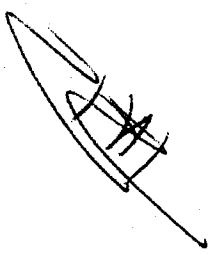


# ATTACHMENT #9

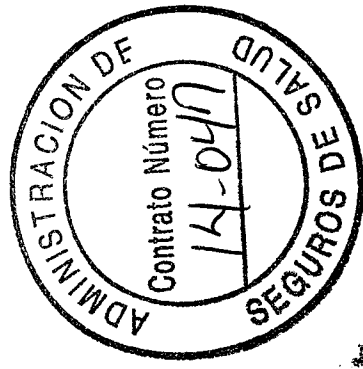
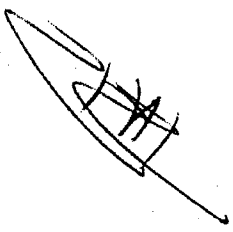


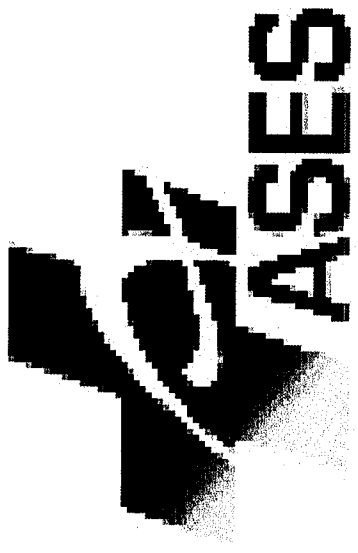
# Administración de Seguros de Salud

## Attachment 9



# Information Data Processes and Data Exchange Layout





*ms*

# Enrollment Manual

*[Handwritten signature]*

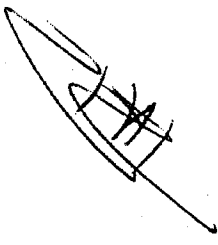
June 2011



**ASES**  
**Enrollment Manual**  
**June 2011**

**Index**

- I. Introduction**
  - a. Background
  - b. Basic Eligibility Concepts
  - c. General Enrollment Concepts
  
- II. Enrollment Process**
  - a. Data Flow
    - i. Mi Salud
    - ii. Platino
  - b. Enrollment Record
    - i. Data definition
    - ii. Uses
    - iii. Edit & Update Process
  - c. Carrier Responsibilities
  - d. Enrollment Records Rejections
    - i. Reject Process
    - ii. Error codes
  
- III. Premium Payment**
  - a. Concepts
  - b. Relation to enrollment
  - c. Types of payment calculations
  
- IV. SYSPREM – Enrollment in History**
  - a. Enrollment concepts
  - b. SYSPREM Functionality
  - c. Premium Payment for SYSPREM enrollments
  
- V. Addendums**
  - a. Enrollment Record Layout
  - b. Consistency Hierarchy Table
  - c. Error Code Table
  - d. Flow Diagrams

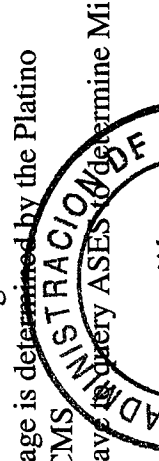


I. **Introduction** – This document is the reference manual to guide Insurance Companies and Medicare Advantage Organizations contracted by ASES in enrolling their contracted beneficiaries.

a. **Background** – Previous to January 2006 Mi Salud beneficiaries were assigned to MCO's or TPA's by region. (MCO's, TPA's and MAO's will be referred to as "carriers" in this document). Enrollment, which is the process by which the carrier sends an electronic record to ASES notifying of the subscription of a member, was done at the family level. With one record the carrier would enroll all the members of a family. At the most there could be two carriers in a region, one MCO and one TPA so conflicts were minimal. The establishment of the Medicare Platino Plans by ASES starting on January 2006 increased the complexity of identifying in the ASES database which member is covered by which organization. Once Platino was implemented the enrollment had to be done at the member level since a family could have members subscribed by different carriers. The complexity was also affected by having MAO's providing services to all the ASES regions. Therefore Platino beneficiaries had a wide choice of options which included the capacity to change carriers on a monthly basis.

b. **Basic Eligibility Concepts**

- i. Eligibility for Mi Salud beneficiaries is determined by THE MEDICAID OFFICE (Programa de Asistencia Medica). Typically the beneficiaries are given eligibility for a year after which they must recertify.
- ii. Those beneficiaries which do not recertify are cancelled at the eligibility expiration date. This occurs at the end of each month.
- iii. Data for eligible beneficiaries is sent by THE MEDICAID OFFICE to ASES and updated in the ASES database on a daily basis.
- iv. ASES sends any updates, cancellations or additions to the carriers on a daily basis.
  1. Mi Salud carriers receive data for all the members in their contracted regions.
  2. Platino carriers receive data for all their members enrolled in each contracted region.
- v. Mi Salud eligible members are those which appear as eligible in the ASES database.
- vi. Platino eligible members are those Mi Salud eligible members which also have Medicare A&B coverage.
  1. Medicare A&B coverage is determined by the Platino carriers by querying CMS.
  2. Platino carriers also have the ability to determine Mi Salud eligibility.

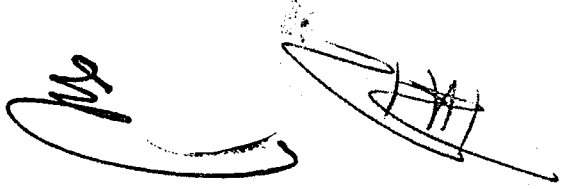


c. **General Enrollment Concepts** - The enrollment record (see attached) used by the carriers to notify ASES of the subscription of a member contains a series of data elements for verification of correctness and to inform ASES the particulars of the enrollment. A member can be enrolled in one of three different **Plan Types**:

- i. **01 = Mi Salud**
- ii. **02 = Platino SNP (Special Needs Plan)**
- iii. **03 = Platino MA PD (Medicare Advantage Prescription Drugs)**

A particular carrier can offer different products under a Plan Type. These products are identified by their **Plan Version** number. ASES assigns a **Plan Version** number for each Platino product contracted. For Mi Salud enrollments the Plan Version field must equal the **coverage code** assigned to the particular beneficiaries.

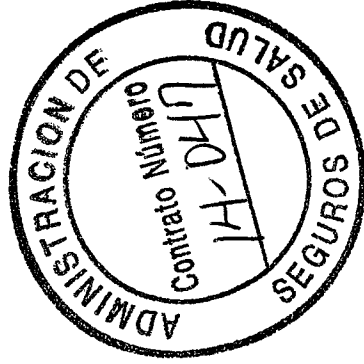
Some of the Plans contracted with ASES may require the assignment of **Primary Centers (IPAs)** and /or **PCPs** to the beneficiaries. The enrollment record includes those fields as well as the Plan Type and Version. The record also informs of the date the member was processed by the carrier and the effective date of the enrollment. (For more detail see section II.b below.)



## II. Enrollment Process

a. **Data Flow** – The data flow for Mi Salud and Platino enrollments is similar with the principal exception of the queries that are needed in the Platino process. (see flow diagram attached)

- i. **Mi Salud** – The process starts with the receipt of the eligibility data by the carriers. Under the Auto Assign process the carriers update their database, Assign a Primary Group and PCP and issues ID Cards. These Cards are sent to the Beneficiaries by Mail. (The beneficiaries have 90 days to request a change in Primary Center or PCP.) The carrier then produces the electronic enrollment record and sends it to ASES. (The effective date of the Enrollment is the certification date of the family as received by the Carrier in the eligibility data.) These transmissions occur on a daily basis. In ASES the records are passed through an edit program. The records that pass the edits are updated to the ASES database and the beneficiaries are deemed enrolled. Those record found with error are returned to the carriers for correction. Until the records are submitted correctly the member is not enrolled in ASES and no premium payments are produced.
- ii. **Platino** – Before a Platino Plan can enroll a member it must verify Medicare coverage by querying CMS. They must also query ASES to verify if the member is eligible for Mi Salud. Once those requirements are met then the enrollment is

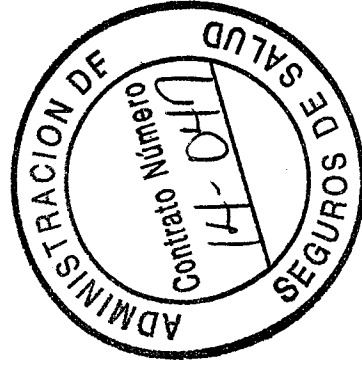


submitted to ASES. In ASES the record follows the same process as described above for Mi Salud.

b. **Enrollment Record**

i. **Data Definition** – The enrollment record contains the following data elements to be complemented by the carrier:

1. **RECORD\_TYPE** – This is always an ‘E’ it identifies the record as an enrollment file record.
2. **TRAN\_ID** – This is the field which identifies to the ASES system which action to take based on the data contained in the record. It can have one of several values:
  - a. **E** = means that the record is a new enrollment for a member which has not been previously enrolled.
  - b. **C** = **Change Carrier**. Used when the member has selected a different carrier than the one in which he/she is presently enrolled. It is also used for initial enrollment in Platino Plans.
  - c. **P** = **Changes the Plan Type**. It is used when a member enrolled under a particular carrier chooses to change the product the carrier offers to one which is identified under a different Plan Type under the same carrier. Example: changing from an MA-PD Plan (Type 03) to a SNP Plan (Type 02) under the same carrier.
  - d. **V** = **Type Version change**. It is used when a member enrolled under a particular carrier and Plan Type chooses to change the product the carrier offers to one which is identified under the same Plan Type but with a different version number under the same carrier. Example: changing from a SNP Plan (Type 02 Version 001) to a SNP Plan (Type 02 Version 002) under the same carrier. The version change value in the Tran\_id is also used when a Mi Salud member changes coverage code. In this case the carrier must reissue an ID Card with the new benefits and submit a version change enrollment record to ASES where the Version number is equal to the coverage code.
  - e. **I** = **Ipa (Primary Center) Change**. Used to record in ASES a change in the beneficiaries’ selected IPA under the same carrier, Plan Type and Version.
  - f. **1** = **PCPI change**. Used to record in ASES a change in the beneficiaries’ selected PCPI under the same carrier, Plan Type, Version and IPA.



*[Handwritten signature]*

- g. **2 = PCP2 change.** Used to record in ASES a change in the beneficiaries' selected PCP2 under the same carrier, Plan Type, Version and IPA.
- h. **3 = PCP1 and PCP2 change.** Used to record in ASES a change in the beneficiaries' selected PCP1 and PCP2 under the same carrier, Plan Type, Version and IPA.
  - i. **X** = delete incorrect enrollment
  - j. **O** = Contract number change only
  - k. **D** = Disenroll. For future use.

3. **PROCESS\_DATE** – Sign up date. Date the member contracted with the carrier. Relationship with effective date:

- a. Platino – Process date must be less than effective date.
- b. Mi Salud – process date must be equal or less than effective date.

4. **REGION** – Contains ASES region code. Must be the region in which the member is located in the ASES database. Platino carriers obtain this code from the ASES query response.

5. **CARRIER** - Two digit carrier code assigned by ASES.

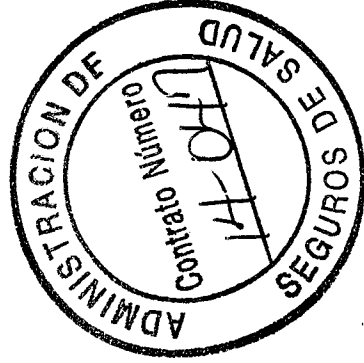
6. **MEMBER\_PRIMARY\_CENTER** – Up to four digits assigned by carrier to identify their Primary centers (IPAs). Not required for some Plan Types/Versions.

7. **ODSI\_FAMILY\_ID** – Eleven digit family ID assigned by THE MEDICAID OFFICE (ODSI). This is the first part of the key for the beneficiaries in the ASES database. Platino carriers obtain this code from the ASES query response.

8. **MEMBER\_SSN** – Social Security number of the member. It is required that this number matches with the one for the member in the ASES database.

9. **MEMBER\_SUFFIX** – Two digit number which identifies a member within a family. Second part of the key in the ASES database.

10. **EFFECTIVE\_DATE** – Date in which the carriers starts coverage for the member under the enrolled Plan or effective date of the change for which the enrollment



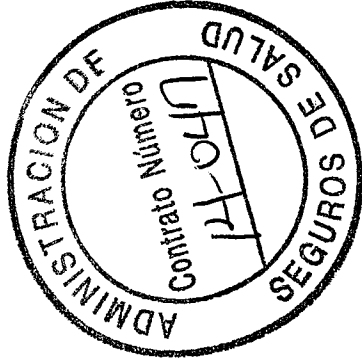
*[Handwritten signature]*

*[Handwritten signature]*



record was submitted. (For Mi Salud Enrollment the effective date is the date of certification in the MEDICAID OFFICE) . For Tran\_ID's other than "E" for Mi Salud the effective date must be 1<sup>st</sup> of the month.

11. **PLAN\_TYPE** – Plan Type code under which the member is enrolled.
12. **PLAN\_VERSION** – Plan version under which the member is enrolled.
13. **MPI** – Master Patient Index. Unique number which identifies a Member in ASES and THE MEDICAID OFFICES databases.
14. **PCP1** – Fifteen digit number assigned by carriers. Use to identify the PCP1 selected by the beneficiaries.
15. **PCP1\_EFFECTIVE\_DATE** – Date in which the PCP1 assignment was effective.
16. **PCP2** – Fifteen digit number assigned by carriers. Use to identify the PCP2 selected by the beneficiaries.
17. **PCP2\_EFFECTIVE\_DATE** – Date in which the PCP2 assignment was effective.
18. **FAMILY\_PRIMARY\_CENTER** – IPA assigned to all Mi Salud family members.
19. **FAM\_PRIMARY\_CENTER\_EFF\_DATE** – Date in which the assignment of the family IPA was effective.
20. **IPA\_PCP\_CHANGE\_REASON** – Not in use.
21. **MEDICARE INDICATOR** – Required for Platino enrollments. (1=A&B, 3=A, 9=B)
22. **HIC NUMBER** – Medicare Health Insurance Claim Number. Required for Platino enrollment.
23. **IPA\_ESPECIAL** – A "1" indicates that the member is assigned to a special IPA which is not the family IPA. Used for Mi Salud.
24. **Contract Number** – Contract number assigned by the carrier. It should be the number by which the member is

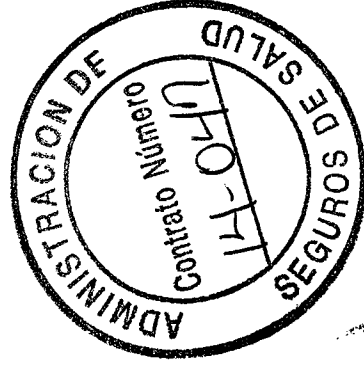


identified in the carriers ID card and internally in their database.

25. Special Enroll – Used to identify that the enrollment is for a newborn (N) or an emergency (E) case submitted by THE MEDICAID OFFICE or ASES. When this field is used then if the values is:
  - a. N – The system allows enrollment as of the date of birth.
  - b. E – The system allows enrollment as of the eligibility effective date for Federal and CHIP members (Medicaid Indicator 1 or 2).
  - c. This mechanism can be utilized in cases where the **date of birth or certification** is on or after January 1, 2006.
26. Other data elements complimented by ASES – When the record is edited the ASES system enters the following data in the enrollment record:
  - a. **Reject Identifier** - As a result of the edits the record could be accepted or rejected. This field contains the codes that specify that result. ( "A" = Accepted; "M" = Accepted Retroactive; "R" = Rejected; "X" = Deleted)
  - b. **Record Key** – Internal number assigned by the ASES system.
  - c. **Error Codes** one to ten – record up to ten possible error codes.
  - d. **Update Date** – Date to which the edit run belongs. Correspond to the date of the daily cycle the edit run was a part of.
  - e. **Update User** – ASES internal user code.

ii. **Uses**

1. The enrollment record can be used to trigger several actions in the ASES database. The content of the TRAN\_ID field determines which action. An "E" for a Mi Salud carrier will perform the original enrollment of a member. A "C" will transfer a member from one carrier to the one submitting the enrollment or perform the original enrollment for a Platino carrier. Codes P, V, I, 1, 2, and 3 will inform the ASES system that the carrier has changed a beneficiaries Plan, Version, IPA or PCP. An "X" will delete a previously submitted record and an "O" will change a beneficiaries Contract number. In the future a "D" will produce the disenrollment of a member from its existing carrier.



iii. **Edit and update process** – Carriers can transmit enrollment files to ASES on a daily basis. They must follow the naming convention for those files which is as follows:

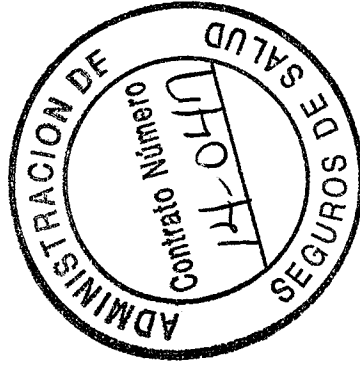
**1. CCYYMMDD.SUS**

1. CC = Carrier Code
2. YY = Year
3. MM = Month
4. DD = Day
5. .SUS = Identifies file as an enrollment file.

The enrollment file can contain records pertaining to any of the regions contracted by the carrier. The files received by 9:00am are entered in the ASES daily cycle. If a file is received after 9:00am it will be entered in the following day's cycle. In the cycle there are several steps which handle the enrollment records:

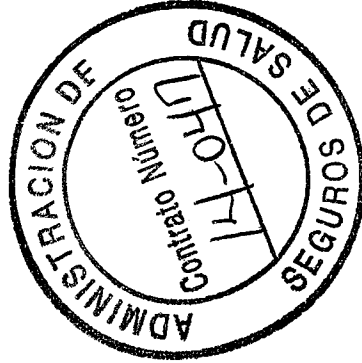
2. **Enrollment Merge** – joins the enrollment files from all carriers into a single file.
3. **Enrollment Region Split** – Separates the merged file into different files (one per region) based on the region code in the enrollment records. If the record sent does not have a valid region code it will go into a special error file and will not continue processing.
4. **Edits** – ASES run a separate edit and update cycle for each region. The enrollments are passed through the edit programs and are identified as valid or rejected.
5. **Update** - Valid enrollments will be used to update the beneficiaries' record in the ASES database. In this process the data in the enrollment record is entered into the beneficiaries' record. There are to types of Valid enrollments:

- a. **Reject identifier = A** – Identifies an accepted enrollment which is to be applied at a future effective date. The update process moves the enrollment fields (carrier, Plan, Version, Ipa and PCP) to the fields destined for new enrollments in the member's record. Until the new effective date is reached the member stays under the present enrollment condition (same carrier, Plan, Version, Ipa and PCP). At the month end cycle previous to the effective date the new field are moved to the actual fields and the enrollment becomes effective.
- b. **Reject identifier = M** – Indicates a retroactive enrollment. In these cases the enrollment data (carrier, Plan, Version, Ipa and PCP) is updated



directly to the actual enrollment field in the member's record.

6. **Carrier eligibility file extract** – When the member's information is updated because of an enrollment being processed, a record is sent to the carrier affected in the Carrier eligibility file which is produced in every daily cycle.
- c. **Carrier Responsibilities** – In order to process enrollment transactions correctly the carriers need to maintain in their particular systems the updated member eligibility data received from ASES. Such data is sent by ASES in the following files:
  - i. **Carrier Eligibility File (Daily & Month End)** – Produced by the ASES daily cycle. Contains all the data pertaining to the beneficiaries that have been added, updated or cancelled in the daily cycle. This includes updates caused by enrollment records being processed in that cycle. The carrier's system must identify the following situations based on the data received in these files:
    1. When a member is added.
      - a. Mi Salud carriers must start the enrollment process with the member.
    2. When a member changes carrier:
      - a. The carrier which lost the member must identify the loss of business.
    3. When any of the enrollment data changes. This includes Plan Type, Version, IPA, PCPs.
      - a. The carrier system must be updated accordingly, if not this could cause the rejection of future enrollment record submissions.
    4. When a Member's demographics Changes:
      - a. The carrier needs to update the new data in their database.
    5. When a member is cancelled:
      - a. All carriers must cancel effective at the end of the month
      - b. Carriers should follow up with member in case the cancellation is caused by expiration of certification.
    6. When a member has a change in coverage code:
      - a. Carriers must evaluate if the new coverage code requires that the member be enrolled in a different



Plan\_Version and send a Version change enrollment record to ASES before the end of the month.

b. Members where the Plan\_Version does not agree with the coverage code will be disenrolled in the month end cycle in ASES.

1. Carriers must re enroll those members under the new Plan\_Version that agrees with the new coverage code.

ii. **Enrollment Reject File** – Produced by the ASES daily cycle. It contains the enrollment records rejected by the validation program. The carrier must examine the rejected records and take action to correct the cause based on the error codes included. See details below about the specific error codes. The carriers system must have the capability of identifying the errors and provide the mechanisms for correction and submittal to ASES for reprocessing.

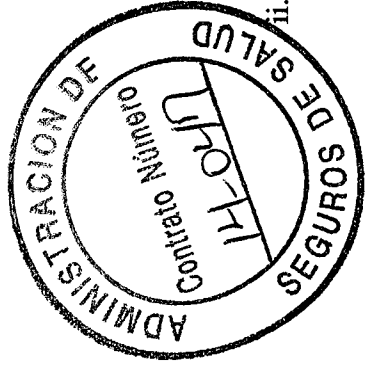
d. **Enrollment Record Rejections**

i. **Reject Process** - Rejected enrollments are sent daily on a file which includes the error codes for the edit that failed the validation process. The carriers must correct the errors found and submit the corrected records to ASES in the next enrollment file.

The file name for the reject file is:

1. **CCYYMMDD.rjc**

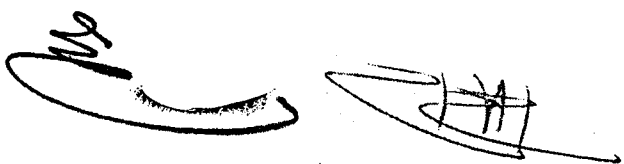
- a. CC = Carrier Code
- b. YY = Year
- c. MM = Month
- d. DD = Day
- e. .rjc = Identifies file as a reject file.



ii. **Error Codes** – The attached table (**Subscription Error table**) contains the error codes produced by the Validation Program. Additional descriptions and possible corrective actions have been included to assist in the correction process.

III. **Premium Payment**

a. **Concepts** – The new Premium Payment System works under the concept that premiums are calculated and paid for only those beneficiaries that are enrolled by the first day of the payment month. The carriers do not need to submit billing documents or files. There is one payment run per month per ASES region in which the payment for all carriers in the region is calculated.



b. **Relation to Enrollment** - Enrolled beneficiaries are those which are eligible and assigned to a particular carrier as the result of an enrollment transaction. For a particular month's run the system will consider enrolled beneficiaries in the ASES database with an enrollment date (update date in ASES) previous to the 1<sup>st</sup> day of that month. Beneficiaries enrolled after that date will be considered for payment in the next payment run after the enrollment date.

c. **Types of payment calculations** - The payment system computes several categories of payments:

a. **Monthly payments** - For all beneficiaries enrolled at the beginning of the month for which the system is run (**Payment Month**).

b. **Prorate Payments** - Prorate payments are calculated for Mi Salud beneficiaries that were enrolled during the previous month to the payment month. A prorated daily premium is calculated based on effective date of the enrollment.

c. **Retroactive Payments** - Is calculated when the effective date of the enrollment is previous to the payment month. In Platino this calculation may include the previous month since no prorate is paid and because the enrollment always starts at the beginning of a month. In Mi Salud retroactive payments are always for periods two month or more before the payment month.

d. **Retroactive prorate payments** - Retroactive prorate payments are calculated when the effective date of the enrollment falls within the first month considered for a retroactive payment

e. **Adjustments** - Adjustments are calculated when a member changes Carrier retroactively after ASES had paid the first carrier in a previous payment run. The adjustment takes away the premium amount paid the first carrier.



#### IV. SYSPREM – Enrollment in History

##### a. Enrollment concepts:

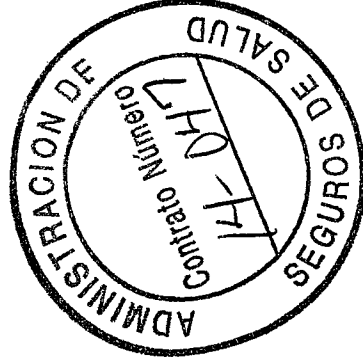
- i. Enrollments are applied to the current eligibility data.
- ii. Enrollments are allowed only in a member's current eligibility period. The **current eligibility period** is the:
  1. eligibility period after a cancellation period (for a member that has been cancelled and then re-certified)
  2. the current period since the initial update in ASES (as eligible) and the present time when the member has not been cancelled and remains eligible
- iii. When an enrollment is not sent in time by the carrier (or a rejected record is not corrected) the eligibility data for the member will remain un-enrolled.
- iv. Premiums will not be paid for un-enrolled beneficiaries when the premium payment system is run.
- v. If the member is then cancelled or enrolled in a second carrier the first carrier is prevented (by the system edits) to enroll the member in a period previous to the cancellation or the enrollment.

##### b. SYSPREM Functionality - The SYSPREM sub-system will permit the enrollment of beneficiaries to be recorded in historic data. The main functions are:

- i. Identification of enrollment records that are candidates for processing against the history database. Rejected with error codes:
  1. **107**- Effective date before current eligibility period for family member
  2. **108**- Effective date before current eligibility period for member
  3. **280**- Family must be eligible in current eligibility period
  4. **281**- Member must be eligible in current eligibility period
  5. **177**- Enrolled in another carrier at or after effective date
- ii. Limitations:
  1. Member must be active on effective date
  2. Member must not have family members with errors not acceptable by SYSPREM in the same Mi Salud enrollment batch
  3. Enroll record must not have Effective Date before 01/01/2006\*\*\*

##### iii. New Error Codes (Reject File) for **accepted** history enrollments:

1. **996** – SYSPREM record inserted in history. No action by the carrier is required.



- iv. New Error Codes (Reject File) for **rejected** history enrollments:
1. **980** - Process date in enroll record must be greater than process date of the previously enrolled Member record
  2. **981** - Member must not have family members with errors not acceptable by SYSPREM in the same enrollment batch (for Mi Salud).
  3. **982** - Enroll record must not have Effective Date before 01/01/2006\*\*\*

- v. Carrier Eligibility File - The daily carrier eligibility file will include the data for the members updated in history by the SYSPREM sub-system. The TRAN\_ID field will contain an 'H' to identify history data. The carriers must modify their systems so that the SYSPREM data is not included as actual data when processing the eligibility file.

**c. Premium Payment for SYSPREM enrollments**

- i. Monthly Premium Payment run will include all SYSPREM records processed during the previous month. Payment will be calculated for months from the effective date of the SYSPREM enrollment up to:
  1. The month in which the member is enrolled in a different carrier
  2. The month in which the Member is cancelled
  3. Actual Billing date

**d. SYSPREM in summary:**

- i. SYSPREM will enroll beneficiaries in history for cases where the enrollment can not be applied to actual data.
- ii. Some members will not be enrolled in history because they are:
  1. Not eligible at the effective date
  2. Enrolled in a different carrier
- iii. Carriers need to evaluate cases rejected by SYSPREM in order to determine:
  1. Errors in the effective date assigned
  2. Correctness of the beneficiaries' data included in the enrollment record

**V. Addendums**

- e. Enrollment Record Layout
- f. Consistency Hierarchy Table
- g. Error Code Table
- h. Flow Diagrams





# Addendum b- Enroll Relationship Requirements

*ms*

*[Signature]*



**Enroll Relationship Requirements**

**ENROLLMENT RECORD DATA -- BASIC FIELD RELATIONSHIP**

TRANS ID	CARRIER	Plan Type	VERSION	Primary_Center	PCP1	PCP2
E - New Enrollment	Y	Y	Y	Y	Y	O
C - Change Carrier	Must be different to ASES DB	Y	Y	Y	Y	O
P - Plan Change	Must be the same as in ASES DB	Must be different to ASES DB	Y	Y	Y	O
V - Version Change	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be different to ASES DB	Y	Y	O
I - Change Primary Center	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be different to ASES DB	Y	O
1 - Change PCP1	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	Y	N
2 - Change PCP2	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	N	Y
3 - Change PCP1 & PCP3	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	Must be the same as in ASES DB	Y	Y

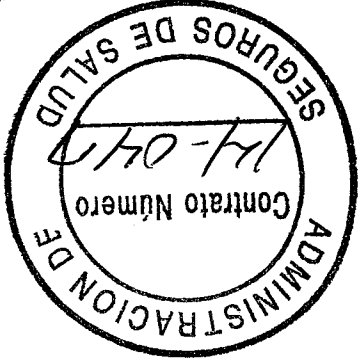
Y = Field must have data  
 N = The field must be Blank  
 O = Use of the field is Optional

Notes:

1. If the Plan Detail Table indicates that a Primary Center or PCP is required the enrollment record **must include** data in those fields.

2. If the Plan Detail Table indicates that a Primary Center or PCP is **not required** the enrollment record **must not include** data in those fields.

3. **Retroactive Enrollment** -- For Plan\_Type other than "01" (Reforma) any changes (Trans\_ID not "E") after the effective date will be treated as Retroactive Enrollments (Trans\_ID = "E"). Actual fields will be populated instead of new fields.



*Handwritten signature/initials*

*Handwritten signature/initials*

*[Handwritten signature]*

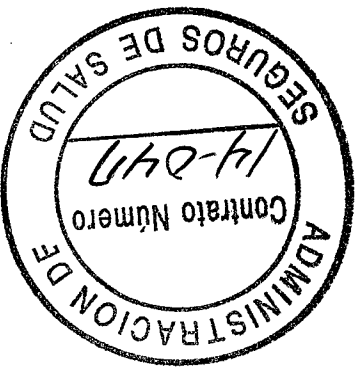
*[Handwritten initials]*

ENROLLMENT AND CARRIER IPA/PCP CHANGE FILE			
November 1, 2007			
<p>This file is received by ASES from the insurance companies and TPO's on a daily basis. It contains data pertinent to new enrollment and families which have selected to change their enrollment to the organization producing the file. Modified for Medicare Plans Enrollment on September 2005. Concept change form one record per family enrolled to one record per member. Modify to include special enroll field on novembre 2007 Modified on April 2013 to include Trailer record for the Migration Project.</p>			
Member Record	Record Fields	Position	Size
	RECORD_TYPE	1	1
	Notes		
	"E" for Enrollment Record (Constant)		1
	TRAN_ID	2	1
	PROCESS_DATE	3	8
	REGION	11	1
	CARRIER	12	2
	MEMBER_PRIMARY_CENTER	14	4
	ODSI_FAMILY_ID	18	11
	MEMBER_SSN	29	9
	MEMBER_SUFFIX	38	2
	EFFECTIVE_DATE	40	8
	PLAN_TYPE	48	2
	PLAN_VERSION	50	3
	MPI	53	13
	PCP1	66	15
	PCP1_EFFECTIVE_DATE	81	8
	PCP1		MMDDYYYY



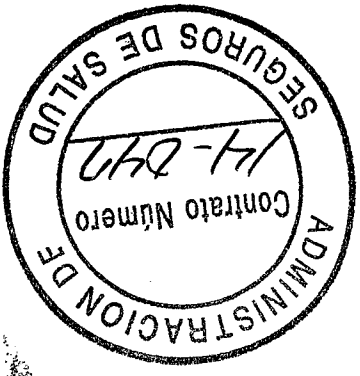
Record Fields	Position	Size	Notes
TRAILER Record			

PCP2	89	15	Text
PCP2_EFFECTIVE_DATE	104	8	MMDYYYY
FAMILY_PRIMARY_CENTER	112	4	IPA or PHO code
FAM_PRIMARY_CENTER_EFF_DATE	116	8	MMDYYYY
IPA_PCP_CHANGE_REASON	124	2	Code Table to be supplied
MEDIGARE_INDICATOR	126	1	1=A&B, 3=A, 9=B
HIC NUMBER	127	12	
Reject Identifier	139	1	"A" = Accepted; "M" = MA Retroactive; "R" = Rejected; "X" = Deleted
Record Key	140	14	YYMMDD999999
Error Code 1	154	3	Indicates error (see error code table)
Error Code 2	157	3	Indicates error (see error code table)
Error Code 3	160	3	Indicates error (see error code table)
Error Code 4	163	3	Indicates error (see error code table)
Error Code 5	166	3	Indicates error (see error code table)
Error Code 6	169	3	Indicates error (see error code table)
Error Code 7	172	3	Indicates error (see error code table)
Error Code 8	175	3	Indicates error (see error code table)
Error Code 9	178	3	Indicates error (see error code table)
Error Code 10	181	3	Indicates error (see error code table)
Update Date	184	8	YYMMDD
Update User	192	8	"SYSTUPD "
IPA_ESPECIAL	200	1	1 = IPA Especial
Contract Number	201	13	Character left justified
Special Enroll	214	1	E = Emergency N = New Born
Filler	215	15	
	230		



Handwritten signatures and initials, including a signature that appears to be 'dm' and another with a checkmark.

*Handwritten marks: a signature and a scribble.*





\*\*\* NUMBER OF RECORDS FIELD CONTAINS THE SUM OF THE NUMBER OF RECORDS IN THE FILE NOT INCLUDING THE TRAILER.

RECORD_TYPE	1	7	"TRAILER" for Record (Constant)
FILLER	8	10	SPACES
NUMBER OF RECORDS	18	8	99999999 Numeric - right justified - zero filled
FILLER	26	10	SPACES
FILLER	36	3	"230" (Numeric Constant)
FILLER	39	191	SPACES
	230		

# Addendum c- Error Code Table

*ms*



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**SUBSCRIPTION FILE ERROR DESCRIPTION**

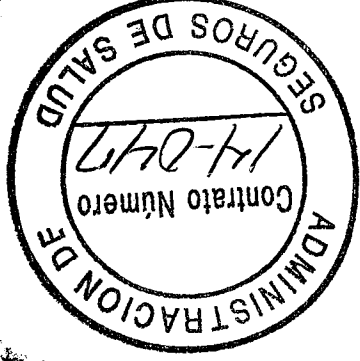
011	Invalid Record Type		Possible Corrective Actions
021	Spaces in Trans ID.		
022	Invalid Trans ID.		
031	Spaces in Process Date.		
032	Invalid Process Date.		
033	Except for newborns enrollments, Process Date should be less or equal than Effective Date and greater or equal than three months before Effective Date (MI Salud)	For MI Salud (Plan Type = 01) the Process Date must be <b>equal or less</b> than the Effective Date. Effective Date has to be within 2 months of the Process Date.  Verify process date versus effective date.	
034	If Tran_Id = "E" and MI Salud and Process_Date >= 11/16/2006, then Effective_Date cannot be 11/01/2006	Special edit for coverage conversion of Nov.2006.	
035	Process Date should be less than Effective Date and greater or equal than three months before Effective Date (Platino)	For <b>Platino</b> (Plan Type = 02 or 03) the Process Date must be <b>less</b> than the Effective Date. Effective Date has to be within 2 months of the Process Date.  Verify process date versus effective date.	
036	Process Date should be greater or equal than three months before PCP1_EFFECTIVE_DATE	PCP1_EFFECTIVE_DATE can not be more than 3 month greater that the process date.	
037	Process Date should be greater or equal than three months before PCP2_EFFECTIVE_DATE	PCP2_EFFECTIVE_DATE can not be more than 3 month greater that the process date.	



*[Handwritten signatures and scribbles]*

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**SUBSCRIPTION FILE ERROR DESCRIPTION**

Error Code	Message de Error	Additional Description (where needed)	Possible Corrective Actions
038	Process Date should be greater or equal than three months before FAM_PRIMARY_CENTER_EFF_DATE	FAM_PRIMARY_CENTER_EFF_DATE can not be more than 3 month greater that the process date.	
041	Spaces in Region		
042	Invalid Region		
051	Spaces in Carrier		
052	Invalid Carrier		
053	Carrier equal to actual Carrier and Tran_ID = C is a requesting to carrier change.	The enrollment has a C (carrier change) in the Tran_ID and the carrier is the same as the carrier in the member record in ASES.	Verify if the record should have been send with another Tran_ID (like V or I). If not the member is already enrolled and no further
054	If plan type=01 and effective_date is future should be 1st of the month	Enrollments for future dates must have effective dates for the 1st of the month.	



*[Handwritten signatures]*



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
SUBSCRIPTION FILE ERROR DESCRIPTION**

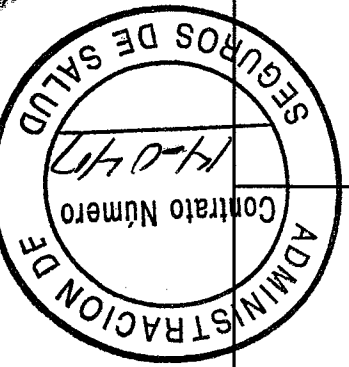
Possible Corrective Actions	Additional Description (where needed)	From Cod Mensaje de Error
<p>Carrier should review members' address an insure that the municipality is included in the ASES contract.</p>	<p>Match Carriers_contracted table by Carrier and region. The effective date of the enrollment has to be within the effective and expiration dates of the selected carriers_contracted table record for that carrier and Region. Carrier must be contracted at the effective date of the enrollment. The enrollment record plan_type has to be 01 if the Reforma column is "Y". Else the plan in the enrollment has to be "02" or "03". The Plan_Type must match the carriers_contracted table record for the effective date of the enrollment. If the "Todos_Municipios" column is "N" then the municipality code in the member_eligibility record for the member in the enrollment record has to match one of the municipality codes in the selected table record. If some municipalities are contracted in a region then the municipality code must match.</p>	<p>055 Carrier not contracted in the municipality or region at the enrollment effective date.</p>
	<p>This is a temporary error code to be operating during the month of September 2010 related to the October 1, 2010 conversion.</p>	<p>056 Plan type = 01 and effective date is 20101001 at enrollment, and new plan type = 02 and new carrier eff. date is 20101001 at member eligibility</p>
	<p>This is a temporary error code to be operating during the month of September 2010 related to the October 1, 2010 conversion.</p>	<p>057 Plan type = 01 and effective date is 20101001 at enrollment, and plan type = 02 at member eligibility</p>



*[Handwritten signatures]*

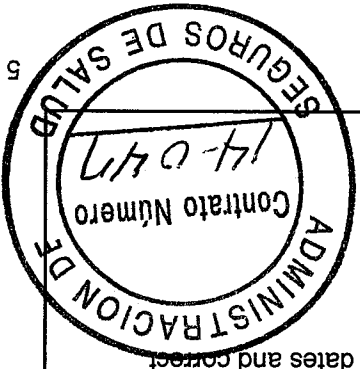
**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
SUBSCRIPTION FILE ERROR DESCRIPTION**

Possible Corrective Actions	Additional Description (where needed)	Error Code Mensaje de Error
	Member Primary center is required when the enrollment has a Tran_ID of "E", "C", "P", "V", "I" in Reforma or if the Platino Plan is identified as requiring Primary Center.	061 Tran ID in ("E", "C", "P", "V", "I") and is required then Member Primary Center had spaces
PCP changes are accepted if the record has the same carrier, Plan Type, Version and IPA as the ASES database for the member. Check if the intention is to change both the IPA and the PCP and submit a IPA change (Tran_ID = I) with the new IPA and PCPs.	The enrollment is for a PCP change but has a Primary Center different from the one in the member record in ASES.	062 Tran ID in ("1", "2", "3") and Member Primary Center is different from actual subscribed Primary Center.
Verify if the record should have been send with another Tran_ID. If not the member is already enrolled in the IPA and no further action should be required.	IPA change when the IPA in the ASES database for the member is the same.	063 Primary Center equal to actual Primary Center
Verify and correct.	Incorrect IPA in the enrollment record.	064 if Tran_ID="D" should be space
Verify and correct.	Incorrect IPA in the enrollment record.	065 For the Special region. Invalid Member Primary Center for Direct Contract Carrier. A record in our tables was not found for the given region, carrier, member_primary_center and effective date.
	Incorrect IPA in the enrollment record.	066 For any region other than Special. Invalid Member Primary Center for Direct Contract Carrier. A record in our tables was not found for the given region, carrier, member_primary_center and effective_date.



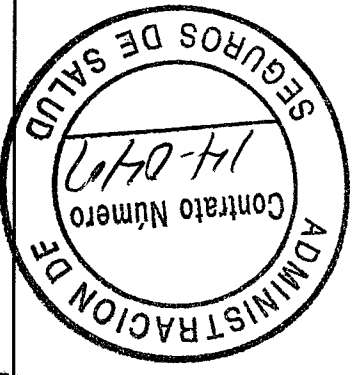
# PUERTO RICO HEALTH INSURANCE ADMINISTRATION SUBSCRIPTION FILE ERROR DESCRIPTION

Error Code	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
071	Spaces in Family ID		
072	Length of Family ID not equal 11		
073	Family ID Not Found	Family ID not found in the region indicated in the enrollment record.	Verify if the family ID used is correct. Verify if the region code is the correct one for the member.
081	Spaces Member SSN		
082	Length of Member SSN not equal 9		
083	Member SSN Not Found		Verify if the Member SSN used is correct. Verify if the region code is the correct one for the member.
091	Spaces in Member Suffix		
092	Length of Member Suffix not equal 2		
093	Family ID and Member Suffix Not Found in ASES Eligibility	No record for the member found in the ASES database.	Verify that the assignment of the Suffix in the carrier database coincides with ASES. If the family_id or the Member SSN is also in error this code will appear.
101	Spaces in Effective Date		
102	Invalid Effective Date		
103	In Enroll and Reforma, effective date should be less than run process date	For Reforma (Plan Type = 01) original enrollment (Tran_ID = E) the Effective Date has to be less than the run date. It is assumed that the member was enrolled before the enrollment record was sent to ASES. Original enrollments are not for future periods.	Verify dates and correct



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**SUBSCRIPTION FILE ERROR DESCRIPTION**

Possible Corrective Actions	Additional Description (Where needed)	Error Cod Mensaje de Error
Verify dates and correct.	For Reforma (Plan Type = 01) where the Tran_ID is not E the effective date must be greater than the run date and 1st of the month.	104 Other than Enroll and Reforma, effective date should be 1st of the month.
		105 For Platino, the effective date should be 1st of the month.
		106 If TRAN_ID IN ('D'), then effective date should be 1st of the month
This cases will be submitted to be enrolled in history under the new version of the enrollment	The family to which the member belongs was cancelled after the effective date in the enrollment record.	107 Effective date should be during the last active period for the family
This cases will be submitted to be enrolled in history under the new version of the enrollment	The member was cancelled after the effective date in the enrollment record.	108 Enrollment should be during the last active period for the member.
Verify and correct.	For emergencies the effective date can not be less than the family eligibility effective date.	10A If Emergency (special_enroll = 'E'), then if before Auto Assign (certification_dt @ family_eligibility < 2011-07-01) or federal (medicaid indicator is in '1' or '2') then if before Mi Salud (eligibility_effective_date > 2010-10-01) then cannot subscribe earlier than the certification date, else if during Mi Salud (eligibility_effective_date <= 2010-10-01) then cannot subscribe earlier than the eligibility effective date. Else if during Auto Assign (certification_dt @ family_eligibility >= 2011-07-01) and stateal (medicaid indicator is in '3' or '4') then cannot subscribe earlier than the certification date.



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**SUBSCRIPTION FILE ERROR DESCRIPTION**

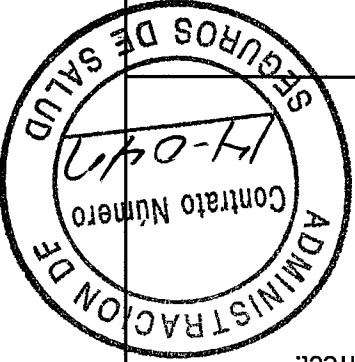
Error Cod	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
10B	If special_enroll = 'N', effective date should be at least as recent as member birth date and effective date should not be more than a year forward from the birth date	For new births the effective date can not be less than the birth date or a year after the birth date.	Verify and correct.
10D	If special_enroll = 'E', then plan type should be reform	Not exist enrollments with emergencies to Platino members	Verify and correct.
111	Spaces in Plan Type		
112	Length of Plan Type not equal 2		
113	Invalid Plan Type,Carrier and Plan Version	Enrollment records have to match the Plan Type and Plan Version contracted by the carrier with ASES.	Verify and correct.
114	If Trans_ID="D" should be "01"		
115	"02" and not Medicare Part A & B in ASES data		
121	Spaces in Plan Version		
122	Length of Plan Version not equal 3		
123	Invalid Plan Version		
124	If Trans_ID="D" should be "001"		
131	Length of MPI Number not equal 13		
132	MPI Number Not Found in ASES Eligibility		Verify that the correct MPI was used. Verify if the region code is the correct one for the
141	Spaces in PCP1 when Tran ID < "2" <"D" is required.	For enrollments where the PCP1 is required the PCP1 Field must not be in spaces.	



*Handwritten signatures and initials at the top of the page.*

# PUERTO RICO HEALTH INSURANCE ADMINISTRATION SUBSCRIPTION FILE ERROR DESCRIPTION

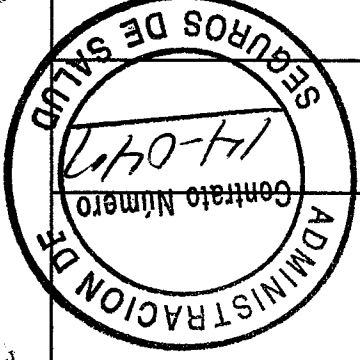
ror Cod	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
142	PCP1 should be spaces when Tran ID = "2"="D"	For changes in PCP2 the PCP1 field must be spaces.	
151	Spaces in PCP1 Effective Date when Tran ID < "2" > "D" is required.	Spaces or invalid date was entered in PCP1 Effective Date in enrollments where PCP1 is required.	Verify and correct.
152	Invalid PCP1 Effective Date when Tran ID < "2" > "D" is required.		
153	PCP1 Effective Date without spaces when Tran ID < "2" > "D" is not required.	PCP1 effective date must be in spaces when the enrollment is not for a PCP2 change and PCP1 is not required.	Verify and correct.
154	PCP1 Effective Date should be spaces when Tran ID = "2"	PCP1 effective date must be in spaces when the enrollment is for a PCP2 change.	Verify and correct.
155	In Enroll, PCP1 effective date should be less than run process date	For Reforma (Plan Type = 01) original enrollment (Tran_ID = E) the PCP1 Effective Date has to be less than the run date. It is assumed that the member was enrolled before the enrollment record was sent to ASES. Original enrollments are not for future periods.	Verify and correct.
156	Other than Enroll, PCP1 effective date should be 1st of the month.		
157	If PCP1 not null PCP1_effective_Date should be not null and viceversa	When there is data in the PCP1 field there should be a valid date in the PCP1 Effective Date field and vice versa.	Verify and correct.




**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
SUBSCRIPTION FILE ERROR DESCRIPTION**

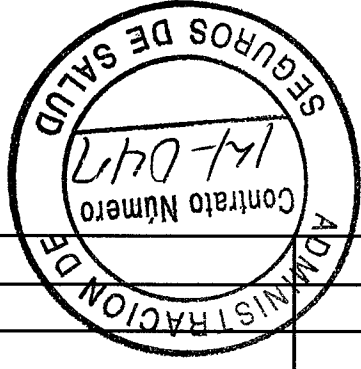
Error Cod	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
158	If new enroll, carrier change or lpa change, and PCP1 not null, PCP1_effective_Date should be same as Effective_Date. If plan type change, plan version change, pcp1 change or pcp1 and pcp2 change, and PCP1 not null, PCP1_effective_Date should be greater or equal than Effective_Date in member_elligibility.		Verify and correct.
161	Spaces in PCP2 when if Trans_ID in ("2", "3")	Trans_ID 2 and 3 require data in PCP2 field.	Verify and correct.
162	PCP2 should be spaces when if Trans_ID not in ("2", "3")		
171	Spaces in PCP2 Effective Date when if Trans_ID in ("2", "3")	Trans_ID 2 and 3 require date in PCP2 effective Date field.	Verify and correct.
172	Invalid PCP2 Effective Date when Tran ID > "2"	Invalid data in PCP2 Effective Data	
173	In Enroll, PCP2 effective date should be less than run process date	For Reforma (Plan Type = 01) original enrollment (Tran_ID = E) the PCP2 Effective Date has to be less than the run date. It is assumed that the member was enrolled before the enrollment record was sent to ASES. Original enrollments are not for future periods.	Verify and correct.
174	Other than Enroll, PCP2 effective date should be 1st of the month.		
175	If PCP2 not null PCP2_effective_Date should be not null and viceversa	When there is data in the PCP2 field there should be a valid date in the PCP2 Effective Date field an dvice versa.	
176	If Tran_ID="D" should be null		



*Handwritten signatures and initials at the top of the page.*

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
SUBSCRIPTION FILE ERROR DESCRIPTION**

ErrCod	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
177	Enrolled in other carrier at or after enrollment Effective Date	The member was enrolled in another carrier after the effective date in the enrollment record	
178	if new enroll, carrier change or ipa change, and PCP2 not null, PCP2_effective_Date should be same as Effective_Date, if plan type change, plan version change, pcp2 change or pcp1 and pcp2 change, and PCP2 not null, PCP2_effective_Date should be greater or equal than Effective_Date in member_eligibility, Future subscription already set for another carrier at enrollment future Effective Date	family Primary Center required for Reforma	Verify and correct.
179	Future subscription already set for another carrier at enrollment future Effective Date		
181	is required then Family Primary Center had spaces		
182	is not required and Family Primary Center didn't had spaces.		
183	if Tran_ID = "D" should be space		
191	is required and Family Primary Center Effective Date have spaces		
192	Incorrect Family Primary Center Effective Date		
193	is not required and Family Primary Center Effective Date did not have		
194	if Tran_ID="D" should be null		
200	if Tran_ID = "D" should be space		



*[Handwritten signatures and initials]*



# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

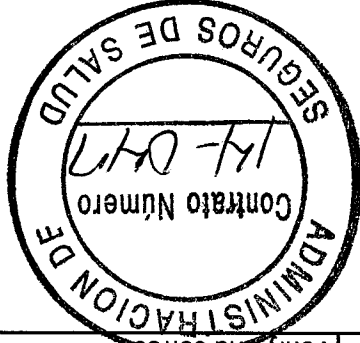
## SUBSCRIPTION FILE ERROR DESCRIPTION

Error Cod	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
211	Incorrect Plan and Version: Members is not Federal Medicaid	The Plan Type and Version contracted by the carrier require that the member be Federal Medicare and the ASES database indicates the member is not Federal Medicare.	
221	Duplicate Enrollment	Two enrollment records entered in the same daily run for the same member as defined by Family ID and Suffix.	
222	Already Enroll in the Same Carrier	When the Tran_ID is E and the ASES database has the member as enrolled in the same carrier (like V or I). If not the member is already enrolled and no further action should be required.	Verify if the record should have been send with another Tran_ID
223	Already Enroll in Other Carrier	When the Tran_ID is E and the ASES database has the member as enrolled in another carrier.	Verify if the record should have been send with a carrier change Tran_ID (E).
224	Member Not Eligible At Carrier Effective Date		
225	Incorrect SSN		
226	Incorrect MPI		
227	Trans ID = "P" and Carrier is different from actual subscribed Carrier.	Only the current carrier in the ASES database can submit a Plan Change enrollment record. The Member is enrolled under a different carrier in the ASES database.	Verify if the record should have been send with another Tran_ID.
228	Trans ID = "V" and Carrier or Plan Type are different as the actual data.	Version changes are allowed under the same carrier and Plan Type. Only the current carrier in the ASES database can submit a Version Change enrollment record. The Member is enrolled under a different carrier or Plan Type in the ASES database.	Verify if the record should have been send with another Tran_ID



**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
SUBSCRIPTION FILE ERROR DESCRIPTION**

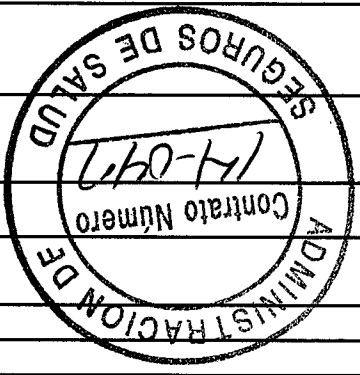
Possible Corrective Actions	Additional Description (where needed)	Error Cod Mensaje de Error
Verify if the record should have been send with another Tran_ID	Ipa changes are allowed under the same carrier, Plan Type and Version. Only the current carrier in the ASES database can submit a IPA Change enrollment record. The Member is enrolled under a different carrier or Plan Type or Version in the ASES database	229 Trans ID = "1" and Carrier or Plan Type or Version are different as the actual data.
Verify if the record should have been send with another Tran_ID	PCP changes are allowed under the same carrier, Plan Type, Version and IPA. Only the current carrier in the ASES database can submit a PCP Change enrollment record. The Member is enrolled under a different carrier or Plan Type or version or IPA in the ASES database.	22A Trans ID in ("1", "2", "3") and Carrier or Plan Type or Version or Primary Center are different as the actual data.
	For Reforma members in a family.	22B If TransID=3, PCP1 and PCP2 both effective dates must be future or the same
	Effective date can not be greater than run date by more than 4 months	22D Invalid new field date values
Verify and correct	In Enrollment record for Reform (Plan Type 01) beneficiaries the Version field must match the coverage code field in the ASES database for the member being enrolled.	22E If PLAN_TYPE="01" then PLAN_VERSION should be the same as the COVERAGE_CODE



*[Handwritten signatures and scribbles]*

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION  
SUBSCRIPTION FILE ERROR DESCRIPTION**

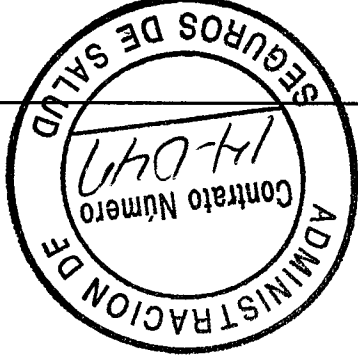
Possible Corrective Actions	Additional Description (where needed)	Error Code de Error
Correct the errors other than 22F in all family Members.	When and enrollment record for one family member has errors, all the family members are given the 22F error code. This keeps all the enrollment record for a family together and avoids partial processing of the family members in the same run.	22F If PLAN_TYPE="01" and exists an Error_code in one family_id all member are rejected
Correct Version and submit Enrollment again.	For Platino enrollments: The member Coverage Code is assigned a specific Version in the Plan Detail Table. If a different Version is used this error will be produced. For members with Coverage Code 012 or 013 the Version for Coverage Code 011 must be used.	22G If PLAN_TYPE="02" or "03" (Platino) then PLAN_VERSION in the Enrollment record should match the PLAN_VERSION with the same COVERAGE_CODE assigned in the Plan Detail table.
		241 When Plan Type =1 and new enrollment carrier change to plan type =1 and already exist in Member eligibility table
		250 If Tran_ID = "D" should be space 260 If Tran_ID = "D" should be space 270 If Tran_ID="D" should be null 280 Family should be eligible 281 Member should be eligible 980 Record already enrolled in history has higher or equal process date.
		981 Rejected family member has errors not accepted by SYSREM.
		982 Effective Date before '01/01/2006'



*[Handwritten signature]*

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**SUBSCRIPTION FILE ERROR DESCRIPTION**

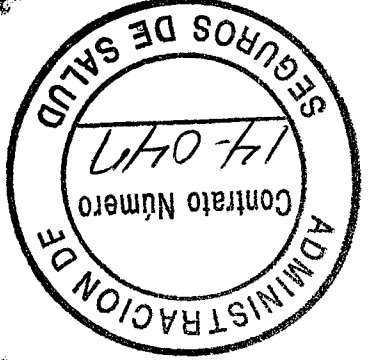
Error Cod	Mensaje de Error	Additional Description (where needed)	Possible Corrective Actions
983	Already subscribed in the same Carrier at the specified Effective Date.		
984	Tran_id = 'E', Effective Date is not 1st of the month and member is already subscribed in another Carrier.		Must be resubmitted as a carrier change (tran_id = "C"; Effective date must be 1st of the following month.
985	If special_enroll = 'E', effective date should be at least as recent as member certification date at the specified Effective Date.		
986	For SYSPREM processing, the Effective Date should be before the Effective Date of the current record at Member Eligibility.		Verify Effective Date.
995	Had 22F but was re-evaluated because the records with errors in its family were processed by SYSPREM.		
996	Processed by SYSPREM	Not an Error	No Action Should be taken.
998	Spaces in Record Key.	Not an Error	No Action Should be taken.



*[Handwritten signatures]*

**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**  
**SUBSCRIPTION FILE ERROR DESCRIPTION**

Possible Corrective Actions	Additional Description (where needed)	Error Code	Error Message
No Action Should be taken.	Not an Error	999	New Case with a Record Key.



*ms*

*[Signature]*

# Addendum d- Carrier Eligibility File Layout

*ms*

*[Handwritten signature]*



CARRIER ELIGIBILITY FILE - Medicare MEMBERS RECORD

CARRIER ELIGIBILITY OUTPUT FILE

This file is created by the HCRE export program and contains the demographic and eligibility information sent to ASIES from the Department of Health and verified by ASIES as eligible for Health Reform. Modified on May 2003 for the direct contracting pilot project. See entries in bold. Modified on March 2004 for Smartcard project. See entries in bold and highlighted. Modified on Sept. 2005 for Medicare Project. Modified August 2006 to add Coverage Fields for new PSG contracting. Modified on January 2008 to add train\_id = H for sysprem records. Modified for Medfiti on January 2011.

# Field	Record Fields	Position	Size	Notes
1	RECORD-TYPE	1	1	"M" for member
2	TRAN-ID	2	1	E=eligible, I=ineligible, R=reject, H= SYSPREM (history)
3	PROCESS-DATE	3	8	MMDDYYYY
4	FAMILY-SSN	11	9	SSN of Head-of-Household
5	FAMILY-SUFFIX	20	2	Zero fill, right justify.
6	FILLER	22	1	
7	MEMBER-SSN	23	9	
8	MEMBER-SUFFIX	32	2	
9	FILLER	34	14	
10	1ST-LAST-NAME	48	15	
11	2ND-LAST-NAME	63	15	
12	FIRST-NAME	78	20	
13	MIDDLE-INITIAL	98	1	
14	RELATIONSHIP	99	1	
15	DATE-OF-BIRTH	100	8	MMDDYYYY
16	PLACE-OF-BIRTH	108	1	
17	SEX	109	1	
18	CATEGORY	110	1	
19	CATEGORY-2	111	1	
20	CONDITION	112	1	
21	SOURCE-CODE	113	1	
22	RECEIVE-SS	114	1	
23	MED-INS-CODE	115	1	Zero fill, right justify.
24	POLICY	116	2	
25	CLASS	118	1	
26	CLASS-2	119	1	
27	DENIAL-CAT	120	1	
28	DENIAL-CAT-2	121	1	
29	MARITAL-STATUS	122	1	
30	SSN	123	9	
31	PREG-IND	132	1	
32	ABSENT-PARENT	133	1	
33	HICN	134	11	
34	PILOT-CAT	145	1	
35	PILOT-CLASS	146	1	
36	PILOT-DENIAL	147	1	
37	HCRE-ELIGIBILITY-IND	148	1	
38	HCRE-DENIAL-CODE	149	2	Zero fill, right justify.
39	OTHER-INSURER1	151	2	Insurance co. code NOT USED
40	OTH_POLICY1	153	20	Policy number NOT USED
41	OTHER-INSURER2	173	2	Insurance co. code NOT USED
42	OTH_POLICY2	175	20	Policy number NOT USED
43	OTHER-INSURER3	195	2	Insurance co. code NOT USED
44	OTH_POLICY3	197	20	Policy number NOT USED
45	GROUP-IDENT	217	2	"06" - ELA, "02" - Veteran, "22" - Small Bus. Zero fill, right justify.
46	ODSI-FAMILY-NO	219	11	"GX"+HOH SSN for ELA (x=0,1,2 ... by subscription period)
47	ELA-ERRORS	230	10	5 2-digit error codes for ELA-SB-Vet Agency # for ELA / Group Num for SB, Zero fill, right justify.
48	AGENCY	240	5	
49	MASTER PATIENT INDEX (MPI)	245	73	MMDDYYYY
50	MEMBER CERTIFICATION DATE	258	8	MMDDYYYY
51	CONTRACT NUMBER	266	73	Include Suffix
52	MEMBER PRIMARY CENTER	279	4	MMDDYYYY
53	MEMBER PRIMARY CENTER EFFECTIVE DATE	283	8	MMDDYYYY
54	MEMBER NEW PRIMARY CENTER	291	4	
55	MEMBER NEW PRIMARY CENTER EFFECTIVE DATE	296	8	MMDDYYYY
56	PCP1	303	15	MMDDYYYY
57	PCP1 EFFECTIVE DATE	316	8	MMDDYYYY
58	PCP2	326	15	MMDDYYYY
59	PCP2 EFFECTIVE DATE	341	8	MMDDYYYY
60	NEW PCP1	349	15	MMDDYYYY
61	NEW PCP1 EFFECTIVE DATE	364	8	MMDDYYYY
62	NEW PCP2	372	15	MMDDYYYY
63	NEW PCP2 EFFECTIVE DATE	387	8	MMDDYYYY
64	CARD ID NUMBER	395	15	
65	CARD ID DATE	410	8	MMDDYYYY
66	ELA INDICATOR			1-NO PREMIUM 2-PREMIUM 3- Spaces when not ELA
67	PRIMARY CENTER PCP CHANGE REASON	418 419	21	Reserved in table de Código de Razón

*Handwritten signature/initials*

*Handwritten signature/initials*

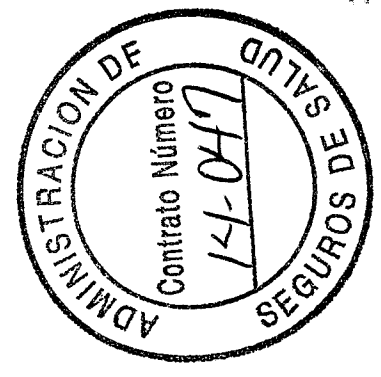


CARRIER ELIGIBILITY FILE - Medicare MEMBERS RECORD

68	MEDICARE INDICATOR		421	1	Medicaid, Federal, 2 - SCHIPS, 3 - Estatal
69	MEDICARE INDICATOR		422	1	Estatal otros
70	CARRIER		423	2	1=A&B, 3=A, 9=B
71	CARRIER EFF DATE		425	8	MMDDYYYY
72	NEW CARRIER		435	2	
73	NEW CARRIER EFF DATE		435	8	MMDDYYYY
74	PLAN TYPE		443	2	00 - Selegible no suscrito, Ver tabla Plan Type
75	PLAN TYPE EFF DATE		445	8	MMDDYYYY
76	PLAN VERSION		453	3	Version del plan MA suscrito
77	PLAN VERSION EFF DATE		455	8	MMDDYYYY
78	NEW PLAN TYPE		464	2	
79	NEW PLAN TYPE EFF DATE		465	8	MMDDYYYY
80	NEW PLAN VERSION		474	3	
81	NEW PLAN VERSION EFF DATE		477	8	MMDDYYYY
82	INSTRUMENTAL STATUS		485	1	Y or N
83	HIC NUMBER MA		486	12	
84	AUTO ENROLL INDICATOR		498	1	0 = Not Auto; >0 = Auto Enroll
85	AUTO ENROLL DATE		499	8	MMDDYYYY
86	IPA ESPECIAL		507	1	1 = IPA Especial
87	CMS Cert Status		508	2	Status De Certificacion en CMS
88	Coverage Code		510	3	
89	New Contract Number		512	12	
	Special Enroll		528	1	E = Emergency; N = New Born
90	FILLER		527	13	
			590		

\*\*\* All are Text Fields

C





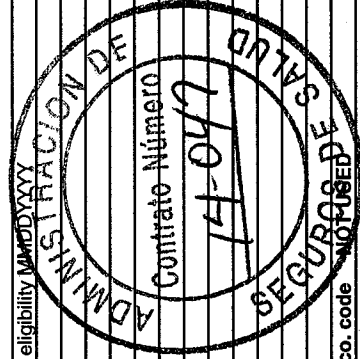
CARRIER ELIGIBILITY FILE - Medicare  
FAMILY RECORD

CARRIER ELIGIBILITY OUTPUT FILE

This file is created by the HCRE export program and contains the demographic and eligibility information sent to ASES from the Department of Health and verified by ASES as eligible for Health Reform. Modified on May 2003 for the direct contracting pilot project. See entries in bold. Modified on March 2004 for Smartcard project. See entries in bold and highlighted. Modified on July 2005 for Medicare Project. Modified on January 2008 to add tran\_id = H for sysprem records. Modified for Meditit on January 2011.

# Field	Record Fields	Position	Size	Notes
1	RECORD-TYPE	1	1	"F" for family
2	TRAN-ID	2	1	E=eligible, I=ineligible, R=reject, H= SYSPREM (history)
3	PROCESS-DATE	3	8	MMDDYYYY
4	FAMILY-SSN	11	9	SSN of Head-of-Household(HOH)
5	FAMILY-SUFFIX	20	2	'00'
6	FILLER	22	14	
7	ODSI-FAMILY-ID	36	11	"Gx"+HOH SSN for ELA (x=0,1,2 ... by subscription period)
8	HOH-1ST-LAST-NAME	47	15	
9	HOH-2ND-LAST-NAME	62	15	
10	HOH-FIRST-NAME	77	20	
11	REGION	97	1	
12	MUNICIPALITY	98	4	Zero fill, right justify.
13	FACILITY	102	4	
14	INVESTIGATION-IND	106	1	
15	TRANSACTION-TYPE	107	1	
16	EFFECTIVE-DATE	108	8	Start date of eligibility MMDDYYYY
17	FINANCIAL-RESP-PCT	116	1	
18	CERTIFIER-NUMBER	117	2	
19	EXPIRATION-DATE	119	8	End date of eligibility MMDDYYYY
20	COND-ELIG-IND	127	1	
21	MAILING-ADDRESS1	128	25	
22	MAILING-ADDRESS2	153	25	
23	MAILING-CITY	178	16	
24	MAILING-ZIP	194	5	
25	MAILING-ZIP4	199	4	
26	RESIDENCE-ADDRESS1	203	25	
27	RESIDENCE-ADDRESS2	228	25	
28	RESIDENCE-CITY	253	16	
29	RESIDENCE-ZIP	269	5	
30	RESIDENCE-ZIP4	274	4	
31	PHONE	278	7	
32	OTHER-INSURER1	285	2	Insurance co. code NOT USED
33	OTH-POLICY1	287	20	Policy number NOT USED
34	OTHER-INSURER2	307	2	Insurance co. code NOT USED
35	OTH-POLICY2	309	20	Policy number NOT USED
36	OTHER-INSURER3	329	2	Insurance co. code NOT USED
37	OTH-POLICY3	331	20	Policy number NOT USED
38	MEMBERS	351	2	# members in family
39	ODSI-MEMBERS-ELIGIBLE	353	2	# members eligible ODSI / optionals ELA-SB-Vet
40	USER-CODE	355	6	
41	ENTRY-DATE	361	8	MMDDYYYY
42	PCT-OF-POVERTY-LEVEL	369	3	
43	DEDUCTIBLE-LEVEL-CODE	372	1	
44	HCRE-MEMBERS-ELIGIBLE	373	2	# members eligible by ASES. Zero fill, right justify.
45	HCRE-DENIAL-CODE	375	2	Zero fill, right justify.
46	CARRIER-CODE	377	2	
47	EFFECTIVE-CARRIER-DATE	379	8	For Family Carrier . MMDDYYYY
48	ELA-ERRORS	387	10	5-2-digit error codes for ELA-SB-Vet
49	MANCOMUNADO	397	1	Y / N (ELA Only)
50	FILLER	398	3	
51	Family-PRIMARY-CENTER	401	4	IPA or PHO
52	NEW-CARRIER	405	2	New carrier code
53	NEW-Family-PRIMARY-CENTER	407	4	new IPA or PHO for families changing carrier
54	NEW-Family-PRIMARY CENTER EFFECTIVE DATE	411	8	MMDDYYYY - effective date of IPA/PHO change
55	CONTRACT NUMBER	419	13	Parte común del contrato
56	REGION ASES	432	1	
58	NEW CARRIER EFFECTIVE DATE	433	8	New Carrier MMDDYYYY
59	FAMILY-PRIMARY-CENTER EFFECTIVE DATE	441	8	MMDDYYYY
60	CERTIFICATION DATE	449	8	MMDDYYYY
61	PRIMARY CENTER PCP CHANGE REASON	457	2	Basado en tabla de Código de Razón.
62	AUTO ENROLL INDICATOR	459	1	0 = Not Auto; >0 = Auto Enroll
63	AUTO ENROLL DATE	460	8	MMDDYYYY
64	PAM NEW FAMILY_ID	468	11	New Family_Id assigned by PAM for Meditis. Use as a reference only.
65	FILLER	479	61	

*ms*



CARRIER ELIGIBILITY OUTPUT FILE

This file is created by the HCRC export program and contains the demographic and eligibility information sent to ASES from the Department of Health and verified by ASES as eligible for Health Reform. Modified on May 2003 for the direct contracting pilot project. See entries in bold. Modified on March 2004 for Smartcard project. See entries in bold and highlighted. Modified on Sept. 2005 for Medicare Project. Modified August 2006 to add Coverage Fields for new PSG contracting. Modified on January 2008 to add tran\_id = H for sysprem records. Modified for Meditit on January 2011.

# Field	Record Fields	Position	Size	Notes
1	RECORD-TYPE	1	1	"M" for member
2	TRAN-ID	2	1	E=eligible, I=ineligible, R=reject, H= SYSPREM (history)
3	PROCESS-DATE	3	8	MMDDYYYY
4	FAMILY-SSN	11	9	SSN of Head-of-Household
5	FAMILY-SUFFIX	20	2	Zero fill, right justify.
6	FILLER	22	1	
7	MEMBER-SSN	23	9	
8	MEMBER-SUFFIX	32	2	
9	FILLER	34	14	
10	1ST-LAST-NAME	48	15	
11	2ND-LAST-NAME	63	15	
12	FIRST-NAME	78	20	
13	MIDDLE-INITIAL	98	1	
14	RELATIONSHIP	99	1	
15	DATE-OF-BIRTH	100	8	MMDDYYYY
16	PLACE-OF-BIRTH	108	1	
17	SEX	109	1	
18	CATEGORY	110	1	
19	CATEGORY-2	111	1	
20	CONDITION	112	1	
21	SOURCE-CODE	113	1	
22	RECEIVE-SS	114	1	
23	MED-INS-CODE	115	1	Zero fill, right justify.
24	POLICY	116	2	
25	CLASS	118	1	
26	CLASS-2	119	1	
27	DENIAL-CAT	120	1	
28	DENIAL-CAT-2	121	1	
29	MARITAL-STATUS	122	1	
30	SSN	123	9	
31	PREG-IND	132	1	
32	ABSENT-PARENT	133	1	
33	HICN	134	11	
34	PILOT-CAT	145	1	
35	PILOT-CLASS	146	1	
36	PILOT-DENIAL	147	1	
37	HCRC-ELIGIBILITY-IND	148	1	
38	HCRC-DENIAL-CODE	149	2	Zero fill, right justify.
39	OTHER-INSURER1	151	2	Insurance co. code NOT USED
40	OTH_POLICY1	153	20	Policy number NOT USED
41	OTHER-INSURER2	173	2	Insurance co. code NOT USED
42	OTH_POLICY2	175	20	Policy number NOT USED
43	OTHER-INSURER3	195	2	Insurance co. code NOT USED
44	OTH_POLICY3	197	20	Policy number NOT USED
45	GROUP-IDENT	217	2	"06" - ELA, "02" - Veteran, "22" - Small Bus. Zero fill, right justify.
46	ODSI-FAMILY-NO	219	11	"GX"+HOH SSN for ELA (x=0,1,2 ... by subscription period)
47	ELA-ERRORS	230	10	6 2-digit error codes for ELA-SB-Vat
48	AGENCY	240	5	Agency # for ELA / Group Num for SB. Zero fill, right justify.
49	MASTER/PATIENT INDEX (MPI)	245	13	
50	MEMBER CERTIFICATION DATE	256	8	MMDDYYYY
51	CONTRACT NUMBER	266	13	Include Suffix
52	MEMBER PRIMARY CENTER	279	4	MMDDYYYY
53	MEMBER PRIMARY CENTER EFFECTIVE DATE	283	8	MMDDYYYY
54	MEMBER NEW PRIMARY CENTER	291	4	
55	MEMBER NEW PRIMARY CENTER EFFECTIVE DATE	295	8	MMDDYYYY
56	PCP1	303	15	
57	PCP1 EFFECTIVE DATE	318	8	MMDDYYYY
58	PCP2	326	15	
59	PCP2 EFFECTIVE DATE	341	8	MMDDYYYY
60	NEW PCP1 EFFECTIVE DATE	349	15	
61	NEW PCP2 EFFECTIVE DATE	364	8	MMDDYYYY
62	NEW PCP2	372	15	
63	NEW PCP2 EFFECTIVE DATE	387	8	MMDDYYYY
64	CARD ID NUMBER	395	15	
65	CARD ID DATE	410	8	MMDDYYYY
66	ELA INDICATOR			1=NO PREMIUM 2=PREMIUM Status when not ELA
67	PRIMARY CENTER PCP CHANGE REASON	418	2	Bussor en tabla de Código de Razón.

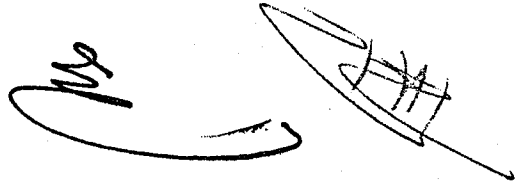


CARRIER ELIGIBILITY FILE - Medicare  
FAMILY RECORD

540

\*\*\* All are Text Fields

*ms*



### CARRIER ELIGIBILITY OUTPUT FILE - Insurance Record

This file is created by the HCERE export program and contains the demographic and eligibility information sent to ASES from the Department of Health and verified by ASES as eligible for Health Reform. This **Insurance Record** is added for the Meditis Implementation on February 2011.

# Field	Record Fields	Position	Size	Notes
1	RECORD-TYPE	1	1	"I" for Insurance
2	TRAN-ID	2	1	E=eligible
3	PROCESS-DATE	3	8	MMDDYYYY
4	ODSI-FAMILY-ID	11	11	
5	Member Suffix	22	2	
6	Health Insurer Code	24	3	Code identifies Insurance Company
7	Policy Number	27	20	
8	Policy-EXPIRATION-DATE	47	8	MMDDYYYY
9	Covered Services	55	40	20 coverage code fields (2 character each).
<b>10</b>	<b>FILLER</b>	<b>95</b>	<b>445</b>	
		540		

*ms*

\*\*\* All are Text Fields

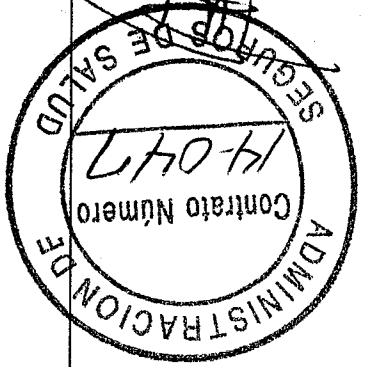
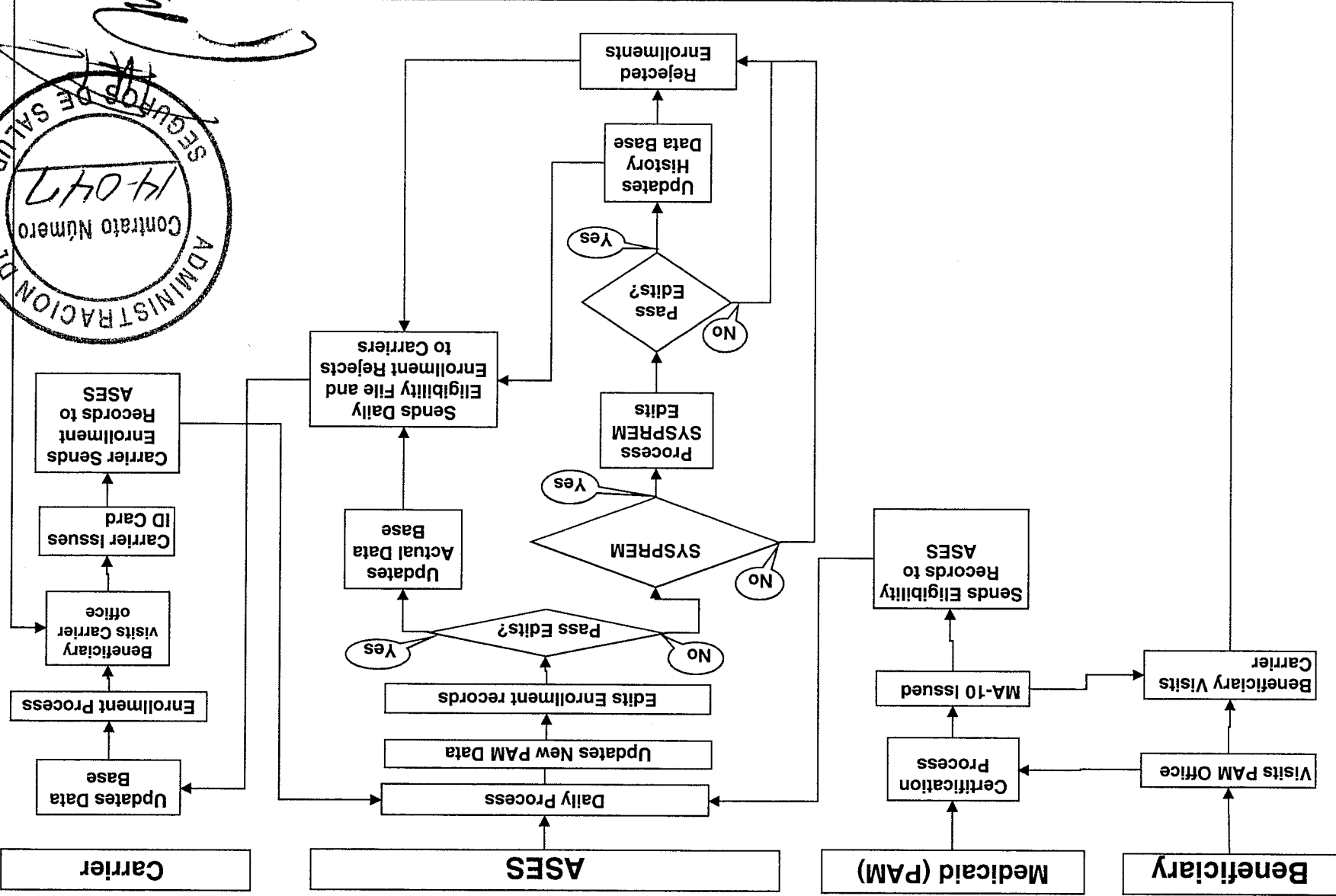


# Addendum e- Flow Diagram

Handwritten initials and a signature.



**ASES**  
**Information Flow - SYSPREM**



Handwritten initials and a signature, possibly including the letters 'A', 'H', and 'M'.

# ASES 820 Mapping

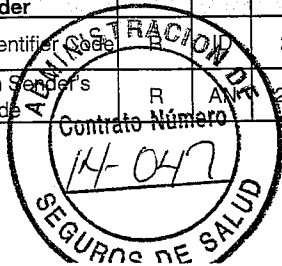


ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
<b>ISA</b>	<b>Interchange Control Header</b>	R				
ISA01	Authorization Information Qualifier	R	ID	2 / 2		
ISA02	Authorization Information	R	AN	10 / 10		
ISA03	Security Information Qualifier	R	ID	2 / 2		
ISA04	Security Information	R	AN	10 / 10		
ISA05	Interchange ID Qualifier	R	ID	2 / 2		
ISA06	Interchange Sender ID	R	AN	15 / 15		
ISA07	Interchange ID Qualifier	R	ID	2 / 2		
ISA08	Interchange Receiver ID	R	AN	15 / 15		
ISA09	Interchange Date	R	DT	6 / 6		
ISA10	Interchange Time	R	TM	4 / 4		
ISA11	Interchange Control Standards Identifier	R	ID	1 / 1		U
ISA12	Interchange Control Version Number	R	ID	5 / 5		00401
ISA13	Interchange Control Number	R	NO	9 / 9		
ISA14	Acknowledgment Requested	R	ID	1 / 1		
ISA15	Production Data	R	ID	1 / 1		P, T
ISA16	Component Element Separator	R	ID	1 / 1		
<b>GS</b>	<b>Functional Group Header</b>	R				
GS01	Functional Identifier Code	R	ID	2 / 2		PO, RA
GS02	Application Sender's Code	R	AN	2 / 15		

5010						
Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	
<b>Interchange Control Header</b>						
Authorization Information Qualifier	R	ID	2 / 2			
Authorization Information	R	AN	10 / 10			
Security Information Qualifier	R	ID	2 / 2			
Security Information	R	AN	10 / 10			
Interchange ID Qualifier	R	ID	2 / 2			
Interchange Sender ID	R	AN	15 / 15			
Interchange ID Qualifier	R	ID	2 / 2			
Interchange Receiver ID	R	AN	15 / 15			
Interchange Date	R	DT	6 / 6			
Interchange Time	R	TM	4 / 4			
Repetition Separator	R	ID	1 / 1			^
Interchange Control Version Number	R	ID	5 / 5			00501
Interchange Control Number	R	NO	9 / 9			
Acknowledgment Requested	R	ID	1 / 1			
Production Data	R	ID	1 / 1			P, T
Component Element Separator	R	ID	1 / 1			
<b>Functional Group Header</b>						
Functional Identifier Code	R	ID	2 / 2			
Application Sender's Code	R	AN	2 / 15			

Notes	
Changes	ASES
	00
	SPACES(10)
	00
	SPACES(10)
	ZZ
	ASES+SPACES(11)
	ZZ
	(CARRIER_NAME)+SPACES(VAR)
	SYSTEM DATE (YYMMDD)
	SYSTEM TIME (HHMM)
Usage	^
Values	00501
	SYSTEM DATE (YYMMDD)+001
	0
	P
	RA
	ASES



*Handwritten signatures and scribbles.*

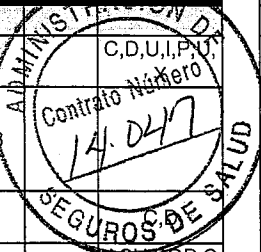


ASES 820

410A1 - 5010 SIDE BY SIDE

*[Handwritten signature]*

Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
GS03	Application Receiver's Code	R	AN	2 / 15		
GS04	Date	R	DT	8 / 8		
GS05	Time	R	TM	4 / 8		
GS06	Group Control Number	R	NO	1 / 9		
GS07	Responsible Agency Code	R	ID	1 / 2		
GS08	Version / Release / Industry Identifier Code	R	AN	1 / 12		004010X061 A1
<b>ST</b>	<b>Transaction Set Header</b>	<b>R</b>				
ST01	Transaction Set Identifier Code	R	R	3 / 3		820
ST02	Transaction Set Control Number	R	ID	4 / 9		
ST03						
<b>BPR</b>	<b>Financial Information</b>	<b>R</b>				
BPR01	Transaction Handling Code	R	ID	1 / 2		C,D,U,I,P,U,X
BPR02	Total Premium Payment Amount	R	R	1 / 18		
BPR03	Credit or Debit Flag Code	R	ID	1 / 1		
BPR04	Payment Method Code	R	ID	3 / 3		ACH,BOP,C HK,FWT,S WT
BPR05	Payment Format Code	S	ID	1 / 10		CCP,CTX
BPR06	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,04



	5010					
	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
	Application Receiver's Code	R	AN	2 / 15		
	Date	R	DT	8 / 8		
	Time	R	TM	4 / 8		
	Group Control Number	R	NO	1 / 9		
	Responsible Agency Code	R	ID	1 / 2		
	Version / Release / Industry Identifier Code	R	AN	1 / 12		005010X218
	<b>Transaction Set Header</b>	<b>R</b>				
	Transaction Set Identifier Code	R	R	3 / 3		820
	Transaction Set Control Number	R	ID	4 / 9		
	Implementation Convention Reference	R	AN	1 / 35		005010X218
	<b>Financial Information</b>	<b>R</b>				
	Transaction Handling Code	R	ID	1 / 2		C,D,U,I,P,U,X
	Total Premium Payment Amount	R	R	1 / 18		
	Credit or Debit Flag Code	R	ID	1 / 1		C,D
	Payment Method Code	R	ID	3 / 3		ACH,BOP,C HK,FWT,NO N,SWT
	Payment Format Code	S	ID	1 / 10		CCP,CTX
	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,02,04

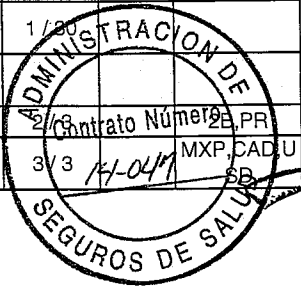
Notes	
Changes	ASES
	(CARRIER_NAME)+SP ACES(VAR)
	SYSTEM DATE (YYYYMMDD)
	SYSTEM TIME (HHMM)
	1+SYSTEM DATE (YYMMDD)
	X
Values	005010X218
	820
	YYMM+CARRIER_ID+REGION+PLAN_TYPE
New	005010X218
	I
	Sum of CALC_AMOUNT for Carrier/Region/Plan_Type
	C
Values	CHK
Values	

ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
BPR07	Originating Depository Financial Institution (DFI) Identifier	S	AN	3 / 12		
BPR08	Account Number Qualifier	S	ID	1 / 3		ALC,DA
BPR09	Sender Bank Account Number	S	AN	1 / 35		
BPR10	Originating Company Identifier	S	AN	10 / 10		
BPR11	Originating Company Supplemental Code	S	AN	9 / 9		
BPR12	Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,04
BPR13	Receiving Depository Financial Institution (DFI) Identifier	S	AN	3 / 12		
BPR14	Account Number Qualifier	S	ID	1 / 3		DA,SG
BPR15	Receiver Bank Account Number	S	AN	1 / 35		
BPR16	Check Issue or EFT Effective Date	R	DT	8 / 8		
TRN	Reassociation Key	R				
TRN01	Trace Type Code	R	ID	1 / 2		1,3
TRN02	Check or EFT Trace Number	R	AN	1 / 30		
TRN03	Originating Company Identifier	S	AN	10 / 10		
TRN04	Originating Company Supplemental Code	S	AN	1 / 30		
CUR	Non-US Dollars Currency	S				
CUR01	Entity Identifier Code	R	ID	2 / 3		2B,PR
CUR02	Currency Code	R	ID	3 / 3		MXP,CAD,U

Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
Account Number Qualifier	S	ID	1 / 3		ALC,DA
Sender Bank Account Number	S	AN	1 / 35		
Originating Company Identifier	R	AN	10 / 10		
Originating Company Supplemental Code	S	AN	9 / 9		
Depository Financial Institution (DFI) ID Number Qualifier	S	ID	2 / 2		01,02,04
Receiving Depository Financial Institution (DFI) Identifier	S	AN	3 / 12		
Account Number Qualifier	S	ID	1 / 3		DA,SG
Receiver Bank Account Number	S	AN	1 / 35		
Check Issue or EFT Effective Date	R	DT	8 / 8		
Reassociation Trace Number	R				
Trace Type Code	R	ID	1 / 2		1,3
Check or EFT Trace Number	R	AN	1 / 50		
Originating Company Identifier	S	AN	10 / 10		
Originating Company Supplemental Code	S	AN	1 / 50		
Foreign Currency Information	S				
Entity Identifier Code	R	ID	2 / 3		2B,PR
Currency Code	R	ID	3 / 3		MXP,CAD

Notes	
Changes	ASES
Usage Req.	ASES_FEDERAL_TAX_ID
Values	
	Check Date
Desc.	
	3
Max	Check Number
Max	
Values	



*[Handwritten signature]*



ASES 820  
4010A1 - 5010 SIDE BY SIDE

4010A1						
Element	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
N201	Receiver Additional Name	R	AN	1 / 60	1000A	
<b>N3</b>	<b>Premium Receiver's Address</b>	<b>S</b>				
N301	Receiver Address Line	R	AN	1 / 55	1000A	
N302	Receiver Address Line	S	AN	1 / 55	1000A	
<b>N4</b>	<b>Premium Receiver's City, State, Zip</b>	<b>S</b>				
N401	Information Receiver City Name	R	AN	2 / 30	1000A	
N402	Information Receiver State Code	R	ID	2 / 2	1000A	
N403	Information Receiver Postal Zone or ZIP Code	R	ID	3 / 15	1000A	
N404	Country Code	S	ID			
N407						
<b>RDM</b>						
RDM01						
RDM02						
RDM03						
<b>N1</b>	<b>Premium Payer's Name</b>	<b>R</b>			<b>1000B</b>	
N101	Entity Identifier Code	R	ID	2 / 3	1000B	PR
N102	Premium Payer Name	S	AN	1 / 60	1000B	
N103	Identification Code Qualifier	S	ID	1 / 2	1000B	1,9,24,75,E Q,FI,PI
N104	Premium Payer Identifier	S	AN	2 / 80	1000B	
<b>N2</b>	<b>Premium Payer's Additional Name</b>	<b>S</b>				

5010						
Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	
Receiver Additional Name	R	AN	1 / 60	1000A		
<b>Premium Receiver's Address</b>	<b>S</b>					
Receiver Address Line	R	AN	1 / 55	1000A		
Receiver Address Line	S	AN	1 / 55	1000A		
<b>Premium Receiver's City, State, Zip Code</b>	<b>S</b>					
Information Receiver City Name	R	AN	2 / 30	1000A		
Information Receiver State Code	S	ID	2 / 2	1000A		
Information Receiver Postal Zone or ZIP Code	S	ID	3 / 15	1000A		
Country Code	S	ID	2 / 3	1000A		
Country Subdivision Code	S	ID	1 / 3	1000A		
<b>Premium Receiver's Remittance Delivery Method</b>	<b>S</b>					
Report Transmission Code	R	ID	1 / 2	1000A		BM,EM,FT,FX,IA,OL
Name	S	AN	1 / 60	1000A		
Communication Number	S	AN	1 / 256	1000A		
<b>Premium Payer's Name</b>	<b>R</b>				<b>1000B</b>	
Entity Identifier Code	R	ID	2 / 3	1000B		PR
Premium Payer Name	S	AN	1 / 60	1000B		
Identification Code Qualifier	S	ID	1 / 2	1000B		1,9,24,75,E Q,FI,PI
Premium Payer Identifier	S	AN	2 / 80	1000B		
<b>Premium Payer's Additional Name</b>	<b>S</b>					

Notes	
Changes	ASES
<b>Desc.</b>	
Usage Req.	
Usage Req.	
New	
<b>New</b>	
New	
New	
	PR
	ASES_NAME
N/U w/N102	FI
N/U w/N102	ASES_FEDERAL_TAX_ID

*[Handwritten signatures and initials]*

ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1						5010					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
N201	Premium Payer Additional Name	R	AN	1 / 60	1000B		Premium Payer Additional Name	R	AN	1 / 60	1000B	
N3	Premium Payer's Address	S					Premium Payer's Address	S				
N301	Premium Payer Address Line	R	AN	1 / 55	1000B		Premium Payer Address Line	R	AN	1 / 55	1000B	
N302	Premium Payer Address Line	S	AN	1 / 55	1000B		Premium Payer Address Line	S	AN	1 / 55	1000B	
N4	Premium Payer's City State Zip	S					Premium Receiver's City, State, Zip Code	S				
N401	Premium Payer City Name	R	AN	2 / 30	1000B		Premium Payer City Name	R	AN	2 / 30	1000B	
N402	Premium Payer State Code	R	ID	2 / 2	1000B		Premium Payer State Code	S	ID	2 / 2	1000B	
N403	Premium Payer Postal Zone or ZIP Code	R	ID	3 / 15	1000B		Premium Payer Postal Zone or ZIP Code	S	ID	3 / 15	1000B	
N404	Country Code	S	ID	2 / 3	1000B		Country Code	S	ID	2 / 3	1000B	
N407							Country Subdivision Code	S	ID	1 / 3	1000B	
PER	Premium Payer's Administrative Contact	S					Premium Payer's Administrative Contact	S				
PER01	Contact Function Code	R	ID	2 / 2	1000B	IC	Contact Function Code	R	ID	2 / 2	1000B	IC
PER02	Premium Payer Contact Name	R	AN	1 / 60	1000B		Premium Payer Contact Name	R	AN	1 / 60	1000B	
PER03	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,FX,TE	Communication Number Qualifier	R	ID	2 / 2	1000B	EM,FX,TE
PER04	Communication Number	S	AN	1 / 80	1000B		Communication Number	R	AN	1 / 256	1000B	
PER05	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,TE	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,TE
PER06	Communication Number	S	AN	1 / 80	1000B		Communication Number	S	AN	1 / 256	1000B	
PER07	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,TE	Communication Number Qualifier	S	ID	2 / 2	1000B	EM,EX,FX,TE
PER08	Communication Number	S	AN	1 / 80	1000B		Communication Number	S	AN	1 / 256	1000B	

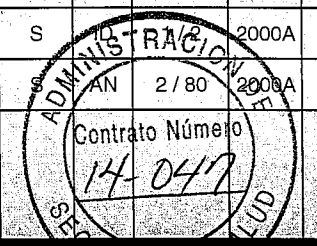


Notes	
Changes	ASES
Desc.	
Usage Req.	
Usage Req.	
New	
Usage Req.	
U. Req./Max	
Max	
Max	

*[Handwritten signature]*



ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
PER04						
PER05						
PER06						
PER07						
PER08						
ENT	Organization Summary Remittance	S			2000A	
ENT01	Assigned Number	R	NO	1 / 6	2000A	
ENT02	Entity Identifier Code	R	ID	2 / 3	2000A	2L
ENT03	Identification Code Qualifier	S	ID		2000A	1,9,FI
ENT04	Organization Identification Code		AN	2 / 80	2000A	
ADX						
ADX01						
ADX02						
RMR	Organization Summary Remittance Detail	R			2300	
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300	11,1L,CT,IK

Identifier Description	Usage Req.	Type	Min-Max	Loop	5010	
					Req./Rec. Values	
Communication Number	R	AN	1 / 256	1000C		
Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,TE	
Communication Number	S	AN	1 / 256	1000C		
Communication Number Qualifier	S	ID	2 / 2	1000C	EM,EX,FX,TE	
Communication Number	S	AN	1 / 256	1000C		
Organization Summary Remittance	S			2000A		
Assigned Number	R	NO	1 / 6	2000A		
Entity Identifier Code	R	ID	2 / 3	2000A	2L,AG,NH,RGA,UN	
Identification Code Qualifier	R	ID	1 / 2	2000A	1,9,24,FI	
Organization Identification Code	R	AN	2 / 80	2000A		
Organization Summary Remittance Level Adjustment for Previous Payment	S			2200A		
Premium Payment Adjustment Amount	R	R	1 / 18	2200A		
Premium Payment Adjustment Reason	R	ID	2 / 2	2200A	52,53,80,81,86,BJ,H1,H6,RU,WO,WW	
Organization Summary Remittance Detail	R			2300		
Reference Identification Qualifier	R	ID	2 / 3	2300	11,1L,CT,IK	

Notes	
Changes	ASES
New	
New	
New	
New	
New	
Values	
U. Req./Values	
Usage Req.	
New	
New	

*[Handwritten signature]*





ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1						5010					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
SLN01	Line Item Control Number	R	AN	1 / 20	2315A		Line Item Control Number	R	AN	1 / 20	2315A	
SLN03	Information Only Indicator	R	ID	1 / 1	2315A	O	Information Only Indicator	R	ID	1 / 1	2315A	O
SLN04	Head Count	R	R	1 / 15	2315A		Head Count	R	R	1 / 15	2315A	
SLN05	Unit or Basis for Measurement Code	R	ID	2 / 2	2315A	10,IE,PR	Unit or Basis for Measurement Code	R	ID	2 / 2	2315A	10,IE,PR
ADX	Organization Summary Remittance Level Adj.	S			2320A		Organization Summary Remittance Level Adj.	S			2320A	
ADX01	Adjustment Amount	R	R	1 / 18	2320A		Adjustment Amount	R	R	1 / 18	2320A	
ADX02	Adjustment Reason Code	R	ID	2 / 2	2320A	20,52,53,AA,H1,H6,IA,J3	Adjustment Reason Code	R	ID	2 / 2	2320A	20,52,53,AA,H1,H6,IA,J3
ENT	Individual Remittance	S			2000B		Individual Remittance	S			2000B	
ENT01	Assigned Number	R	NO	1 / 6	2000B		Assigned Number	R	NO	1 / 6	2000B	
ENT02	Entity Identifier Code	R	ID	2 / 3	2000B	2J	Entity Identifier Code	R	ID	2 / 3	2000B	2J
ENT03	Identification Code Qualifier	R	ID	1 / 2	2000B	34,EI,ZZ	Identification Code Qualifier	R	ID	1 / 2	2000B	34,EI,II
ENT04	Receiver's Individual Identifier	R	AN	2 / 80	2000B		Receiver's Individual Identifier	R	AN	2 / 80	2000B	
NM1	Individual Name	S			2100B		Individual Name	S			2100B	
NM101	Entity Identifier Code	R	ID	2 / 3	2100B		Entity Identifier Code	R	ID	2 / 3	2100B	DO,EY,IL,QE
NM102	Entity Type Qualifier	R	ID	1 / 1	2100B	1	Entity Type Qualifier	R	ID	1 / 1	2100B	1
NM103	Individual Last Name	S	AN	1 / 35	2100B		Individual Last Name	S	AN	1 / 60	2100B	
NM104	Individual First Name	S	AN	1 / 25	2100B		Individual First Name	S	AN	1 / 35	2100B	
NM105	Individual Middle Name	S	AN	1 / 25	2100B		Individual Middle Name	S	AN	1 / 25	2100B	
NM106	Individual Name Prefix	S	AN	1 / 10	2100B		Individual Name Prefix	S	AN	1 / 10	2100B	
NM107	Individual Name Suffix	S	AN	1 / 10	2100B		Individual Name Suffix	S	AN	1 / 10	2100B	



Notes	
Changes	ASES
	AUTONUMBER(+1) RESET TO 1 AT NEXT ST
	2J
Values	34
	MEMBER Social Security Number
Values	QE
	1
Max	MEMBER_LAST_NAME
Max	

*Handwritten signature/initials*

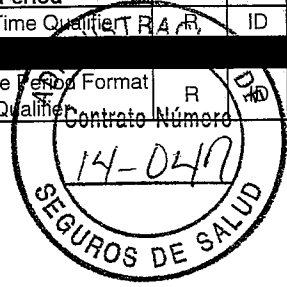
*Handwritten signature/initials*

ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
NM108	Identification Code Qualifier	S	ID	1 / 2	2100B	34,EI,N
NM109	Individual Identifier	S	AN	2 / 80	2100B	
ADX						
ADX01						
ADX02						
RMR - 1	Individual Premium Remittance Detail	S			2300B	
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
RMR02	Insurance Remittance Reference Number	R	AN	1 / 30	2300B	
RMR03	Payment Action Code	S	ID	2 / 2	2300B	PI,PP
RMR04	Detail Premium Payment Amount	R	R	1 / 18	2300B	
RMR05	Billed Premium Amount	S	R	1 / 18	2300B	
REF - 1						
REF01						
REF02						
DTM - 1	Individual Coverage Period	S				
DTM01	Date Time Qualifier	R	ID	3 / 3	2300B	582
DTM02						
DTM05	Date Time Period Format Qualifier	R	ID	2 / 3	2300B	RD8

Identifier Description	Usage Req.	Type	Min-Max	Loop	5010	
					Req./Rec. Values	
Identification Code Qualifier	S	ID	1 / 2	2100B	34,EI,N	
Individual Identifier	S	AN	2 / 80	2100B		
Individual Premium Adjustment for Previous Payment	S			2200B		
Premium Payment Adjustment Amount	R	R	1 / 18	2200B		
Adjustment Reason Code	R	ID	2 / 2	2200B	52,53,80,81,86,BJ,H1,H6,RU,WO	
Individual Premium Remittance Detail	S			2300B		
Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	
Insurance Remittance Reference Number	R	AN	1 / 50	2300B		
Detail Premium Payment Amount	R	R	1 / 18	2300B		
Billed Premium Amount	S	R	1 / 18	2300B		
Reference Information	S					
Reference Identification Qualifier	R	ID	2 / 3	2300B	14,18,2F,38,E9,LU,ZZ	
Reference Identification	R	AN	1 / 50	2300B		
Individual Coverage Period	S					
Date Time Qualifier	R	ID	3 / 3	2300B	582,AAG	
Date	S	DT	8 / 8	2300B		
Date Time Period Format Qualifier	S	ID	2 / 3	2300B	RD8	

Notes	
Changes	ASES
New	
New	
New	
	11
Max	FAMILY_ID+Member_Suffix+MPI+Municipio
Usage Req.	
	CALC_AMOUNT
New	
New	
New	
Values	582
Usage Req.	
Usage Req.	RD8



*[Handwritten signatures and initials]*

ASES 820  
4010A1 - 5010 SIDE BY SIDE



Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
DTM06	Coverage Period	R	AN	1 / 35	2300B	
RMR - 2	Individual Premium Remittance Detail	S			2300B	
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
RMR02	Insurance Remittance Reference Number	R	AN	1 / 30	2300B	
RMR03	Payment Action Code	S	ID	2 / 2	2300B	PI,PP
RMR04	Detail Premium Payment Amount	R	R	1 / 18	2300B	
RMR05	Billed Premium Amount	S	R	1 / 18	2300B	
REF - 2						
REF01						
REF02						
ADX - 2	Individual Premium Adjustment	S			2320B	
ADX01	Adjustment Amount	R	R	1 / 18	2320B	
ADX02	Adjustment Reason Code	R	ID	2 / 2	2320B	20,52,53,AA,AX,H1,H6,IA,J3
RMR - 3	Individual Premium Remittance Detail	S			2300B	

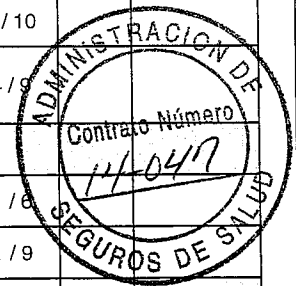
	5010					
	Identifier Description	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values
	Coverage Period	S	AN	1 / 35	2300B	
	Individual Premium Remittance Detail	S			2300B	
	Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
	Insurance Remittance Reference Number	R	AN	1 / 50	2300B	
	Detail Premium Payment Amount	R	R	1 / 18	2300B	
	Billed Premium Amount	S	R	1 / 18	2300B	
	Reference Information	S				
	Reference Identification Qualifier	R	ID	2 / 3	2300B	14,18,2F,38,E9,LU,ZZ
	Reference Identification	R	AN	1 / 50	2300B	
	Individual Premium Adjustment	S			2320B	
	Adjustment Amount	R	R	1 / 18	2320B	
	Adjustment Reason Code	R	ID	2 / 2	2320B	20,52,53,AA,AX,H1,H6,IA,J3
	Individual Premium Remittance Detail	S			2300B	

Notes	
Changes	ASES
Usage Req.	Coverage Start Dt- Coverage End Dt based upon CALC_DAYS. Use Accounting Dt for retro and adjustments. (YY,YYMMDD)
	IK
Max	CARRIER_ID+REGION +BILLING_DATE(YYMM )
Usage Req.	
	CALC_AMOUNT
	BILLED_AMOUNT
New	
New	
New	
	(CALC_AMMOUNT minus BILLED_AMOUNT)+adjustment_carrier_code
	IA

*[Handwritten signature]*

ASES 820  
4010A1 - 5010 SIDE BY SIDE

Element	4010A1					
	Identifier Description	Usage Req.	Type	Min/Max	Loop	Req./Rec. Values
RMR01	Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW
RMR02	Insurance Remittance Reference Number	R	AN	1 / 30	2300B	
RMR03	Payment Action Code	S	ID	2 / 2	2300B	PI,PP
RMR04	Detail Premium Payment Amount	R	R	1 / 18	2300B	
RMR05	Billed Premium Amount	S	R	1 / 18	2300B	
REF - 3						
REF01						
REF02						
SE	Transaction Set Trailer	R				
SE01	Transaction Segment Count	R	NO	1 / 10		
SE02	Transaction Set Control Number	R	AN	4 / 9		
GE	Functional Group Trailer	R				
GE01	Number of Transaction Sets Included	R	NO	1 / 6		
GE02	Group Control Number	R	NO	1 / 9		
IEA	Interchange Control Trailer	R				
IEA01	Number of Included Functional Groups	R	NO	1 / 5		
IEA02	Interchange Control Number	R	NO	9 / 9		



Identifier Description	5010					
	Usage Req.	Type	Min-Max	Loop	Req./Rec. Values	
Reference Identification Qualifier	R	ID	2 / 3	2300B	11,9J,AZ,B7,CT,ID,IG,IK,KW	
Insurance Remittance Reference Number	R	AN	1 / 50	2300B		
Detail Premium Payment Amount	R	R	1 / 18	2300B		
Billed Premium Amount	S	R	1 / 18	2300B		
Reference Information	S					
Reference Identification Qualifier	R	ID	2 / 3	2300B	14,18,2F,38,E9,LU,ZZ	
Reference Identification	R	AN	1 / 50	2300B		
Transaction Set Trailer	R					
Transaction Segment Count	R	NO	1 / 10			
Transaction Set Control Number	R	AN	4 / 9			
Functional Group Trailer	R					
Number of Transaction Sets Included	R	NO	1 / 6			
Group Control Number	R	NO	1 / 9			
Interchange Control Trailer	R					
Number of Included Functional Groups	R	NO	1 / 5			
Interchange Control Number	R	NO	9 / 9			

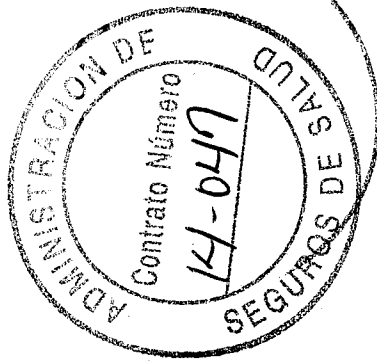
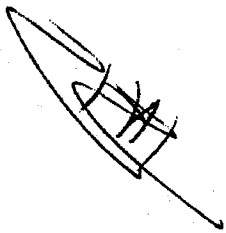
Notes	
Changes	ASES
	KW
Max	ERROR_CODES
Usage Req.	
	0
New	
New	
New	
	Count of segments including ST and SE
	YYMM+CARRIER_ID+REGION+PLAN_TYPE
	1
	1+SYSTEM DATE(YYMMDD)
	1
	SYSTEM DATE (YYMMDD)+001

*[Handwritten signature]*

*[Handwritten signature]*

# ASES Query Process

*ms*



**ELIGIBILITY QUERY FILE LAYOUT**

**August 1, 2008**

This file is produced by MA Carriers and sent to ASES to verify the eligibility of Medicare Beneficiaries in the GHIP (Reforma).

Query Record				
# Field	Record Fields	Position	Size	Notes
1	RECORD TYPE	1	1	"Q" for Query
2	PROCESS DATE	2	8	YYYYMMDD
3	BENEFICARY SSN	10	9	
4	1ST LAST NAME	19	15	
5	2ND LAST NAME	34	15	
6	FIRST NAME	49	20	
7	SEX	69	1	1 = Male, 2 = Female
8	DATE OF BIRTH	70	8	YYYYMMDD
9	REGION	78	1	
10	CARRIER	79	2	Carrier Code
11	FECHA DE EFECTIVIDAD	81	8	Para uso en queries historicos. Entrar fecha en que comienza la suscripcion del Beneficiario. Formato YYYYMMDD. El dia debe ser primero de mes. Si el query no es historico se deja en blanco.
12	FILLER	89	11	
		100		

\*\*\* All are Text Fields

*Handwritten signature and scribbles.*



**QUERY RESPONSE FILE LAYOUT**

October 20, 2008


This file is sent by ASES to Carriers as a response to query records. The Response Record informs if a Beneficiary is eligible for GRIP (Reform) coverage. It provides the key data elements which the Carrier will use to notify enrollment to ASES once approved by CMS.

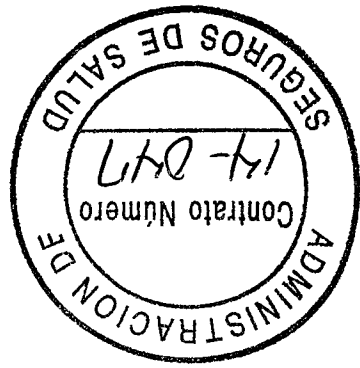
**Query Response Record**

# Field	Record Type	Position	Size	Notes
1	RECORD_TYPE	1	1	"R" for Response
2	CARRIER_PROCESS_DATE	2	8	YYYYMMDD
3	BENEFICARY_SSN	10	9	
4	CARRIER_1ST_LAST_NAME	19	15	
5	CARRIER_2ND_LAST_NAME	34	15	
6	CARRIER_FIRST_NAME	49	20	
7	CARRIER_SEX	69	1	1 = Male, 2 = Female
8	CARRIER_DATE OF BIRTH	70	8	YYYYMMDD
9	CARRIER_REGION	78	1	
10	CARRIER	79	2	Carrier Code
11	ASES_1ST_LAST_NAME	81	15	
12	ASES_2ND_LAST_NAME	96	15	
13	ASES_FIRST_NAME	111	20	
14	ASES_SEX	131	1	1 = Male, 2 = Female
15	ASES_DATE OF BIRTH	132	8	YYYYMMDD
16	ASES_REGION	140	1	
17	ELEGIBILITY_INDICATOR	141	1	<b>Y or N</b>
18	ODSI_FAMILY_ID	142	11	
19	MEMBER_SUFFIX	153	2	
20	MPI	155	13	Alpha-numeric ej. "0080012345678"
21	MEDICAID_INDICATOR	168	1	<b>1 = Federal Medicaid</b>
22	ELEGIBILITY_EFFECTIVE_DATE	169	8	YYYYMMDD
23	ELEGIBILITY_EXPIRATION_DATE	177	8	YYYYMMDD
24	ASES_PROCESS_DATE	185	8	YYYYMMDD
25	MESSAGE_CODE	193		Spaces= no errors, 01=SSN no match, 02=Sex no match, 03=DOB no match, 04=Region no match, 05=Miembro de municipio no contratado por Carrier, 06=Empleado ELA, 07=SSN no match (history records)
26	ASES_Deductible_Level	199	1	
27	Municipio	200	4	Código Municipio en ASES
28	Fecha de Efectividad	204	8	Para uso en queries historicos. Formato YYYYMMDD.
29	Código de Cubierto	212	3	Código de Cubierto (Coverage Code)
30	FILLER	215	5	
		220		

\*\*\* All are Text Fields

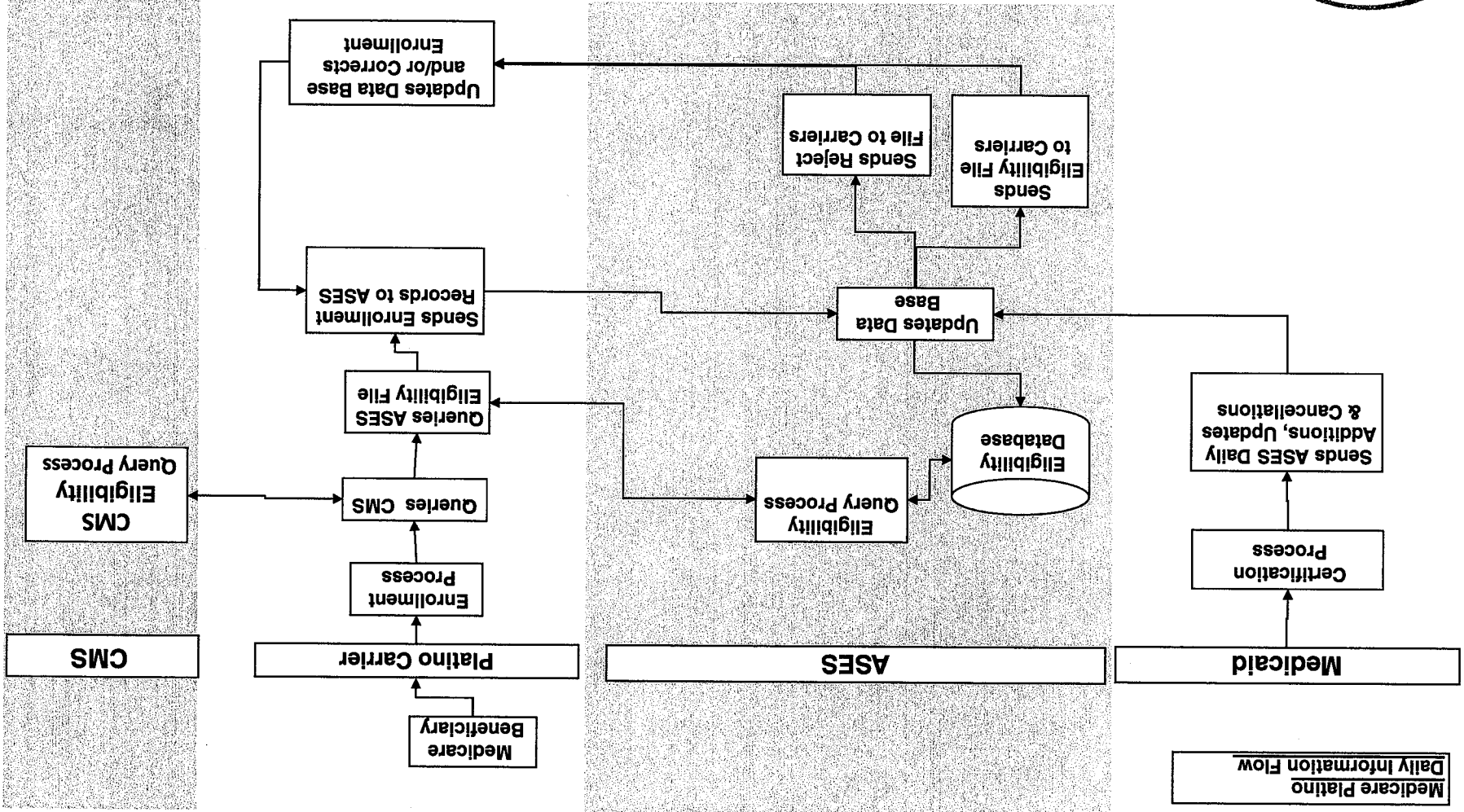
*ms*



*ms*

*[Handwritten signature]*





**Carrier to ASES Data Submission-  
Version 1.7B**

