

Carrier to ASES Data Submissions

New File Layouts

Version 1.7C

March 07, 2011



Two handwritten signatures are present at the bottom of the page. The one on the left is a stylized signature, and the one on the right is a cursive signature.

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Version Changes

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CLAIMS Input File Layout -

New codes for Plan Type and Plan Version and Region to include Government Employee claims.
Substitution of content on field MPI with Contract Number for Government Employee Only.
New field #19 Network Provider.
Changed the size for all 6 diagnosis codes from 6 to 8.

NOTE THAT THE LENGTH OF THE CLAIMS INPUT FILE LAYOUT HAS CHANGED – LENGTH IS NOW 267.

SERVICES Input File Layout -

New field #34 Coverage Code.

PROVIDER Input File Layout -

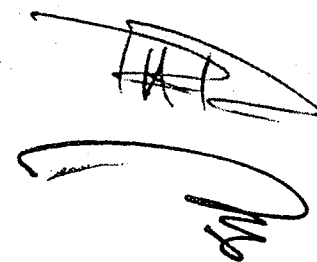
New field #22 Network Provider.

CAPITATION Input File Layout -

Capitation Type updated to include type “F” for fixed payment capitations.

ATTACHMENTS –

Attachment II – Carrier Codes: Updated.



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SERVICES Input File Layout -

Validation Rules clarified.

ERROR CODES Table -

Error codes C413.2 and C418.5 added.

ATTACHMENTS -

- Attachment I – Value added to table
Notes added to end of table.
- Attachment II – Carrier Codes: Updated.



Numerous updates have been made throughout the layouts to adjust, complete, or expand descriptions and validation rules. Field numbers and the text are highlighted to indicate these changes in BLUE

Version 1.7A

NOTES



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Changes and Additions in Data File Layouts

Initial wording has been updated.

UPDATED: Validation Process

UPDATED: General notes on data files updated.

File Naming Convention

INSERTED: Code for region SPECIAL

INSERTED: Notes on naming conventions when files are ZIPped.

CLAIMS Input File Layout -

MODIFIED: field 9 description updated to include code for region SPECIAL.

CAPITATION Input File Layout -

MODIFIED: field 8 description updated to include code for region SPECIAL.

ATTACHMENTS --

- Attachment I -- Value added to table
Notes added to end of table.
- Attachment II -- Carrier Codes: Updated.

Numerous updates have been made throughout the layouts to adjust, complete, or expand descriptions and validation rules. Field numbers and the text are highlighted to indicate these changes in BLUE

Version 1.7



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NOTES

Changes and Additions and Data File Layouts

UPDATED: Validation Process

INSERTED: Provider File Changes

PROVIDER Input File Layout -

MODIFIED: field 22 has been redefined as filler, replacing pcp_prov.

MODIFIED: field 23 has been redefined as filler, replacing pcp_ipa.

Version 1.6

NOTES

Changes and Additions and Data File Layouts

INSERTED: Validation Process

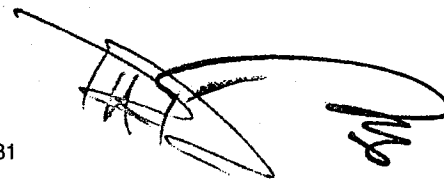
INSERTED: Primary Carrier ID

INSERTED: IPA codes and Provider codes

INSERTED: Attending Provider

GENERAL Notes on data layouts requirements

INSERTED: MIP Numbers in fields.



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SERVICES Input File Layout -

MODIFIED: field 19 has been redefined as filler, replacing tos_code.
MODIFIED: field 34 has been redefined as filler, replacing rx_form.
MODIFIED: Risk Type is allowed to be "UNK" for Unknown on PBM submitted files.
MODIFIED: Stop Loss Flag should be set to "N" on PBM submitted files.

CLAIMS Input File Layout -

MODIFIED: field 19 has been redefined as filler, replacing age.
INSERTED: Primary Carrier ID has been added as a required field

NOTE THAT THE LENGTH OF THE CLAIMS INPUT FILE LAYOUT HAS CHANGED – LENGTH IS NOW 253.

CAPITATION Input File Layout -

INSERTED: MPI Number has been added and as a required field.

NOTE THAT THE LENGTH OF THE CAPITATION INPUT FILE LAYOUT HAS CHANGED – LENGTH IS NOW 128.

Version 1.5

NOTES

Changes and Additions and Data File Layouts

INSERTED: Pharmacy Provider IDs
INSERTED: Provider telephone numbers



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INSERTED: Capitation amount
INSERTED: Capitation adjustments
INSERTED: Claims / Services File Handling
INSERTED: Other File Handlin

GENERAL Notes on data layouts requirements

INSERTED: Justification and Filling of Fields
INSERTED: References to CMS 1500 and UB-92

File Naming Convention –

Added notes on the naming of the ERROR Return Files.

SERVICES Input File Layout -

MODIFIED: Prescription Days has been redefined to be 999 (3 digits in length)
INSERTED: Total Quantity Dispensed has been added and should be filled for Pharmacy claims

NOTE THAT THE LENGTH OF THE SERVICE INPUT FILE LAYOUT HAS CHANGED – LENGTH IS NOW 279.

ERROR RETURN File Layout –

MODIFIED: Error Code field expanded to 600 bytes to allow for maximum possible error codes

ATTACHMENTS –

Attachment II – Carrier Codes: Updated and corrected

Attachment VII – Claims / Services Basic Flow Overview: Added



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Version 1.4

NOTES – File Naming Convention -

INSERTED:

ERROR RETURN File Layout -

INSERTED:

ERROR CODES Table -

INSERTED:

WARNING CODES Table –

INSERTED:

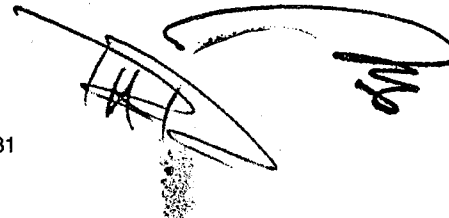
ATTACHMENTS –

Attachment II – Carrier Codes: Updated



Version 1.3

NOTES - Changes and additions in data file layouts -



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ADDED: Explanation of Provider ID and the functioning of the ID on the Provider table.

NOTES - General Notes on data layout requirements -

MODIFIED: Amount fields

SERVICES Input File Layout -

INSERTED: Encounter Type (moved from Claims Input File Layout)

REMOVED: Primary Center (moved to Claims Input File Layout)

REMOVED: Service Center

CLAIMS Input File Layout -

REMOVED: Encounter Type (moved to Services Input File Layout)

INSERTED: Primary Center (moved from Services Input File Layout)

REMOVED: Service Provider Specialty

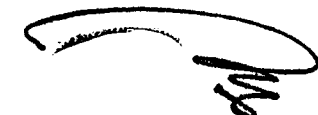
PROVIDERS Input File Layout -

INSERTED: Prov Telephone

IPA Input File Layout -

MODIFIED: IPA Code

REMOVED: Service Provider Specialty



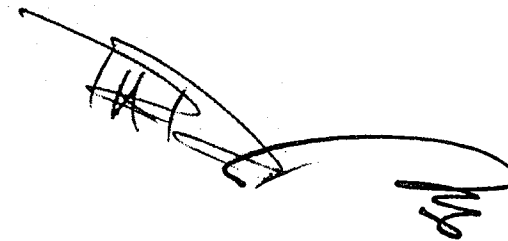
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CAPITATION Input File Layout -

INSERTED: Family ID
MODIFIED: Capitation Amount

ATTACHMENTS -

INSERTED: Attachment I – Municipality Codes
INSERTED: Attachment II – Carrier Codes
INSERTED: Attachment III – Specialty Codes
INSERTED: Attachment IV – Place of Service Codes
INSERTED: Attachment V – Type of Service Codes
INSERTED: Attachment VI – Provider Type Codes

A handwritten signature in black ink, appearing to be 'M. P.', written over a horizontal line.

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NOTES

Changes and Additions in Data File Layouts

ASES new file layouts for submission by Carriers for data generated from October 1, 2006 forward.

The following data layouts will be discontinued after the Data Layouts have been established in production and their use is stabilized:

Claims and Encounter Input File Layout

The following data layouts will be used with the submission of data from October 2006:

Services Input File Layout
Claims Input File Layout

New data layouts will be required from October 2006 as follows:

Provider Input File Layout
IPA Input File Layout
Capitation Input File Layout

Administrative Expenses - Table M from current monthly report will be use as a basis for gathering administrative expense data. Some expansion to include FTE data will be developed.

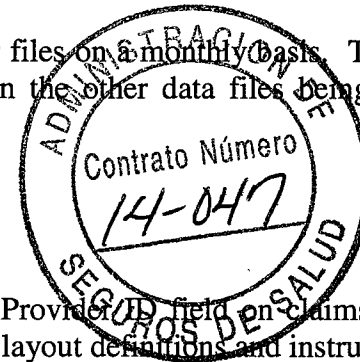
The Provider and IPA files will be used to build and maintain reference files within ASES's systems for Providers, PCPs and IPA/HCOs. At implementation carriers will be required to supply full files and every month thereafter to submit files of additions and changes to maintain these in an up-to-date status.



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Provider ID - ASES will not try to specify the format or construction of Provider IDs and will accept on incoming data the codes used by the delivering entity. Internally within the ASES database system, a single ID will be generated for each provider. The ASES system will be developed to match the carrier's provider data to ASES's stored provider data and therefore map IDs between the systems. It is expected therefore that an actual provider who has multiple IDs across several of the carriers will still resolve to a single Provider ID in ASES. The key to this will be the matching of records supplied to maintain the Provider file, which has been put into practice by Milliman in similar MedInsight projects in which multiple source entities are involved.

To implement this strategy, ASES requires that carriers provide accurate and timely provider files on a monthly basis. The Provider file maintained in ASES from this data will be used to validate the Provider ID fields on the other data files being submitted, especially for Claims & Encounters and for Capitation.



PHARMACY PROVIDER IDs –

After considering situations presented by various carriers with regard to the coding of the Provider ID field on claims and in the Provider Input File for pharmacy claims we have decided to make the following change to the layout definitions and instructions.

For pharmacy claims only

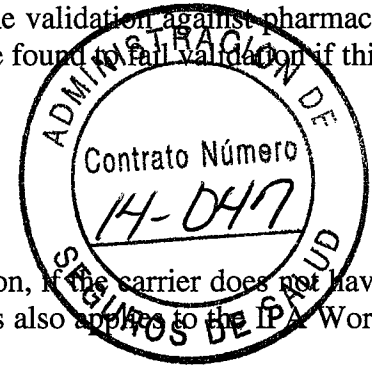
If the carrier includes all PBM providers (pharmacies) in its own provider file and these are part of the Provider Input File delivered to ASES then the carrier has no problem and should continue to handle the data in this way. This assumes that in coding pharmacy providers into the Provider Input File for ASES the carrier is capable of filling all the required fields and the records will pass validation and be accepted. When claims are validated the Billing Provider on the claim record will be validated against the Provider file and will be matched even if the provider is unique for the carrier.

For carriers who do not include PBM providers in their own Provider File - the claims must be coded with the Provider ID supplied by the PBM. This ID in turn must be a valid NABP/NCPDP number identifying the pharmacy uniquely regardless of which PBM sourced the data. The carrier will not include these pharmacy providers in their Provider Input File to ASES avoiding the problems created by their not having all the details required for the providers contracted by the PBM and not the carrier. On Claims the carrier

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will use this same Provider ID from the PBM for the Billing Provider which will be matched during the validation against pharmacy providers loaded from PBM Provider Input File submissions to ASES. The carrier's records will still be found to fail validation if this provider number cannot be validated.



PROVIDER telephone numbers –

Prov Telephone remains a required field on the Provider Input Layout. In the event, and as an exception, if the carrier does not have the actual provider's telephone number they should insert their own (Carrier's) telephone number. This also applies to the IPA Work Phone field in the same way.

Note that all telephone number fields must be filled using only numbers. No spaces or ()- characters should be included. For example, the telephone number (939) 123-4567 will be coded in the data field as 9391234567

CAPITATION AMOUNT –

The amount to be reported on capitation records must be a net amount that represents any costs associated with providing services which are not reported in claims and encounters. This may come from formal contracts with providers such as HCO/PCPs, or any other financial arrangement or allocation of costs.

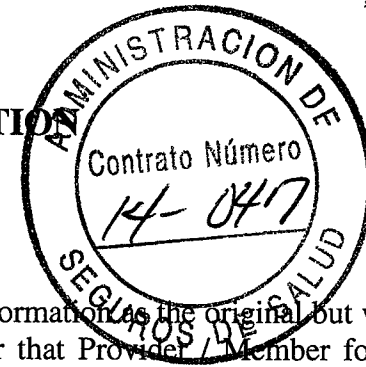
The number should represent a calculation which includes the earned capitation for the period less claims paid amounts, if any, chargeable against the provider risk. Other types of deductions which may be taken out of the provider's payment such as repayment of advances, retentions for reserves should not be included in the calculation.

CAPITATION ADJUSTMENTS –

There may be circumstances in which capitation payments which have already been reported, need in a later month to be adjusted or even reversed. To accomplish this, the Capitation records will behave differently than Claims and Services. The carrier will send a new record for the provider / member / experience date with an amount to be added or subtracted from the previously reported

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amount. If a capitation of \$10.00 is to be reversed then the new record should contain the same information as the original but with a new Capitation Date and a Capitation Amount of -\$10.00. Inside MedInsight the capitation for that Provider / Member for that particular date will be the aggregate of all the records and this example will result in \$0.00.

Note that, as Capitation net amounts for any particular record may be negative, a reversal in such a case would be a positive amount.

CLAIMS / SERVICES File Handling –

Claims and Services files will be handled as related data sets in that a Claim must be associated with one or more Services. While each type of file will have its own validation process, the relationship between claims records and services records will also be part of the validation process.

For new record sets, a Claim record, which validates successfully for all its data elements, will be rejected if there is not at least one valid Service record with a corresponding Carrier and Claim-ID. Similarly, a Service record, which validates on all its data elements, will be rejected if there is not a valid claim record with a corresponding Carrier and Claim-ID.

“I” transactions may represent new claims in which case the relationship between Claim and Service records must be within the Claims Input File and Services Input File in the same submission. When “I” records represent an update to records submitted in prior periods then a Claim record or a Service record may be submitted by itself provided it corresponds respectively to valid Service or Claim records matching on Carrier and Claims-ID already loaded in the database.

Claims and Services file will pass through a validation process as shown in Attachment VII. Pre-validation will check the basic structure of the file and its records and may result in a file being rejected without proceeding to full record validation. Such rejections may be caused for example, by – file names which fail to follow the naming convention, a file containing wrong length records or other basic tests.

A file which is processed through full validation may also be rejected if it fails to meet the error threshold level. All files which are rejected will be notified to the carrier with an explanation of why the file is rejected. No records from such a file will be retained in the system and the carrier will be required to re-submit the rejected file in its entirety before the next months files become due. Such

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re-submitted files must be carefully named using the sequence number part of the naming convention to ensure the name is distinct from the rejected file and is named in the correct order.

If a file is accepted after validation, any records with errors will be returned in an Error Return file. Only the individual records which are rejected must be corrected and re-submitted and not the entire file. Such re-submitted records are to be included with the following month's file.

OTHER File Handling –

For files other than Claims and Services, the handling in terms of file rejection and record rejection will be similar to that described above for the Claims and Services. IPA, Provider and Capitation files will be validated individually without relationship to other files.

VALIDATION PROCESS –

The processing of files will take place on an individual file basis with first a Pre-Validation step in which files may be rejected if they fail structurally, cannot be read or are misnamed. A file rejection report will indicate the cause of the rejection and the file must be corrected and re-submitted immediately.

On files which pass Pre-Validation there will be a two step validation process. First, validation will take place on individual files to determine the compliance of each field with the validation rules. Records marked in error will then be removed and files will be passed to a staging area at which point cross-file validation will take place.

In the staging area, files will be checked for fields which depend on other files or previously loaded data. Such validations include the requirement for claims records to have at least one matching, valid service record and for service records that have a valid matching claim. Also, fields on service records which are particular to the type of claim will be validated after matching to a claim record and the type of claim can be determined from Bill Type (e.g. Pharmacy field on service records will be validated after matching to a claim record with a Bill Type of "P"). Any records marked in error at this stage will also be removed.

Files will be tested for error threshold compliance. Those files which fail to achieve an error rate below the threshold will be rejected. In such cases, the rejected records will not be placed on the Held Records table and the rejected file will need to be re-submitted after

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correction in its entirety, but an Error Return file will be created and returned to the carrier with the details of the records which were marked in error.

Error records from accepted files will be placed on the Held Records table and the corresponding Error Return file will be given back to the carrier. These rejected records need to be corrected and included in the following month's submission.

Carriers need to distinguish error return files as being for file rejects or record records and process them accordingly. The Claims/Services Basic Flow diagram in Attachment VII has been updated to reflect this process.

A Claims Processing Summary File will be generated which will contain a record for each file in a processing period (including expected files which were not received). The layout of this file is contained in the section of tables defining each of the file layouts. This file is an electronic "report" on the validation process and will be placed with the error-return files on the FTP server for the carriers to download.

Primary Carrier ID –

A field for the Primary Carrier ID has been added to the Claims Input Layout to recognize the MCO or TPA which enrolls the member and assigns IPA and PCP Provider IDs. The Carrier ID field will carry the ID of the carrier generating the Claims Input File. These files will contain the same value when the reporting carrier is an MCO or TPA. When the reporting carrier is an MBHO or PBM the Carrier ID will contain the code of the MBHO or PBM and the Primary Carrier ID will contain the code of the MCO or TPA of the member.

IPA codes and Provider codes –

The Primary Carrier ID field has been added to be able to distinguish the validation of IPA and Provider codes by carrier. The Primary Carrier ID will carry the code of the MCO or TPA which contracts the members IPA and PCP Provider. In Claims records the codes for IPA and PCP Provider will be those created by the MCO/TPA and delivered to the MBHOs and PBMs in eligibility/enrollment data exchanges.

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A handwritten signature or set of initials, possibly "MS", written in black ink.

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Attending Provider –

The validation rules for Attending Provider have been changes to remove the requirement that the value match a valid provider (i.e. a provider code reported by the carrier in its Provider file. The field is still required.

Municipality Service –

Recognizing that claims may be processed for services outside of Puerto Rico, code 0666 has been added to the list of Municipality Codes. This value is valid only for use in the field Municipality Service on the Claims Input File. This value should be used only when services are paid for outside of Puerto Rico.

PROVIDER FILE CHANGES –

The PCP Flag and IPA Code fields have been removed from the Provider Input File Layout. It has become obvious through the experience gained in testing so far, that the value of these fields on the provider file is overwhelming outweighed by the complexities produced. PCP and IPA codes will still be required on claims and these will be validated to ensure that they are valid Provider codes and IPA codes but no attempt will be made in validation to cross check that the PCP Provider on claims has been flagged as a PCP on the Provider table or that there is a correlation between PCP and IPA in the provider table. With this change there should be no need for carriers to report providers on multiple records.

These fields have been eliminated from the Provider file and the validations rules in other files have been adjusted accordingly. These changes do not affect the record length of the Provider Input Layout.

General Notes on data layout requirements

Date Fields - All date fields in the following data layout are defined to the same size and format as YYYYMMDD. An 8 byte field where YYYY = 4 digit year, MM = 2 digit month and DD = 2 digit day. 1 digit month and day values must always have the leading zero (0). Date fields must contain a valid date with months between 01 and 12 and days between 01 and maximum day in month. July 1, 2006 will be coded as 20060701.

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Amount Fields – All amount fields representing money must be numeric and are defined as 9 bytes in the format 9(7)v99 where v represents and implied decimal point. This allows a maximum of 7 digits for dollars plus the last two digits for cents. These numbers are always right justified and zero filled to the left. As examples:

\$1.23 will be coded as 000000123
 \$100.00 will be coded as 000010000

All amount fields are positive and follow the above definition unless clearly specified otherwise.

End of Record Filler – All file layouts have been designed to end with a filler field of 1 byte which must always be coded as an “*” character. This is done to avoid issues between different systems when generating and transferring ASCII files in which ending field may be empty. The fixed End of Record Filler guarantees that all records in a file can be constructed to the fixed length format as defined in the layouts.

Justification and filling of Fields – The layouts have all been specified to provide fixed length fields and fixed length records. While other methods can be used, it is felt that this provides the best common ground for working with multiple entities each of which uses varying systems. To be sure everyone understands the same about the comments on justification and filling the following examples are given to help keep this concept clear.

All numeric fields must be filled completely with numeric digits. If there are exceptions these are clearly spelled out in the documentation of the layouts. Typically numeric field are right justified and to keep them numeric must be zero filled. In a field specified as numeric such a 9(7)v99 where v represents an implied decimal the following examples illustrate how data will look in the field –

<u>Value</u>	<u>Field</u>
12.50	000001250
101	000010100
1,234.56	000123456
1,000,000	100000000

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All alphanumeric fields must be filled completely. If the value of data in the field is less than the width of the field then care must be taken to ensure that the field is filled with blanks. Allowing “NULLS” or other special characters through may cause unexpected results and make reading, loading and validation of the data difficult. Typically alphanumeric fields are left justified and filled to the right with blanks to complete the field. In a field specified as alphanumeric such as X(20) the following examples illustrate how data will look in the field where the [] characters represent the start and end of the field –

<u>Value</u>	<u>Field</u>
P.R.	[P.R.]
José Rivera	[José Rivera]
blanks	[]
(Metro-North Region)	[(Metro-North Region)]



References to CMS 1500 and UB-92 – All references to CMS 1500 or UB-92 in this document are for convenience and correspond equally to equivalent electronic formats and will apply equally to the next version of CMS 1500 or the UB-04 when implemented.

MPI Number fields – In all files in which MIP Number is required, carriers should code all 9s if the MPI is unknown. This should not be true for any current beneficiary. This exception will continue until such time as ASES determines that the issue of MPI being unavailable has disappeared from historical data. For Government Employee MPI should be filled with Contract Number.

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File Naming Convention

All files to be delivered to ASES by the carriers must follow the naming conventions below. Files which do not fit the naming convention will be ignored and the carrier deemed to have failed in delivery of such a file.

File names must adhere strictly to this naming convention as the structure includes information for identification of the carrier, region, dates and file type. If not named correctly the file cannot be processed properly.

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The general format of file names will be –

Dccrymms.fff

Where:

Character 1	Always “D”
Characters 2-3	cc = Carrier Code (See attachment II)
Character 4	r = Region as defined by ASES
A	= Arecibo / North Region
B	= Bayamón / Metro-North Region
E	= Este / East Region
F	= Fajardo / North-East Region
G	= Guayama / South-East Region
J	= Sanjuan / San Juan Region
L	= Aguadilla / North-West Region (used for historical purposes only)
M	= Montaña / Central Region (used for historical purposes only)
S	= Suroeste / South-West Region
Z	= Mayaguez / West Region
P	= SPECIAL / SPECIAL pseudo region
Y	= Government Employee
Character 5	y = Last digit of year
Characters 6-7	mm = Month
Character 8	s = sequence number of file submission.

All submission start with s = 0 and continue in numeric if files are re-submitted to 9
 If files must be re-submitted beyond 9, then alphabetic characters will be used a, b, c ...

Character 9	Always “.”
Characters 1-12	Extension code identifying type of file
SRV	for SERVICES
CLM	for CLAIMS
PRV	for PROVIDERS
IPA	for IPA
CAP	for CAPITATIONS



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Files are always dated for the month being reported. For example, when sending claims paid in September 2009 the **ymm** part of the file name will be **909** while the file will be sent to ASES in October.

When a file which is common for multiple regions is sent, the region code may be set as "X". This can only apply to files such as Provider and IPA. Claims, Services and Capitation must be sent for their individual regions.

Examples of completing this naming convention are –

For imaginary carrier 96 in the Metro-North region files for services and payments in April 2008 will be named as follows –

Services	D96B8040.SRV
Claims	D96B8040.CLM
Providers	D96B8040.PRV
IPA	D96B8040.IPA
Capitation	D96B8040.CAP

When the Capitation file is rejected, the corrected file will be re-submitted as
D96B8041.CAP

If providers for carrier 96 are common with other contracted regions the file may have been submitted as
D96X8040.PRV



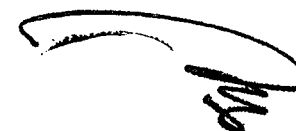
ERROR Return Files will be named by replacing the first character of the input file (the "D") with an "E". For example, when a capitation file is delivered with the name D96G7111.CAP the ERROR Return file which contains all the errors for this capitation file will be named E96G7111.CAP.

ZIP Files will be accepted when named to the following standard. Use the file name as defined above, convert the "." Between the body of the file name and the file extension to "_" and add the extension ".ZIP". For Instance, using examples above -

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Services file	D96B8040.SRV would become zipped as	D96B8040_SRV.ZIP
Claims file	D96B8040.CLM would become zipped as	D96B8040_CLM.ZIP
Providers	D96B8040.PRV would become zipped as	D96B8040_PRV.ZIP
IPA	D96B8040.IPA would become zipped as	D96B8040_IPA.ZIP
Capitation	D96B8040.CAP would become zipped as	D96B8040_CAP.ZIP

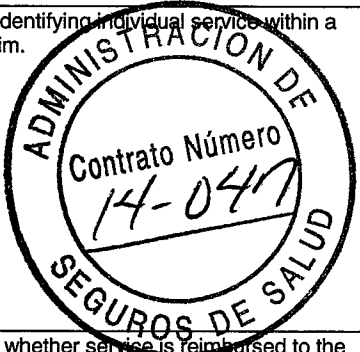
Return files to carriers will be zipped in a similar fashion when their size justifies it.



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SERVICES INPUT FILE LAYOUT

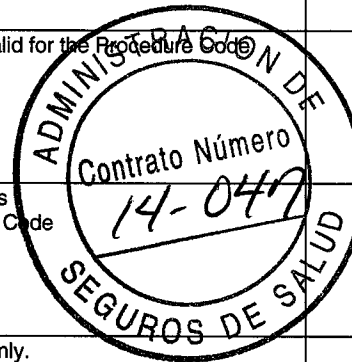
	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
1	trans_code	varchar(1)	Transaction Code	Identify the action to be taken with the record. I for Insert or E for Delete.	X	Required Must equal "I" or "E"
2	pmt_stat	varchar(1)	Payment Status	Indicates payment action on the service represented by this record. P for Paid or D for Denied	X	Required Must equal "P" or "D"
3	carrier_id	varchar(2)	Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II.	99	Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
4	claim_id	varchar(20)	Claim ID	Unique Identification number within Carrier. May be Carrier's Internal Claim Identification number. This number is used to avoid duplicated Claims, but allows multiple service lines within the same claim.	X(20)	Required Left justified, blank filled to 20 characters if value is less than 20 characters. Claim ID on Service must match with a Claim ID on a Claim record.
5	Sv_line	smallint()	Service Line Number	Number identifying individual service within a given claim.	99	Required Must be a 2 digit un-duplicated ID of the Service Line within the Claim ID. (line numbers less than 10 must be zero filled right justified) Duplicates within Claim ID on the same submission will be considered errors (the combination of the claim_id plus the service_line_no must be unique within the carrier). If Transaction Code is "E" then the key (Carrier ID, Claim ID, Service Line Number) must exist.
6	enc_type	varchar(20)	Encounter Type	Indicates whether service is reimbursed to the Billing Provider or is covered under a capitation arrangement. Valid values are – "FFS" for fee for service "CAP" for capitated. If value is "CAP", service will have zero Paid Amount.	X(20)	Required for Transaction Code "I" Must be a valid value Must be left justified and blank filled Not required for Transaction Code "E"
7	from_date	datetime()	Service From Date	Begin date of the treatment.	YYYYMMDD	Required for Transaction Code "I" Must be a valid date. Not required for Transaction Code "E"



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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
8	to_date	datetime()	Service To Date	End date of the treatment.	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Must be on or after Service From Date Not required for Transaction Code "E"
9	paid_date	datetime()	Payment Date	For an Encounter, this will be the date the transaction is processed by the carrier. For non-encounters, this will be the date of payment for paid claims or the process date for denied claims.	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Must be on or after Service To Date Not required for Transaction Code "E"
10	Filler_10	n/a	Filler		X	
11	proc_code	varchar(15)	Procedure Code	For non-Pharmacy Standard procedure code conforming to HCPCS/CPT or HCSPC/CDT as appropriate	X(15)	Allowed for Transaction Code "I" For claims from CMS1500 / UB92, when present must be a HCPCS/CPT code. For Dental claims must be a valid dental HCPCS/CDT code For Pharmacy claims this must be all blanks Not required for Transaction Code "E"
12	cpt_mod	varchar(2)	Procedure Modifier Code	Modifier code valid for the Procedure Code	XX	Allowed for Transaction Code "I" Can only be present when Procedure Code is present and allows a modifier code. Must be valid as a modifier for the Procedure code Not required for Transaction Code "E"
13	rev_code	varchar(5)	Revenue Code	For UB92 Claims NUBC Revenue Code	X(5)	Allowed for Transaction Code "I" For UB92 claims. When present it must be a valid Revenue code. Must be left justified, blank filled to the right Not required for Transaction Code "E"
14	rx_ndc	varchar(11)	National Drug Code	For Pharmacy only. National Drug Code value for prescribed drug in 5 4 2 format	X(11)	Allowed for Transaction Code "I" Required on Pharmacy claims Must be a valid NDC code in 5 4 2 format filling all 11 bytes For non-Pharmacy claims must be blank Not required for Transaction Code "E"



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	<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	<i>Validation Rules</i>
15	tooth_code	varchar(3)	Tooth Code	For Dental only ADA standard tooth number as required by CDT code when procedure directly affects a tooth.	XXX	Allowed for Transaction Code "I" Must be present on Dental claims when Procedure code requires Tooth Code Must be a valid Tooth Code when present Must be left justified and blank filled to complete the field For non-Dental claims must be blank Not required for Transaction Code "E"
16	surface_code	varchar(7)	Surface Code	For Dental only ADA standard surface code as required by CDT code when procedure directly affects one or more surfaces.	X(7)	Allowed for Transaction Code "I" Must be present on Dental claims when procedure code requires Surface Code Must be a valid Surface Code Must be left justified and blank filled to complete the field For non-Dental claims must be blank Not required for Transaction Code "E"
17	cob_code	varchar(1)	COB Code	Identify if the beneficiary has other Health Insurance for this service. "Y" if member has other health insurance, "N" otherwise	X	Required for Transaction Code "I" Must be "Y" or "N" Not required for Transaction Code "E"
18	pos_code	varchar(2)	Place of Service	Place of Service Code identifying the place in which the service is delivered. See POS Code List in Attachment IV	XX	Required for Transaction Code "I" Must be a valid Place of service Code Not required for Transaction Code "E"
19	amt_billed	money()	Billed Amount	For non-Pharmacy Cost of service as billed by the provider.	9(7)v99	Allowed for Transaction Code "I" Required for non-Pharmacy claims. Must be a number on all records Cannot be left blank Not required for Transaction Code "E"
20	amt_allowed	money()	Allowed Amount	For non-Pharmacy Amount allowed for the service by the carrier	9(7)v99	Allowed for Transaction Code "I" Required for non-Pharmacy claims. Must be a number on all records Cannot be left blank For pmt_stat "P" (Payment Status = "paid") this must be greater than zero. Not required for Transaction Code "E"
21	Deduct	money()	Deductible	Amount paid by member before payments by the carrier begin for this service	9(7)v99	Required for Transaction Code "I" Must be a number on all records Cannot be left blank Not required for Transaction Code "E"

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	<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	<i>Validation Rules</i>
22	Copay	money()	Co-Pay	Amount paid by member as dollar co-payment for this service	9(7)v99	Required for Transaction Code "I" Must be a number on all records Cannot be left blank Not required for Transaction Code "E"
23	Cob	money()	COB Amount	Amount paid by other Health Insurance attributable to this service.	9(7)v99	Required for Transaction Code "I" Must be a number on all records Cannot be left blank Not required for Transaction Code "E"
24	Coins	money()	Coinsurance Amount	Amount paid by member as percentage of cost for this service	9(7)v99	Required for Transaction Code "I" Must be a number on all records Cannot be left blank Not required for Transaction Code "E"
25	amt_paid	money()	Paid Amount	Amount paid by carrier for this service	9(7)v99	<p>Required for Transaction Code "I" Must be zero for encounters Must be zero for Services with Payment Status of "D"</p> <p>For Services with pmt_stat = "P" (Payment Status = Paid) one of the following calculations must be valid within a record –</p> <p><u>For non-Pharmacy:</u> amt_paid = amt_allowed - deduct - copay - cob - coins</p> <p><u>For Pharmacy:</u> amt_paid = rx_ingr_cost - deduct - copay - cob - coins + rx_disp_fee</p> <p>For Plan Type "02" or "03" only - amt_paid may be zero if the appropriate calculation above results in 0.00.</p> <p>For Plan Type "01" the amt_paid must be greater than zero.</p> <p>Not required for Transaction Code "E"</p>



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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
26	rx_disc	money()	Drug Discount	For Pharmacy only Amount Discounted at the Pharmacy This is the discount given from AWP to get the Ingredient Cost When drug is paid from a MAC list the discount amount will be Zero (0) This field does not form part of the calculation to get Amount Paid but can be used with Ingredient Cost to work back to AWP.	9(7)v99	Allowed for Transaction Code "I" Required on Pharmacy claims On non-Pharmacy claims must be blank Not required for Transaction Code "E"
27	rx_ingr_cost	money()	Ingredient Cost	For Pharmacy only Cost of ingredient(s) dispensed for this Service	9(7)v99	Allowed for Transaction Code "I" Required on Pharmacy claims Must be greater than zero On non-Pharmacy claims must be blank Not required for Transaction Code "E"
28	rx_disp_fee	money()	Dispensing Fee	For Pharmacy only Dispensing fee charged by pharmacy	9(7)v99	Allowed for Transaction Code "I" Required on Pharmacy claims Must be a number On non-Pharmacy claims must be blank Not required for Transaction Code "E"
29	rx_days_supply	smallint()	Prescription Days	For Pharmacy only Number of days prescribed and dispensed	999	Allowed for Transaction Code "I" Required on Pharmacy claims Must be greater than zero On non-Pharmacy claims must be blank Not required for Transaction Code "E"
30	rx_drug_type	varchar(2)	Drug Type Code	For Pharmacy only Code identifying type of drug on pharmacy claims Valid codes are - 01=Generic 02=SSB 03=MSB	XX	Allowed for Transaction Code "I" Required on Pharmacy claims When present it must be one of the valid codes. On non-Pharmacy claims must be blank Not required for Transaction Code "E"



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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
31	rx_daw	varchar(6)	Dispensed As Written	For Pharmacy only Code indicating "Dispense as written" status of the prescription on pharmacy claims Valid Codes are – 0 - NO DISPENSE AS WRITTEN (Substitution Allowed) (or no product selection indicated) 1 - PHYSICIAN writes DISPENSE AS WRITTEN 2 - PATIENT REQUESTED 3 - PHARMACIST SELECTED BRAND 4 - GENERIC NOT IN STOCK 5 - BRAND DISPENSED, PRICED AS GENERIC 6 - OVERRIDE 7 - SUBSTITUTION NOT ALLOWED; BRAND MANDATED BY LAW 8 - GENERIC NOT AVAILABLE 9 - OTHER	X(6)	Allowed for Transaction Code "I" Required on Pharmacy claims When present it must be one of the valid codes. On non-Pharmacy claims must be blank Not required for Transaction Code "E"
32	rx_refill_cnt	varchar(6)	Refill Count	For Pharmacy only The number of refills specified by the physician writing the prescription on pharmacy claims	9(6)	Allowed for Transaction Code "I" Required on Pharmacy claims When present must be a number On non-Pharmacy claims must be blank Not required for Transaction Code "E"
33	rx_par	varchar(7)	Participating Pharmacy Flag	For Pharmacy only Indicates whether prescription was dispensed by a participating pharmacy on pharmacy claims Valid values – "Y" = participating pharmacy "N" = non-participating pharmacy	X(7)	Allowed for Transaction Code "I" Required on Pharmacy claims Left justified, blank filled Must be "Y" or "N" On non-Pharmacy claims must be blank Not required for Transaction Code "E"
34	Cov_Code	Varchar(3)	Coverage Code	For government employee only Indicates the coverage applied on the service.	X(3)	Allowed for Transaction Code "I" Required for government employee claims Left justified, blank filled On non-government employee claims must be blank Not required for Transaction Code "E"
35	filler_34	n/a	Filler		X(4)	



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	<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	<i>Validation Rules</i>
36	risk_type	varchar(3)	Risk Type	Distinguishes for this service whether risk belongs to PCP/(Group) or carrier. If cost should be charged to PCP/(Group) then value = "PCP" Otherwise value = "CAR" (Carrier). Where there is no risk sharing the value should be entered as "CAR". PBM ONLY – when a PBM is submitting this file this field should be coded as "UNK" for Unknown.	XXX	Required for Transaction Code "I" Must be filled Must be "PCP" or "CAR" For PBM only value can be "UNK" Not required for Transaction Code "E"
37	stop_loss_flag	Varchar(1)	Stop Loss Flag	When Risk Type is "PCP", set to "Y" if stop loss for PCP/(Group) has been reached for PCP on member Otherwise "N" . When Risk Type is "CAR", set to "N" PBM ONLY – set to "N"	X	Required for Transaction Code "I" Must be filled "Y" or "N" Not required for Transaction Code "E"
38	applied_cost	varchar(1)	Cost Applied To	For Medicare Platino, defines whether service is part of the ASES coverage, the CMS (MA) coverage or both. When filled the valid values are – 1=ASES 2=CMS 3=BOTH (SPLIT)	X	Required for Transaction Code "I" for Plan Type "02" and "03" (Medicare Platino) Must be filled and be a valid value Not required for Transaction Code "I" for Plan Type "01" Not required for Transaction Code "E"
39	ases_split_amt	money()	ASES Split Amount	For Medicare Platino, indicates the part of the Paid Amount allocated to ASES coverage.	9(7)v99	Required for Transaction Code "I" for Plan Type "02" and "03" (Medicare Platino) Must be filled if Cost Applied To = 1 or 3 Not required for Transaction Code "I" for Plan Type "01" Not required for Transaction Code "E"
40	cms_split_amt	money()	CMS Split Amount	For Medicare Platino, indicates the part of the Paid Amount allocated to CMS (MA) coverage.	9(7)v99	Required for Transaction Code "I" for Plan Type "02" and "03" (Medicare Platino) Must be filled if Cost Applied To = 2 or 3 Not required for Transaction Code "I" for Plan Type "01" Not required for Transaction Code "E"
41	extract_date	datetime()	Extract Date	Date on which record is originally extracted from Carrier's system to create the Services Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record

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	<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	<i>Validation Rules</i>
42	rx_total_disp	Float()	Total Quantity Dispensed	For Pharmacy only Total quantity of drug dispensed by pharmacy.	9(7)v99	Allowed for Transaction Code "I" Required on Pharmacy claims Must be a number, right justified, zero filled On non-Pharmacy claims must be blank Not required for Transaction Code "E"
43	Filler	n/a	End of Record Filler	Fixed filler with "***"	X	Required Must be = "***"
RECORD LENGTH					279	



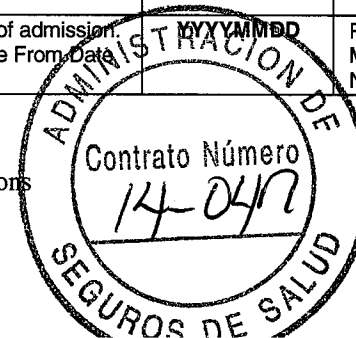
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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
1	trans_code	varchar(1)	Transaction Code	Identify the action to be taken with the record. I for Insert or E for Delete.	X	Required Must equal "I" or "E"
2	carrier_id	varchar(2)	Carrier ID	Value that identifies carrier which is reporting claims. Must be a valid code. See Carrier Code List in Attachment II	99	Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
3	claim_id	varchar(20)	Claim ID	Unique Identification number within Carrier. May be Carrier's Internal Claim Identification number. This number is used to avoid duplicated Claims, but allows multiple service lines within the same claim.	X(20)	Required Left justified, blank filled to the right Treated as a unique key within Carrier ID. When trans_code = "E", Carrier_ID + Claim_ID must already exist.
4	plan_type	varchar(2)	Plan Type	ASES defined Plan Type 01 = GHIP 02 = MA-SNP 03 = MA-PD 04 = State Agency 05 = Municipality 06 = Public Corporation	XX	Required for Transaction Code "I" Must equal "01", "02", "03", "04", "05" or "06" Value "01" must correspond to a GHIP carrier or to an MBHO, PBM, or other assigned carrier code which is not Medicare Platino. Values of "02" or "03" must correspond to Medicare Platino Carrier ID Values of "04", "05" or "06" must correspond to government employees carrier ID. Not required for Transaction Code "E"
5	plan_version	varchar(3)	Plan Version	Plan Version to distinguish multiple plans within Plan Type. Always three numeric characters, e.g. 001 For government employee claims indicates contract type: 001 = Family 002 = Couple 003 = Individual 004 = Optional Dependent	XXX	Required for Transaction Code "I" Must be a 3 digit Plan Version Code Carrier ID, Plan Type and Plan Version must validate with a plan definition contracted with ASES Not required for Transaction Code "E"
6	bill_type	varchar(1)	Bill Type	Originating bill type – U=UB-92 / Institutional H=HCFA/CMS1500 / Individual / Professional, P=Pharmacy Claim, D=Dental Claim.	X	Required for Transaction Code "I" Must equal "U", "H", "P" or "D" Not required for Transaction Code "E"
7	adm_date	datetime()	Admit Date	For UB-92 claims this is the date of admission. For other claims this is the Service From Date of the earliest service.	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Not required for Transaction Code "E"

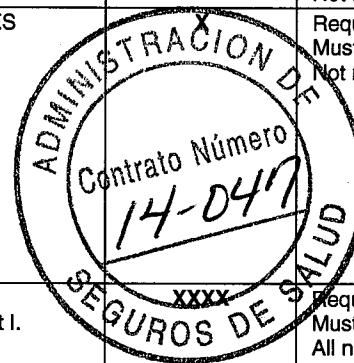
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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
8	dis_date	datetime()	Discharge Date	For UB-92 claims this is the date of discharge. For other claims this is the Service To date of the latest service.	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Must be equal or later than Admit Date Not required for Transaction Code "E"
9	region_code	varchar(1)	Region Code	Region of member as defined by ASES Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL		Required for Transaction Code "I" Must be valid ASES Region code Not required for Transaction Code "E"
10	municipality_res	varchar(4)	Municipality Residence	Municipality of residence of member. See Municipality Codes in Attachment I.	XXXX	Required for Transaction Code "I" Must be a valid ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code Not required for Transaction Code "E"
11	municipality_code	varchar(4)	Municipality Service	Municipality in which services are provided based on provider address. See municipality Codes in Attachment I	XXXX	Required for Transaction Code "I" Must be a valid ASES Municipality Code All numeric, right justified, zero filled Not required for Transaction Code "E"
12	ssn_mainh	varchar(9)	HOH Social Security	Social Security number of Head of Household (HOH) of family. This is available from the Family record in ASES eligibility data sent to carriers.	9(9)	Required for Transaction Code "I" Must be all numeric Must be a full 9 digits Not required for Transaction Code "E"
13	ssn	varchar(9)	Patient Social Security	Social Security Number of member	9(9)	Required for Transaction Code "I" Must be all numeric Must be a full 9 digits Not required for Transaction Code "E"
14	member_suffix	varchar(2)	ASES Member Suffix	Identifies the beneficiary within the family group. <u>Must be the two digit member suffix as supplied in ASES Eligibility data.</u>	99	Required for Transaction Code "I" Must be ASES Assigned member suffix All numeric value 01 to 99 Not required for Transaction Code "E"
15	patient_name	varchar(30)	Patient Name	Member Name	X(30)	Required for Transaction Code "I" Must be left justified, blank filled to the right Not required for Transaction Code "E"



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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
16	family_id	varchar(11)	ASES Family ID	Family ID as supplied in ASES Eligibility data.	X(11)	Required for Transaction Code "I" ASES / ODSI Family ID Alphanumeric full 11 characters For government employee use SSN Main Holder . Must be left justified, blank filled to the right Not required for Transaction Code "E"
17	mpi	Varchar(13)	MPI Number	Master Patient Index (MPI) As supplied in ASES Eligibility Data For government employee contract number	X(13)	Required for Transaction Code "I" Must be a valid MPI number For government employee contract number Must be left justified, blank filled to the right Not required for Transaction Code "E"
18	sex	varchar(1)	Sex Code	Gender of member M = Male F = Female	X	Required for Transaction Code "I" Must equal "M" or "F" Not required for Transaction Code "E"
19	Network_Specialist	Varchar(1)	Network Specialist	Indicates if the service provider is a participating specialist of the preferred network in the PMG Y = Yes N = No	X	Allowed for Transaction Code "I" Must be "Y" or "N" Not required for Transaction Code "E"
20	filler_20	n/a	Filler		XX	
21	birth_date	datetime()	Birth Date	Member Date of Birth in YYYYMMDD format	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Cannot be in the future compared to Extract Date Cannot be greater than 150 years ago compared to Extract Date Must be equal or earlier than Admit Date Not required for Transaction Code "E"
22	primary_center	varchar(10)	Primary Center	Identify the Primary Care Center (IPA/HCO) of the member. Code as assigned by the carrier.	X(10)	Allowed for Transaction Code "I" Must be present on all claims of Plan Type 01 May be present on claims of other Plan Types When present it indicates the Primary center (IPA/HCO etc.) of the member. Must be left justified and blank filled to complete the field. Must be found on the IPA table matched by <u>Primary Carrier ID</u> and IPA Not required for Transaction Code "E"



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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
23	date_accident	datetime()	Accident Date	Accident Date in YYYYMMDD format when claim corresponds to services provided as the result of an accident. From CMS 1500 field 14, required if due to an accident. From UB-92 Occurrence date fields if Occurrence code indicates and accident.	YYYYMMDD	Allowed for Transaction Code "I" When present, must be a valid date Must be equal or greater than Birth Date Must be equal or earlier than Admit Date Not required for Transaction Code "E"
24	rec_date	datetime()	Received Date	Date when claim was received in carrier in YYYYMMDD format	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Must be equal or greater than Discharge Date Not required for Transaction Code "E"
25	entry_date	datetime()	Entry Date	Date when claim was entered into the carrier's system. YYYYMMDD format.	YYYYMMDD	Required for Transaction Code "I" Must be a valid date Must be equal or greater than Received Date Not required for Transaction Code "E"
26	icd_diag_01	varchar(8)	Primary ICD diagnosis code	Non-Pharmacy/Dental Principal diagnosis code. Must be a valid ICD or DSM IV diagnosis code. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	X(8)	Allowed for Transaction Code "I" Not required for Pharmacy and Dental claims Required field for claims other than Pharmacy or Dental Must be a valid ICD/DSM IV code Not required for Transaction Code "E"
27	icd_diag_02	varchar(8)	Second ICD diagnosis code	Non-Pharmacy/Dental Other diagnosis code. Must be a valid ICD or DSM IV diagnosis code. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	X(8)	Allowed for Transaction Code "I" Not required for Pharmacy and Dental claims Allowed field for claims other than Pharmacy or Dental Must be a valid ICD/DSM IV code Not required for Transaction Code "E"
28	icd_diag_03	varchar(8)	Third ICD diagnosis code	Non-Pharmacy/Dental Other diagnosis code. Must be a valid ICD or DSM IV diagnosis code. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	X(8)	Allowed for Transaction Code "I" Not required for Pharmacy and Dental claims Allowed field for claims other than Pharmacy or Dental Must be a valid ICD/DSM IV code Not required for Transaction Code "E"
29	icd_diag_04	varchar(8)	Fourth ICD diagnosis code	Non-Pharmacy/Dental Other diagnosis code. Must be a valid ICD or DSM IV diagnosis code. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	X(8)	Allowed for Transaction Code "I" Not required for Pharmacy and Dental claims Allowed field for claims other than Pharmacy or Dental Must be a valid ICD/DSM IV code Not required for Transaction Code "E"

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	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
30	icd_diag_05	varchar(8)	Fifth ICD diagnosis code	Non-Pharmacy/Dental Other diagnosis code. Must be a valid ICD or DSM IV diagnosis code. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	X(8)	Allowed for Transaction Code "I" Not required for Pharmacy and Dental claims Allowed field for claims other than Pharmacy or Dental Must be a valid ICD/DSM IV code Not required for Transaction Code "E"
31	icd_diag_06	varchar(8)	Sixth ICD diagnosis code	Non-Pharmacy/Dental Other diagnosis code. Must be a valid ICD or DSM IV diagnosis code. Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled.	X(8)	Allowed for Transaction Code "I" Not required for Pharmacy and Dental claims Allowed field for claims other than Pharmacy or Dental Must be a valid ICD/DSM IV code Not required for Transaction Code "E"
32	pcp_prov	varchar(10)	PCP Provider	Provider ID of member's PCP. Defined by Primary Carrier. MBHOs and PBMs use data supplied on eligibility/enrollment data from MCO/TPA	X(10)	Allowed for Transaction Code "I" Required for Plan Type "01" claims Must be found on the Provider table matched by <u>Primary Carrier ID</u> and Provider ID Not required for Transaction Code "E"
33	att_prov	varchar(10)	Attending Provider	Provider ID of the provider delivering the service. If not directly available from the claim it should be filled from the Billing Provider. On pharmacy claims this is the prescribing physician	X(10)	Required for Transaction Code "I" Must be filled with a value Not required for Transaction Code "E"
34	bill_prov	varchar(10)	Billing Provider	Provider ID of Provider billing services On pharmacy claims this is the dispensing pharmacy	X(10)	Required for Transaction Code "I" Must be a valid Provider ID Not required for Transaction Code "E"
35	dis_stat	varchar(2)	Discharge Status Code	On UB-92 claims, Patient Status Code at discharge.	XX	Allowed for Transaction Code "I" Required for UB-92 claims When present, it must not contain blanks Not required for Transaction Code "E"
36	extract_date	datetime()	Extract Date	Date on which record is originally extracted from Carrier's system to create the Claims Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record
37	primary_carrier_id	varchar(2)	Primary Carrier ID	Value that identifies the primary carrier – MCO or TPA. Must be a valid code. See Carrier Code List in Attachment II	XX	Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES
38	icd_ver	varchar(2)	Diagnosis Code Version	Version of ICD code that is used on this claim. Can be either 9 or 10.	XX	Required for Transaction Code "I" when diagnosis code is ICD code. Must be '9' or '10'

Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMS INPUT FILE LAYOUT

	<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	<i>Validation Rules</i>
39	Filler	n/a	End of Record Filler	Fixed filler with ""	X	Required Must be = ""
RECORD LENGTH					267	



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

PROVIDERS INPUT FILE LAYOUT

	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
1	prov_carrier	varchar(2)	Prov Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II	99	Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	prov_id	varchar(20)	Prov ID	Provider ID as assigned by carrier <i>SEE NOTES – Changes and Additions in Data File Layouts: PHARMACY PROVIDER IDs</i>	X(20)	Required Must be left justified and blank filled to the right
3	prov_lname	varchar(50)	Prov Lname	For an <u>individual</u> , Last Names (Apellidos) For an <u>entity</u> (other than an individual), the entity name	X(50)	Required Must be left justified, blank filled to the right
4	prov_fname	varchar(30)	Prov Fname	For an individual, First Name (Nombre)	X(30)	Optional Must be left justified, blank filled to the right
5	prov_mname	varchar(30)	Prov Mname	For an individual, Middle Name	X(30)	Optional Must be left justified, blank filled to the right
6	prov_addr1	varchar(45)	Prov Addr1	First line of provider's address	X(45)	Required Must be left justified, blank filled to the right
7	prov_addr2	varchar(45)	Prov Addr2	Second line of provider's address (if required)	X(45)	Optional Must be left justified, blank filled to the right
8	prov_addr3	varchar(45)	Prov Addr3	Third Line of provider's address (if required)	X(45)	Optional Must be left justified, blank filled to the right
9	prov_city	varchar(45)	Prov City	Provider's city	X(45)	Required Must be left justified, blank filled to the right
10	prov_state	varchar(45)	Prov State	Provider's state	X(45)	Required Must be left justified, blank filled to the right
11	prov_zip	varchar(9)	Prov Zip	Provider's Zip code Either 5 digit or plus 4 format without dashes	X(9)	Required Must be left justified, blank filled to the right Significant characters must be numeric and 5 or 9 digits in length
12	prov_country	varchar(45)	Prov Country	Provider's country	X(45)	Required Must be left justified, blank filled to the right
13	Prov_tel	Varchar(20)	Prov Telephone	Provider's telephone number. <i>SEE NOTES – Changes and Additions in Data File Layouts: PROVIDER telephone numbers</i>	X(20)	Required Must be left justified, blank filled to the right Must include only numbers with no spaces or ()- characters. Must include area code Example – (787) 123-4567 will be coded as 7871234567
14	prov_ext	varchar(20)	Prov Ext	Provider's telephone extension	X(20)	Optional Must be left justified, blank filled to the right

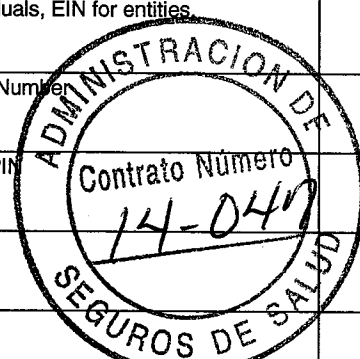
Carrier to ASES Data Submissions
File Layouts



PUERTO RICO HEALTH INSURANCE ADMINISTRATION

PROVIDERS INPUT FILE LAYOUT

	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
15	prov_email	varchar(40)	Prov Email	Provider's e-mail address	X(40)	Optional If supplied it must fit e-mail address format rules Must be left justified, blank filled to the right
16	prov_contact	varchar(50)	Prov Contact	Name of contact person if provider is not an individual	X(50)	Optional Must be left justified, blank filled to the right
17	prov_type	varchar(20)	Prov Type	Type of provider. See Provider Type Codes in Attachment VI	X(20)	Required Must be left justified, blank filled to the right Must be a valid Provider Type Code
18	spec1	varchar(20)	Spec1	Provider Specialty (first). See Specialty Code in Attachment III	X(20)	Required Must be left justified, blank filled to the right Must be a valid Specialty Code
19	spec2	varchar(20)	Spec2	Provider Specialty (second). See Specialty Code in Attachment III	X(20)	Optional Must be left justified, blank filled to the right Must be a valid Specialty Code
20	spec3	varchar(20)	Spec3	Provider Specialty (third). See Specialty Code in Attachment III	X(20)	Optional Must be left justified, blank filled to the right Must be a valid Specialty Code
21	spec4	varchar(20)	Spec4	Provider Specialty (fourth). See Specialty Code in Attachment III	X(20)	Optional Must be left justified, blank filled to the right Must be a valid Specialty Code
22	network_specialist	Varchar(01)	Preferred Network Specialists	Indicates if the service provider is a participating specialist of the preferred network in the PMG	X	Required Must be "Y" or "N"
23	filler_23	n/a	Filler		X(20)	
24	federal_tax_id	varchar(20)	Federal Tax ID	SSN for individuals, EIN for entities	X(20)	Required Left justified, blank filled to the right Must be 9 digits in significant positions
25	licence_number	varchar(15)	License Number	State License Number	X(15)	Optional Should be supplied when available Must be left justified, blank filled to the right
26	upin	varchar(15)	UPIN	Physician's UPIN	X(15)	Optional Should be supplied when available Must be left justified, blank filled to the right
27	dea_number	varchar(20)	DEA Number	DEA number	X(20)	Optional Should be supplied when available Must be left justified, blank filled to the right
28	medicare_number	varchar(20)	Medicare Number		X(20)	Optional Must be left justified, blank filled to the right



Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

PROVIDERS INPUT FILE LAYOUT

	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
29	medicaid_number	varchar(20)	Medicaid Number		X(20)	Optional Must be left justified, blank filled to the right
30	extract_date	datetime()	Extract Date	Date on which record is originally extracted from Carrier's system to create the Provider Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record
31	Filler	n/a	End of Record Filler	Fixed filler with "***"	X	Required Must be = "***"
RECORD LENGTH					781	



PUERTO RICO HEALTH INSURANCE ADMINISTRATION

IPA INPUT FILE LAYOUT

	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
1	carrier_id	varchar(2)	Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II.	99	Required Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASES.
2	ipa	varchar(4)	IPA Code	Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters.	X(4)	Required IPA/HCO code assigned by Carrier Must be left justified, blank filled to the right
3	ipa_desc	varchar(80)	IPA Description	Name of IPA/HCO	X(80)	Required Must be left justified, blank filled to the right
4	ipa_addr1	varchar(45)	IPA Addr1	IPA/HCO's first line of address	X(45)	Required Must be left justified, blank filled to the right
5	ipa_addr2	varchar(45)	IPA Addr2	IPA/HCO's second line of address (if required)	X(45)	Optional Must be left justified, blank filled to the right
6	ipa_addr3	varchar(45)	IPA Addr3	IPA/HCO's third line of address (if required)	X(45)	Optional Must be left justified, blank filled to the right
7	ipa_city	varchar(45)	IPA City	IPA/HCO's city	X(45)	Required Must be left justified, blank filled to the right
8	ipa_state	varchar(45)	IPA State	IPA/HCO's state	X(45)	Required Must be left justified, blank filled to the right
9	ipa_zip	varchar(9)	IPA Zip	IPA/HCO's zip code. Either 5 digit or plus 4 format without dashes	X(9)	Required Must be left justified, blank filled to the right Significant characters must be numeric. Must be 5 or 9 digits in length.
10	ipa_country	varchar(45)	IPA Country	IPA/HCO's country	X(45)	Required Must be left justified, blank filled to the right
11	ipa_home_phone	varchar(20)	IPA Home Phone	Home telephone number of contact person for IPA/HCO	X(20)	Optional Must be left justified, blank filled to the right Must include only numbers with no spaces or ()- characters. Must include area code Example - (787) 123-4567 will be coded as 7871234567
12	ipa_work_phone	varchar(20)	IPA Work Phone	Principal work telephone number of IPA/HCO.	X(20)	Required Must be left justified, blank filled to the right Must include only numbers with no spaces or ()- characters. Must include area code Example - (787) 123-4567 will be coded as 7871234567



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

IPA INPUT FILE LAYOUT

	<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	<i>Validation Rules</i>
13	ipa_ext	varchar(20)	IPA Ext	Telephone extension at IPA Work Phone for contact person	X(20)	Optional Must be left justified, blank filled to the right
14	federal_tax_id	varchar(20)	Federal Tax ID	EIN of IPA	X(20)	Required Must be left justified and blank filled to the right Significant characters must be numeric and 9 digits in length
15	extract_date	datetime()	Extract Date	Date on which record is originally extracted from Carrier's system to create the IPA Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record
16	Filler	n/a	End of Record Filler	Fixed filler with "***"	X	Required Must be = "***"
RECORD LENGTH					454	



PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CAPITATION INPUT FILE LAYOUT

Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
1 carrier_id	varchar(2)	Carrier ID	Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II.	99	Required Must be two (2) digit s (numeric). Must equal a valid Carrier ID as assigned by ASES.
2 cap_id	varchar(20)	Capitation ID	Capitation payment ID must be a unique ID within carrier.	X(20)	Required Must be left justified, blank filled to the right Must be a unique ID within Carrier
3 cap_type	varchar(1)	Capitation Type	Capitation type code defined as: "P"=PCP "S"=specialty "F"=Fixed Payment	X	Required Must be "P", "S" or "F"
4 cap_date	datetime	Capitation Date	Date capitation paid.	YYYYMMDD	Required Must be a valid date
5 expr_date	datetime	Experience Date	Experience date of capitation payment. This is the date for which the capitation payment applies.	YYYYMMDD	Required Must be a valid date
6 prov	varchar(20)	Provider ID	Carrier assigned Provider ID of the provider to which the capitation payment is made.	X(20)	Required Must be a valid Provider ID
7 ipa	varchar(10)	IPA ID	Carrier assigned ID of IPA/HCO. This must be filled when Capitation type is PCP and IPA/HCO is involved (Must always be filled for Plan Type 01 by MCOs/TPAs when capitation payment is for PCP services)	X(10)	Required If Capitation Type is "P" and Carrier ID corresponds to Plan Type "01" Must be a valid IPA Code for the Carrier
8 region_code	varchar(1)	Region	Region of member Regions are identified as: "A" = North "B" = Metro-North "E" = East "F" = North-East "G" = South-East "Z" = West "J" = San Juan "S" = South-West "P" = SPECIAL		Required Must be valid ASES Region code
9 municipality_code	varchar(4)	Municipality	Municipality of residence of member. See Municipality Code in Attachment I.	XXXX	Required Must be ASES Municipality Code All numeric, right justified, zero filled Must correspond to a municipality within Region Code



Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CAPITATION INPUT FILE LAYOUT

	Field	Internal Type-Size	Name	Description	Deliverable Data Format	Validation Rules
10	member_ssn	varchar(9)	Member SSN	Social Security Number of member	9(9)	Required Must be 9 digits (numeric)
11	family_id	varchar(11)	ASES Family ID	Family ID as supplied in ASES Eligibility data.	X(11)	Required ASES / ODSI Family ID Alphanumeric full 11 characters
12	member_suffix	varchar(2)	Member Suffix	Identifies the beneficiary within the family group. Must be the two digit member suffix as supplied in ASES Eligibility data.	99	Required Must be 2 digits (numeric)
13	cap_amt	money	Capitation Amount	Capitation amount paid to provider MAY BE NEGATIVE <i>SEE NOTES – Changes and Additions in Data File Layouts: CAPITATION AMOUNT</i>	S9(7)v99	Required Must be a number Signed, may be negative 10 byte field Sign must appear in leftmost byte, other 9 bytes must be numeric If the value is negative the sign byte must be a “-”, otherwise it must be blank.
14	extract_date	datetime()	Extract Date	Date on which record is originally extracted from Carrier’s system to create the Capitation Input File.	YYYYMMDD	Required Must be a valid date Must be later or equal to any other date field on record
15	mpi	Varchar(13)	MPI Number	Master Patient Index (MPI) As supplied in ASES Eligibility Data	X(13)	Required Must be a valid MPI number
16	filler	n/a	End of Record Filler	Fixed filler with “**”	X	Required Must be = “**”
RECORD LENGTH					128	



Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ERROR RETURN FILE LAYOUT

<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>
1	*	Input Record	A complete copy of the record from the carrier input file	*
2	varchar(600)	Error Codes	Codes for all errors found on record during validation. Each error will be separated by a comma.	X(600)
3	datetime	Process Date	Date file/record was processed by MedInsight validation	YYYYMMDD
4	n/a	End of Record Filler	Fixed filler with "**"	X
RECORD LENGTH				*

- Size varies with Input Record. The specific error file will be dependent on the Input File being reported but the general structure will be as shown above.

* For .SRV record length = 888
 .CLM record length = 862
 .PRV record length = 1,390
 .IPA record length = 1,063
 .CAP record length = 737

- Processing, error and warning codes for each input file type are listed in the following tables



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

CLAIMS PROCESSING SUMMARY FILE LAYOUT

<i>Field</i>	<i>Internal Type-Size</i>	<i>Name</i>	<i>Description</i>	<i>Deliverable Data Format</i>	
1	sub_filename	varchar(12)	Submitted File Name	The name of the file that was submitted from the carrier.	X(12)
2	err_filename	varchar(12)	Error File Name	The name of the file with error records and error codes created by ASES. If no error file exists, then this will be blank.	X(12)
3	process_code	varchar(6)	Processing Status Code	Processing code that identifies the status of file being processed. (SEE FILE PROCESSING CODES TABLE).	X(9)
4	process_desc	varchar(50)	Processing Status Description	Description of the status of the file being processed.	X(20)
5	notes	varchar(50)	Processing Notes	Any additional notes including the number of critical and warning errors found in the file.	X(50)
RECORD LENGTH				103	



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Processing CODES

CODE ERROR DESCRIPTION	
GENERAL FILE PROCESSING CODES	
G000	PASSED PREPROCESSING
G100	FILE IS EMPTY.
G105	UNABLE TO OPEN FILE OR FILE CORRUPTED.
G110	FILE CONTAINS ONE OR MORE WRONG LENGTH RECORDS.
G120	INVALID FILE NAME.
G125	FILE NAME PREVIOUSLY SUBMITTED.
G130	EXPECTED FILE MISSING FOR CURRENT RECORD LOAD.
G135	FILE EXCEEDED ERROR THRESHOLD
G199	FILE ACCEPTED

NOTE G000 - PASSED PREPROCESSING: such files have passed the pre-processing stage of validation but were **not** sent to full validation because of other issues. For example a .SRV file may be held because its corresponding .CLM file has a G110 error and failed pre-processing



Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation ERROR CODES

CODE	ERROR DESCRIPTION
C400	TRANS_CODE INVALID. THIS IS A REQUIRED FIELD AND MUST BE 'I' OR 'E'.
C401	PMT_STAT INVALID. THIS IS A REQUIRED FIELD AND MUST BE 'P' OR 'D'.
C402	CARRIER_ID INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID CARRIER ID AS ASSIGNED BY ASES.
C403	CLAIM_ID MISSING. THIS IS A REQUIRED FIELD.
C403.2	CLAIM_ID INVALID. DOES NOT MATCH WITH A CLAIM_ID ON A VALID CLAIM RECORD.
C404	SV_LINE MISSING. THIS IS A REQUIRED FIELD.
C404.2	SV_LINE DUPLICATE WITHIN THE SAME CLAIM ID. (CARRIER_ID+CLAIM_ID+SV_LINE MUST BE UNIQUE)
C404.3	SV_LINE DOES NOT EXIST. FOR A TRANS_CODE E RECORD THE CARRIER_ID+CLAIM_ID+SV_LINE MUST ALREADY EXIST.
C405	ENC_TYPE INVALID. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C406	FROM_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C407	TO_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C407.2	TO_DATE INVALID. MUST BE EQUAL OR LATER THAN FROM_DATE. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C408	PAID_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C408.2	PAID_DATE INVALID. MUST BE EQUAL OR LATER THAN TO_DATE. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C410	COB_CODE INVALID. MUST BE EITHER 'Y' OR 'N' WHEN TRANS_CODE IS I
C411	POS_CODE INVALID. MUST BE A VALID PLACE OF SERVICE CODE. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C412	AMT_BILLED INVALID. THIS IS A REQUIRED FIELD FOR NON-PHARMACY CLAIMS.
C413	AMT_ALLOWED INVALID. THIS IS A REQUIRED FIELD FOR NON-PHARMACY CLAIMS.
C413.2	AMT_ALLOWED INVALID. MUST BE GREATER THAN ZERO FOR PAID CLAIMS.
C414	DEDUCT INVALID. MUST BE A NUMBER ON ALL THE RECORDS WITH TRANS_CODE = I.
C415	COPAY INVALID. MUST BE A NUMBER ON ALL THE RECORDS WITH TRANS_CODE = I.
C416	COB INVALID. MUST BE A NUMBER ON ALL THE RECORDS WITH TRANS_CODE = I.
C417	COINS INVALID. MUST BE A NUMBER ON ALL THE RECORDS WITH TRANS_CODE = I.
C418	AMT_PAID INVALID. MUST BE ZERO FOR ENCOUNTERS
C418.2	AMT_PAID INVALID. MUST BE ZERO FOR PAYMENT STATUS 'D'.
C418.3	AMT_PAID INVALID. MUST BE EQUAL TO AMT_ALLOWED - DEDUCT - COPAY - COB - COINS (NON-PHARMACY CLAIMS).



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation ERROR CODES

C418.4	AMT_PAID INVALID. MUST BE EQUAL TO RX_INGR_COST - DEDUCT - COPAY - COB - COINS + RX_DISP_FEE (PHARMACY CLAIMS).
C418.5	AMT_PAID INVALID. MUST BE GREATER THAN ZERO FOR PLAN_TYPE = "01" CLAIMS.
C419	RX_DISC INVALID. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
C420	RX_INGR_COST INVALID. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
C421	RX_DISP_FEE INVALID. THIS FIELD IS REQUIRED FOR PHARMACY CLAIMS.
C422	RX_DAYS_SUPPLY INVALID. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
C423	RX_DRUG_TYPE INVALID. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
C424	RX_DAW INVALID. MUST BE ONE OF THE VALID CODES. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
C425	RX_REFILL_CNT INVALID. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
C426	RX_PAR INVALID. IT MUST BE EITHER 'Y' OR 'N' ON PHARMACY CLAIMS.
C428	RISK_TYPE INVALID. IT MUST BE EITHER 'PCP' OR 'CAR' (OR 'UNK' FOR PHARAMCY). THIS IS A REQUIRE FIELD FOR TRANS_CODE I.
C429	STOP_LOSS_FLAG INVALID. MUST BE 'Y' OR 'N'. THIS IS A REQUIRED FIELD FOR TRANS_CODE = I.
C430	APPLIED_COST INVALID. THIS IS A REQUIRED FIELD FOR TRANS_CODE = I WHEN PLAN TYPE = '02' OR '03'.
C431	ASES_SPLIT_AMT INVALID. THIS IS A REQUIRED FIELD FOR TRANS_CODE = I WHEN PLAN TYPE = '02' OR '03' AND APPLIED_COST = '1' OR '3'.
C432	CMS_SPLIT_AMT INVALID. THIS IS A REQUIRED FIELD FOR TRANS_CODE = I WHEN PLAN TYPE = '02' OR '03' AND APPLIED_COST = '2' OR '3'.
C433	EXTRACT DATE MISSING. THIS IS A REQUIRED FIELD.
C433.2	EXTRACT DATE INVALID. MUST BE LATER OR EQUAL THAN FROM_DATE
C433.3	EXTRACT DATE INVALID. MUST BE LATER OR EQUAL THAN TO_DATE
C433.4	EXTRACT DATE INVALID. MUST BE LATER OR EQUAL THAN PAID_DATE
C434	FILLER INVALID. MUST BE '*' ON ALL RECORDS.
C435	RX_TOTAL_DISP INVALID. THIS IS A REQUIRED FIELD FOR PHARMACY CLAIMS.
CLAIMS FILE ERRORS	
C300	TRANS_CODE INVALID. THIS IS A REQUIRED FIELD AND MUST BE 'I' OR 'E'.
C301	CARRIER_ID INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID CARRIER ID AS ASSIGNED BY ASES.
C302	CLAIM_ID MISSING. THIS IS A REQUIRED FIELD.
C302.2	CLAIM_ID INVALID. CLAIM_ID CANNOT BE DUPLICATED. THIS IS A REQUIRED FIELD.



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation ERROR CODES

C302.3	CLAIM_ID DOES NOT EXIST. FOR A TRANS_CODE E RECORD THE CARRIER_ID + CLAIM_ID MUST ALREADY EXIST.
C303	PLAN_TYPE INVALID. MUST BE '01', '02' OR '03'. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C303.2	PLAN_TYPE INVALID. '02' OR '03' MUST CORRESPOND TO A MEDICARE PLATINO CARRIER_ID.
C303.3	PLAN_TYPE INVALID. '01' MUST CORRESPOND TO A GHIP CARRIER, MBHO, PBM OR OTHER ASSIGNED CARRIER CODE WHICH IS NOT MEDICARE PLATINO.
C304	PLAN_VERSION MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C304.2	PLAN_VERSION MUST BE A 3 DIGIT CODE. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C304.3	PLAN_VERSION INVALID. CARRIER_ID + PLAN_TYPE + PLAN_VERSION MUST CORRESPOND TO A PLAN DEFINITION CONTRACTED WITH ASES. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C305	BILL_TYPE INVALID. MUST BE 'U', 'H', 'P' OR 'D'. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C306	ADM_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C307	DIS_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C307.2	DIS_DATE INVALID. MUST BE EQUAL OR LATER THAN ADM_DATE. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C308	REGION_CODE INVALID. MUST BE 'A', 'B', 'E', 'F', 'G', 'Z', 'J' OR 'S'. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C309	MUNICIPALITY_RES INVALID. MUST CORRESPOND TO A VALID ASES MUNICIPALITY CODE AND BE WITHIN THE REGION IDENTIFIED BY REGION_CODE. REQUIRED FIELD WHEN TRANS_CODE IS I.
C310	MUNICIPALITY_CODE INVALID. MUST BE A VALID ASES MUNICIPALITY CODE. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C311	SSN_MAINH INVALID. MUST BE 9 DIGITS. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C312	SSN_INVALID. MUST BE 9 DIGITS. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C313	MEMBER_SUFFIX MISSING OR INVALID. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C314	PATIENT_NAME MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C315	FAMILY_ID INVALID. THIS MUST BE ALPHANUMERIC FULL 11 CHARACTERS. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C316	MPI INVALID OR MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C317	SEX INVALID. MUST BE 'M' OR 'F'. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C319	BIRTH_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C319.2	BIRTH_DATE INVALID. IT CANNOT BE IN THE FUTURE BASED ON EXTRACT DATE.
C319.3	BIRTH_DATE INVALID. IT CANNOT BE GREATER THAN 150 YEARS AGO BASED ON EXTRACT DATE.
C319.4	BIRTH_DATE INVALID. IT MUST BE EQUAL OR EARLIER THAN ADM_DATE.

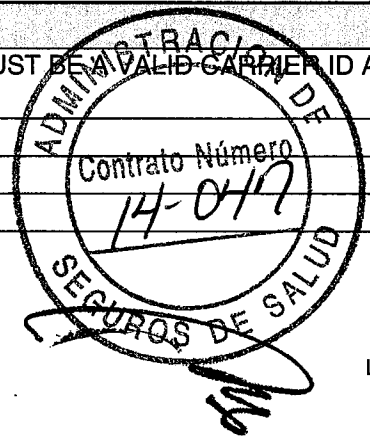


Carrier to ASES Data Submissions
File Layouts

PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation ERROR CODES

C320	PRIMARY_CENTER MISSING. MUST BE PRESENT ON CLAIMS OF PLAN TYPE 01.
C320.2	PRIMARY_CENTER INVALID. MUST MATCH A VALID ENTRY ON IPA TABLE.
C321	DATE_ACCIDENT INVALID. MUST BE EQUAL OR GREATER THAN BIRTH_DATE.
C321.2	DATE_ACCIDENT INVALID. MUST BE EQUAL OR EARLIER THAN ADM_DATE.
C322	REC_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C322.2	REC_DATE INVALID. MUST BE EQUAL OR GREATER THAN DIS_DATE.
C323	ENTRY_DATE MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C323.2	ENTRY_DATE INVALID. MUST BE EQUAL OR GREATER THAN REC_DATE.
C324	PCP_PROV MISSING. REQUIRED WHEN PLAN_TYPE = '01'.
C324.2	PCP_PROV INVALID. MUST BE A VALID PROVIDER_ID FOR PRIMARY CARRIER.
C325	ATT_PROV MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C326	BILL_PROV MISSING. THIS IS A REQUIRED FIELD WHEN TRANS_CODE IS I.
C326.2	BILL_PROV INVALID. MUST BE A VALID PROVIDER_ID FOR CARRIER.
C328	EXTRACT_DATE MISSING. THIS IS A REQUIRED FIELD.
C328.2	EXTRACT_DATE INVALID. MUST BE LATER OR EQUAL THAN ADM_DATE.
C328.3	EXTRACT_DATE INVALID. MUST BE LATER OR EQUAL THAN DIS_DATE.
C328.4	EXTRACT_DATE INVALID. MUST BE LATER OR EQUAL THAN DATE_ACCIDENT.
C328.5	EXTRACT_DATE INVALID. MUST BE LATER OR EQUAL THAN REC_DATE.
C328.6	EXTRACT_DATE INVALID. MUST BE LATER OR EQUAL THAN ENTRY_DATE.
C329	FILLER INVALID. MUST BE '*' ON ALL RECORDS.
C330	PRIMARY_CARRIER_ID INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID CARRIER ID AS ASSIGNED BY ASES.
C331	CLAIM FOUND WITHOUT A CORRESPONDING VALID SERVICE. EVERY CLAIM MUST HAVE AT LEAST ONE SERVICE.
C332	DIS_STAT MISSING OR INVALID. THIS IS A REQUIRED FIELD ON UB-92 CLAIMS.
PROVIDER FILE ERRORS	
C200	PROV_CARRIER MISSING OR INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID CARRIER ID AS ASSIGNED BY ASES.
C201	PROV_ID MISSING. THIS IS A REQUIRED FIELD.
C202	PROV_LNAME MISSING. THIS IS A REQUIRED FIELD ON ALL RECORDS.
C203	PROV_ADDR1 MISSING. THIS IS A REQUIRED FIELD.



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation ERROR CODES



C204	PROV_CITY MISSING. THIS IS A REQUIRED FIELD.
C205	PROV_STATE MISSING. THIS IS A REQUIRED FIELD.
C206	PROV_ZIP MISSING. THIS IS A REQUIRED FIELD.
C207	PROV_COUNTRY MISSING. THIS IS A REQUIRED FIELD.
C208	PROV_TEL MISSING OR WRONG LENGTH. THIS IS A REQUIRED FIELD.
C209	PROV_TYPE INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID PROVIDER TYPE CODE.
C210	PROV_SPEC1 INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID SPECIALTY CODE.
C213	FEDERAL_TAX_ID MISSING OR WRONG LENGTH. THIS IS A REQUIRED 9 DIGIT FIELD.
C214	EXTRACT_DATE MISSING. THIS IS A REQUIRED FIELD.
C215	FILLER INVALID. MUST BE '*' ON ALL RECORDS.
IPA FILE ERRORS	
C100	CARRIER_ID MISSING OR INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID CARRIER ID AS ASSIGNED BY ASES.
C101	IPA MISSING. THIS IS A REQUIRED FIELD.
C102	IPA_DESC MISSING. THIS IS A REQUIRED FIELD.
C103	IPA_ADDR1 MISSING. THIS IS A REQUIRED FIELD.
C104	IPA_CITY MISSING. THIS IS A REQUIRED FIELD.
C105	IPA_STATE MISSING. THIS IS A REQUIRED FIELD.
C106	IPA_ZIP MISSING. THIS IS A REQUIRED FIELD.
C107	IPA_COUNTRY MISSING. THIS IS A REQUIRED FIELD.
C108	IPA_WORK_PHONE MISSING OR WRONG LENGTH. THIS IS A REQUIRED FIELD.
C109	FEDERAL_TAX_ID MISSING OR WRONG LENGTH. THIS IS A REQUIRED 9 DIGIT FIELD.
C110	EXTRACT DATE MISSING. THIS IS A REQUIRED FIELD.
C111	FILLER INVALID. MUST BE '*' ON ALL RECORDS.
CAPITATION FILE ERRORS	
C500	CARRIER_ID MISSING OR INVALID. THIS IS A REQUIRED FIELD AND MUST BE A VALID CARRIER ID AS ASSIGNED BY ASES.
C501	CAP_ID INVALID. THIS IS A REQUIRED FIELD.
C501.2	CAP_ID INVALID. CAP_ID CANNOT BE DUPLICATED. THIS IS A REQUIRED FIELD.
C502	CAP_TYPE INVALID. MUST BE 'P' OR 'S'. THIS IS A REQUIRED FIELD.
C503	CAP_DATE INVALID. THIS IS A REQUIRED FIELD.

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation ERROR CODES

C504	EXPR_DATE INVALID. THIS IS A REQUIRED FIELD.
C505	PROV INVALID. MUST BE A VALID PROVIDER FOR THIS CARRIER. THIS IS A REQUIRED FIELD.
C506	IPA MISSING. THIS IS A REQUIRED FIELD IF CAP_TYPE = 'P' AND CARRIER_ID CORRESPONDS TO PLAN TYPE '01'
C506.2	IPA INVALID. THIS MUST BE A VALID IPA CODE.
C507	REGION_CODE INVALID. MUST BE ONE = 'A', 'B', 'E', 'F', 'G', 'Z', 'J' OR 'S'. THIS IS A REQUIRED FIELD.
C508	MUNICIPALITY_CODE INVALID. MUST CORRESPOND TO A VALID ASES MUNICIPALITY CODE AND BE WITHIN THE REGION IDENTIFIED BY REGION_CODE. THIS IS A REQUIRED FIELD.
C509	MEMBER_SSN INVALID. IT MUST BE 9 DIGITS. THIS IS A REQUIRED FIELD.
C510	FAMILY_ID INVALID. THIS HAS TO BE ALPHANUMERIC FULL 11 CHARACTERS. THIS IS A REQUIRED FIELD.
C511	MEMBER_SUFFIX INVALID. IT MUST BE 2 DIGITS. THIS IS A REQUIRED FIELD.
C512	CAP_AMT INVALID. IT MUST BE NUMERIC. THIS IS A REQUIRED FIELD.
C513	EXTRACT_DATE MISSING. THIS IS A REQUIRED FIELD.
C513.2	EXTRACT_DATE INVALID. MUST BE EQUAL TO OR LATER THAN CAP_DATE.
C513.3	EXTRACT_DATE INVALID. MUST BE EQUAL TO OR LATER THAN EXPR_DATE
C514	FILLER INVALID. MUST BE '*' ON ALL RECORDS.
C515	MPI INVALID OR MISSING. THIS IS A REQUIRED FIELD.
C516	INCONSISTENCY BETWEEN TWO OR MORE RECORDS. IF CARRIER_ID, CAP_TYPE, EXPR_DATE, PROV, FAMILY_ID & MEMBER_SUFFIX MATCH BETWEEN MULTIPLE RECORDS, THERE IS AN INCONSISTENCY IF IPA OR REGION_CODE OR MEMBER_SSN OR MPI DO NOT MATCH.



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

File Validation WARNING CODES

CODE	WARNING DESCRIPTION
SERVICES FILE WARNINGS	
W400	PROC_CODE MUST BE A VALID HCPCS/CPT CODE. (CMS1500 / UB92 CLAIMS).
W400.2	PROC_CODE FOR DENTAL CLAIMS MUST BE A VALID DENTAL HCPCS/CDT CODE. (DENTAL CLAIMS)
W400.3	PROC_CODE FOR PHARMACY CLAIMS MUST BE BLANK. (PHARMACY CLAIMS)
W401	CPT_MOD INVALID.
W402	REV_CODE MUST BE A VALID REVENUE CODE. (UB92 CLAIMS)
W403	RX_NDC MUST BE A VALID NDC CODE (PHARMACY CLAIMS)
CLAIMS FILE WARNINGS	
W300	ICD_DIAG_01 MUST BE A VALID ICD OR DSM IV DIAGNOSIS CODE. (MUST CARRY HIGHEST DEGREE OF DETAIL 4TH OR 5TH DIGIT). (NOT PHARMACY OR DENTAL).
W301	ICD_DIAG_02 MUST BE A VALID ICD OR DSM IV DIAGNOSIS CODE. (MUST CARRY HIGHEST DEGREE OF DETAIL 4TH OR 5TH DIGIT). (NOT PHARMACY OR DENTAL).
W302	ICD_DIAG_03 MUST BE A VALID ICD OR DSM IV DIAGNOSIS CODE. (MUST CARRY HIGHEST DEGREE OF DETAIL 4TH OR 5TH DIGIT). (NOT PHARMACY OR DENTAL).
W303	ICD_DIAG_04 MUST BE A VALID ICD OR DSM IV DIAGNOSIS CODE. (MUST CARRY HIGHEST DEGREE OF DETAIL 4TH OR 5TH DIGIT). (NOT PHARMACY OR DENTAL).
W304	ICD_DIAG_05 MUST BE A VALID ICD OR DSM IV DIAGNOSIS CODE. (MUST CARRY HIGHEST DEGREE OF DETAIL 4TH OR 5TH DIGIT). (NOT PHARMACY OR DENTAL).
W305	ICD_DIAG_06 MUST BE A VALID ICD OR DSM IV DIAGNOSIS CODE. (MUST CARRY HIGHEST DEGREE OF DETAIL 4TH OR 5TH DIGIT). (NOT PHARMACY OR DENTAL).
W327	DIS_STAT MISSING OR INVALID. THIS IS A REQUIRED FIELD FOR UB-92 CLAIMS.
PROVIDERS FILE WARNINGS	
W200	PROV_FNAME MISSING. THIS IS AN EXPECTED FIELD FOR INDIVIDUAL PROVIDERS.



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Carrier to ASES Data Submissions
File Layouts

Handwritten signature or initials

ATTACHMENTS



PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality			Ordered By Code		
MUNICIPALITY	REGION	CODE	CODE	MUNICIPALITY	REGION
Adjuntas	S	0004	0004	Adjuntas	S
Aguada	Z	0008	0008	Aguada	Z
Aguadilla	Z	0012	0012	Aguadilla	Z
Aguas Buenas	E	0016	0016	Aguas Buenas	E
Aibonito	G	0020	0020	Aibonito	G
Añasco	Z	0024	0024	Añasco	Z
Arecibo	A	0028	0028	Arecibo	A
Arroyo	G	0032	0032	Arroyo	G
Barceloneta	A	0036	0036	Barceloneta	A
Barranquitas	G	0040	0040	Barranquitas	G
Bayamón	B	0044	0044	Bayamón	B
Cabo Rojo	Z	0048	0048	Cabo Rojo	Z
Caguas	E	0052	0052	Caguas	E
Camuy	A	0056	0056	Camuy	A
Canovanas	F	0060	0060	Canovanas	F
Carolina	F	0064	0064	Carolina	F
Cataño	B	0068	0068	Cataño	B
Cayey	E	0072	0072	Cayey	E
Ceiba	F	0076	0076	Ceiba	F
Ciales	A	0080	0080	Ciales	A
Cidra	E	0084	0084	Cidra	E
Coamo	G	0088	0088	Coamo	G
Comerio	B	0092	0092	Comerio	B



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality			Ordered By Code		
MUNICIPALITY	REGION	CODE	CODE	MUNICIPALITY	REGION
Corozal	B	0096	0096	Corozal	B
Culebra	F	0100	0100	Culebra	F
Dorado	B	0104	0104	Dorado	B
Fajardo	F	0108	0108	Fajardo	F
Florida	A	0112	0112	Florida	A
Guanica	S	0116	0116	Guanica	S
Guayama	G	0120	0120	Guayama	G
Guayanilla	S	0124	0124	Guayanilla	S
Guaynabo	B	0128	0128	Guaynabo	B
Gurabo	E	0132	0132	Gurabo	E
Hatillo	A	0136	0136	Hatillo	A
Hormigueros	Z	0140	0140	Hormigueros	Z
Humacao	E	0144	0144	Humacao	E
Isabela	Z	0148	0148	Isabela	Z
Jayuya	S	0152	0152	Jayuya	S
Juana Diaz	G	0156	0156	Juana Diaz	G
Juncos	E	0160	0160	Juncos	E
Lajas	Z	0164	0164	Lajas	Z
Lares	A	0168	0168	Lares	A
Las Marias	Z	0172	0172	Las Marias	Z
Las Piedras	E	0176	0176	Las Piedras	E
Loiza	F	0180	0180	Loiza	F
Luquillo	F	0184	0184	Luquillo	F



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality			Ordered By Code		
MUNICIPALITY	REGION	CODE	CODE	MUNICIPALITY	REGION
Manatí	A	0188	0188	Manatí	A
Maricao	Z	0192	0192	Maricao	Z
Maunabo	G	0196	0196	Maunabo	G
Mayagüez	Z	0200	0200	Mayagüez	Z
Moca	Z	0204	0204	Moca	Z
Morovis	A	0208	0208	Morovis	A
Naguabo	E	0212	0212	Naguabo	E
Naranjito	B	0216	0216	Naranjito	B
Orocovis	G	0220	0220	Orocovis	G
Patillas	G	0224	0224	Patillas	G
Peñuelas	S	0228	0228	Peñuelas	S
Ponce	S	0232	0232	Ponce	S
Puerta de Tierra	J	0264	0236	Quebradillas	A
Puerto Nuevo	J	0270	0240	Rincon	Z
Quebradillas	A	0236	0244	Rio Grande	F
Rincon	Z	0240	0248	Sabana Grande	Z
Rio Grande	F	0244	0252	Salinas	G
Rio Piedras	J	0272	0256	San German	Z
Sabana Grande	Z	0248	0264	Puerta de Tierra	J
Salinas	G	0252	0266	San Juan	J
San German	Z	0256	0270	Puerto Nuevo	J
San José	J	0274	0272	Rio Piedras	J
San Juan	J	0266	0274	San José	J



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT I - MUNICIPALITY CODES

Alphabetical by Municipality			Ordered By Code		
MUNICIPALITY	REGION	CODE	CODE	MUNICIPALITY	REGION
San Lorenzo	E	0276	0276	San Lorenzo	E
San Sebastian	Z	0280	0280	San Sebastian	Z
Santa Isabel	G	0284	0284	Santa Isabel	G
Toa Alta	B	0288	0288	Toa Alta	B
Toa Baja	B	0292	0292	Toa Baja	B
Trujillo Alto	F	0296	0296	Trujillo Alto	F
Utua	A	0300	0300	Utua	A
Vega Alta	B	0304	0304	Vega Alta	B
Vega Baja	A	0308	0308	Vega Baja	A
Vieques	F	0312	0312	Vieques	F
Villalba	G	0316	0316	Villalba	G
Yabucoa	E	0320	0320	Yabucoa	E
Yauco	S	0324	0324	Yauco	S
Outside Puerto Rico	--	0666	0666	Outside Puerto Rico	--

* 0666 is valid only for use with Municipality Service on Claims Input File

NOTE: Any municipality code may appear in region SPECIAL.



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT II - CARRIER CODES

CODE	Carrier	Type
01	Triple S	MCO
03	(discontinued)	MCO
02	Humana	MCO
17	MCS	MCO
25	(discontinued)	MCO
27	MCS Life	Medicare Platino
28	Red Medica	Medicare Platino
29	Medicare y Mucho Mas	Medicare Platino
31	Triple S	Medicare Platino
33	Preferred Medicare Choice	Medicare Platino
34	MCS Advantage	Medicare Platino
35	COSVIMed	Medicare Platino
37	Salud Dorada con Medicare	Medicare Platino
39	MAPFRE	Medicare Platino
41	Health Medicare Ultra	Medicare Platino
42	Humana	Medicare Platino
44	Auxilio Platino	Medicare Platino
47	American Health	Medicare Platino
49	FirstPlus	Medicare Platino
51	Triple S	TPA – Direct Contract
52	Humana	TPA – Direct Contract
53	MCS	TPA – Direct Contract



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT II - CARRIER CODES

CODE	Carrier	Type
55	COSVI	TPA – Direct Contract
60	Caremark	PBM
64	MC-21	PBM
70	ASSMCA	Mental Health Pilot
71	Plan de Salud Hospital Menonita	Government Employee
72	MMM Healthcare,INC	Government Employee
73	National Life Insurance Company	Government Employee
74	Ryder Health Plan, Inc.	Government Employee
75	Triple-S Salud Inc.	Government Employee
76	(discontinued)	MBHO
77	Humana Health Plan of Puerto Rico, Inc.	Government Employee
78	Humana Insurance of Puerto Rico, Inc.	Government Employee
79	MCS Advantage, Inc.	Government Employee
80	MCS Life Insurance Company	Government Employee
81	Asociacion de Maestros de Puerto Rico	Government Employee
82	First Medical Health Plan, Inc.	Government Employee
83	APS	MBHO
95	FHC	MBHO



Carrier to ASES Data Submission
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan	
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Therapy
13	Neurology
14	Neurosurgery
16	Obstetrics / Gynecology
18	Ophthalmology
19	Oral Surgery
20	Orthopedic Surgery
22	Pathology
24	Plastic and Reconstructive Surgery
25	Physical Medicine / Rehabilitation



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
26	Psychiatry
28	Colorectal Surgery (Formerly Proctology)
29	Pulmonary Diseases
30	Diagnostic Radiology
32	Anesthesiologist Assistant
33	Thoracic Surgery
34	Urology
35	Chiropractic
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
41	Optometry
42	Certified Nurse Midwife
43	Certified Registered Nurse Assistant (CRNA)
44	Infectious Disease
45	Mammography Screening Center
46	Endocrinology
47	Independent Diagnostics Testing Facility
48	Podiatry
49	Ambulatory Surgical Center
50	Nurse Practitioner



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
51	Medical Supply Company with Orthotist
52	Medical Supply Company with Prosthetist
53	Medical Supply Company with Orthotist-Prosthetist
54	Other Medical Supply Company
55	Individual Certified Orthotist
56	Individual Certified Prosthetist
57	Individual Certified Orthotist-Prosthetist
58	Medical Supply Company with pharmacist
59	Ambulance Service Provider
60	Public Health and Welfare Agency
61	Voluntary Health or Charitable Agency
62	Psychologist
63	Portable X-ray Supplier
64	Audiologist
65	Physical Therapist
66	Rheumatology
67	Occupational Therapy
68	Clinical Psychologist
69	Clinical Laboratory
70	Multi-Specialty Clinic or Group Practice
71	Registered Dietician / Nutritional Professional
72	Pain Management
73	Mass Immunization Roster Billers



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
74	Radiation Therapy Center
75	Slide Preparation Facilities
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
80	Licensed Clinical Social Worker
81	Critical Care (Intensivists)
82	Hematology
83	Hematology / Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry
87	All Other Suppliers
88	Unknown Supplier / Provider Specialty
89	Certified Clinical Nurse Specialist
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Intervention Radiology
96	Optician
97	Physician Assistant



Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
98	Gynecological Oncology
99	Unknown Physician Specialty
A1	Skilled Nursing Facility
A2	Intermediate Care Nursing Facility
A3	Other Nursing Facility
A4	Home Health Agency
A5	Pharmacy
A6	Medical Supply Company with Respiratory Therapist
A7	Department Store
A8	Grocery Store
DD	Dentist
EN	Endodontist
HE	Health Educator
HN	Home Health Nurse
PE	Periodontist
RT	Respiratory Therapist
ST	Speech Therapist
BB	Blood Bank
CV	Cardiac Catheterization Facility
DF	Dialysis Facility
EC	Emergency Care Facility
HV	HIV Ambulatory Antibiotic Facility
HO	Hospice

Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT III - SPECIALTY CODES

CODE	Specialty
IC	Intensive Care Unit
IT	Infusion Therapy
LI	Lithotripsy
NI	Neonatal ICU
OP	Optical
PC	Clinic – Primary Level
PH	Private Hospital
PP	Private Psychiatric Hospital
PS	Psychiatric Partial Hospital
SH	State Hospital
SP	State Psychiatric Hospital
XR	X-ray Facility
Z4	Cardiovascular Surgery Program
O1	Occupational Medicine
P1	Perinatology
N1	Neonatology
G1	Geneticist
P2	Pediatric Surgery

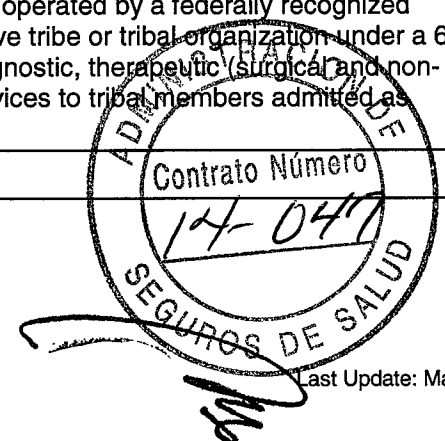


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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan		
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Unassigned	N/A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals.
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09-10	Unassigned	N/A



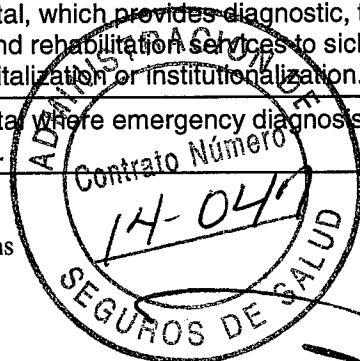
Carrier to ASES Data Submissions
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
11	Office	Location, other than a hospital, Skilled Nursing Facility (SNF), military treatment facility, community health center, State or local public health clinic, or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services.
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16-19	Unassigned	N/A
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital, which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.

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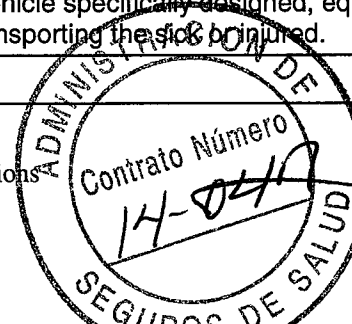


PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birth Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility, which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	<p>A facility that provides the following services:</p> <ul style="list-style-type: none"> • Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility. • 24 hour a day emergency cares services. • Day treatment, other partial hospitalization services, or psychosocial rehabilitation services. • Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. • Consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION



ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
55	Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who, does not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care, which provides a total 24-hour therapeutically, planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT IV - PLACE OF SERVICE CODES

CODE	Name	Description
66-70	Unassigned	N/A
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility, which is located in a rural medically, underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other service facilities not specified above.



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT V

THIS ATTACHMENT HAS BEEN REMOVED



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VI - PROVIDER TYPE CODES

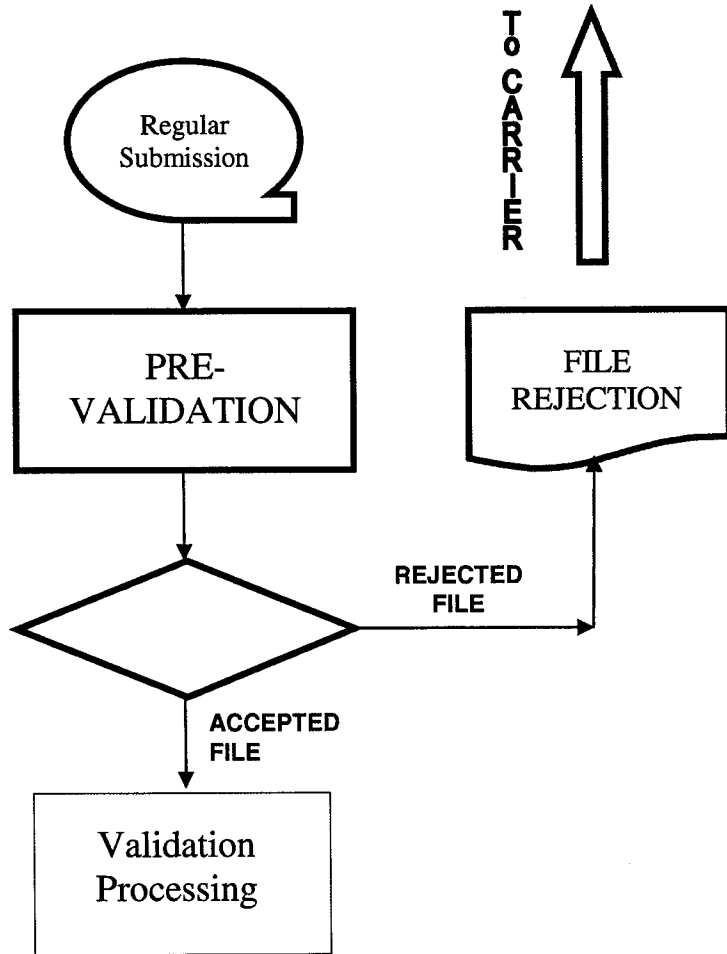
CODE	Description
Codes included in this table are designed for completeness and in no way imply coverage of services under the Government Health Insurance Plan	
AM	Ambulance
AS	Ambulatory Surgical Center
BB	Blood Bank
CL	Clinical Facility
DE	Dentist
DM	Durable Medical Equipment (DME)
EM	Emergency Facility
HH	Home Health Agency
HO	Hospital
HS	Hospice
LA	Laboratory
MD	Medical Doctor (Physician)
RX	Pharmacy
SN	Skilled Nursing Facility (SNF)
UF	Urgent Care facility
XR	Radiology Facility
ZZ	Other



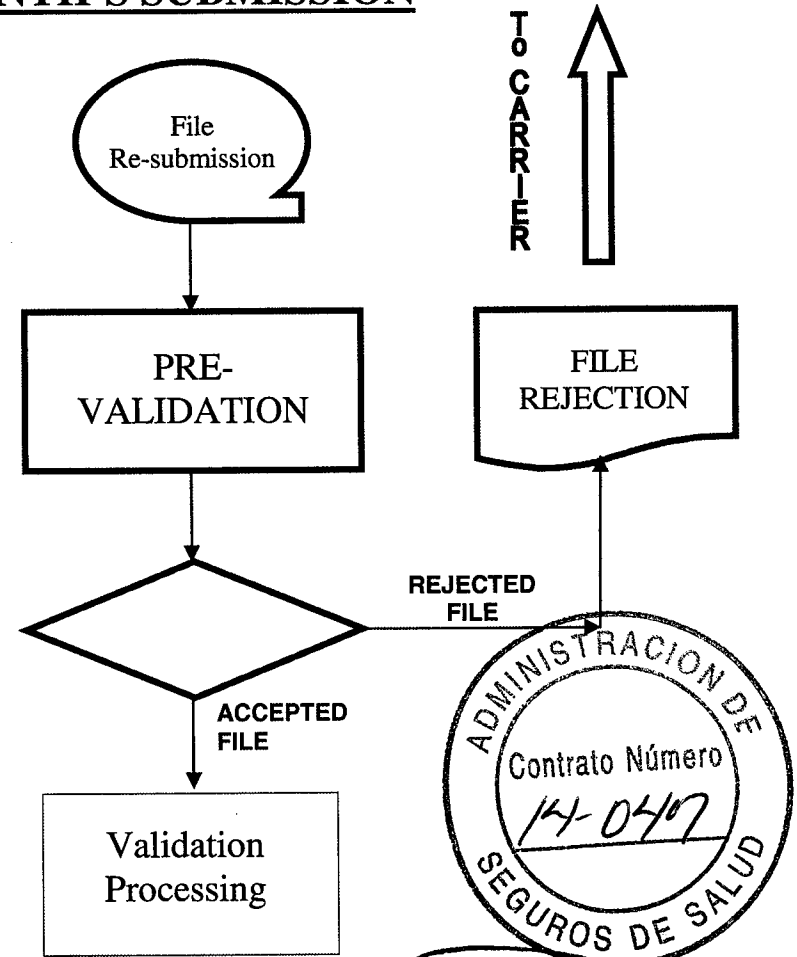
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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VII - CLAIMS / SERVICES BASIC FLOW OVERVIEW



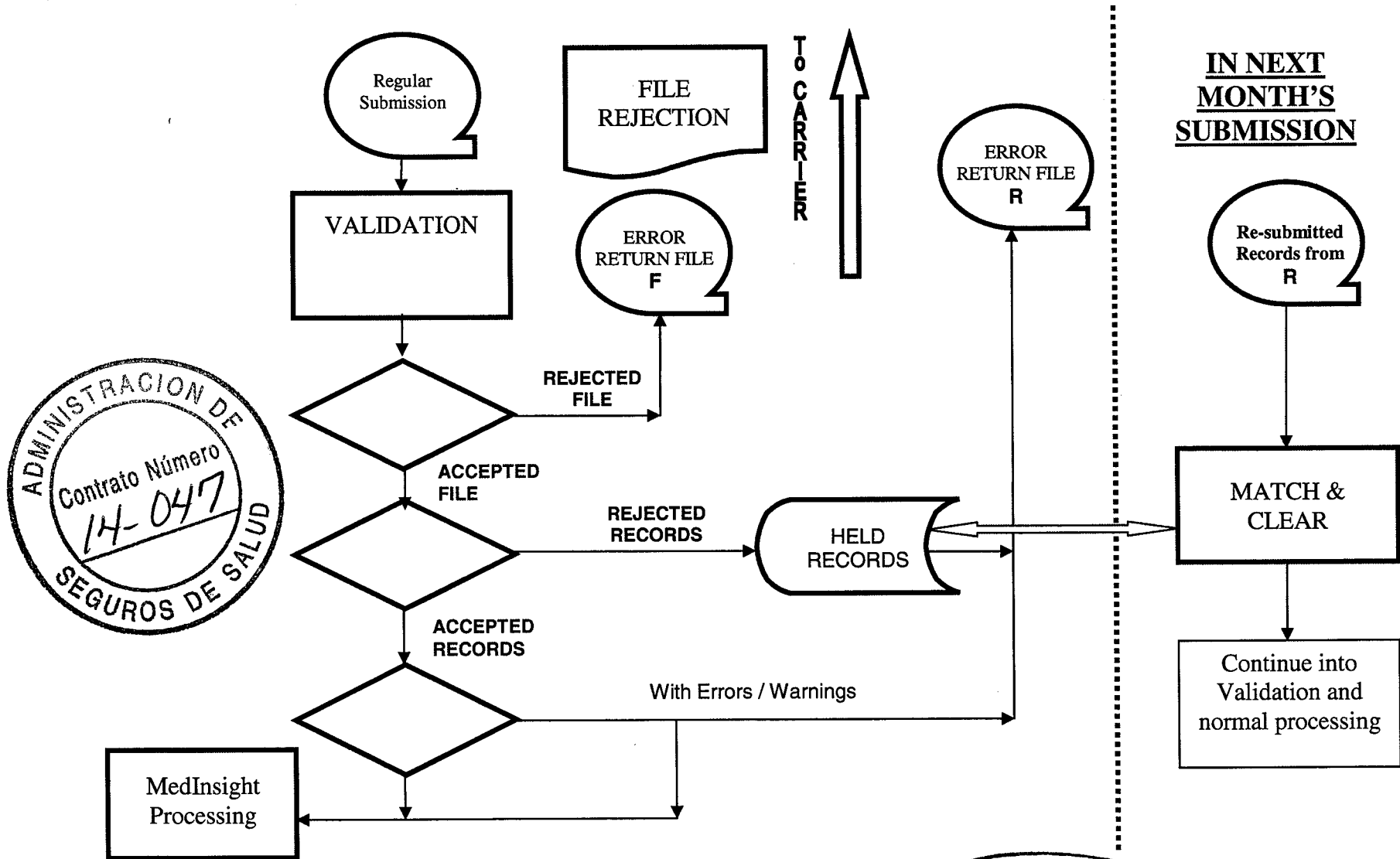
BEFORE NEXT MONTH'S SUBMISSION



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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

ATTACHMENT VII - CLAIMS / SERVICES BASIC FLOW OVERVIEW



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