

ADDENDUM 4

MCO's Objection To Payments

ICD_PRMMIS_MGD_0012
_INBOUND_OBJECTION_TO_PAYMENTS_REQUEST

ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_
PAYMENTS_ERROR

ICD_PRMMIS_MGD_0014_OUTBOUND_OBJECTION_TO_
PAYMENTS_RESPONSE



ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000404

Contrato Número



DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0012 _INBOUND_OBJECTION_TO_PAYMENTS_REQUEST

MANAGED CARE 0012 Objection to Payments Request File

no Phase III Release I

Interface Control Document

Version 1.1


PPS

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SEGUROS DE SALUD

23 - 00040 *h*

Contrato Número

Change History



Version #	Date	Modified By	Description
1.0	05/17/2023	Gainwell Technologies	Initial submission
1.1	05/19/2023	Gainwell Technologies	Modified to use original ICD for file sent to ASES, with fields marked Unused if not needed by PRMMIS.



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1 Acronyms

The following table contains the list of abbreviations used within this document.

NOTE: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

Acronyms	Definition
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
HIPAA	Health Insurance Portability and Accountability Act
ICD	Interface Control Document
MEDITI	Medicaid Integrated Technology Initiative
PRMP	Puerto Rico Department of Health
PRMMIS	Puerto Rico Medicaid Management Information System
TPL	Third Party Liability



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2 Interface Overview

This document is the definition of the Inbound Objection to Payments Request File layout that will be received by Managed Care in a fixed position format. This interface file will contain the list of Objection to Payments requested by the Carrier.

2.1 Use Requirements

This monthly interface will be used by the Carriers to request changes to payments made by the Managed Care capitation process.

2.2 Communication Methods and Format

The file will be provided by the Carriers. The Inbound Objection to Payments Request File name will be MGD_OTP_Request_CARRIERID_CCYYMM_SS.txt, where CARRIERID is the 9-digit Carrier's Medicaid ID, CCYYMM is the capitation cycle year and month, and SS is the file version sequence number, which starts at "00" and is incremented if the Carrier sends subsequent files for the same Carrier and capitation cycle with adjustments or error fixes.

The inbound file will be in a fixed position format. The file will not contain header or trailer records. Any fields in the file that are not needed by PRMMIS will be marked "Unused" and ignored by PRMMIS.

2.3 Timing and Frequency

An Objection to Payments Request File for each capitation cycle month may only be sent within 90 calendar days after the monthly capitation payment has been made. Any subsequent version of the file, with adjustments or error fixes, must also be sent within that time period.

The Request file can be processed on the second, third, and fourth Tuesday of the month.

2.4 Monitoring and Reporting

PRMMIS will create an Outbound Objection to Payment Response file (ICD ICD_PRMMIS_MGD_0014_OUTBOUND_OBJECTION_TO_PAYMENTS_RESPONSE) and Outbound Objection to Payment Error Response file (ICD ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_PAYMENTS_ERROR) after processing the Inbound Objection to Payments Request File. These files will be returned to the originating Carrier.

PRMMIS will also create two reports, the Objection to Payment Response and Summary Report MGD-0350-M, and the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

2.5 Error Handling

Errors from processing the Inbound Objection to Payments Request File will be listed in the Outbound Objection to Payment Error Response file (ICD ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_PAYMENTS_ERROR) that will be sent to the originating Carrier. The Carrier may send a new Inbound Objection to Payments Request File with error fixes, incrementing the file version sequence number, within 90 calendar days after the monthly capitation payment has been made.

PRMMIS will also create the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

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2.6 Assumptions

- An Objection to Payments Request File for each capitation cycle month will be sent within 90 calendar days after the monthly capitation payment has been made.
- Any subsequent version of the file, with adjustments or error fixes, will also be sent within 90 calendar days after the monthly capitation payment has been made.



2.7 Key Contacts

Please provide the names, telephone numbers, and email addresses for source and destination contacts in the table below.

Table 2 – Key Contacts

Name	Telephone Number	Email Address	Organization Name



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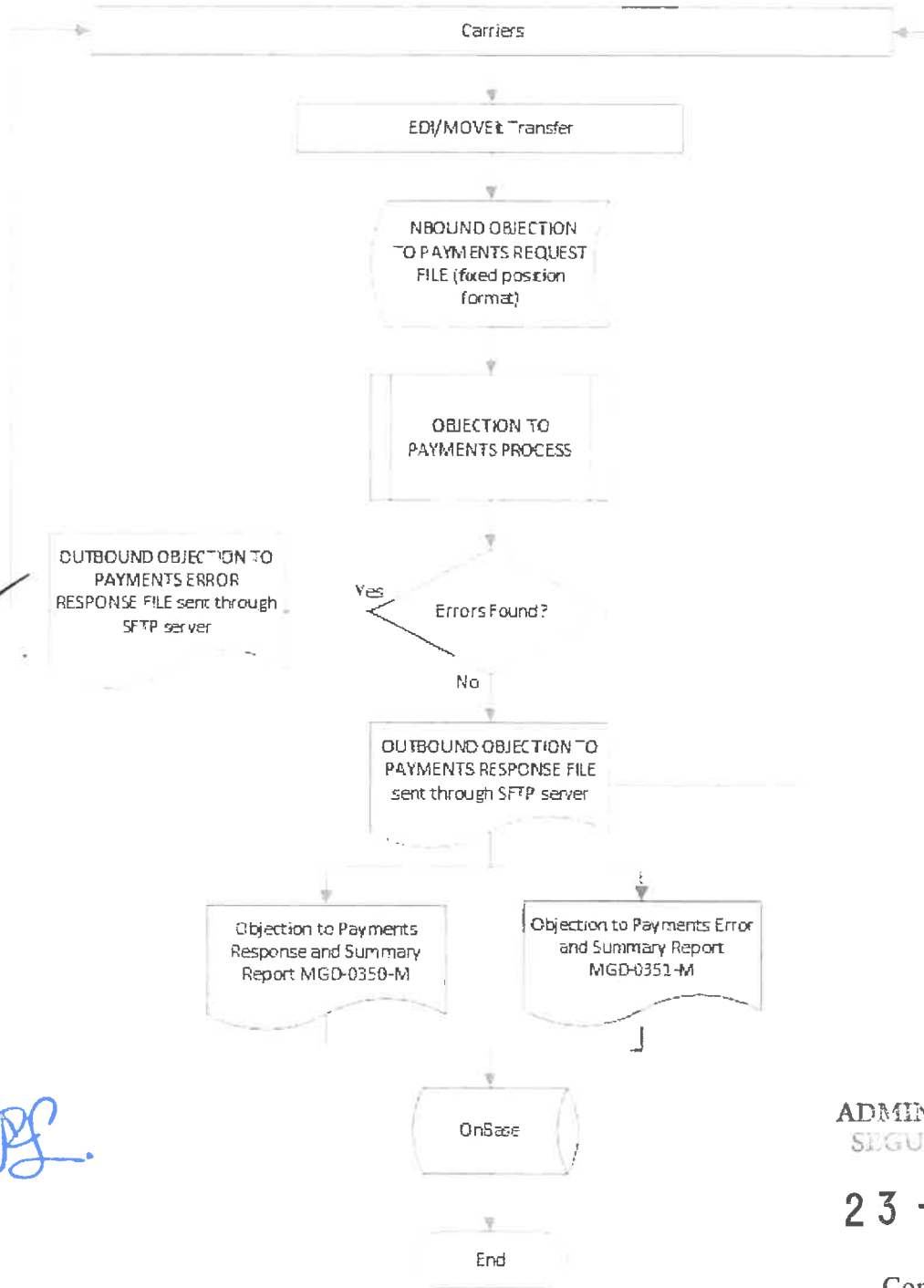
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Contrato Número

3 Process Flow

Figure 1 – Objection to Payments Process Flowchart

Objection to Payments Process



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Contrato Número

4 Detailed Specifications

The Objections to Payments file will be sent by the Carriers to PRMMIS in a fixed position format.

Table 3 – Detailed Specifications

Field #	Field Name	Size	Type	Format/Values	Required/Optional/Unused
1	Incurred Month	8	Numeric	CCYYMMDD Note: This is the first day of the capitation cycle month being subject to an objection of payment.	Required
2	Incurred Start Date	8	Numeric	CCYYMMDD Note: This is the capitation payment begin date. This is for subperiods within a month, otherwise use first day of the month.	Required
3	Incurred End Date	8	Numeric	CCYYMMDD Note: This is the capitation payment end date. This is for subperiods within a month, otherwise use last day of the month.	Required
4	MPI	13	Numeric	9999999999999 Note: This is the Member Medicaid ID.	Required
5	Application Number	10	Text	Note: Medicaid Application Number	Unused
6	Eligibility Start Date	8	Numeric	Note: Eligibility Start Date for the Incurred Period in the Health Plan.	Unused
7	Carrier Medicaid ID	9	Numeric	999999999 Note: This is the Carrier's Medicaid ID.	Required
8	Carrier Effective Date	8	Numeric	ADMINISTRACION DE SEGUROS DE SALUD	Unused
9	Coverage Code	3	Text	23 - 00040H Contrato Número	Unused
10	DOB	8	Numeric	Note: Date of Birth.	Unused
11	Sex	1	Text	Note: 1=Male, 2=Female.	Unused

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MANAGED CARE 0012 Objection to Payments Request File

12	Group Ident	3	Text	Note: Group Identification (Government Group Code).	Unused
13	Group Code	3	Text	Note: Group Code (Eligibility Group Code).	Unused
14	Dual Member	2	Text	Note: Identifies if is a dual member.	Unused
15	Enrollment Notification	14	Text	Note: Carrier Eligibility File Name.	Unused
16	Enrollment Confirmation by Carrier	14	Text	Note: Enrollment Confirmation File Name.	Unused
17	Enrollment Acceptance	2	Text	Note: Indicates if the subscription process is accepted by ASES.	Unused
18	HCHN Category	20	Text		Unused
19	HCHN Notification	30	Text	Note: File name for the HCHN file where the notification for this category was sent.	Unused
20	Encounter Carrier ID	2	Text	Note: Carrier reporting the Encounter.	Unused
21	Encounter Claim ID	30	Numeric	9999999999999999 Note: This is the Encounter Claim Identifier or TCN (Transaction Control Number) that the Carrier says should be used to create a Maternity Delivery Kick Payment or Correctional Facility Payment. The TCN is 17 digits, but the field size is 30.	Required for Objection Type MDKP or CFP
22	Encounter Service Date	8	Numeric		Unused
23	Encounter Notification	30	Text	Note: Claim file name containing the Encounter that sustains the adjudication of the HCHN rate cell.	Unused

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MANAGED CARE 0012 Objection to Payments Request File

24	Billing Date	8	Numeric		Unused
25	Rate Cell	3	Text	XXX Note: This is the rate cell received by the Carrier.	Required if a payment was received.
26	Risk Score	8	Numeric	999.9999 Note: This is the risk score received by the Carrier.	Required if a payment was received.
27	Capitation Amount	8	Numeric	99999.99 Note: This is the capitation amount received by the Carrier.	Required if a payment was received.
28	Payment Objection ID	30	Text	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Note: Unique Id for each transaction associated to an Objection of Payment. All responses for the objections of payment will reference this identifier.	Required
29	Objection Type	4	Text	XXXX Note: Valid values: PP = (Premium) Capitation Payment MDKP = Maternity Delivery Kick Payment CFP = Correctional Facility Payment	Required
30	Expected Rate Cell	3	Text	XXX Note: This is the expected rate cell.	Required
31	Expected Capitation Amount	8	Numeric	99999.99 Note: This is the expected capitation amount.	Required
32	Comments	200	Text	X(200) Note: Additional comments explaining Objection to Payment.	Required
33	End of Record	1	Text	* Note: End of record character.	Required

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ADMINISTRACION DE SEGUROS DE SALUD

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5 Code Table Values

Table 4 – Carrier Medicaid IDs

Carrier Name	Carrier Medicaid ID	ASES Carrier ID
First Medical	000001900	09
MMM Multi Health	000002000	10
Plan de Salud Menonita	000002200	12
Triple-S Salud	000002400	13

Table 5 - Capitation Rate Cell Codes (Effective January 01, 2023)

Rate Code	Rate Cell Description
V01	Medicaid - Age 18 and under
V02	Medicaid Age 19+
V03	Medicaid Aged, Blind, Disabled
V04	CHIP All Ages
V05	Commonwealth - Age 18 and under
V06	Commonwealth - Age 19+
V07	Medicaid MDKP
V08	CHIP MDKP
V09	CW MDKP
V10	Correctional Facility Hospital Case Rate
V11	Dual A
V12	Dual AB
V13	Foster or Domestic Abuse
V15	CHIP Aged, Blind, Disabled
V16	Commonwealth Aged, Blind, Disabled

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Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0012 _INBOUND_OBJECTION_TO_PAYMENTS_REQUEST

MANAGED CARE 0012 Objection to Payments Request File

Phase III Release I

Interface Control Document


Version 1.1

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000404

Contrato Número

Change History



Version #	Date	Modified By	Description
1.0	05/17/2023	Gainwell Technologies	Initial submission
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2.6 Assumptions

- An Objection to Payments Request File for each capitation cycle month will be sent within 90 calendar days after the monthly capitation payment has been made.
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SEGUROS DE SALUD

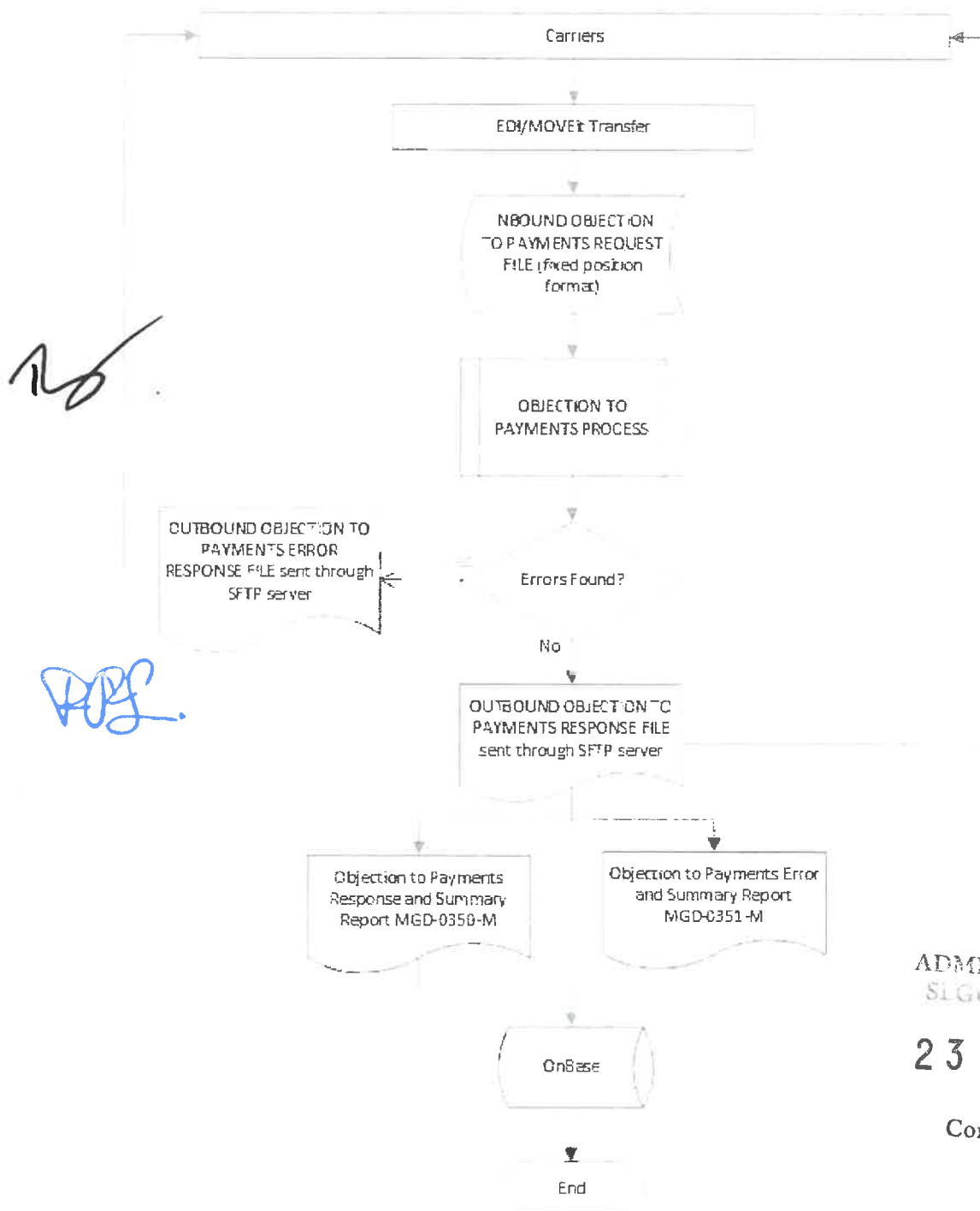
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3 Process Flow

Figure 1 – Objection to Payments Process Flowchart

Objection to Payments Process



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Contrato Número

4 Detailed Specifications

The Objections to Payments file will be sent by the Carriers to PRMMIS in a fixed position format.

Table 3 – Detailed Specifications

Field #	Field Name	Size	Type	Format/Values	Required/Optional/Unused
1	Incurred Month	8	Numeric	CCYYMMDD Note: This is the first day of the capitation cycle month being subject to an objection of payment.	Required
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4	MPI	13	Numeric	9999999999999 Note: This is the Member Medicaid ID.	Required
5	Application Number	10	Text	Note: Medicaid Application Number	Unused
6	Eligibility Start Date	8	Numeric	Note: Eligibility Start Date for the Incurred Period in the Health Plan.	Unused
7	Carrier Medicaid ID	9	Numeric	999999999 Note: This is the Carrier's Medicaid ID.	Required
8	Carrier Effective Date	8	Numeric	ADMINISTRACION DE SEGUROS DE SALUD	Unused
9	Coverage Code	3	Text	23 - 000404 Contrato Número	Unused
10	DOB	8	Numeric	Note: Date of Birth.	Unused
11	Sex	1	Text	Note: 1=Male, 2=Female.	Unused

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MANAGED CARE 0012 Objection to Payments Request File

12	Group Ident	3	Text	Note: Group Identification (Government Group Code).	Unused
13	Group Code	3	Text	Note: Group Code (Eligibility Group Code).	Unused
14	Dual Member	2	Text	Note: Identifies if is a dual member.	Unused
15	Enrollment Notification	14	Text	Note: Carrier Eligibility File Name.	Unused
16	Enrollment Confirmation by Carrier	14	Text	Note: Enrollment Confirmation File Name.	Unused
17	Enrollment Acceptance	2	Text	Note: Indicates if the subscription process is accepted by ASES.	Unused
18	HCHN Category	20	Text		Unused
19	HCHN Notification	30	Text	Note: File name for the HCHN file where the notification for this category was sent.	Unused
20	Encounter Carrier ID	2	Text	Note: Carrier reporting the Encounter.	Unused
21	Encounter Claim ID	30	Numeric	999999999999999999 Note: This is the Encounter Claim Identifier or TCN (Transaction Control Number) that the Carrier says should be used to create a Maternity Delivery Kick Payment or Correctional Facility Payment. The TCN is 17 digits, but the field size is 30.	Required for Objection Type MDKP or CFP
22	Encounter Service Date	8	Numeric		Unused
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MANAGED CARE 0012 Objection to Payments Request File

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SEGUROS DE SALUD

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5 Code Table Values

Table 4 – Carrier Medicaid IDs

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Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0012 _INBOUND_OBJECTION_TO_PAYMENTS_REQUEST

no

MANAGED CARE 0012 Objection to Payments Request File

Phase III Release I

Interface Control Document

Version 1.1


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Change History



Version #	Date	Modified By	Description
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2.6 Assumptions

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SEGUROS DE SALUD

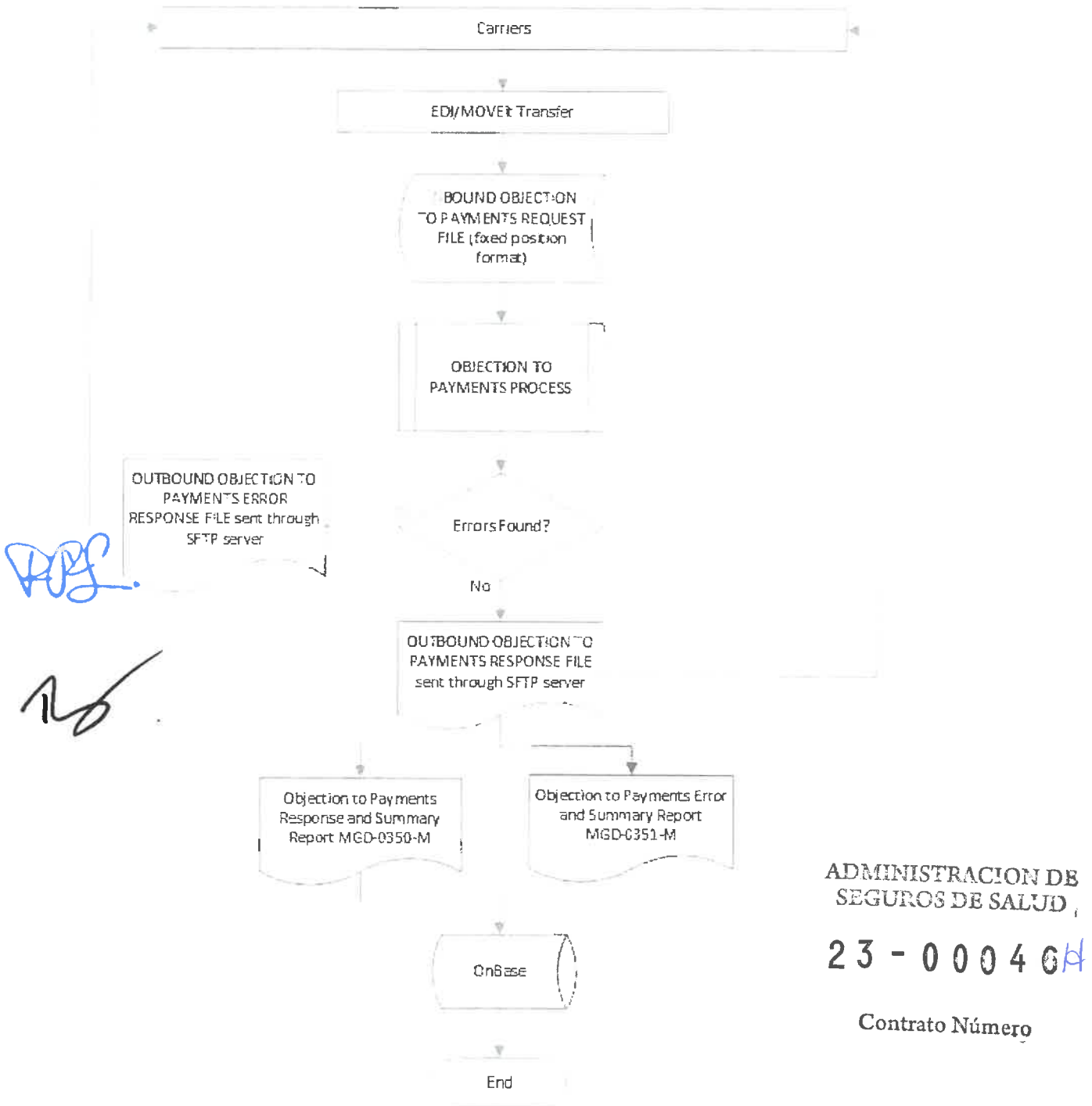
23 - 0004 *GP*

Contrato Número

3 Process Flow

Figure 1 – Objection to Payments Process Flowchart

Objection to Payments Process



4 Detailed Specifications

The Objections to Payments file will be sent by the Carriers to PRMMIS in a fixed position format.

Table 3 – Detailed Specifications

Field #	Field Name	Size	Type	Format/Values	Required/Optional/Unused
1	Incurred Month	8	Numeric	CCYYMMDD Note: This is the first day of the capitation cycle month being subject to an objection of payment.	Required
2	Incurred Start Date	8	Numeric	CCYYMMDD Note: This is the capitation payment begin date. This is for subperiods within a month, otherwise use first day of the month.	Required
3	Incurred End Date	8	Numeric	CCYYMMDD Note: This is the capitation payment end date. This is for subperiods within a month, otherwise use last day of the month.	Required
4	MPI	13	Numeric	9999999999999 Note: This is the Member Medicaid ID.	Required
5	Application Number	10	Text	Note: Medicaid Application Number	Unused
6	Eligibility Start Date	8	Numeric	Note: Eligibility Start Date for the Incurred Period in the Health Plan.	Unused
7	Carrier Medicaid ID	9	Numeric	999999999 Note: This is the Carrier's Medicaid ID.	Required
8	Carrier Effective Date	8	Numeric		Unused
9	Coverage Code	3	Text		Unused
10	DOB	8	Numeric	Note: Date of Birth.	Unused
11	Sex	1	Text	Note: 1=Male, 2=Female.	Unused

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 12

ADMINISTRACION DE SEGUROS DE SALUD
 23 - 00046
 Contrato Número

MANAGED CARE 0012 Objection to Payments Request File

12	Group Ident	3	Text	Note: Group Identification (Government Group Code).	Unused
13	Group Code	3	Text	Note: Group Code (Eligibility Group Code).	Unused
14	Dual Member	2	Text	Note: Identifies if is a dual member.	Unused
15	Enrollment Notification	14	Text	Note: Carrier Eligibility File Name.	Unused
16	Enrollment Confirmation by Carrier	14	Text	Note: Enrollment Confirmation File Name.	Unused
17	Enrollment Acceptance	2	Text	Note: Indicates if the subscription process is accepted by ASES.	Unused
18	HCHN Category	20	Text		Unused
19	HCHN Notification	30	Text	Note: File name for the HCHN file where the notification for this category was sent.	Unused
20	Encounter Carrier ID	2	Text	Note: Carrier reporting the Encounter.	Unused
21	Encounter Claim ID	30	Numeric	999999999999999999 Note: This is the Encounter Claim Identifier or TCN (Transaction Control Number) that the Carrier says should be used to create a Maternity Delivery Kick Payment or Correctional Facility Payment. The TCN is 17 digits, but the field size is 30.	Required for Objection Type MDKP or CFP
22	Encounter Service Date	8	Numeric		Unused
23	Encounter Notification	30	Text	Note: Claim file name containing the Encounter that sustains the adjudication of the HCHN rate cell.	Unused

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no

ADMINISTRACION DE SEGUROS DE SALUD

23 - 00046H

MANAGED CARE 0012 Objection to Payments Request File

24	Billing Date	8	Numeric		Unused
25	Rate Cell	3	Text	XXX Note: This is the rate cell received by the Carrier.	Required if a payment was received.
26	Risk Score	8	Numeric	999.9999 Note: This is the risk score received by the Carrier.	Required if a payment was received.
27	Capitation Amount	8	Numeric	99999.99 Note: This is the capitation amount received by the Carrier.	Required if a payment was received.
28	Payment Objection ID	30	Text	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Note: Unique Id for each transaction associated to an Objection of Payment. All responses for the objections of payment will reference this identifier.	Required
29	Objection Type	4	Text	XXXX Note: Valid values: PP = (Premium) Capitation Payment MDKP = Maternity Delivery Kick Payment CFP = Correctional Facility Payment	Required
30	Expected Rate Cell	3	Text	XXX Note: This is the expected rate cell.	Required
31	Expected Capitation Amount	8	Numeric	99999.99 Note: This is the expected capitation amount.	Required
32	Comments	200	Text	X(200) Note: Additional comments explaining Objection to Payment.	Required
33	End of Record	1	Text	* Note: End of record character.	Required

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The letters "PP" in blue ink.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000468

Contrato Número

5 Code Table Values

Table 4 – Carrier Medicaid IDs

Carrier Name	Carrier Medicaid ID	ASES Carrier ID
First Medical	000001900	09
MMM Multi Health	000002000	10
Plan de Salud Menonita	000002200	12
Triple-S Salud	000002400	13

Table 5 - Capitation Rate Cell Codes (Effective January 01, 2023)

Rate Code	Rate Cell Description
V01	Medicaid - Age 18 and under
V02	Medicaid Age 19+
V03	Medicaid Aged, Blind, Disabled
V04	CHIP All Ages
V05	Commonwealth - Age 18 and under
V06	Commonwealth - Age 19+
V07	Medicaid MDKP
V08	CHIP MDKP
V09	CW MDKP
V10	Correctional Facility Hospital Case Rate
V11	Dual A
V12	Dual AB
V13	Foster or Domestic Abuse
V15	CHIP Aged, Blind, Disabled
V16	Commonwealth Aged, Blind, Disabled

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Contrato Número



DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_PAYMENTS_ERROR

no

MANAGED CARE 0013 Objection to Payments Error File

Phase III Release I

Interface Control Document

Version 1.0

PPR

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 0004014

Contrato Número

Change History



Version #	Date	Modified By	Description
.1.0	05/17/2023	Gainwell Technologies	Initial submission
1.1	08/24/2023	Gainwell Technologies	Added error code list



ADMINISTRACION DE
SEGUROS DE SALUD

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ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 000404

Contrato Número

1 Acronyms

The following table contains the list of abbreviations used within this document.

NOTE: This acronym list will not include all potential HIPAA-related transaction information.

Table 1 – Acronyms

Acronyms	Definition
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
HIPAA	Health Insurance Portability and Accountability Act
ICD	Interface Control Document
MEDITI	Medicaid Integrated Technology Initiative
PRMP	Puerto Rico Department of Health
PRMMIS	Puerto Rico Medicaid Management Information System
TPL	Third Party Liability

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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000404

Contrato Número

2 Interface Overview

This document is the definition of the Outbound Objection to Payments Error Response File layout that will be created by Managed Care in a fixed position format. This interface file will contain the list of errors returned when processing the inbound Objection to Payments Request file from the Carrier.

2.1 Use Requirements

This monthly interface will be used by Managed Care to send processing errors from the inbound Objection to Payments Request file back to the Carriers.

2.2 Communication Methods and Format

The file will be provided by Managed Care and sent to the Carriers. The Objection to Payments Error Response File name will be MGD_OTP_Error_CARRIERID_CCYYMM_SS.txt, where CARRIERID is the 9-digit Carrier's Medicaid ID, CCYYMM is the capitation cycle year and month, and SS is the file version sequence number used for the Request file, which starts at "00" and is incremented if Managed Care processes subsequent request files for the same Carrier and capitation cycle with adjustments or error fixes.

The outbound file will be in a fixed position format. The file will not contain header or trailer records.

2.3 Timing and Frequency

An Objection to Payments Request File for each capitation cycle month may only be sent within 90 calendar days after the monthly capitation payment has been made. Any subsequent version of the file, with adjustments or error fixes, must also be sent within that time period.

The Request file can be processed on the second, third, and fourth Tuesday of the month, and the error file will be returned to the Carrier.

2.4 Monitoring and Reporting

PRMMIS will create an Outbound Objection to Payment Response file (ICD ICD_PRMMIS_MGD_0014_OUTBOUND_OBJECTION_TO_PAYMENTS_RESPONSE) and Outbound Objection to Payment Error Response file after processing the Inbound Objection to Payments Request File. These files will be returned to the originating Carrier.

PRMMIS will also create two reports, the Objection to Payment Response and Summary Report MGD-0350-M, and the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

2.5 Error Handling

Errors from processing the Inbound Objection to Payments Request File will be listed in the Outbound Objection to Payment Error Response file that will be sent to the originating Carrier. The Carrier may send a new Inbound Objection to Payments Request File with error fixes, incrementing the file version sequence number, within 90 calendar days after the monthly capitation payment has been made.

PRMMIS will also create the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

2.6 Assumptions

- An Objection to Payments Request File for each capitation cycle month will be sent within 90 calendar days after the monthly capitation payment has been made.

ADMINISTRACION DE
SEGUROS DE SALUD

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Contrato Número

- Any subsequent version of the file, with adjustments or error fixes, will also be sent within 90 calendar days after the monthly capitation payment has been made.

2.7 Key Contacts

Please provide the names, telephone numbers, and email addresses for source and destination contacts in the table below.

Table 2 – Key Contacts

Name	Telephone Number	Email Address	Organization Name

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ADMINISTRACION DE
SEGUROS DE SALUD

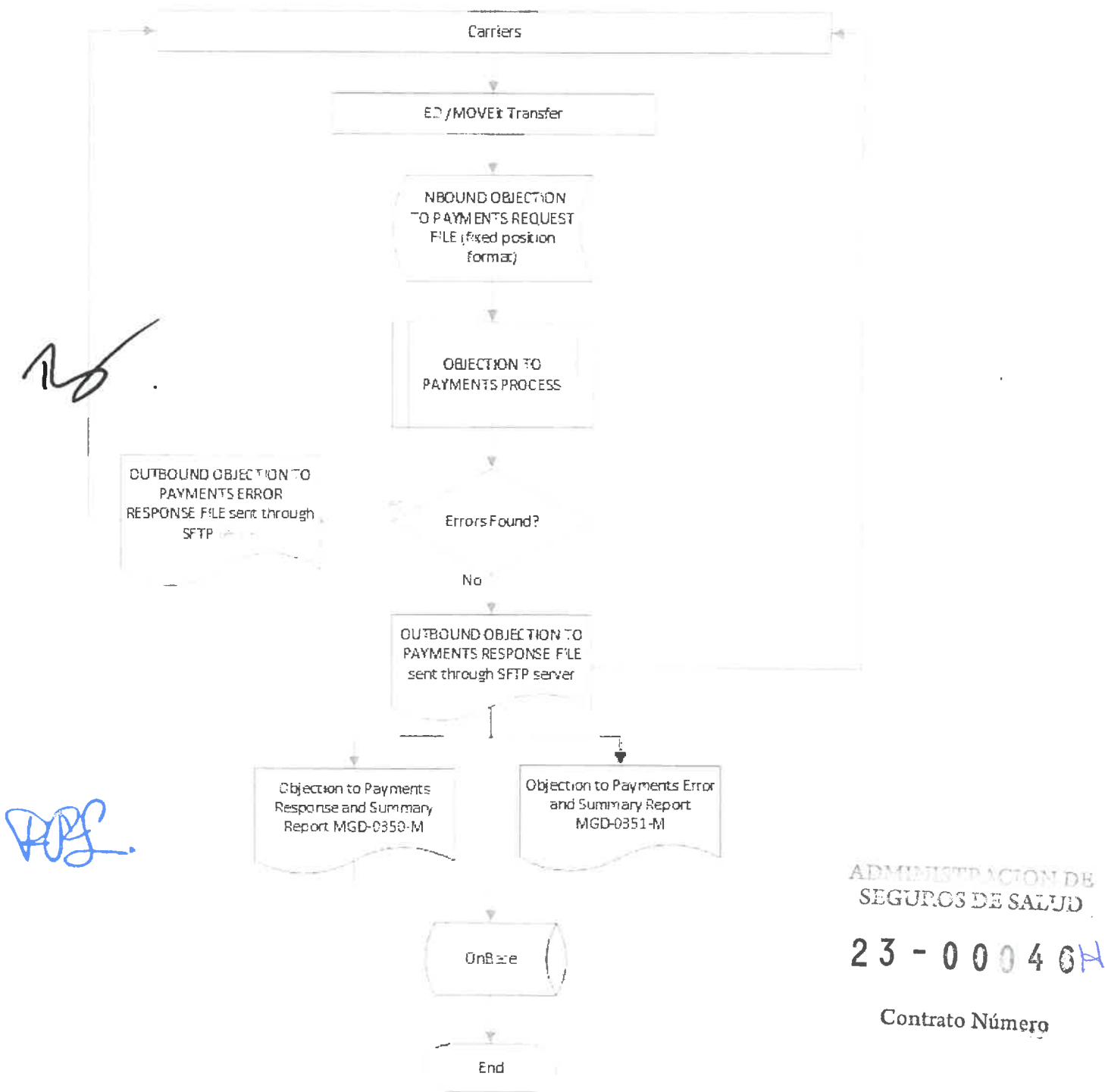
23 - 000404

Contrato Número

3 Process Flow

Figure 1 – Objection to Payments Process Flowchart

Objection to Payments Process



ADMINISTRACION DE SEGUROS DE SALUD

23 - 00040H

Contrato Número

4 Detailed Specifications

The Objections to Payments Error Response file will be sent by Managed Care to the Carriers in a fixed position format.

Table 3 – Detailed Specifications

Field #	Field Name	Size	Type	Format/Values	Required/Optional
1	Record Line	6	Numeric	Format: 999999 Note: This is the record line number.	Required
2	Payment Objection Id	30	Text	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Note: Unique Id for each transaction associated to an Objection of Payment from the Carrier.	Required
3	Error Code	5	Text	XXXXX Note: This is the error code from the OTP request processing.	Required
4	Field Name	150	Text	X(150) Note: This is the name of the field(s) affected by the error.	Required
5	Description	100	Text	X(100) Note: This is the error description.	Required
6	End of Record	1	Text	* Note: End of record character.	Required

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ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

5 Code Table Values

The Objections to Payments Error Codes are listed below.

Table 4 - Objection to Payments Error Codes

Error Code	Error Description
2200	Error in OTP Request record field size
2201	Error in OTP Request record number of fields
2202	Error in OTP Request record Incurred Month format or invalid date
2203	Error in OTP Request record Incurred Start Date format or invalid date
2204	Error in OTP Request record Incurred End Date format or invalid date
2205	Validation of OTP Request Incurred Start Date and End Date failed
2206	Error in OTP Request record MPI format
2207	Error in OTP Request record Carrier Medicaid ID format
2208	Error in OTP Request record Encounter Claim ID format
2209	Error in OTP Request record Rate Cell format
2210	Error in OTP Request record Risk Score format
2211	Error in OTP Request record Capitation Amount format
2212	Error in OTP Request record Objection Type format or invalid value
2213	Error in OTP Request record Expected Rate Cell format or invalid value
2214	Error in OTP Request record Expected Capitation Amount format
2300	OTP Request Carrier ID not found in PRMMIS DB
2301	OTP Request Carrier ID not eligible in PRMMIS DB
2302	OTP Request Member ID not found in PRMMIS DB
2303	Member does not have confirmed enrollment in PRMMIS
2304	OTP Request Carrier ID does not match PRMMIS Carrier ID for Member with confirmed enrollment
2305	OTP Request Member is not eligible for capitation month in PRMMIS

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ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

2306	OTP Request Member is not enrolled for capitation month
2310	PRMMIS Calculated Rate Cell not equal to Expected Rate Cell in OTP Request
2311	PRMMIS Risk Score not equal to Risk Score in OTP Request
2312	PRMMIS Calculated Capitation Amount not equal to Expected Capitation Amount in OTP Request
2320	OTP Request Encounter Claim not found in PRMMIS DB
2321	Maternity Delivery Encounter Claim is Denied in PRMMIS
2322	Maternity Delivery Encounter Claim is Suspended in PRMMIS
2323	Encounter Claim in PRMMIS did not meet criteria for Maternity Delivery Kick Payment
2324	OTP Request Carrier does not match Encounter Claim Carrier in PRMMIS
2325	OTP Request Maternity Delivery Encounter Claim is voided in PRMMIS
2326	Maternity Delivery Kick Payment has already been made
2330	Correctional Facility Inpatient Encounter Claim is Denied in PRMMIS
2331	Correctional Facility Inpatient Encounter Claim is Suspended in PRMMIS
2332	Encounter Claim in PRMMIS does not meet criteria for Correctional Facility Payment
2333	OTP Request Carrier does not match Encounter Claim Carrier in PRMMIS
2334	OTP Request Correctional Facility Inpatient Encounter Claim is voided in PRMMIS
2335	Correctional Facility Payment has already been made
2336	Failed to retrieve OTP Request member base information
2337	Failed to retrieve OTP Request member assignment data
2338	Failed to calculate OTP Request member rate cell code, risk score, capitation payment
2339	Failed to check if OTP Request MDKP encounter claim was voided
2340	Failed to check if OTP Request CFP encounter claim was voided
2341	Failed to check if payment for OTP Request MDKP encounter claim was already made
2342	Failed to check if payment for OTP Request CFP encounter claim was already made

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ADMINISTRACION DE SEGUROS DE SALUD

23 - 000404

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DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_PAYMENTS_ERROR

MS

MANAGED CARE 0013 Objection to Payments Error File

Phase III Release I

Interface Control Document

Version 1.0


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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000404

Contrato Número

Change History



Version #	Date	Modified By	Description
1.0	05/17/2023	Gainwell Technologies	Initial submission
1.1	08/24/2023	Gainwell Technologies	Added error code list



ADMINISTRACION DE
SEGUROS DE SALUD

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ADMINISTRACION DE SEGUROS DE SALUD

23 - 00046 H

Contrato Número

1 Acronyms

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SEGUROS DE SALUD

23 - 000404 *Handwritten mark*

Contrato Número

2 Interface Overview

This document is the definition of the Outbound Objection to Payments Error Response File layout that will be created by Managed Care in a fixed position format. This interface file will contain the list of errors returned when processing the inbound Objection to Payments Request file from the Carrier.

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PRMMIS will also create the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00046H

2.6 Assumptions

- An Objection to Payments Request File for each capitation cycle month will be sent within 90 calendar days after the monthly capitation payment has been made.


Contrato Número

- Any subsequent version of the file, with adjustments or error fixes, will also be sent within 90 calendar days after the monthly capitation payment has been made.

2.7 Key Contacts

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ADMINISTRACION DE
SEGUROS DE SALUD

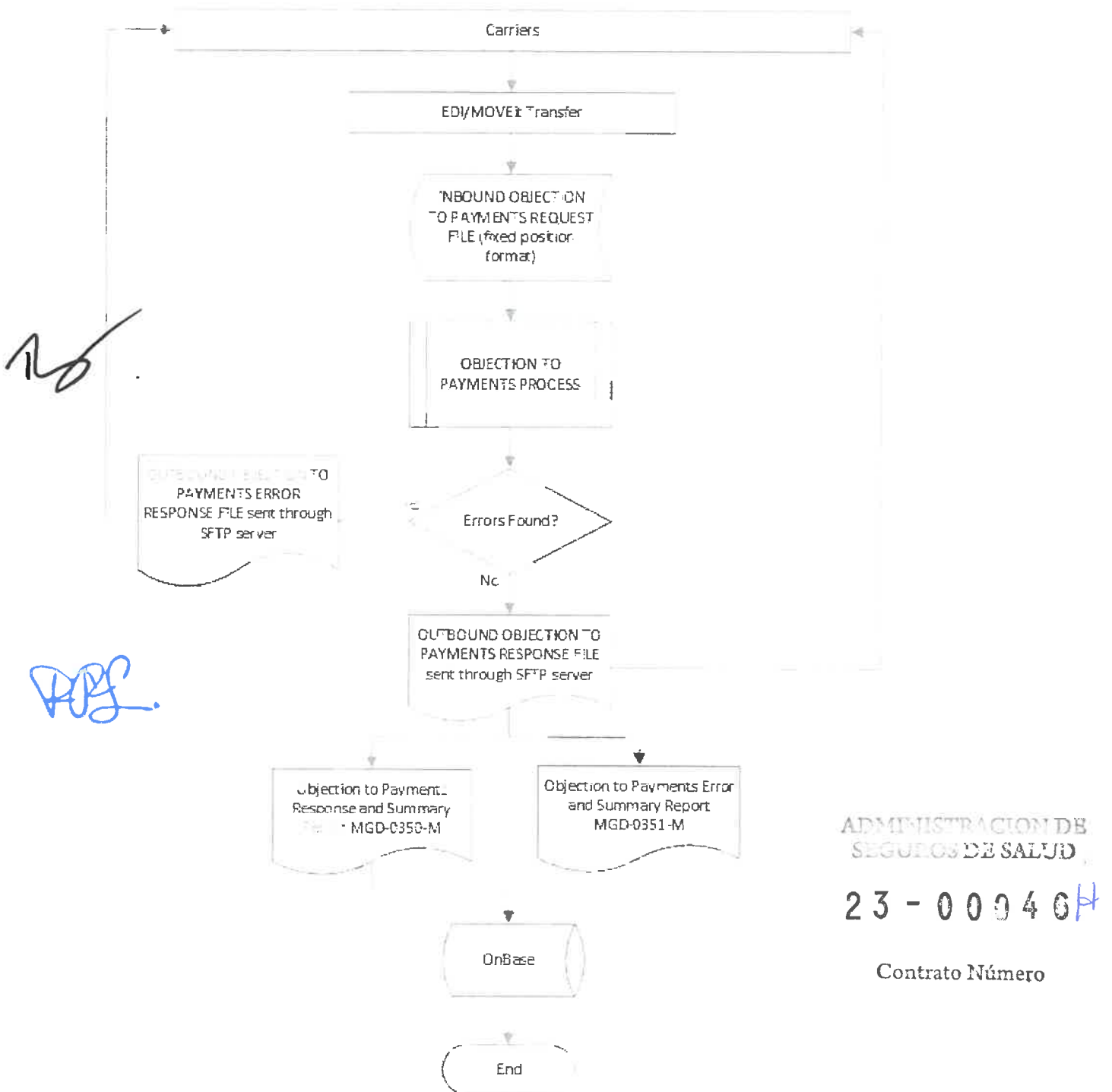
23 - 000464

Contrato Número

3 Process Flow

Figure 1 – Objection to Payments Process Flowchart

Objection to Payments Process



4 Detailed Specifications

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5	Description	100	Text	X(100) Note: This is the error description.	Required
6	End of Record	1	Text	* Note: End of record character.	Required

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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00040 *Handwritten 'A'*

Contrato Número

5 Code Table Values

The Objections to Payments Error Codes are listed below.

Table 4 - Objection to Payments Error Codes

Error Code	Error Description
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2211	Error in OTP Request record Capitation Amount format
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2303	Member does not have confirmed enrollment in PRMMIS
2304	OTP Request Carrier ID does not match PRMMIS Carrier ID for Member with confirmed enrollment
2305	OTP Request Member is not eligible for capitation month in PRMMIS

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 A blue handwritten signature or initials are written to the left of row 2211.

ADMINISTRACION DE SEGUROS DE SALUD

23 - 00040A

Contrato Número

MANAGED CARE 0013 Objection to Payments Error File

2306	OTP Request Member is not enrolled for capitation month
2310	PRMMIS Calculated Rate Cell not equal to Expected Rate Cell in OTP Request
2311	PRMMIS Risk Score not equal to Risk Score in OTP Request
2312	PRMMIS Calculated Capitation Amount not equal to Expected Capitation Amount in OTP Request
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2340	Failed to check if OTP Request CFP encounter claim was voided
2341	Failed to check if payment for OTP Request MDKP encounter claim was already made
2342	Failed to check if payment for OTP Request CFP encounter claim was already made

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ADMINISTRACION DE SEGUROS DE SALUD

23 - 0004 04

Contrato Número



DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System

ICD_PRMMIS_MGD_0014_OUTBOUND_OBJECTION_TO_PAYMENTS_RESPON
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no

MANAGED CARE 0014 Objection to Payments Response File

Phase III Release I

Interface Control Document

Version 1.0

PPS

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000404

Contrato Número

Change History

Version #	Date	Modified By	Description
1.0	05/17/2023	Gainwell Technologies	Initial submission

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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 000404

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SEGUROS DE SALUD

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Contrato Número

1 Acronyms

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Table 1 – Acronyms

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MEDITI	Medicaid Integrated Technology Initiative
PRMP	Puerto Rico Department of Health
PRMMIS	Puerto Rico Medicaid Management Information System
TPL	Third Party Liability

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ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00040 *H*

Contrato Número

2 Interface Overview

This document is the definition of the Outbound Objection to Payments Response File layout that will be created by Managed Care in a fixed position format. This interface file will contain the list of response records returned when processing the inbound Objection to Payments Request file from the Carrier.

2.1 Use Requirements

This monthly interface will be used by Managed Care to send response records from processing the inbound Objection to Payments Request file back to the Carriers.

2.2 Communication Methods and Format

The file will be provided by Managed Care and sent to the Carriers. The Objection to Payments Response File name will be MGD_OTP_Response_CARRIERID_CCYMM_SS.txt, where CARRIERID is the 9-digit Carrier's Medicaid ID, CCYMM is the capitation cycle year and month, and SS is the file version sequence number used for the Request file, which starts at "00" and is incremented if Managed Care processes subsequent request files for the same Carrier and capitation cycle with adjustments or error fixes.

The inbound file will be in a fixed position format. The file will not contain header or trailer records.

2.3 Timing and Frequency

An Objection to Payments Request File for each capitation cycle month may only be sent within 90 calendar days after the monthly capitation payment has been made. Any subsequent version of the file, with adjustments or error fixes, must also be sent within that time period.

The Request file can be processed on the second, third, and fourth Tuesday of the month, and the response file will be returned to the Carrier.

2.4 Monitoring and Reporting

PRMMIS will create an Outbound Objection to Payment Response file and Outbound Objection to Payment Error Response file (ICD ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_PAYMENTS_ERROR) after processing the Inbound Objection to Payments Request File.

PRMMIS will also create two reports, the Objection to Payment Response and Summary Report MGD-0350-M, and the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

2.5 Error Handling

Errors from processing the Inbound Objection to Payments Request File will be listed in the Outbound Objection to Payment Error Response file (ICD ICD_PRMMIS_MGD_0013_OUTBOUND_OBJECTION_TO_PAYMENTS_ERROR) that will be sent to the originating Carrier. The Carrier may send a new Inbound Objection to Payments Request File with error fixes, incrementing the file version sequence number, within 90 calendar days after the monthly capitation payment has been made.

PRMMIS will also create the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

2.6 Assumptions

- An Objection to Payments Request File for each capitation cycle month will be sent within 90 calendar days after the monthly capitation payment has been made.

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- Any subsequent version of the file, with adjustments or error fixes, will also be sent within 90 calendar days after the monthly capitation payment has been made.

2.7 Key Contacts

Please provide the names, telephone numbers, and email addresses for source and destination contacts in the table below.

Table 2 – Key Contacts

Name	Telephone Number	Email Address	Organization Name

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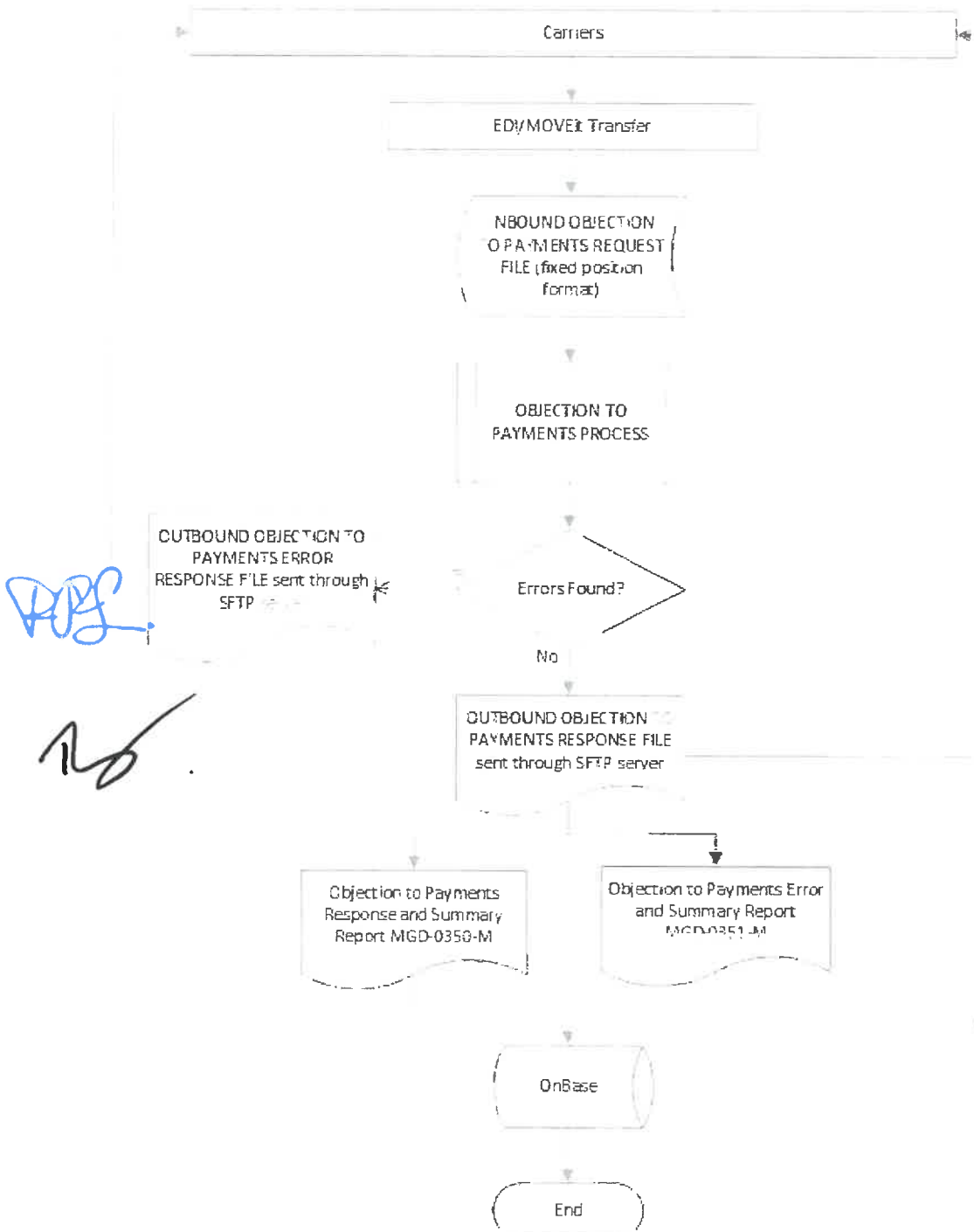
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3 Process Flow

Figure 1 – Objection to Payments Process Flowchart

Objection to Payments Process



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4 Detailed Specifications

The Objections to Payments Response file will be sent by Managed Care to the Carriers in a fixed position format.

Table 3 – Detailed Specifications

Field #	Field Name	Size	Type	Format/Values	Required/ Optional
1	Payment Objection ID	30	Text	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Note: Unique Id for each transaction associated to an Objection of Payment from the Carrier.	Required
2	Evaluation Result	9	Text	XXXXXXXXXX Note: This is the result of the evaluation of the Objection to Payment request. Valid values: Accepted, Rejected, InProcess	Required
3	Evaluation Explanation	100	Text	X(100) Note: This is the explanation of the evaluation result if the request is rejected.	Required if rejected
4	End of Record	1	Text	* Note: End of record character.	Required

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5 Code Table Values

no

The Objections to Payments Response file has no code table values.

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Puerto Rico Health Insurance Administration



Objection To Payment (OTP) Interface

File Layout

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Version 1.4
February, 2024



GOVERNMENT OF PUERTO RICO
GOBIERNO DE PUERTO RICO



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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.

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Objection To Payment - Request File Layout

File Naming Convention

File Naming Convention	Part	Meaning
otp_request_cc_yyyyymm_ss.txt	otp_request	Static text for interface identifier
	cc	Carrier code
	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.

Incomming Objection to Payment File Layout

See Appendix A

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Objection To Payment - Error File Layout

File Naming Convention

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

File Content

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	6	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	*

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Objection To Payment - Response File Layout

File Naming Convention

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

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File Content

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 Filler	140	1	*	Required

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Field Category

Incurred Period

Eligibility and Enrollment Info

Field Code	Field Name	Description	Position	Size	Data Type	Validation Rules	Source Reference	820 Field Reference	834 Field Reference
1.1	Incurred Month	Member's coverage month for the payment transaction being subject to an objection of payment.	1	8	YYYYMM01	Required	OBJECTION / 820	Coverage Period - DTM06	
1.2	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 / 820	Coverage Period - DTM06	
1.3	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 / 820	Coverage Period - DTM06	
2.1	MPI	Master Patient Index. (Medicaid Member Id)	25	11	X(11)	Required	834/EXP		Subscriber Identifier - REF02
3.1	Eligibility Start Date	Eligibility Start Date for the Incurred Period in the Health Plan	36	8	YYYYMMDD	Required	834/EXP		Member Level Dates - DTP03
4.1	Carrier	Carrier's Trading Partner ID supplied by PRMMIS	44	6	X(6)	Required	834/EXP		Transaction Set Policy Number - REF02
4.2	Carrier Effective Date	Carrier Effective Date	50	8	YYYYMMDD	Required	834/EXP		Health Coverage Dates DTP03
5.1	Coverage Code	Coverage Code	58	3	X(3)	Required	834/EXP		Health Coverage - HD04
6.1	DOB	Date Of Birth	61	8	YYYYMMDD	Required	834/EXP		Member Demographics - DMG02
6.2	Gender Code	M=Masculine, F=Femenine, U=Unknown	69	1	X(1)	Required	834/EXP		Member Demographics - DMG03
7.1	Adoption Assistance	For Virtual Region Population Only. Y: YES N: NO	70	1	X(1)	Required	834		Reporting Category Reference - REF02
7.2	Domestic Abuse Indicator	For Virtual Region Population Only. Y: YES N: NO	71	1	X(1)	Required	834		Health Coverage - HD04
7.3	Foster Care Indicator	For Virtual Region Population Only. Y: YES N: NO	72	1	X(1)	Required	834		Health Coverage - HD04
7.4	Incarceration Indicator	(1= Incarcerated, A = All, F = Forensic Psychiatric, space = not incarcerated)	73	1	X(1)	Required	834		Health Coverage - HD04
7.5	Group Ident	97=Incarcerated, 03=All, 04=Forensic Psychiatric, 12=Domestic Abuse, 96=Foster Care	74	2	X(2)	If Apply Only for EXP Files Period	EXP		
8.1	Group Code	Group Code (Eligibility Group Code)	76	3	X(3)	Required	834/EXP		Health Coverage - HD04
8.2	Medicare Plan Code/ Carrier Code	Identifies the member's Medicare Plan using the following values: A=Medicare Part A C=Medicare Part A and B E=No Medicare	79	1	X(1)	Required			ADMINISTRATION B SECRETARIOS DE SALUD Member Level Detail - INS06-1

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9.1 Enrollment Notification	Filename for the Outbound Benefit Enrollment and Maintenance (834) file where the subscription process is accepted by PRMMIS enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by PRMMIS use the filename for the Outbound 834 file with the notification of the assignment for this member.	80	50	X(50)	Required if payment is expected	834	Filename
9.2 Confirmation By Carrier	Filename for the Inbound Benefit Enrollment and Maintenance (834) file where the enrollment is confirmed by the carrier.	130	50	X(50)	Required if payment is expected and a proper enrollment has been rejected by PRMMIS.	834/SUS	Filename
9.3 Enrollment Acceptance	Indicate if the subscription process is accepted by PRMMIS using: Y: YES N: NO	180	1	X(1)	Required if payment is expected and a proper enrollment has been rejected by PRMMIS.	834/EXP	ADMINISTRACION DE SEGUROS DE SALUD Health Coverage - HD04 23 - 000404
9.4 Managed Care Region/Region Code	A=North B=Metrol-North E=East F=North-East G=South_East Z=West J=San Juan S= South_West P=Virtual Population	181	1	X(1)	Required if expected region is different to the region rate paid Required if expected region is different of used region to paid	834/EXP	Contrato Número Managed Care Region HD04
10.1 Payment Process Date	Payment Process Date (Billing Date)	182	8	YYYYMMDD	Required if a Payment was received	820	Process Date - DTM02
10.2 Rate Cell	Received Rate Cell	190	3	X(3)	Required if a Payment was received	820	Reference Information - REF02 - Rate Cell Code
10.3 Risk Score	Received Risk Score	193	8	X(8)	Required if a Payment was received	820	Reference Information - REF02 - Risk Score Factor
10.4 Premium Amount	Received Premium Amount	201	7	S9(5)V99	Required if a Payment was received	820	Individual Premium Remittance Detail - RMR04

Premium Payment (820)




Payment Identification
and Verification Request

10.5	Payment Notification Filename	Filename of the 820 file notifying the objected payment.	208	50	X(50)	Required if a Payment was received	820	Filename	
10.6	Payment Internal Control Number	Unique number assigned by ASES to each payment. All responses to OTPs will reference this number.	258	18	X(18)	Required if a Payment was received	820	Reference Information - REF02 - Internal Control Number	
1.1.1	Expected Rate Cell	Expected Rate Cell	276	3	X(3)	Required	OBJECTION		
1.1.2	Expected Risk Score	Expected Risk Score	279	8	X(8)	Required	OBJECTION		
1.1.3	Expected Premium Amount	Expected Premium Amount	287	7	S9(5)v99	Required	OBJECTION		
1.1.4	Expected Managed Care Region	Expected Region to payment	294	1	X(1)	Required	OBJECTION		
1.1.5	Comments	Additional Comments explaining the objection of payment.	295	200	X(200)	Required	OBJECTION		
EOR	End of Record	End of Record Filler	495	1	-	-	-		

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Appendix A

Objection To Payment File Layout V2.4

Field Category	Field Code	Field Name	Description	Position	Size	Data Type	Validation Rules	Source Reference	820 Field Reference	834 Field Reference
Incurred Period	1	Incurred Month	Member's coverage month for the payment transaction being subject to an objection of payment.	1	8	YYYYMM01	Required	OBJECTION / 820	Coverage Period - DTM06	
	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 / 820	Coverage Period - DTM06	
	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 / 820	Coverage Period - DTM06	
Eligibility and Enrollment Info	4	MPI	Master Patient Index. (Medicaid Member Id)	25	11	X(11)	Required	834/EXP		Subscriber Identifier - REF02
	5	Application Number	Medicaid Application Number	36	10	X(10)	If Apply	EXP		
	6	Eligibility Start Date	Eligibility Start Date for the Incurred Period in the Health Plan	46	8	YYYYMMDD	Required	834/EXP		Member Level Dates - DTP03
	7	Carrier	Carrier's Trading Partner ID supplied by PRIMMIS	54	6	X(6)	Required	834/EXP		Transaction Set Policy Number - REF02
	8	Carrier Effective Date	Carrier Effective Date	60	8	YYYYMMDD	Required	834/EXP		Health Coverage Dates - DTP03
	9	Coverage Code	Coverage Code	68	3	X(3)	Required	834/EXP		Health Coverage - HD04
	10	DOB	Date Of Birth	71	8	YYYYMMDD	Required	834/EXP		Member Demographics - DMG02
	11	Gender Code	M=Masculine, F=Femenine, U=Unknown	79	1	X(1)	Required	834/EXP		Member Demographics - DMG03
	12	Group Ident	Not in use	80	3	X(3)				
	12.1	Group Code	Group Code (Eligibility Group Code)	83	3	X(3)	Required	834/EXP		Health Coverage - HD04
	13	Medicare Plan Code/Dual Member	Medicare Plan from 834 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(2)	Required	834/EXP		Member Level Detail - INS06-1

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Enrollment Reference Fields	14.1 Enrollment Notification	Filename for the Outbound Benefit Enrollment and Maintenance (834) file where the subscription process is accepted by PRMMIS enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by PRMMIS use the filename for the Outbound 834 file with the notification of the assignment for this member. ----- Carrier Eligibility File Name (.EXP) where the subscription process is accepted by ASES enabling the enrollment of this member for payments. If a proper enrollment process is not yet accepted by ASES use the file name for the .EXP with the notification of the assignment for this member.	87	50	X(50)	Required if payment is expected	834/EXP	Filename
	14.2 Enrollment Confirmation By Carrier	Filename for the Inbound Benefit Enrollment and Maintenance (834) file where the enrollment is confirmed by the carrier. ----- Enrollment Confirmation File Name (.SUS)	137	50	X(50)	Required if payment is expected and a proper enrollment has been rejected by PRMMIS.	834/SUS	Filename
	14.3 Enrollment Acceptance	Indicate if the subscription process is accepted by PRMMIS or ASES using: Y: YES N: NO	187	1	X(1)	Required if payment is expected and a proper enrollment has been rejected by PRMMIS.	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 8 - High Cost High Need (HCHN) where the notification for this category as sent	208	30	X(30)	For HCHN Objection		ADMISTRACIONES SEGUROS DE SALUD
	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 MDKP - HCHN exceeding 6 months in the registry	CLM	23 - 00040
	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 MDKP - HCHN exceeding 6 months in the registry	CLM	Contrato Número
	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: - Expected Rate Cell is MDKP - 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 MDKP - 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 - DTM02
	22.1 Rate Cell	Received Rate Cell	315	3	X(3)	Required if a Payment was received	820	Reference Information - REF02 - Rate Cell Code
	Premium Payment (820)							

22.2 Risk Score	Received Risk Score	319	8	X(8)	Required if a Payment was received	820	Reference Information - REF02 - Risk Score Factor
23.1 Premium Amount	Received Premium Amount	327	7	S9(5)v99	Required if a Payment was received	820	Individual Premium Remittance Detail - RMR04
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) MDKP=Maternity Delivery Kick Payment IKP=Incarcerated 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	S9(5)v99	Required	OBJECTION	
29.1 Comments	Additional Comments explaining the objection of payment.	386	200	X(200)	Required	OBJECTION	
30 End of Record	End of Record Filler	586	1	-	Required	-	

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DEPARTAMENTO DE
SALUD



Puerto Rico Medicaid Management Information System – Phase III

PRMMIS_MGD_0013_Outbound_Objection_To_Payments_Error_ICD_v1.0

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Managed Care 0013 Objection to Payments Error Interface Control Document

Version 1.0


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Change History



Version	Date	Modified By	Description
1.0	01/23/2024	Gainwell Technologies	Initial submission

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1 Acronyms

The following table contains the list of abbreviations used within this document.

NOTE: This acronym list will not include all potential HIPAA-related transaction information.

Table 1: Acronyms

Acronyms	Definition
CMS	Centers for Medicare & Medicaid Services
CSV	Comma-Separated Values
HIPAA	Health Insurance Portability and Accountability Act
ICD	Interface Control Document
MEDITI	Medicaid Integrated Technology Initiative
PRMP	Puerto Rico Department of Health
PRMMIS	Puerto Rico Medicaid Management Information System
TPL	Third Party Liability

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2 Interface Overview

This document is the definition of the Outbound Objection to Payments Error Response File layout that will be created by Managed Care in a fixed position format. This interface file will contain the list of errors returned when processing the inbound Objection to Payments Request file from the Carrier.

2.1 Use Requirements

This monthly interface will be used by Managed Care to send processing errors from the inbound Objection to Payments Request file back to the Carriers.

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2.2 Communication Methods and Format

The file will be provided by Managed Care and sent to the Carriers. The Objection to Payments Error Response File name will be MGD_OTP_Error_CARRIERID_CCYMM_SS.txt, where CARRIERID is the 9-digit Carrier's Medicaid ID, CCYMM is the capitation cycle year and month, and SS is the file version sequence number used for the Request file, which starts at "00" and is incremented if Managed Care processes subsequent request files for the same Carrier and capitation cycle with adjustments or error fixes.

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The outbound file will be in a fixed position format. The file will not contain header or trailer records.

2.3 Timing and Frequency

An Objection to Payments Request File for each capitation cycle month may only be sent within 90 calendar days after the monthly capitation payment has been made. Any subsequent version of the file, with adjustments or error fixes, must also be sent within that time period.

The Request file can be processed on the second, third, and fourth Tuesday of the month, and the error file will be returned to the Carrier.

2.4 Monitoring and Reporting

PRMMIS will create an Outbound Objection to Payment Response file (ICD ICD_PRMMIS_MGD_0014_OUTBOUND_OBJECTION_TO_PAYMENTS_RESPONSE) and Outbound Objection to Payment Error Response file after processing the Inbound Objection to Payments Request File. These files will be returned to the originating Carrier.

PRMMIS will also create two reports, the Objection to Payment Response and Summary Report MGD-0350-M, and the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.

2.5 Error Handling

Errors from processing the Inbound Objection to Payments Request File will be listed in the Outbound Objection to Payment Error Response file that will be sent to the originating Carrier. The Carrier may send a new Inbound Objection to Payments Request File with error fixes, incrementing the file version sequence number, within 90 calendar days after the monthly capitation payment has been made.

PRMMIS will also create the Objection to Payment Error and Summary Report MGD-0351-M, which will be loaded into OnBase.


2.6 Assumptions

- An Objection to Payments Request File for each capitation cycle month will be sent within 90 calendar days after the monthly capitation payment has been made.
- Any subsequent version of the file, with adjustments or error fixes, will also be sent within 90 calendar days after the monthly capitation payment has been made.

2.7 Key Contacts

Please provide the names, telephone numbers, and email addresses for source and destination contacts in the table below.

Table 2: Key Contacts



Name	Telephone Number	Email Address	Organization Name

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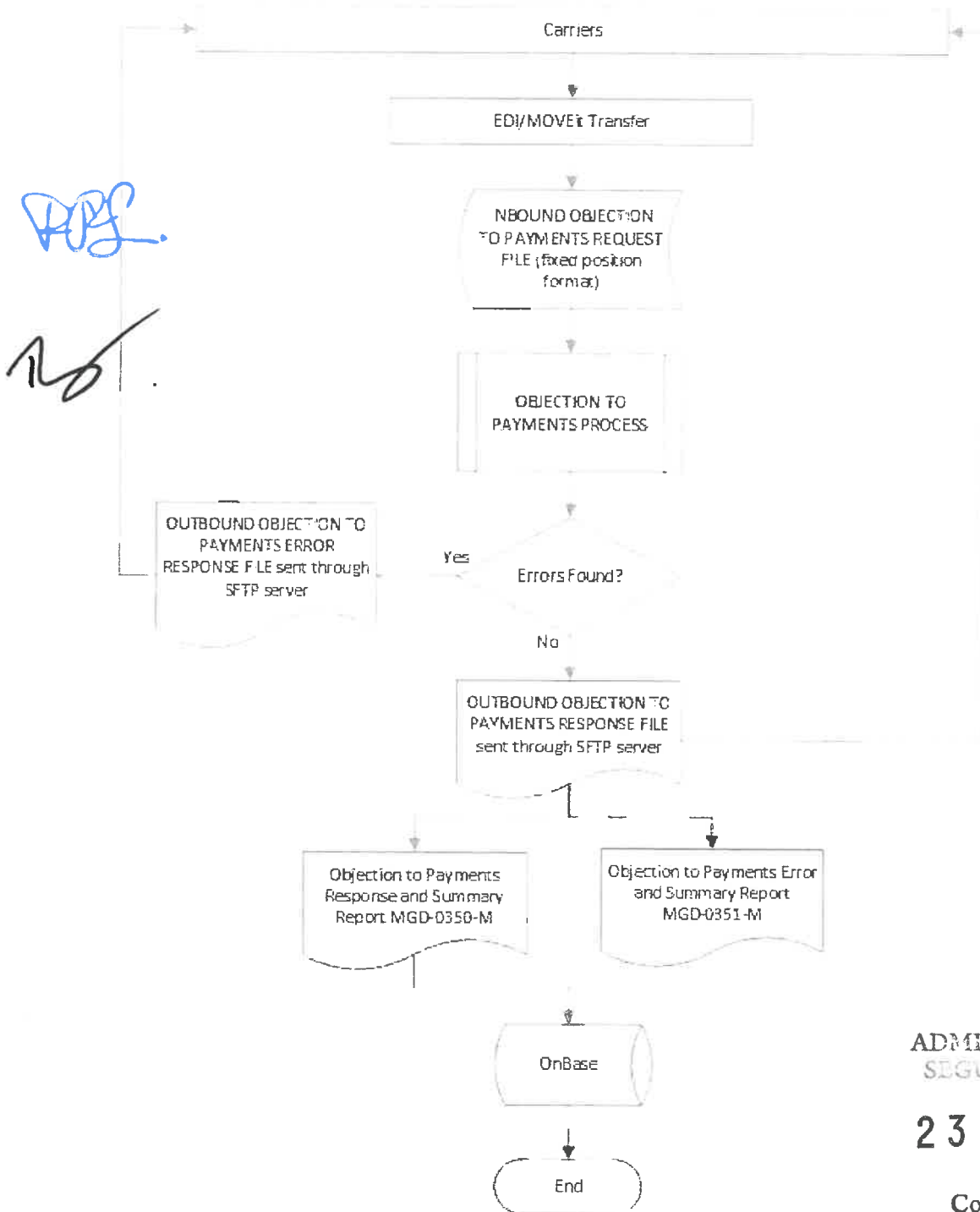
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3 Process Flow

Figure 1: Objection to Payments Process Flowchart

Objection to Payments Process



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4 Detailed Specifications

The Objections to Payments Error Response file will be sent by Managed Care to the Carriers in a fixed position format.

Table 3: Detailed Specifications

Field #	Field Name	Size	Type	Format/Values	Required/Optional
1	Record Line	6	Numeric	Format: 999999 <i>Note: This is the record line number.</i>	Required
2	Payment Objection Id	30	Text	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX <i>Note: Unique Id for each transaction associated to an Objection of Payment from the Carrier.</i>	Required
3	Error Code	5	Text	XXXXX <i>Note: This is the error code from the OTP request processing.</i>	Required
4	Field Name	150	Text	X(150) <i>Note: This is the name of the field(s) affected by the error.</i>	Required
5	Description	100	Text	X(100) <i>Note: This is the error description.</i>	Required
6	End of Record	1	Text	* <i>Note: End of record character.</i>	Required

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5 Code Table Values

The Objections to Payments Error Codes are listed below.

Table 4: Objection to Payments Error Codes

Error Code	Error Description
2200	Error in OTP Request record field size
2201	Error in OTP Request record number of fields
2202	Error in OTP Request record Incurred Month format or invalid date
2203	Error in OTP Request record Incurred Start Date format or invalid date
2204	Error in OTP Request record Incurred End Date format or invalid date
2205	Validation of OTP Request Incurred Start Date and End Date failed
2206	Error in OTP Request record MPI format
2207	Error in OTP Request record Carrier Medicaid ID format
2208	Error in OTP Request record Encounter Claim ID format
2209	Error in OTP Request record Rate Cell format
2210	Error in OTP Request record Risk Score format
2211	Error in OTP Request record Capitation Amount format
2212	Error in OTP Request record Objection Type format or invalid value
2213	Error in OTP Request record Expected Rate Cell format or invalid value
2214	Error in OTP Request record Expected Capitation Amount format
2300	OTP Request Carrier ID not found in PRMMIS DB
2301	OTP Request Carrier ID not eligible in PRMMIS DB
2302	OTP Request Member ID not found in PRMMIS DB
2303	Member does not have confirmed enrollment in PRMMIS
2304	OTP Request Carrier ID does not match PRMMIS Carrier ID for Member with confirmed enrollment
2305	OTP Request Member is not eligible for capitation month in PRMMIS
2306	OTP Request Member is not enrolled for capitation month
2310	PRMMIS Calculated Rate Cell not equal to Expected Rate Cell in OTP Request
2311	PRMMIS Risk Score not equal to Risk Score in OTP Request
2312	PRMMIS Calculated Capitation Amount not equal to Expected Capitation Amount in OTP Request
2320	OTP Request Encounter Claim not found in PRMMIS DB
2321	Maternity Delivery Encounter Claim is Denied in PRMMIS
2322	Maternity Delivery Encounter Claim is Suspended in PRMMIS
2323	Encounter Claim in PRMMIS did not meet criteria for Maternity Delivery Kick Payment
2324	OTP Request Carrier does not match Encounter Claim Carrier in PRMMIS
2325	OTP Request Maternity Delivery Encounter Claim is voided in PRMMIS
2326	Maternity Delivery Kick Payment has already been made

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2330	Correctional Facility Inpatient Encounter Claim is Denied in PRMMIS
2331	Correctional Facility Inpatient Encounter Claim is Suspended in PRMMIS
2332	Encounter Claim in PRMMIS does not meet criteria for Correctional Facility Payment
2333	OTP Request Carrier does not match Encounter Claim Carrier in PRMMIS
2334	OTP Request Correctional Facility Inpatient Encounter Claim is voided in PRMMIS
2335	Correctional Facility Payment has already been made
2336	Failed to retrieve OTP Request member base information
2337	Failed to retrieve OTP Request member assignment data
2338	Failed to calculate OTP Request member rate cell code, risk score, capitation payment
2339	Failed to check if OTP Request MDKP encounter claim was voided
2340	Failed to check if OTP Request CFP encounter claim was voided
2341	Failed to check if payment for OTP Request MDKP encounter claim was already made
2342	Failed to check if payment for OTP Request CFP encounter claim was already made

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