195274740	999	0080020893696	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
AM	210423210758425	999	0080016521924	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$16.94	
MA	210423212474723	999	0080024896964	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
EN	210423261174733	999	0080024022460	2/11/2021	80777027399	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
SS	210557113573058	999	0080003235581	2/24/2021	80777027310	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
SS	210557150673051	999	0080034120394	2/24/2021	80777027310	MODERNA COVID-19 VACCINE VIAL	1	0.5	\$28.39	
Total:							4.547	2.352	5115.195.32	

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3) On each bi-weekly payment cycle, the ASES contracted PBM will deduct from each MCOs utilization bill the amount related to the administration of the vaccines included in this program. Each insurer's bi-weekly invoice will include a report detailing the vaccine administration charges and will be deduced from the Claim Status Report'.

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Payment Cycle Report

Carrier:

For Cycle: From 2/11/2021 To 2/24/2021

Paid Date: 2/25/2021

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Transactions	Ingredient Cost	Dispensing Fee	Vaccine Fee	Total	Out of Pocket	Paid
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PR						
173,476	\$10,086,005.79	\$433,855.37	\$30,484.37	\$10,550,345.53	\$152,077.02	\$10,397,739.81
9,184	(\$2,104,117.50)	(\$21,903.33)	(\$1,012.34)	(\$2,127,033.17)	(\$25,805.07)	(\$2,101,228.10)
46,227	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
228,903	\$7,981,888.29	\$411,952.04	\$29,472.03	\$8,423,312.36	\$126,271.95	\$8,296,511.71
					Less Synthroid Adjustments:	\$ (141,239.88)
					Less: Hepatitis C Drug:	\$ (143,684.55)
					Less: COVID Vaccines:	\$ (29,459.77)
					<b>Total Amount Due:</b>	<b>\$8,155,271.83</b>

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4) The PBM, contracted by ASES, will bill ASES on each bi-weekly payment cycle for payment for the administration of the COVID-19 vaccines. For these purposes the PBM will submit to ASES a utilization report, as presented above, as part of the documentation for payment, which will include a breakdown of all vaccine utilization by each insurer. The PBM will send the report to ASES the following Friday of the week after the payment cycle closes. This way, funds can be received on Tuesday of the following week (2 business days) after ASES has received the report. The PBM will submit the invoice with the summary by MCO to ASES.

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**Sample Invoice**

**Claim Funding Request Invoice**

ISSUED TO:

ASES  
 PO Box 9024264  
 San Juan, PR 00902-4264

Phone (787)474-3300 x 2340, Fax (787)474-3345  
**Contact:**

For contracted PBM services as follows: **Administration Fees  
 COVID-19 Vaccination Program**

For the period of: **February 11, 2021 - February 24, 2021**

INVOICE INFORMATION	
Number:	XXXXX
Date:	2/25/2021
Terms:	Upon Receipt

*Handwritten initials*

Carrier ID	Grand Total
FIRST MEDICAL	\$
SSS-PSG	\$
PLAN SALUD MENONITA	\$
MMM	\$
<b>Grand Total</b>	<b>\$</b>
<b>Wire Transfer is due on:</b>	<b>3/2/2021</b>

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**Total Payment for COVID Vaccines: \$**

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5) The PBM contracted by ASES will place in the "Secure FTP" of ASES  
 (/FTP\_ASES/FTP\_MC-21/Submit To ASES/) a separate file with the  
 detail of the claims. This file will use the ASES approved layout and

nomenclature. In the file to be submitted, the PBM shall use the "Carrier ID" corresponding to the MCOs (09,10,12 and 13) for all claims prior to April 4, 2021. After this date the "Carrier ID" to be used by the PBM will be the one that identifies them (64).

**Nomenclature and Layouts**

Inbound			
File Naming Convention	Part	Description	
Pccyyymmdds.CV	P	Always "P"	
	cc	Carrier Code	
	yyyy	Digits of year	
	mm	Month	
	dd	Days	
	s	sequence number of file submission	
		Always "**"	
	CV	Extension code identifying type of file	
Outbound - Audit Findings			
File Naming Convention	Part	Description	
Pccyyymmdds_findings.CV	R	Always "R"	
	cc	Carrier Code	
	yyyy	Digits of year	
	mm	Month	
	dd	Days	
	s	sequence number of file submission	
		Always "**"	
	findings	Always "paid"	
	Always "**"		
CV	Extension code identifying type of file		
Outbound - Invoice Paid			
File Naming Convention	Part	Description	
Pccyyymmdds_payments.CV	R	Always "R"	
	cc	Carrier Code	
	yyyy	Digits of year	
	mm	Month	
	dd	Days	
	s	sequence number of file submission	
		Always "**"	
	paid	Always "paid"	
	Always "**"		
CV	Extension code identifying type of file		

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Layout Inbound

ADMINISTRACION DE SEGUROS DE SALUD,

23 - 00046H

Contrato Número

# Field	Field	Description	Position	Size	Deliverable Data Format	Values
2	CARRIER_ID	Value that identifies carrier which is reporting claims.	21	10	X:10:	GFIRST (First Medical) GHMOL (Molina) GMMM (MMM) GSMEN (Menonita) GTSSS (Triple-S)
3	CLAIM_NUMBER	Unique identification number within Carrier	31	18	X:18:	
4	SEQUENCE_NUMBER	Number identifying individual service within a given claim.	49	3	X:3:	
5	MEMBER_ID_NUMBER	Master Patient Index (MPI) As supplied in ASES Eligibility Data.	52	13	X:13:	
6	BIRTH_DATE	Date of Birth	65	8	YYYYMMDD	
7	FILL_DATE	Service From Date	73	8	YYYYMMDD	
8	SUBMITTED_DATE	Claim process date	81	8	YYYYMMDD	
9	GPI	Generic Product Identifier (GPI)	89	14	X(14):	
10	NDC	National Drug Code (NDC)	103	20	X:20:	
11	PRODUCT_NAME	Generic Product Name	123	100	X:100:	
12	VACCINE_DOSE	Vaccine dose	223	15	X(15)	Submission Clarification Code (SCC) submitted by the pharmacy 02 - First dose 06 - Second dose 07 - Third dose BLANKS - Used for one-dose vaccines
13	UNITS	The number of refills specified	238	10	9(10)	
14	INGREDIENT_COST_UNIT	Cost of ingredient(s) dispensed for this Service per unit	248	10	S9:7:99	
15	INGREDIENT_COST	Cost of ingredient(s) dispensed for this Service	258	10	S9:7:99	
16	PAID_AMOUNT	Amount paid by carrier for this service	268	10	S9:7:99	
17	NPI	National Provider Identifier Standard	278	20	X:20:	
18	FILLER	Filler	298	1	X	
			298			

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Layout Outbound (Audit Finding)

# Field	Field	Description	Position	Size	Deliverable Data Format	Comments
1	SUBMITTED_DATE	Claim process date	1	8	YYYYMMDD	
2	CARRIER_ID	Value that identifies carrier which is reporting claims.	9	10	X:10:	GFIRST (First Medical) GHMOL (Molina) GMMM (MMM) GSMEN (Menonita) GTSSS (Triple-S)
3	CLAIM_NUMBER	Unique identification number within Carrier	19	18	X:18:	
4	SEQUENCE_NUMBER	Number identifying individual service within a given claim.	37	3	X(3):	
5	MEMBER_ID_NUMBER	Master Patient Index (MPI) As supplied in ASES Eligibility Data.	40	13	X(13):	
6	FINDINGS	Audit findings	53	20	X(20):	If there is more than one code, they will be pipe delimited
7	FILLER		73	1	X	
			73			

Findings Code	Description	Impact
1	Invalid members	Y
2	Invalid GPI	Y
3	Invalid NDC	Y
4	Invalid Dose	Y
5	Invalid Paid Amount	Y
6	Out Of Period	Y
7	Duplicated dose	Y

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Layout Outbound Invoice Paid

# Field	Field	Description	Position	Size	Deliverable Data Format	Values
1	INVOICE_NUMBER	Invoice Number	1	20	X(20)	
2	CARRIER_ID	Value that identifies carrier which is reporting claims.	21	10	X(10)	GFIRST (First Medical) GHMOL (Moína) GMMM (MMM) GSMEN (Menonía) GTSSS (Triple S)
3	CLAIM_NUMBER	Unique identification number within Carrier	31	18	X(18)	
4	SEQUENCE_NUMBER	Number identifying individual service within a given claim.	49	3	X(3)	
5	MEMBER_ID_NUMBER	Master Patient Index (MPI) As supplied in ASES Eligibility Data.	52	13	X(13)	
6	BIRTH_DATE	Date of Birth	65	8	YYYYMMDD	
7	FILL_DATE	Service From Date	73	8	YYYYMMDD	
8	SUBMITTED_DATE	Claim process date	81	8	YYYYMMDD	
9	GPI	Generic Product Identifier (GPI)	89	14	X(14)	
10	NDC	National Drug Code (NDC)	103	20	X(20)	
11	PRODUCT_NAME	Generic Product Name	123	100	X(100)	
12	UNITS	The number of refills specified	223	10	9(10)	Submission Clarification Code (SCC) submitted by the pharmacy 02 - First dose 06 - Second dose 07 - Third dose BLANKS - Used for one-dose vaccines
13	INGREDIENT_COST_UNIT	Cost of ingredients dispensed for this Service per unit	233	10	S9(7)N99	
14	INGREDIENT_COST	Cost of ingredients dispensed for this Service	243	10	S9(7)N99	
15	PAID_AMOUNT	Amount paid by carrier for this service	253	10	S9(7)N99	
16	NPI	National Provider Identifier Standard	263	20	X(20)	
17	REF_PAYMENT	Payment reference number	283	40	X(40)	
18	PAID_DATE	Payment date	323	8	YYYYMMDD	
19	FILER	Filer	331	1	X	
			331			

## 10. References

The following references will be used to perform this procedure.

- Applicable Federal Laws
- Applicable laws of Puerto Rico.
- Normative Letter 20-1214, issued December 14, 2020.
- Circular Letter 21-0104, issued January 4, 2021.
- Normative Letter 20-1214B, issued March 5, 2021.
- Normative Letter 20-1214C, issued March 26, 2021.
- Normative Letter 20-1214D, issued September 2, 2021
- Current Normative Letter 23-1005, issued October 5, 2023
- Specified payment and information management policies of the ASES.

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*no*

## 11. Validity

The provisions of this Procedure enter into force immediately after its adoption.

*PPS*

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# Reimbursement of Paid Services for Remdesivir and/or Convalescent Plasma Treatments

Standard Operating Procedure

Responsible Entity: ASES

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SEGUROS DE SALUD

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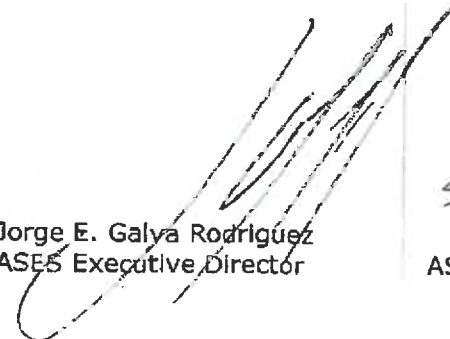
Version 1.7  
October 2021

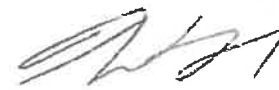


### I. Document Information

Information Required	Description
----------------------	-------------

**Owner:** ASES  
**Date:** 10/20/2021  
**Approved by:**

  
 Jorge E. Galya Rodríguez  
 ASES Executive Director

  
 Rafael Vázquez Paniagua  
 ASES Chief Information Officer

### II. Document Revision History

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Version Number	Date	Description
<b>v 1.0</b>	< 10/30/20>	First version published for review.
<b>v.1.5</b>	< 05/03/21>	1. It includes the requirement to bill Hospitals for the administration of Remdesivir and/or Convalescent Plasma treatments to the MCO that administers the Vital Plan beneficiary's benefit coverage.  2. New treatment administration coding is added for Remdesivir and/or Convalescent Plasma related claims.
<b>v.1.6</b>	<22/09/21>	New section added:  <b>11.Special One-Time Report: Period October 2020-August 2021</b>  New coding is added for the purpose of reimbursing payment for COVID-19 (Remdesivir and Convalescent Plasma) treatments for the period October 1, 2020 through August 31, 2021.  2.This coding will be a one-time only Special Report for reimbursement for the period indicated above.  Subsequent reimbursements shall be made monthly in accordance with the claims received and validated by ASES in

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ADMINISTRACION DE SEGUROS DE SALUD

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the files called \*.CLM sent by the MCOs on or before the 15th of each month.

3. The Insurers shall accompany the report required above with an attestation confirming that the information provided is current, complete and accurate. **(Attachment 1)**

v.1.7 <10/20/2021>

Review and correction of typos.

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# 1. Acronyms and Terms

The following table provides definitions for acronyms and terms used in this document.

**Table 1: Acronyms and Terms**

Acronyms	Definition
<b>Actuary</b>	An actuarial science professional who deals with the financial implications of risk and uncertainty. Actuaries provide expert evaluations of actuarial systems, financial collateral, with special attention to its complexity, mathematics and mechanisms.
<b>ASES</b>	Puerto Rico Health Insurance Administration.
<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>	The Centers for Medicare & Medicaid Services is the agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major health care programs. CMS oversees programs including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the state and federal health insurance marketplaces. CMS collects and analyzes data, produces investigative reports, and works to eliminate fraud and abuse within the health care system.
<b>Enterprise System (ES)</b>	A system for collecting and managing data from diverse sources to provide meaningful business information. A data warehouse is generally used to connect and analyze business data from heterogeneous sources.
<b>Managed Care Organization (MCO)</b>	An entity that is organized for the purpose of providing health care and is licensed as an insurer by the Insurance Commissioner of Puerto Rico, which contracts with ASES for the provision of Covered Services and Benefits throughout the Island on a PMPM Payment basis, under the GHP program.
<b>VITAL Health Plan/ Government Health Plan (GHP)</b>	It is the health plan that the government of Puerto Rico provides through federal Medicaid funds and state funds.
<b>MIP System</b>	Account Payable Module. This module registers the invoices for payment of Account Payable. The information to be entered in A/P Invoices Form is the following: invoice, date, amount, description, Vendor ID, enter the transaction in debit and credit among others.
<b>Standard Operating Procedure (SOP)</b>	A set of instructions that describes all the relevant steps and activities of a process or procedure.

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ADMINISTRACION DE SEGUROS DE SALUD

23 - 00040H

## 2. Legal Basis

The Centers for Medicare & Medicaid Services (CMS) has made more flexible and promoted access to services and treatments available for COVID-19. These policy changes are based on regulatory flexibilities granted under the emergency declaration. CMS is extending this benefit on a temporary and emergency basis under the 1135 waiver authority and the Coronavirus Adequacy of Response Act.

Therefore, the Health Insurance Administration (ASES) is issuing the following procedure pursuant to CMS approval (TN-20-0010) effective October 1, 2020. CMS approved the State Plan Amendment (SPA) process to include in the beneficiary coverage under the Government Health Plan (GHP) "Vital Plan" the treatment for COVID-19 Remdesivir and Plasma Convalescent.

## 3. Purpose

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) has approved the introduction or infusion of therapies, including **Remdesivir** and **Convalescent Plasma**.

The CMS-approved SPA, submitted by the Medicaid PR Program Office, states that costs associated with the treatment of Remdesivir and/or Convalescent Plasma are excluded from the Monthly Premium Payment for Health Care Organizations (MCO). The payment methodology is reimbursement based. This determination was supported, as the constant changes in the Clinical Guidelines and Novel Treatment are elements that impact the cost projection.

Based on the above, ASES has established the operational procedure to allow reimbursement to MCOs for referral treatments. In addition to maintaining the necessary documentation of such reimbursements in a correct and auditable manner.

The purpose of this procedure is to establish and provide guidelines to the ASES Information Systems Department personnel who perform the automated data entry and certifications necessary for the execution of payment for reimbursement of claims on Remdesivir and/or Convalescent Plasma treatments to the MCOs, carrying out the rigorous fiscal controls required by current State and Federal regulations.

#### 4. Scope

This Procedure applies so that the necessary controls are established and the proper disbursements and notifications of payment of claims submitted by MCOs are made in compliance with all applicable State and Federal laws.

#### 5. Effectiveness

Treatments and/or services provided to Vital Plan beneficiaries on or after October 1, 2020.

#### 6. Responsible Parties

The following parties are responsible for the execution of this Procedure.

- ASES Planning Department
- ASES Compliance Office
- ASES Information System Office
- ASES Office of Fiscal Affairs
- Health Care Organizations (MCOs contracted with Plan Vital)

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## 7. Reimbursement of Paid Services for Remdesivir and/or Convalescent Plasma Treatments

Hospitals should bill MCOs for the treatment used (Remdesivir/Plasma) as well as the administration of such treatment to Vital Plan beneficiaries on the CMS-1450 form (UB-04). Billing for the treatment and its administration must be done separately from other services provided (unbundled) to MCOs. These services/treatments are considered outside the scope of Per diem and/or some other contracting modality between the MCO and the hospital. MCOs will be billed for these services/treatments and will make payment at rates determined by ASES.

Therefore, the identification of these services, in the file of claims issued by the Insurers to the ASES (\*.CLM), will be carried out using the coding according to the Normative Letter 20-1110-A:

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#### Remdesivir:

##### CLM FILE LAYOUT

#	Field	Name	Description	Deliverable Data Format	Validation Rules	REMBURSMENT CODIFICATION		Comments
						Value	Description	
7	bil_type	Bill Type	Originating bill type - U=UB-04 / Institutional H=HCFA/CMS1500 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	Required Must equal 'U', 'H', 'P' or 'D'.	U	UB-04 / Institutional	UB-04 / Institutional
8	ub_bill_type	UB Type of Bill	Type of Bill on the UB claim form. The type of bill encodes facility type, bill classification, and description	XXX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.	11X	Hospital Inpatient	Use codes in Referenced Table Tab UB Type of Bill - Hospital Inpatient
43	rev_code	Revenue Code	For UB-04 Claims NUBC Revenue Code	X(4)	Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left	0250	Pharmacy General Classification	
7 to 58	icd_diag_01 icd_diag_12	Primary ICD Diagnostic code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)	Not required for Pharmacy and Dental claims. Must be a valid ICD/DSM IV code without any decimal points. Diagnostic codes must be coded to their highest degree of detail. Left justified, blank filled.	U071	Covid19	Report once in any ICD10 diag field position
59 to 84	icd_proc_01 icd_proc_08	Primary ICD Procedure code Suth ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	X(10)	Not required for Pharmacy and Dental claims If provided, must be a valid ICD10-PCS procedure code without any decimal points	XW033ES XW049ES	Introduction of Remdesivir Anti-Infective Into Peripheral Vein, Percutaneous Approach, New Technology Group 5 Introduction of Remdesivir Anti-Infective Into Central Vein, Percutaneous Approach, New Technology Group 6	Report once in any ICD10 proc field position
108	claim_type	Claim Type	Claim Type I=Inpatient O=Outpatient P=Professional	X	Required for all medical claims. For Rx and Dental claims, this field can be left blank. Must equal 'I', 'O' or 'P' if populated.	I	Inpatient	
107	sv_units	Units of Service	Number of occurrences of services	9(10)	When present must be a number			This value is required

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**Convalescent Plasma:**

CLM FILE LAYOUT					PLASMA CONVALESCIENTE			
#	Field	Name	Description	Distriutable Data Format	Validation Rules	REIMBURSEMENTS CODIFICATION Values	Description	Comments
7	bill_type	Bill Type	Originating bill type - U=UB-04 / Institutional I=ICD/CMS-100 / Individual / Professional P=Pharmacy Claim D=Dental Claim	X	Required Must equal 'U', 'I', 'P' or 'D'.	U	UB-04 / Institutional	
8	ub_bill_type	UB Type of Bill	Type of Bill on the UB claim form. The type of bill encodes facility type, bill classification, and description.	XXX	Required for all claims submitted on Uniform Bill (UB) claim form. When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data specification manual.	11X	Hospital Inpatient	
43	rev_code	Revenue Code	For UB-04 Claims NIBC Revenue Code	X(4)	Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left. Not required for Pharmacy and Dental claims. Must be a valid ICD/CM IV code without any decimal points. Diagnosis codes must be coded to the highest degree of detail. Left justified, blank filled.	0343	Blood Component Plasma	
17 to 54	icd_diag_01/icd_diag_10	Primary ICD Diagnosis code	Non-Pharmacy/Dental ICD diagnosis code.	X(8)		U071	Covid19	Report case in any ICD10 field position
50	icd_proc_01	Primary ICD Procedure code	Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery)	X(10)	Not required for Pharmacy and Dental claims. If provided, must be a valid ICD10-CM procedure code without any decimal points.	XW13325	Transfusion of Convalescent Plasma (Nonautologous) into Peripheral Vein, Percutaneous Approach, New Technology Group 6	Report once in any ICD10 proc field position
54	icd_proc_06	Sixth ICD Procedure code				XW14628	Transfusion of Convalescent Plasma (Nonautologous) into Central Vein, Percutaneous Approach, New Technology Group 6	
109	claim_type	Claim Type	Claim Type: I=Inpatient D=Outpatient P=Professional	X	Required for all medical claims. For Dental and Dental claims, this field can be left blank. Must equal 'I', 'D' or 'P' if populated.	I	Inpatient	
107	sv_units	Units of Service	Number of occurrences of service	9(10)	When present must be a number			This value is required

The MCO will process the invoice and issue the corresponding payment according to the volume of services and established fee and payment schedule. No co-payments or deductibles will apply.



Subsequent to the payment issued by the MCO to the hospitals, the MCO must report these payment transactions to ASES via the contractual requirement called \*.CLM.

The claims to be evaluated by ASES will be those received in the \*.CLM files sent by the insurers on or before the 15th of each month. ASES will process the payment in the subsequent month after receiving the transactions issued in \*.CLM.

ASES will perform a series of validations to identify claims that are eligible for reimbursement from the ASES to MCOs related to claims for Remdesivir and/or Convalescent Plasma treatments.





The staff of ASES's Office of Fiscal Affairs will have a module in the ES application where they will be able to manage each month the reimbursement corresponding to the MCOs based on the payments reported by the referral treatments according to the claims received by ASES in the \*.CLM files.

After the 15th of each month the Office of Fiscal Affairs will proceed to begin the process of identifying and validating COVID-19 related claims through the COVID-19 Module in ES.

**The procedure to be followed to achieve the objective described above will be as follows:**

1) The ASES will perform the following validation for each of the transactions received for treatments and/or services of Remdesivir and/or Convalescent Plasma.

Using the ES database, claims with the following validation criteria will be selected:

- A. Carriers contracted for PSG or Plan Vital. (Medicare Advantage Organizations (MAOs contracted for Medicare Platinum coverage are included).
- B. Services Provided to Vital Plan beneficiaries as of the date of service.
- C. Unduplicated invoices (MIP - Date of Service -from -to).
- D. Identified as paid by the MCO
- E. Identified as Hospital/Inpatient
- F. Service date (from date) from October 1, 2020 onwards
- G. Validation of transactions for which ASES has issued a refund.
- H. Treatment codes:

- i. Remdesivir
- ii. Convalescent Plasma

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- 2) The MCO will include in the required monthly certification \*.CLM the amount of payments issued for the referenced treatments. This Certification will be received by the ASES Information Systems Department and will be shared with the ASES Office of Fiscal Affairs. The report generated by the ASES Information Systems Office must match the amounts submitted by each MCO on the certification.
- 3) The Office of Information Systems will generate a report and file for Finance with the summary by MCO and by coverage (Medicaid, CHIP, State) of the cost and claims totals that met the established criteria.
- 4) The ASES will perform a series of validations on the identified claims: duplicity / dates of services / beneficiaries of the Vital Plan.
- 5) Upon receipt of a Certification from Information Systems to the Office of Fiscal Affairs that the reimbursements and transactions have been validated, Finance/ASES will proceed with the corresponding payments to each MCO.
- 6) A report will be generated for each MCO with the claims that met all validation criteria, detailing the payment for reimbursement.
- 7) ASES will generate a report for the MCOs with claims that did not meet the explanatory validation criteria.

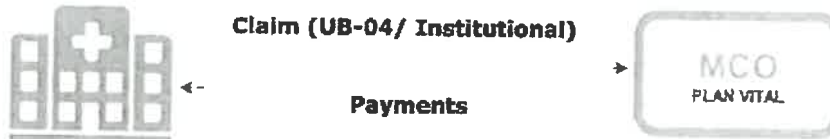
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**General Diagram of the Reimbursement Process**

**STEP 1: Payments For Covid-19 Treatment**

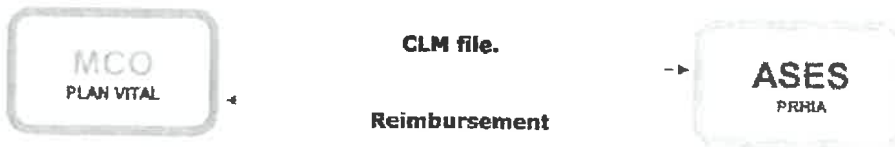


-The hospital submits claims to the MCO using the corresponding coding for COVID-19 treatment.

-The MCO conducts the adjudication process and payment of these claims.

**STEP 2: Monthly Refund**

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-The MCO sends, on or before the 15th of each month, the \*.CLM File.

-ASES identifies transactions that qualify for reimbursement (Remdesivir and/or Convalescent Plasma)

-ASES makes the payment of the refund and sends a payment explanation file.

**Claims or transactions submitted by MCOs that do not meet established criteria**

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- 1) A report will be generated for the MCOs of claims or transactions that ASES judged did not meet the defined criteria and therefore were not considered in the reimbursement calculation. For each transaction there will be a note explaining the criteria that was not met and therefore excluded from the reimbursement calculation process.

- 2) If the transactions that were not considered in the refund calculation are corrected, MCO should re-submit them in the next \*.CLM with adjustment status.
  
- 3) Upon receipt of the corrected transactions submitted by the MCO and the report generated for reimbursement by the Office of Information Systems, the Office of Fiscal Affairs/ASES will proceed with the corresponding payments to each MCO.

## 8. Flowchart

Hospitals bill MCOs via form CMS-1450(UB-04), using the corresponding codes.

A report is generated for the Office of Fiscal Affairs with the totals of the transactions, specified according to the coverage of the beneficiary (Medicaid, CHIP, State) per month of service.

A report is generated for each MCO with the transactions accepted by ASES that detail the reimbursements to be made.

Yes

Before the 15th of each month, the MCOs will submit to ASES the corresponding claims in the \*.CLM file.

Eligible Claims?

Upon receipt of a certification by ASES Information and Systems Office to the Office of Fiscal Affairs, that the reimbursements and transactions have been validated, ASES will proceed with the corresponding payments.

No

ASES Information and Systems Office will validate whether the submitted claims are eligible for reimbursement.

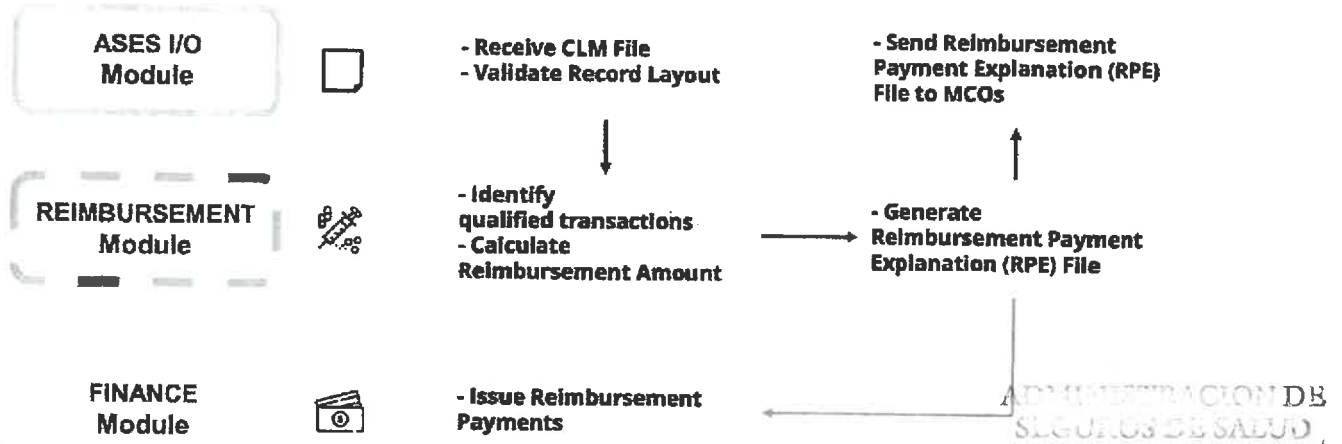
A claims report is generated for the MCO detailing the claims that ASES found did not meet the defined criteria.

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## 9. Internal Subsystems in ASES



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## 10. Applicable Standard Coding

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The International Classification of Diseases, Tenth Revision Procedural Coding System (ICD-10-PCS), effective August 1, 2020.

## 11. Special One-Time Report: Period October 2020-August 2021

In order to perform in the most effective and agile manner the verification and reimbursement of payments for COVID-19 treatments (Remdesivir and Convalescent Plasma) to MCOs for the period from October 1, 2020 to August 31, 2021, ASES has created a special coding system to validate claims for these services and proceed with reimbursement.

This coding will be a Special One-Time Report that will be made only once for the reimbursement of the period indicated above. Subsequent reimbursements will be made monthly according to the claims received and validated by ASES in the files named \*.CLM sent by the Insurers on or before the 15th of each month, as described

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in the previous sections of this procedure and the Normative Letter 20-1110-A, issued by ASES on May 18, 2021.

Therefore, for the identification and reimbursement of these services for the period specified above, it will be made in a Special One-Time Report by the MCO to ASES using the following coding:

**Reporting Period**  
 Please include information for services for the following period

**Service Period**  
 From October 01, 2020  
 To August 31, 2021

**Payment Period**  
 From October 01, 2020  
 To August 31, 2021

**File Naming Convention**  
 Please use the following naming convention

CC\_COVID19\_TREATMENT\_REIMBURSMENT\_202010\_202108.REIMB

CC Carrier Code: 09, 10, 12, 13

**File Contents and Format**  
 Please provide all services paid by the MCO for the administration of remdesivir and convalescent plasma  
 This is a fixed length format file with contents specified in the Tab "File Layout"

Field	Description	Deliverable Date Format	Validation Rules
Carrier Id	Value that identifies carrier which is reporting claims. Must be a valid code.	09	Use value as it was reported in the CLM File for Field #1 Carrier Id, it must comply with all validation rules from CLM File.
Claim Id	See Carrier Code List in Attachment II	X(20)	Use value as it was reported in the CLM File for Field #5 Claim Id, it must comply with all validation rules from CLM File.
NPI	National Provider Identifier (NPI) of the provider billing for the service	X(10)	Use value as it was reported in the CLM File for Field #70 Billing Provider, it must comply with all validation rules from CLM File.
NPI	Master Patient Index (MPI) As supplied in ASES Eligibility Data	X(13)	Use value as it was reported in the CLM File for Field #20 NPI, it must comply with all validation rules from CLM File.
Procedure Code	Standard procedure code conforming to HCPCS/CPT	X(15)	Use value as it was reported in the CLM File for Field #36 Procedure Code, it must comply with all validation rules from CLM File.
Service Date	Date of the treatment	YYYYMMDD	Use value as it was reported in the CLM File for Field #14 From Date, it must comply with all validation rules from CLM File.
Service Units	Number of occurrences of service	9(10)	Use value as it was reported in the CLM File for Field #107 Units Of Service, it must comply with all validation rules from CLM File.
Paid Date	This will be the date of payment for paid claims or the process date for denied claims.	YYYYMMDD	Use value as it was reported in the CLM File for Field #18 Payment Date, it must comply with all validation rules from CLM File.
Amount Allowed	Total amount allowed for the service by the carrier.	S9(7)999	Use value as it was reported in the CLM File for Field #76 Allowed Amount, it must comply with all validation rules from CLM File.
Amount Paid	Total amount paid by carrier for this service	S9(7)999	Use value as it was reported in the CLM File for Field #81 Paid Amount, it must comply with all validation rules from CLM File.
ICD Diagnosis Code	ICD Diagnosis code (Used for historic Reconciliation)	X(8)	Use expected value for this transaction following instructions from ASES normative Letter 20-1110-A
ICD Procedure Code	ICD10PCS (Used for historic Reconciliation)	X(7)	Use expected value for this transaction following instructions from ASES normative Letter 20-1110-A
Revenue Code	NIBC Revenue Code (Used for historic Reconciliation)	X(4)	Use expected value for this transaction following instructions from ASES normative Letter 20-1110-A

Notes:  
 All values must comply with CLAIMSERVICES INPUT FILE LAYOUT (CLM)

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The MCO shall attach to this Special One-Time Report an attestation stating that the information provided is correct, current, complete and accurate.

**(Attachment 1)**

The report file and the attestation should be sent to the ASES FTP server, in the "Submit To ASES" folder.

Once the Report is received, with the corresponding attestation, the Information Systems Office will proceed with the validation of each of the transactions received for treatments and/or services of Remedial and/or Convalescent Plasma. A series of validations will be performed on the identified claims, as previously defined in this procedure.

 Upon validation, the Office of Information Systems will generate a report and file for the Office of Fiscal Affairs summarizing, by MCO and by coverage (Medicaid, CHIP, State), the cost and claims totals that met the established criteria.

Upon receipt of a Certification from Information Systems to Finance that the reimbursements and transactions have been validated, Finance/ASES will proceed with the corresponding payments to each MCO.

## 12. References

The following references will be used to perform this procedure.

- Applicable Federal Laws
- Applicable laws of Puerto Rico
- Normative Letter 20-1110-A, issued May 18, 2021.
- Specified payment and information management policies of the ASES.

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 **13. Validity**

The provisions of this Procedure shall enter into effect immediately from the date of its adoption.



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