

# MEDICARE PLATINO CONTRACT

## APPENDIX K (23)

INFORMATION DATA  
PROCESSES AND DATA  
EXCHANGE LAYOUT

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## Attachment K Information Systems



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| INTRODUCTION                                |   |
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| Puerto Rico Health Insurance Administration |   |
| <b>Description</b>                          | The Puerto Rico Health Insurance Administration, hereinafter known as PRHIA or ASES, is a government corporation created in accordance with the Act No. 72 of September 7, 1993 as amended, also known as the "Puerto Rico Health Insurance Administration Act". PRHIA was created for the purpose of administering, negotiating and contracting health insurance plans that allow eligible beneficiaries, particularly those who are medically needy, to obtain quality hospital services.   |
| <b>Responsibilities</b>                     | <p>Moving in this direction, PRHIA is the entity responsible for negotiating, on behalf of the Puerto Rico Department of Health, the federal coverage authorized by CMS (that is, Medicare Partino and Federal PRGHP, which is made up of the Medicaid and CHIP programs), with health insurance companies. PRHIA handles contracting matters with the coverage provided by the Health Program of the Government of the State of Puerto Rico "PRGHP" that serves the Population of the State or Commonwealth where it is determined that they are not eligible to receive benefits, under a coverage classification federal contracted health insurance companies.</p> <p>PRHIA is in charge of the administration of the services provided to eligible beneficiaries, under various health programs including Medicare Partino; The PRHIA Information Systems Office is responsible for managing and processing the enrollment of all eligible beneficiaries and for validating premium payment processes for contracted health insurance.</p> |
| About This Document                         |   |
| <b>Description</b>                          | This document constitutes a reference manual, designed with the purpose of helping the Medicare Advantage Organizations (MAO) contracted by the PRHIA, in the enrollment processes of eligible  |

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|                           | <p><b>Beneficiaries.</b> The eligibility and registration processes of the transactions that are executed daily, monthly and annually in the Information Systems Office of the PRHIA are defined. The criteria to be considered in the processes of registration and payment of the premiums according to the contract are explained.</p> <p>This version of the reference manual represents the first since the Plan VITAL became operational on November 1, 2018. With its introduction, Plan VITAL received its own Manual and in that sense, this document provides an exclusive reference of the processes to follow for Medicare Platino.</p>  |  |
| <b>Purpose</b>            | This Manual acts as the main support document for the Processes to be followed in Medicare Platino.  |  |
| <b>Content Highlights</b> | <p>Among the issues to consider are the following: the initial eligibility and the transmission of the eligibility records of the Beneficiary in the Puerto Rico Medicaid Program. The information contained in the daily, monthly and annual registries, where it contemplates the processing of new registries, updates, rejections and disaffiliations, exchange of information between the AEP and the health insurance companies; premium payment processes and the enrollment of eligible beneficiaries in historical data files.</p> <p>This document includes tables, diagrams, and examples that will help you understand the transactions. This will help improve efficiency and allow processes to be completed within agreed timeframes with a successful outcome.</p> |  |
| <b>Revision Form</b>      |  |  |
| <b>Release No.</b>        | <b>Date</b>  | <b>Revision Description</b>  |
| 20190611                  | 6/11/2016  | Baseline Version   |
| 20220321                  | 03/21/2022   | Update Version   |
| 20220609                  | 06/09/2022   | Update Version - change will be effective from July 31, 2022 and January 2023) |

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| TERMS AND CONCEPTS                     |   |
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| <b>Definitions</b>                     |   |
| <b>Adjustments</b>                     | A payment adjustment is calculated when there is a need to reverse a payment that was awarded to a Contractor during a previous premium payment process.  |
| <b>ASES</b>                            | Puerto Rico Health Insurance Administration (ASES for its acronym in Spanish). It is a public corporation created by Law in order to manage MCO services administered to the eligible population. Specifically, it is the organization responsible for the supervision and management of the Puerto Rico Government Health Insurance Plan (State and Federal GHP). In addition, it is the entity responsible for contracting the Medicare Advantage Organizations that will provide managed care to beneficiaries of the Medicare Platino. It also develops and supervises the administrative functions related to the beneficiaries' enrollment, providers, claims and premium payments. |
| <b>ASES Information Systems Office</b> | The Information Systems Office is responsible of the management and processing of the enrollments for all the beneficiaries that are recipient of the services that the government administrated health insurance plans provide and is also responsible of validating the processes in progression to the payments of the contracted health insurance premium.  |
| <b>Beneficiary</b>                     | A person who is eligible to receive services under a State GHP Program (State Population), Federal GHP Program (Medicaid and CHIP), or Medicare Platino, under federal and local laws and regulations.  |
| <b>Business Day</b>                    | Every official working day of the week (Monday, Tuesday, Wednesday, Thursday, Friday). Puerto Rico holidays are excluded.   |
| <b>Calendar Days</b>                   | The seven days of the week, except as otherwise stated.   |
| <b>Cancellation Date</b>               | The date a member loses their eligibility for the GHP Program. The Office of Medicaid is the only entity with authority to terminate  |



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|   | eligibility.  |
| <b>Contractor</b>                                       | Provides Managed Care Services to beneficiaries. It is responsible for contracting with PMG's, PCP's and other providers. The Contractor charges ASES a PMPM Premium for its services.  |
| <b>Centers for Medicare and Medicaid Services (CMS)</b> | The agency within the U.S. Department of Health and Human Services which is responsible for the Medicare, Medicaid and the Children's Health Insurance Plan (CHIP).   |
| <b>Certification</b>                                    | A confirmation granted by the Medicaid office in Puerto Rico to a person who has completed the eligibility requirements to receive services under the GHP Program (Medicaid, CHIP or Commonwealth)  |
| <b>Certification Date</b>                               | Date on which it is confirmed that a person has completed the eligibility requirements for the Medicaid Program and will receive health care services under the GHP Program (Medicaid, CHIP or Commonwealth)  |
| <b>Contractor</b>                                       | The Managed Care Organization that is a Party to this Contract, authorized as an insurer by the Puerto Rico Insurance Commissioner ("PRICO"), which hereby contracts with ASES under the GHP program for the provision of Covered Services and Benefits to Affiliates based on PMPM Payments.   |
| <b>Coverage Code</b>                                    | Code assigned by the Medicaid Program of Puerto Rico to all beneficiaries eligible to receive healthcare services under Federal and State GHP. This code establishes the level of indigence and, therefore, the Plan Type that should apply according to such a code. In the State GHP plans ("Commonwealth Population") the coverage code will coincide with the Plan Version. |
| <b>Daily Run Processes Date</b>                         | Day on which the validation processes of the eligibility data received from the Medicaid Program in Puerto Rico and subscription of the Contractors are carried out. These processes are carried out daily in the ASES Information Systems Office.  |

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| <b>Data</b>                            | It is a value that the computer receives by different means, it represents the information that the programmer manipulates, assigns or establishes. Example: demographic data, health or other information elements suitable for a specific use. |
| <b>Disenrollment</b>                   | The process by which an Enrollee's membership in the Contractor's Medicare Platino terminates.   |
| <b>Dual Eligible Beneficiaries</b>     | An Enrollee or potential enrollee eligible for both Medicaid and Medicare Programs.  |
| <b>Effective Date of Disenrollment</b> | The date on which an Enrollee ceases to be covered under the Contractor's Plan.  |
| <b>Eligibility Effective Date</b>      | The period that the Medicaid Office in Puerto Rico grants a member's eligibility for Medicare Platino.   |
| <b>Enrollment Effective Date</b>       | Date on which the Contractor enrolls an eligible Beneficiary in the database of its systems  |
| <b>PCP Effective Date</b>              | Date a change in a Primary Care Physician (PCP1 or PCP2) becomes effective.  |
| <b>Recertification Date</b>            | Date on which the Puerto Rico Medicaid Program reassesses the eligibility requirements of a Beneficiary.   |
| <b>Eligibility</b>                     | It is granted when the requirements established for the Medicare Platino Program in the Puerto Rico Medicaid Office of the Department of Health are met.   |
| <b>Eligible Person</b>                 | A person who meets the requirements established in the Medicare Platino program  |
| <b>Enrollee</b>                        | An Eligible Person who, either personally or through an authorized representative, has enrolled in the Contractor's Medicare Platino Program.  |
| <b>Federal GHP</b>                     | Federal coverage under the CFR regulations issued by the Centers   |

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|   | of Medicare and Medicaid Services granted according to the poverty level of the individual requesting  |
| <b>Government Health Insurance Plan (GHP)</b> | It is the health plan that the government of Puerto Rico (previously known as "La Reforma" or "Plan Vital") grants through federal Medicaid funds. This plan addresses the health needs of the population with limited economic resources or special needs.  |
| <b>Health Insurer Code</b>                    | This is the code assigned to the Insurance Company (this change will be effective from July 31, 2022)  |
| <b>HIPAA Transaction 834</b>                  | The ANSI 834 EDI Enrollment Implementation Format is a standard file format for the electronic interchange of health plan enrollment data. The Health Insurance Portability and Accountability Act (HIPAA) requires that all health plans or health insurance companies accept a standard enrollment format: ANSI 834A Version 5010. An 834 file contains an order of data, such as a subscriber's name, hire date, etc. in a data segment. The 834 is used to transfer enrollment information from the insurance coverage sponsor, benefits, or policy to a payer. The intent of this implementation guide is to meet the specific need of the health care industry for the initial enrollment and subsequent maintenance of individuals who are enrolled in insurance products. This implementation guide specifically addresses the enrollment and maintenance of healthcare products only. One or more separate flexible spending and retirement guidelines may be developed." (This change will be effective from January 2023) |
| <b>HIPAA Transaction 820</b>                  | Health Insurance Exchange Related Payments ((this change will be effective from January 2023)  |
| <b>Identification Card (ID)</b>               | To access health services, includes the name of the beneficiary, contract number, assigned coverage, copayments, among others.   |
| <b>Id Card Issue Date</b>                     | This is the member ID card issue date (this change will be effective from July 31, 2022)   |
| <b>Managed Care Services</b>                  | The services provided to the Beneficiaries by the doctors who belong to the network of preferred providers in their Primary  |

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|  | Medical Group (PMG). The Primary Care Physician (PCP) is the primary service provider and responsible for periodically evaluating the Beneficiary's health and coordinating medical services.   |
| <b>Master Patient Index (MPI)</b>            | Unique number that is assigned in the information systems of the Office of Medicaid in Puerto Rico to an individual, when they determine that he is eligible for Medicare Platino and continues to be an identifier number in the ASES information systems.   |
| <b>Medicare Advantage Organization (MAO)</b> | A public or private organization licensed by the Insurance Commissioner Office of Puerto Rico as a risk-bearing entity that is under contract with CMS to provide the Medicare Advantage Benefit Package.   |
| <b>Medicaid</b>                              | The medical assistance federal/state joint government program established by Title XIX of the Social Security Act. It also refers to the Program through which, in Puerto Rico, eligibility is determined for the Government Health Insurance Plan for an individual with low income, no income or limited resources, in compliance with regulations established by the Federal government and the Commonwealth of Puerto Rico. |
| <b>Medicare</b>                              | The Federal Program of medical assistance for persons over sixty-five (65) and certain disabled persons under Title XVIII of the Social Security Act.   |
| <b>Medicare Beneficiaries</b>                | People older than sixty-five (65) years of age or disabled or people who have kidney conditions, who are eligible for Medicare Part A coverage which covers hospital services or Parts A and B, which cover hospital, ambulatory and medical care services.   |
| <b>Medicare Part A</b>                       | The part of the Medicare program that covers inpatient hospital stays, skilled nursing facilities, home health and hospice care.  |
| <b>Medicare Part B</b>                       | The part of the Medicare program that covers physician, outpatient, home health, and preventive services.   |
| <b>Medicare Part C</b>                       | The part of the Medicare program that permits Medicare recipients   |



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## Attachment K Information Systems

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|   | to select coverage among various private insurance plans.  |
| <b>Medicare Platino</b>                   | A program administered by ASES for Dual Eligible Beneficiaries, in which Managed Care Organizations (MCOs) or other insurers under contract with ASES function as Part C plans to provide services covered by Medicare, and also provide a "wraparound" benefit Covered Services and Benefits under the GHP. |
| <b>National Provider Identifier (NPI)</b> | The unique identifying number system for health care providers created by the Centers for Medicare and Medicaid Services (CMS), through the National Plan and Provider Enumeration System.   |
| <b>Notice of Decision</b>                 | Form issued by the Puerto Rico Medicaid Program, entitled "Notice of Action Taken or Application and/or Recertification" containing the Certification decision (whether a person was determined eligible or ineligible for Medicaid, CHIP, or the Commonwealth Population).                                  |
| <b>New Id Card Issue Date</b>             | It is used for the future enrollment period, populated with the member's new ID card issue date. ((this change will be effective from July 31, 2022  |
| <b>Plan</b>                               | The Contractor's Managed Care Plan offering services to enrollees under the GHP.   |
| <b>Plan Type</b>                          | Plan identifier in ASES Information Systems (Code 01: Plan VITAL (GHP); Code 02 Medicare Platino.  |
| <b>Plan Version</b>                       | Identification number according to the product approved by CMS, tied to the coverage code for contracted insurers  |
| <b>Medicare Platino Health Plans</b>      | It is a supplementary coverage to a Medicare Advantage Plan contracted by ASES, which covers the benefits and services that Medicare does not cover.   |
| <b>Premium Payment (PMPM Payment)</b>     | It is the rate established in the contract according to the actuarial analysis, which is carried out according to the trend of the eligible beneficiary's claims, comparing from the reference period to the   |

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*[Handwritten Signature]*





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|  | demonstration year. ASES makes a monthly payment after completing the enrollment process by the contracted insurer.   |
| <b>Potential Enrollee</b>              | A person who has been certified by the Puerto Rico Medicaid Program as eligible to enroll in the GHP Program whether on the basis of Medicaid Eligibility, CHIP eligibility or eligibility as a member of the Commonwealth Population, but who has not yet enrolled with the Contractor.  |
| <b>Primary Care Physician (PCP)</b>    | A primary care physician (PCP), or primary care provider, is a health professional who practices general medicine. PCPs are our first stop for medical care. Most PCPs are physicians, provide continuity of care, and provide referrals to physicians, OB/GYNs, or pediatricians. This type of provider is contracted as part of the PMG on a PMPM basis.  |
| <b>Primary Medical Group (PMG-IPA)</b> | A grouping of associated Primary Care Physicians and other Providers for the delivery of services to GHP Enrollees using a coordinated care model. PMGs may be organized as provider care organizations, or as another group of Providers who have contractually agreed to offer a coordinated care model to GHP Enrollees under the terms of the Contract. This Type of provider is contracted by the Contractor on a PMPM basis.  |
| <b>Process Date</b>                    | It is the date related to the process of updating eligibility in the ASES information systems, which is carried out daily and monthly. This date field is found in the defined file in (*.exp) format, for changes in beneficiaries sent by the contracted insurer in the date field in the file in (*.sus) format. In a new enrollment in Medicare Platino, the date field is used when the Beneficiary contracted the coverage services with the corresponding insurer in the contract. In Medicare Platino, the Process Date field must be prior to the Effective Date field of the new enrollment or change in question, but later than three (3) months prior to the Effective Date field of the new enrollment or change. |
| <b>Provider</b>                        | A natural Person or facility authorized to offer healthcare services under the laws of the Government of Puerto Rico.   |

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| <b>Re-enrollment</b>       | Refers to the process of re-enrollment for a Beneficiary of Federal GHP (Medicaid or CHIP) or State GHP (State Population) or Medicare Platino who has lost eligibility for a period of six (6) months. A Medicare Platino Beneficiary that recovers his/her eligibility within a period of two (2) consecutive months, may be enrolled automatically and prospectively under the Medicare Platino plan of the Contractor in question. |
| <b>Recertification</b>     | A determination by the Puerto Rico Medicaid Program that a person previously enrolled in the GHP subsequently received a Negative Redetermination Decision, is once again eligible for services under the GHP Program. If you are registered with CMS and your cancellation is for at least six (6) months; will be reinstated in the insurer contracted by the system of the Medicaid Office in PR                                    |
| <b>Retroactive Payment</b> | Refers to a payment that corresponds to a period prior to the month in which the premium payment is made.  |
| <b>Special Adjustments</b> | The special adjustments are carried out as a result of internal audit processes that reveal that a wrongly adjudicated payment must be reverted or that, on the contrary, an omitted payment must be adjudicated.  |
| <b>State Population</b>    | A group eligible to participate in the GHP as Other Eligible Persons, with no Federal participation supporting the cost of their coverage, which is comprised of low-income persons and other groups.  |
| <b>SYSPREM</b>             | System that provides for the enrollment of a Beneficiary in historical data. It allows the update and/or enrollment of data that corresponds to eligibility periods prior to the cancellation period of the eligibility of a Beneficiary or before an enrollment to a different Contractor comes into effect.  |
| <b>SYSRETRO</b>            | Term used by ASES which means retroactive eligibility record.  |





**Eligibility Concepts****Eligibility Determination**

For each applicant for the Government Health Insurance Plan, hereinafter GHP, an eligibility determination precedes the enrollment and premium payment processes carried out at the ASIS Information Systems Office. The Medicaid Program of the Commonwealth of Puerto Rico, which administers the Puerto Rico Medical Assistance Program, is the entity with authority to determine if a person is eligible to receive medical services under the Federal GHP (Medicaid and CHIP) and the GHP State (Commonwealth Population) and Medicare Platinum.

The evaluation of eligibility for each of the programs is based on the requirements established in state and federal regulations. Generally, the eligibility assessment for an individual is determined by income level and its correlation with indigence levels. In Platinum Medicare, the applicant's age (65 years or older) or disability status referred to in Title XVIII of the Social Security Act is considered.

In any of the categories of health plans, beneficiaries are certified annually. This means that your eligibility is normally extended for a period of one (1) year on each successful certification. However, for Medicare Platino the enrollment period may be extended for a period of eighteen (18) months. In those cases in which the Medicaid Program has granted an eligibility period of less than twelve (12) months, the enrollment period will correspond to the shorter period granted.

**Notice of Decision**

The determination of eligibility of the Puerto Rico Medicaid Program granted to an applicant under both GHP programs is contained in a Notice of Decision, which is provided to the Beneficiary on the day it is certified.

The potential Beneficiary may receive covered medical services by submitting the Notice of Decision to the health care provider from the day they were certified by the Medicaid Program until the day they receive their health insurance card by regular mail. Only eligible applicants for Federal GHP (Medicaid and CHIP) and State GHP (State Population) receive a Notice of Decision and can access

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|  | covered medical services by submitting it.   |
| <b>Eligibility Effective Date</b>                                      | <p>The Effective Date of Eligibility for purposes of a Medicaid or CHIP Potential Enrollee is the first day of the month in which the Medicaid Office determines eligibility. This should be the same date indicated as the eligibility period on the Notice of Decision.</p> <p>When an Enrollee re-certification is filed, and the Enrollee is again eligible, as determined by the Medicaid Office, the Effective Date of Eligibility for the subsequent period is generally the 1st of the month after eligibility expires from the previous eligibility period. If an Enrollee does not apply for Re-certification at the Medicaid Office once his/her eligibility period has expired, the eligibility for the GHP is lost. This will happen even in cases in which the Enrollee's eligibility was lost for at least one (1) day. The Effective Date of Eligibility for a new eligibility period for these cases will be the first (1st) day of the month of the new application for certification.</p> <p>The Effective Date of Eligibility for the State Population is the eligibility period specified on the Notice of Decision, and Potential Enrollees are eligible to be enrolled as of that date.</p> <p>Recertification for State Enrollees in which the Enrollee is found eligible again, the Effective Date of Eligibility is the first (1st) day of the month after the current eligibility expires. The date of certification for State beneficiaries will be when the certification is completed.</p> <p>If a State Enrollee's eligibility period expires before re-certification, the State Enrollee's eligibility will be processed as a new case and the Effective Date of Eligibility will be the new Effective Date of Eligibility provided in Notice of Decision.</p> |
| <b>Certification Date and its Relationship with the Effective Date</b> | <p>The date on which the Medicaid Program issued an eligibility determination is known as the Certification Date. Under the State GHP the Effective Date will always coincide with the Certification Date and it would mark the beginning of the eligibility period granted to the Beneficiary. Under Federal GHP (Medicaid and CHIP), the Effective Date will fall in the first day of the month in</p>   |



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|   | which the Beneficiary is certified by the Medicaid Office of Puerto Rico. In both cases, the Certification Date is provided on the Notice of Decision.   |
| <b>Dual Eligible</b>                            | An Enrollee or Potential Enrollee eligible for both Medicaid and Medicare (Part A or Part A and B).  |
| <b>Enrollment Concepts</b>                      |  |
| <b>Effective Date of Enrollment</b>             | <p>The Effective Date of an Enrollment refers to the date that the contracted insurer establishes as the beginning of the coverage period for a Beneficiary.</p> <p>The Effective Date for Enrollment of a Beneficiary under a Medicare Platino Plan will fall on the first day of the month in which the Beneficiary's name appears in the CMS Prepaid Premium Plan List and the first day of the month in which the Beneficiary appears enrolled in the Medicare Platino plan of the contracted insurer. This information must be received in the ASES information systems in the data field of the Effective Date of the Enrollment Registry.</p> |
| <b>PCP/PMG Change Enrollment Effective Date</b> | If an eligible beneficiary changes their PCP/PMG during the first five days of the month, the change will be effective the following month, if they change their PCP/PMG after the fifth day of the month, the change will be effective the second month after the change. Eligible beneficiaries may still receive services until the change is effective through the original PCP/PMG assigned by the contracting carrier.   |
| <b>Process Date</b>                             | <p>The Process Date is relevant both in cases of new enrollment of a Beneficiary and in cases of changes of PMG, PCP or Version of the Plan in relation to an enrollment record of an eligible Beneficiary.</p> <p>In the case of a new enrollment under a Medicare Platinum Plan, it refers to the date on which the Beneficiary contracted the coverage services with the contracted insurer.</p> <p>This date can be provided by the insurer under contract where the day on which a change of PMG/PCP or Plan Version was</p>  |

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|   | <p>processed in its information systems in the enrollment record of an eligible Beneficiary is identified.</p> <p>In Medicare Platino plans, the Processing Date must be prior to the Effective Date of the new enrollment. However, it must not date back more than three (3) months prior to that Effective Date.</p>   |
| <b>Transfer of Beneficiaries to Medicare Platino Products</b> | <p>Medicare Advantage beneficiaries who receive Medicaid coverage can choose to transfer to Medicare Platino products offered by a contracting insurer of their choice or they can enroll in Medicare Platino products available to dual eligibles. In these cases, ASES and the contracting insurer have to process a new enrollment in order to transfer the eligible Beneficiary from the Medicare Advantage product to Medicare Platino.</p> <p>To the extent possible, such enrollments will be effective on the first day of the month in which the Eligible Beneficiary's Medicaid coverage becomes effective.</p> |
| <b>Recovery of Eligibility and Prospective Enrollment</b>     | <p>In those cases in which an eligible Medicare Platino Beneficiary is disenrolled due to loss of eligibility under the Medicaid Program, but regains said eligibility within two (2) consecutive months, he or she may be automatically and prospectively enrolled under the plan. Medicare Platino from the contracted insurer in question assigning the same PCP/PMG in which the Beneficiary was previously enrolled.</p>   |
| <b>Retroactive Enrollment for Medicare Platino Plans</b>      | <p>For Medicare Platino plans, enrollment may be retroactively extended from six (6) to eighteen (18) months prior to the date the eligible Beneficiary's enrollment is processed in ASES. The ASES Information Systems Office may accept the enrollment of an eligible Beneficiary of the Medicare Platino Plan for up to eighteen (18) retroactive months as long as the limits of the period to be enrolled are within the eligibility periods granted by the Program. Medicaid.</p>   |
| <b>MEDICARE PLATINO ENROLLMENT PROCESS</b>                    |   |
| <b>Main Process</b>   |   |
| <b>Description</b>  | <p>ASES uses a variety of methods in order to enroll people eligible for Medicare Platino coverage, together with contracted insurers. The</p>  |

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|  | following process is established to follow for the enrollment of Medicare Platino.   |
| <b>Eligibility Query Preceding a Medicare Platino Enrollment</b><br><br><b>*See Reference C for Files Nomenclature</b> | <p><b>Step 1a: CMS Query/Enrollment:</b> The Contractor requests a verification of a Beneficiary's eligibility for the Medicare Program with CMS and proceeds to enroll the Beneficiary accordingly.</p> <p><b>Step 1b: ASES Query:</b> Through a file (*.qry), the Contractor requests to ASES a verification of a Beneficiary's eligibility for the Medicaid Program.</p> <p><b>Step 2: Response:</b> ASES processes this query file and sends a response to the request in a (.res) file. This file includes information on the eligibility of the Beneficiary for the Medicaid Program, the coverage to which he was assigned, after the evaluation carried out (federal or state), with his demographic information in the information systems of ASES and the Office of Medicaid in PR.</p> <p><b>Step 3: Enrollment:</b> If the Beneficiary is eligible with defined coverage for Medicaid, the contracted insurer will complete an enrollment record where it will include the data as required in the established file delivery format.</p> <p><b>Enrollment Rejections:</b></p> <p><b>Step 4a: Rejections in the registration file integrity validation process:</b> Once the registration file validation process has been completed, it may have errors, a file in *.err format is generated. ASES sends to the insurer in contract to correct and resubmit for processing. The integrity validation criteria used is the following: the length of the content of the mandatory fields, the region and the data source.</p> <p><b>Step 4b: Rejections in the data quality validation process:</b> Once the registration file validation process has been completed, it may have errors, a file in *.qjc format is generated. ASES sends to the insurer in contract to correct and resubmit for processing.</p> <p><b>Step 4c: Validated Enrollment Records:</b> Once the validation process is completed, ASES will edit and update the data in the electronic enrollment record to identify the beneficiary eligible for Medicare Platino. A file in *.exp format will be sent to the insurer in contract confirming the inscription.</p> |

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|                                 | Step 5: PCP/PMG Enrollment Updates and Plan Version: The contracting carrier must submit enrollment updates for an eligible Beneficiary to ASES for the PCP/PMG Version and Plan. The registration, validation, correction and forwarding processes will be carried out in ASES as established in steps 3 to 4c.   |
| <b>Enrollment Record</b>        |  |
| <b>Description</b>              | <p>The registration process established for the insurers in contract has data of the eligible beneficiary and the purpose is to be able to highlight the details of the registrations, verify the accuracy and certainty of the information received. Enrollment confirms ASES and guarantees that the contracted insurer has sent a Platinum Medicare Eligible Beneficiary Welcome Packet and ID card.</p> <p>Medicare Platino Plans contracted with ASES require the assignment of Primary Care Physicians (PCP) to eligible beneficiaries by contracted insurers. The enrollment includes these fields, the Plan Type, the Plan Version, the date it was processed by the contracted insurer, and the Effective Date of Enrollment.</p> |
| <b>Enrollment Record Fields</b> |  |
| <b>RECORD_TYPE</b>              | Code "E" identifies the entry as a registration record, for new registrations of eligible beneficiaries and for previously registered beneficiaries.   |
| <b>TRAN_ID</b>                  | <p>Field in the "layout" where the action to complete in the file received is identified in the information systems. You have to consider one of the values defined below.</p> <p>E=new enrollment<br/> C=Change of operator<br/> V= Version change<br/> I=IPA change<br/> 1=change PCP1<br/> 2=PCP2 change<br/> 3=PCP1 and PCP2 change</p> <p>*See Reference A for supporting information.</p>  |
| <b>E</b>                        | New Registration. This value in the "layout" field for "Trans_ID" is   |

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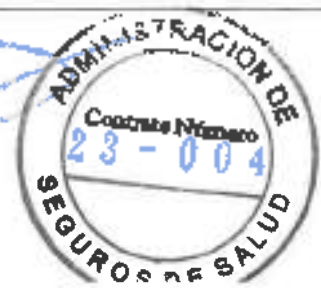
|   |   |
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|   | <p>used to register a new enrollment of an eligible Beneficiary, who has not been previously enrolled or is currently inactive. To consider in the previous enrollment processes, for the same insurer contracted or different from the previous registration, a "C" will be inserted.</p> <p>Note: For New Enrollments ("E"): It is required that all fields with the information about the contracting insurer, Plan Type, Plan Version, PMG and PCP1 be completed. PCP2 information will remain as optional information as required.</p>   |
| C | <p>This value in the "layout" field for "Trans_ID" is used to record a change of contracting carrier. It is used when the eligible Beneficiary has selected a different contracting carrier than the one they are enrolled in. In Medicare Platino used for initial enrollment where eligible beneficiaries were previously enrolled in a GHP plan and decide to switch to Medicare Platino.</p> <p>Note: For Contracted Insurer Change Transactions ("C"): The process requires registering the name of the new contracted insurer selected and inserting information on the Type of Plan, Version of the Plan, Primary Medical Group, PCP1 and PCP2 ( optional) and Date of Issuance of the ID Card and the Date of Registration Process.</p>   |
| V | <p>This value in the "layout" field for "Trans_ID" is used to record a Plan Version Change. In contract insurers for Medicare Platino, it is the change from a product offered by the insurer in contract, to one that is identified under the same Plan Type. This transaction code can be considered when a GHP Beneficiary's coverage code changes. When this situation arises, the contracted insurer must reissue a health plan ID card that contains the new benefits and send a version change registration record to ASES, where the version number corresponds to the new coverage code . If the ASES process is not carried out, an automatic withdrawal of the eligible Beneficiary will be made in the contracted insurer where it was omitted as required. In this situation, the Beneficiary will continue with his eligibility, so he will receive the medical services,</p> |



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|   | <p>the contracted insurer will not be able to receive the payment rate until the required information is submitted.</p> <p>Note: For Plan Version Change Transactions ("V"): The code of the insurer in the Contractor contract and the information on the Type of Plan provided must coincide with the information in the ASES information systems. Only information about the new assigned Plan Version and information regarding the PMG Center and PCP1 will be provided.</p>  |
| 1 | <p>This value in the "layout" field for "Trans_ID" is used where there is a primary medical group (PMG) change. It is used to register in the ASES information systems a change in the PMG selected by the eligible beneficiaries under the same insurer in contract, Type of Plan and Version.</p> <p>Note: For PMG Change Transaction ("T"): The information of the contracted insurer, Type of Plan and Version of the Plan must coincide with the information contained in the ASES information systems. New information will be sent to ASES regarding the new PMG that corresponds to the Beneficiary.</p> |
| 1 | <p>This value is used in the "layout" field for "Trans_ID" Change of PCP1 to register in the ASES information systems a change in the PCP1 selected by the eligible beneficiaries under the same insurer in contract, Type of Plan, Version and PMG.</p> <p>Note: For Transactions to Change PCP1 ("1"): the information on the contracted insurer, Plan Type, Plan Version and PMG received coincides with the information contained in the ASES information systems. You have to submit the new change information for PCP1 and not PCP2.</p>  |
| 2 | <p>This value is used in the "layout" field for "Trans_ID" PCP2 change. It is used to record in the ASES information systems a change in the PCP2 selected by the eligible beneficiaries under the same insurer under contract, Type of Plan, Version and PMG.</p> <p>Note: For PCP2 ("2") Change Transactions: You will not have to</p>   |

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|   | provide information about PCP1. The only information that may differ from that contained in the ASES records will be that related to the PCP2.   |
| 3   | <p>This value is used in the "layout" field for "Trans_ID" PCP1 and PCP2 change. It is used to register, in ASES, a change in the beneficiaries' selected PCP1 and PCP2 under the same Contractor, Plan Type, Version and PMG.</p> <p>Note: For Change of PCP1 and PCP2 ("3"): It will be necessary to submit new information regarding the assigned PCP1 and PCP2. The information provided regarding the other fields should remain unchanged.</p> |
| <b>PROCESS_DATE</b>   | Processing date. It is the date on which the eligible Beneficiary contracted the coverage services with the contracted insurer or the date the contracting insurer requested a change in PMG, Plan Version, Plan Type, or PCP.   |
| <b>REGION</b><br><br>*See Reference B for supporting information. | This code corresponds according to the municipality to which the eligible Beneficiary received from the Medicaid Office in Puerto Rico belongs.  |
| <b>CARRIER</b>  | Insurer code in contract for Medicare Platino defined in the ASES information systems to identify the insured.   |
| <b>MEMBER_PRIMARY_CENTRE</b>                                      | Primary Medical Group (PMG) code   |
| <b>ODSI_FAMILY_ID</b>   | Identifier assigned to the eligible beneficiary in the information systems of the Office of Medicaid in PR – Master Patient Index (MPI). The content of the field in the "layout" is defined as eleven (11) last digits of the MPI number. Insurers in contract for Medicare Platino obtain this code from the ASES query response.  |
| <b>MEMBER_SSN</b>   | Social Security number of the eligible beneficiary. This number must coincide in the ASES information systems.   |

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## Attachment K Information Systems

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| <b>MEMBER_SUFFIX</b>              | Number that identifies a member within a family, it is defined with two digits. This is the second part of the identifier of the eligible beneficiaries in the ASES information system.   |
| <b>EFFECTIVE_DATE</b>             | The date the contracting insurers begin providing coverage to the eligible Beneficiary under the enrolled Plan or when the change for which the enrollment record was submitted becomes effective, including the effective date of the PMG change, PCP or Plan Version. |
| <b>PLAN_TYPE</b>                  | Type of Plan Code that identifies where the eligible beneficiary is enrolled.   |
| <b>PLAN_VERSION</b>               | Plan Version code that identifies where the eligible beneficiary is enrolled.   |
| <b>MPI- Master Patient Index.</b> | Unique number assigned by the Medicaid office in PR to identify a beneficiary. It is used in the information systems of ASES and the Medicaid Office in PR.   |
| <b>PCP1</b>                       | Is a unique identification number for covered health care providers.(NPI). It is used to identify the PCP1 assigned by the insurer under contract selected by eligible beneficiaries.   |
| <b>PCP1_EFFECTIVE_DATE</b>        | This is the effective date of PCP1's assignment. If there is a PCP1 change, the PCP1 Initial Effective Date will be maintained until the PCP1 Change Effective Date is reached.   |
| <b>PCP2</b>                       | It is a unique identification number for covered health care providers (NPI). It is used to identify as a second option in the field of PCP2 assigned by the insurer under contract selected by the eligible beneficiaries.   |
| <b>PCP2_EFFECTIVE_DATE</b>        | This is the effective date of PCP2's assignment. If there is a PCP2 change, the PCP2 Initial Effective Date will be maintained until the PCP2 Change Effective Date is reached.   |
| <b>FAMILY_PRIMARY_CENTER</b>      | Not in use.   |

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*[Handwritten Signature]*





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| <b>PMG_TAX_EFF_DT</b>                              | It is the date on which the transfer of the PMG of the Eligible Beneficiary became effective.  |
| <b>IPA_PCP_CHANGE_REASON</b>                       | This field is not currently in use.  |
| <b>MEDICARE INDICATOR</b>                          | Required for Medicare Platino enrollments only. (01=A&B, 03=A, 09=B).  |
| <b>Health Insurance Claim Number (HICN Number)</b> | It is The Medicare Beneficiary Identifier (MBI) is the new identification number that has replaced SSN-based health insurance claim numbers (HICNs) on all Medicare transactions, such as billing, claim submissions and appeals. Required for enrollment of eligible beneficiaries in Medicare Platino.   |
| <b>Additional Data Elements</b>                    | When the registration of a Beneficiary is validated, the ASES information system enters the data in the registration record.   |
| <b>REJECT IDENTIFIERS</b>                          | These are the Reject Identifiers<br>A = Accepted Enrollment<br>M = Accepted Retroactively<br>R = Rejected Enrollment   |
| <b>A = Accepted Enrollment</b>                     | Identifier = "A": Used to identify an accepted enrollment to be applied on a current or future effective date. The update process transfers the registration fields of the insurer in contract, Type of Plan, Version of the Plan, PMG and PCP to the fields defined for new registrations in the file of the eligible Beneficiary. Until the new Effective Date is completed, the Beneficiary will remain under the current enrollment status (same contracted carrier, Plan, Version, PMG and PCP). During the month-end cycle, the new fields are moved into the current fields and enrollment becomes effective. |
| <b>M = Accepted Retroactively</b>                  | Identifier = "M": Indicates a retroactive enrollment, the Enrollment data (insurer under contract, Plan Type, Plan Version, PMG and PCP) are updated directly in the history of the eligible Beneficiary.  |
| <b>R = Rejected</b>                                | Reject Identifier "R": Used when an enrollment record is not processed correctly because an error has been identified, indicates a record returned for correction.   |



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## Attachment K Information Systems

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| <b>Reservation Number</b>              | Not applicable to Medicare Platino enrollments.   |
| <b>Error Codes one (1) to ten (10)</b> | It is possible to record up to ten (10) error codes.  |
| <b>Update Date</b>                     | This Date is used to identify the validation process of the daily cycle that is carried out in the ASES information systems.  |
| <b>Update User</b>                     | Internal user code in the information systems in ASES.  |
| <b>IPA_ESPECIAL</b>                    | Not applicable to Medicare Platino enrollments.   |
| <b>CONTRACT NUMBER</b>                 | Contract number assigned by the insurer in the contract, to the eligible beneficiary in its information systems. This number is found as an identifier on the id card.  |
| <b>SPECIAL ENROLL</b>                  | Not applicable to Medicare Platino enrollments.   |
| <b>PMG Tax ID</b>                      | A tax identification number (TIN) is a nine-digit number used as a tracking number by the Internal Revenue Service (IRS). Information is required on all tax returns filed with the IRS. All U.S. Tax Identification Numbers (TINs) or tax identification that recognizes the service provider  |
| <b>Data Source</b>                     | File format identifier *.sus where you have to consider MA in the data source field for Medicare Platino enrollments.   |
| <b>Enrollment Record Rejection</b>     |   |
| <b>Description</b>                     | The registration process to be modified or updated may present some rejection if it does not meet the validation requirements in the ASES information systems. These rejections are sent daily to the insurers under contract in a defined file in *.rjc format, including error codes to be considered by the insurer, to resubmit corrected as appropriate. |
| <b>ERROR CODES</b>                     | See Enrollment Error Codes Table  |

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*[Handwritten signature]*



| <b>DISENROLLMENT</b>              |  |
|-----------------------------------|--|
| <b>Description</b>                | The disenrollment process can arise from any of the following events: when the PR Medicaid Office determines that the beneficiary does not meet the eligibility criteria for Medicare Platino (termination of eligibility), when the coverage code changes and if the change version of the plan was not sent correctly before the end of the month (programmatic cancellation) in the ASES information systems  |
| <b>Disenrollment Concepts</b>     |  |
| <b>Termination of Eligibility</b> | Termination of eligibility refers to the cancellation of the health services transaction due to the expiration of the eligibility period. The cancellation of the beneficiary's eligibility will be received from the Medicaid Office in PR and will be carried out in the processes in the ASES information system on the last day of each month. ASES will be updating the information through the file in *.exp format. The contracting insurer must terminate the Medicare Platino Beneficiary.  |
| <b>Programmatic Disenrollment</b> | <p>Contract insurers have to identify when a record received has a coverage code different from the one registered in their information system.</p> <p>This cancellation occurs when the Medicaid Office in PR sends a coverage change code for a Beneficiary and the insurer under contract has not submitted an enrollment with the new Version of the Plan related to the change of coverage.</p> <p>The contracting insurer has to assess whether the new Coverage Code requires the Beneficiary to be enrolled in a different Plan Version. If so, they must re-enroll these beneficiaries in the new Plan Version to match the new coverage code. This process must be sent to ASES to make a Plan Version change before the end of the current month.</p> <p>Beneficiaries who are not registered with a Version of the Plan that</p> |

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## Attachment K Information Systems

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|                                 | <p>corresponds to the coverage code will be discharged during the month-end cycle in the ASIES information systems.</p> <p>The insurer must re-enroll beneficiaries who have been canceled or terminated for this reason.</p>  |
| Carrier Change                  | <p>When receiving an inscription from a contracted insurer and in the ASIES information systems the beneficiary appears registered in another insurer, it is understood that the beneficiary made a change of insurer. The previous insurer will be notified in the file in *.exp format and it has to cancel the beneficiary in its systems. If the change is prospective, the old insurer's enrollment data remains in the current data fields and the future insurer's data fills the new data fields. At the end of the month prior to the prospective enrollment effective date, the data in the new fields is moved to the current data fields and both insurers are notified.</p> <p>A recovery of the payment fee will be made if a payment has previously been made to an insurer that loses the Beneficiary retroactively.</p> |
| Effective Date of Disenrollment | The effective date of disenrollment will fall on the last day of the month in which any of the events mentioned above take place.  |
| <b>SYSPREM</b>                  |  |
| Description                     | <p>The main function of SYSPREM will be to allow the registration of the Beneficiary's registration in historical data in those cases that cannot be processed as current registrations. Insurers in contract</p> <p>they have to modify their systems so that the SYSPREM data is not included as current data at the time of processing the file in *.exp eligibility format. Once a transaction is received, which must be processed through SYSPREM, a verification and validation process of the information in the registry is carried out. Once the validation tests have been passed, the registry is updated in the information systems that contains the information corresponding to the historical transactions. Those files that do not satisfactorily complete</p>   |

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|   | <p>the verification processes will be sent in a file in *.exp format of corresponding rejected registrations for correction</p> <p>Some beneficiaries will not appear as enrolled on the record because they are not eligible on the effective date or because they are enrolled with a different provider. Insurers have to evaluate the cases rejected by SYSPREM to identify errors in the assigned Effective Date and the correctness of the beneficiary data included in the registration record.</p> |
| <b>SYSPREM Classification Codes: Primary Error Codes</b>  |  |
| <b>Description</b>  | The following are enrollment validation error codes that represent base cause for classification for SYSPREM processing.   |
| 107   | Effective Date before ineligibility period.  |
| 177   | Effective date on or before current enrollment.  |
| 280   | Not currently eligible.  |
| <b>SYSPREM Allowed Error Codes: Secondary Error Codes</b> |  |
| <b>Description</b>  | The following are enrollment validation error codes that are allowed as secondary to any Classification Codes during a SYSPREM candidate enrollment record evaluation.   |
| 053   | Currently enrolled in same carrier (Medicare Platino Carrier Change).  |
| 132   | Failed MPI match in current data.  |
| 211   | Coverage limited to Federal Medicaid and beneficiary is not currently classified as so.  |
| 222   | Currently enrolled in same carrier (Immediate Enrollment).   |
| 223   | Currently enrolled in another carrier (Immediate Enrollment).  |



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| 225                                   | Failed SSN match in current data.   |
| 226                                   | Failed MPI match for the given family id and member suffix.   |
| <b>SYSPREM Validation Error Codes</b> |   |
| <b>Description</b>                    | SYSPREM will perform certain validations in the process of evaluating candidate enrollment records for registering in historical data.  |
| 980                                   | The latest enrollment from ASES historical data with effective date on or after but during the same month as the Effective Date of the Enrollment candidate to SYSPREM was processed later by the source of the enrollment. |
| 982                                   | Medicare Platino enrollment Effective Date is earlier than '2015-01-01'.  |
| 983                                   | Already enrolled in the same carrier in ASES historical data by the Effective Date specified in the enrollment candidate to SYSPREM.  |
| 984                                   | Already enrolled in ASES historical data by the Effective Date specified in the enrollment with Tran_Id = 'E' candidate to SYSPREM.   |
| 986                                   | Effective Date is on or later than current enrollment Effective Date or Cancellation Date.  |
| 987                                   | Member SSN not found in ASES historical data.   |
| 988                                   | The MPI number specified by the enrollment candidate to SYSPREM did not match the MPI number found in ASES historical data by the stated Effective Date.  |
| 996                                   | Not an error, but a notification that the record was processed by SYSPREM.  |

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| <b>PREMIUM PAYMENT</b>          |   |
|---------------------------------|---|
| <b>Description</b>              | <p>The premium payment system according to the contract has the criterion of making payment only when the beneficiaries are enrolled before the first day of the month to which the payment corresponds. Beneficiaries registered after that date will be considered for the next payment, after all the updating and cancellation procedures in force in that month.</p> <p>To standardize the payment schedule for Medicare Platino (rate cell: 38) and state (rate cell: 40) beneficiaries. The detailed information of the premium payment for each beneficiary is transmitted to the insurer in an EDI 820 format file.</p>  |
| <b>Premium Payment Concepts</b> |   |
| <b>Payment Execution</b>        | <p>On a monthly basis, the system performs an automatic execution of the payment. The premium paid by each member will depend on their classification in the Rate Cell. The payment of the premium corresponding to Rate Cell will be made on the first day of the month following the acceptance of the registration by ASES. ASES will not pay premiums to beneficiaries who are not duly registered in the ASES information systems nor will it pay premiums to beneficiaries whose records contain transactions that have been rejected in the ASES information systems and have not been corrected within the established deadlines, by contract. This applies Plan Vital, not Medicare Platino.</p> |

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| <b>Reasons for Not Executing a Payment</b> | <p>The payment rate will not be executed in favor of an insurer under contract for the following circumstances:</p> <ol style="list-style-type: none"> <li>(1) If the beneficiary is not registered in the ASES information systems before the first day of the month for which the payment transaction is being executed;</li> <li>(2) If the registration had been rejected by ASES and the insurer did not submit a new registration with the corresponding corrections</li> <li>(3) If the ASES eligibility data shows that the beneficiary had a disenrollment (blank card issuance date), cancellation of eligibility or change of insurer.</li> </ol>   |
| <b>Monthly Payments</b>                    | <p>In this case, the system produces a payment for those beneficiaries whose registration has already been made effective before the first day of the month for which the payment operation is executed. The execution of the payment tariff is executed on the first day of the month.</p>  |
| <b>Retroactive Payments</b>                | <p>These payments are calculated when the Membership Effective Date falls in a period prior to the month in which the fee payment process is being executed. In other words, this type of payment is executed when payments corresponding to months prior to the month in which the payment is made are identified. Retroactive payments will be calculated based on the effective date of enrollment. The system will process the payments of registered beneficiaries with an Effective Date prior to the payment date in the case of monthly payments or prorated payments that have not been previously paid within the retroactive payment terms. Retroactive payments may result in an adjusted payment if they are the result of the cancellation of a previous enrollment or an insurer change by the insurer.</p> |

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| Adjustments          | A payment adjustment is calculated when there is a need to reverse a payment that was awarded to an insurer during a previous payment process. It occurs when, as a result of a retroactive payment calculation, a payment made in relation to the same beneficiary within the same period in which a change of insurer has been executed is identified. In these cases, an adjustment is made to the rate paid to the first insurer.  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
|----------------------|--|----------------------|-------------|---|--------|---|----------|---|-----|---|-----------------|---|---------------------|---|----------|---|-----------------------|---|---------|
| Special Adjustments  | Generally, the special adjustments are carried out as a result of internal audit processes that reveal that a wrongly adjudicated payment (like for example, deceased beneficiaries, duplicate payments, PARIS eligibility match, etc.) must be reversed or that, on the contrary, an omitted payment must be adjudicated. For this type of adjustment, the insurer will receive a list of transactions in which they can identify the type of adjustment (for example: a deceased), the adjusted months and the amount adjusted. The description of this list is found in Attachment 9, Special Adjustment File Layout. |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| Adjustment Type      | <p>The table below describes the various adjustment types identified by the payment process.</p> <table border="1"> <thead> <tr> <th>Adjustment Type Code</th><th>Description</th></tr> </thead> <tbody> <tr> <td>1</td><td>DblPay</td></tr> <tr> <td>2</td><td>Deceased</td></tr> <tr> <td>4</td><td>COB</td></tr> <tr> <td>5</td><td>Rate Adjustment</td></tr> <tr> <td>6</td><td>Reverse Adjustments</td></tr> <tr> <td>7</td><td>Fix Rate</td></tr> <tr> <td>8</td><td>Full Month Adjustment</td></tr> <tr> <td>9</td><td>Newborn</td></tr> </tbody> </table>  | Adjustment Type Code | Description | 1 | DblPay | 2 | Deceased | 4 | COB | 5 | Rate Adjustment | 6 | Reverse Adjustments | 7 | Fix Rate | 8 | Full Month Adjustment | 9 | Newborn |
| Adjustment Type Code | Description  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 1                    | DblPay   |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 2                    | Deceased   |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 4                    | COB  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 5                    | Rate Adjustment  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 6                    | Reverse Adjustments  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 7                    | Fix Rate   |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 8                    | Full Month Adjustment  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |
| 9                    | Newborn  |                      |             |   |        |   |          |   |     |   |                 |   |                     |   |          |   |                       |   |         |

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|                             |  |                        |
|-----------------------------|--|------------------------|
|                             | 10   | Ineligible             |
|                             | 11   | Special Reconciliation |
|                             | 12   | Rate Cell              |
|                             | 13   | Maternity Kick Payment |
|                             |  |                        |
| <b>EDI 820 Payment File</b> | <p>The conciliation process that is carried out between ASES and the insurers in contract in relation to the payment of established rates must take into account the content of the EDI 820 files. This file is generated monthly by insurer and Type of Plan, this includes the detail of the payments that correspond to each one of the beneficiaries enrolled in the insurers per month. This encompasses the rate cell and, if applicable, adjustment type information for each of those payments.</p> <p>This file does not distinguish whether the payment corresponds to an adjustment of a regular payment process or a special adjustment. ASES will deliver a separate file for the special adjustments to the insurer.</p> |                        |

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## REFERENCES

## Reference A: Enrollment Hierarchy Table

Note: The table on the right identifies the information that each change will require and states the fields that will be impacted by each one.

## Legend

Y: Information required for the transaction type specified.

O = Optional information.

N = Information that should not be sent for the transaction type specified.

| Tran Id | Contractor          | Plan Type           | Version             | PMG                 | PCP1 | PCP2 |
|---------|---------------------|---------------------|---------------------|---------------------|------|------|
| E       | Y                   | Y                   | Y                   | Y                   | Y    | O    |
| C       | Different than ASES | Y                   | Y                   | Y                   | Y    | O    |
| P       | Same as ASES        | Different than ASES | Y                   | Y                   | Y    | O    |
| V       | Same as ASES        | Same as ASES        | Different than ASES | Y                   | Y    | O    |
| 1       | Same as ASES        | Same as ASES        | Same as ASES        | Different than ASES | Y    | O    |
| 1       | Same as ASES        | Same as ASES        | Same as ASES        | Same as ASES        | Y    | N    |
| 2       | Same as ASES        | Same as ASES        | Same as ASES        | Same as ASES        | N    | Y    |
| 3       | Same as ASES        | Same as ASES        | Same as ASES        | Same as ASES        | Y    | Y    |

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**Reference B: Region Codes**

| Region      | Data Region Codes |
|-------------|-------------------|
| North       | A                 |
| Metro North | B                 |
| East        | E                 |
| Northeast   | F                 |
| San Juan    | J                 |
| Southeast   | G                 |
| Southwest   | S                 |
| Special     | P                 |
| West        | Z                 |

**Reference C: File Nomenclature**

The tables below explain the nomenclature for several files that play important roles in the exchange of data pertaining with the eligibility and enrollment of beneficiaries.

**1****ENROLLMENT FILE (CCYYMMDD.sus)**

CC = Contractor Code

YY = Year

MM = Month

DD = Day

.sus = Identifies the file as an enrollment file. The enrollment file may contain records belonging to any of the regions contracted by the Contractor.

**Notes:**

✓ Files received at 9:00 am are entered in the ASES daily cycle.

✓ If a file is received after 9:00 am, it will be entered in the next day's cycle.

See File Layout Attachment – Enrollment Record Layout

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|   |   |
|---|---|
|   | (.sus)  |
| 2 | <p><b>ELIGIBILITY FILE [VYYMMDD.ref]</b></p> <p>a. V = indicates that it is an eligibility file</p> <p>b. YY = Year</p> <p>c. MM = Month</p> <p>d. DD = Day</p> <p>e. .ref = Indicates that it is a file containing the records of the beneficiaries' eligibility.</p>  |
| 3 | <p><b>DATA EXPORT FILE [CCYYMMDD.exp]</b></p> <p>b. CC = Contractor code</p> <p>c. YY = Year</p> <p>d. MM = Month</p> <p>e. DD = Day</p> <p>f. .exp = Indicates that it is a file containing all the eligibility and enrollment transactions processed during the daily run.</p> <p>See File Layout Attachment – Carrier Eligibility File Layout (.exp)</p> |
| 4 | <p><b>ENROLLMENT FILE [CCYYMMDD.enr]</b></p> <p>a. CC= Contractor Code</p> <p>b. YY = Year</p> <p>c. MM = Month</p> <p>d. DD = Day</p> <p>e. .enr = Indicates that the records it contains did not pass</p>   |

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|   | <p>the file integrity validation. These records are not going to be processed.</p> <p><b>Notes:</b><br/>The format is the same as the subscriptions file (.sus)</p>  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
|---|--|---|--|--------|-------------------------------|---------|-------------|---------|--------------|---------|-----|----------|---|---|--|
| 5   | <table border="1"> <thead> <tr> <th colspan="2">REJECTED ENROLLMENTS FILE<br/>[CCYYMMDD.rjc]</th></tr> </thead> <tbody> <tr> <td>a. CC=</td><td>Contractor Code</td></tr> <tr> <td>b. YY =</td><td>Year</td></tr> <tr> <td>c. MM =</td><td>Month</td></tr> <tr> <td>d. DD =</td><td>Day</td></tr> <tr> <td>e. .rjc=</td><td>Indicates that it is a file containing the records of the beneficiaries who have been rejected.</td></tr> <tr> <td colspan="2"> <p><b>Notes:</b> ASBS will continue to run a separate edit and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure.</p> </td></tr> </tbody> </table> | REJECTED ENROLLMENTS FILE<br>[CCYYMMDD.rjc]             |  | a. CC= | Contractor Code               | b. YY = | Year        | c. MM = | Month        | d. DD = | Day | e. .rjc= | Indicates that it is a file containing the records of the beneficiaries who have been rejected. | <p><b>Notes:</b> ASBS will continue to run a separate edit and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure.</p> |  |
| REJECTED ENROLLMENTS FILE<br>[CCYYMMDD.rjc]   |  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| a. CC=  | Contractor Code  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| b. YY =   | Year   |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| c. MM =   | Month  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| d. DD =   | Day  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| e. .rjc=  | Indicates that it is a file containing the records of the beneficiaries who have been rejected.  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| <p><b>Notes:</b> ASBS will continue to run a separate edit and update cycle for each region. Enrollments are filtered through various editing and verification programs and identified as valid or rejected. This process produces a file (.rjc) that contains all the records that are rejected. See File Layout Attachment – Rejected Enrollment (.rjc) Note the (.rjc) and (.sus) share the same layout structure.</p> |  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| 6   | <table border="1"> <thead> <tr> <th colspan="2">Contract fee payment Transactions<br/>[PRCCYYMM0000.820]</th></tr> </thead> <tbody> <tr> <td>a. P =</td><td>Identify contract fee payment</td></tr> <tr> <td>b. R =</td><td>region code</td></tr> <tr> <td>c. CC =</td><td>Insurer code</td></tr> </tbody> </table>  | Contract fee payment Transactions<br>[PRCCYYMM0000.820] |  | a. P = | Identify contract fee payment | b. R =  | region code | c. CC = | Insurer code |         |     |          |   |   |  |
| Contract fee payment Transactions<br>[PRCCYYMM0000.820]   |  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| a. P =  | Identify contract fee payment  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| b. R =  | region code  |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |
| c. CC =   | Insurer code   |   |  |        |                               |         |             |         |              |         |     |          |   |   |  |

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|   |  |
|---|--|
|   | <p>d. 9 = Frequency</p> <p>e. YY = Year</p> <p>f. MM = Month</p> <p>g. 0000 = IPA Direct Contract</p> <p>h. .820 = Indicates that it is a file containing all contract fee payment transactions processed monthly run.</p>   |
| 7 | <p><b>Eligibility Query File [CCYYMMDD.qry]</b></p> <p>a. CC= Carrier Code</p> <p>b. YY=Year</p> <p>c. MM=Month</p> <p>d. DD=Day</p> <p>e. .qry =Indicates that is a file for eligibility verification.</p> <p>Notes: A '.qry' file is submitted by the carriers to verify a person's eligibility for the Medicare Platino Plan and GHIP Plans if necessary. Consequently, ASES generates a response in a '.res' (response) file with the requested information.</p> |

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**Eligibility Query Response File (CCYYMMDD.res)**

a. CC=Carrier Code

b. YY=Year

c. MM=Month

d. DD=Day

e. .res = Indicates that it is a query response file.

Notes: This file is sent by ASES in response to a query file.

Check appendices, the changes to be considered as of July 31, 2022, and January 2023

*Emir*

APPENDICES

Notice of Decision

820 File Layout

Enrollment File Layout

CARRIER to ASES ver 4.1C\_rev.20220000

COB File Layout

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Medicare Platino Enrollment Manual

Rev.06/09/2022

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|             |                           |             |
|-------------|---------------------------|-------------|
|             |                           |             |
| PREPARED BY |                           |             |
|             | Winda J. Lorenzo Gonzalez |             |
|             | (Print name)              | (signature) |
|             | (date)                    | 06/10/2022  |
| REVIEWED BY |                           |             |
|             |                           |             |
|             | (Print name)              | (signature) |
|             |                           | (date)      |
| APPROVED BY |                           |             |
|             | Rafael Vizcarra           |             |
|             | (Print name)              | (signature) |
|             |                           | 6/14/2022   |
|             |                           | (date)      |

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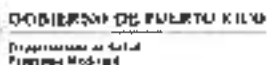
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# Notice of Decision

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Usted puede obtener esta notificación en inglés, o en otro formato que sea mejor para usted. Llámenos al 1-787-641-4224 (TTY: 1-787-625-6955).

Fecha de la carta: 25 de mayo de 2021

**Jerry Rosas Moquino**  
737 Main Street  
San Juan, PR 00901

Procesamos su solicitud y determinamos la elegibilidad para los solicitantes que se muestran a continuación en el Resumen de Decisiones de Elegibilidad. Después del resumen encontrará detalles de los resultados de elegibilidad que pueden continuar en páginas adicionales. Asegúrese de leer ambos lados de cada página.

## Resumen de Decisiones de Elegibilidad

|            |  |
|------------|--|
| <b>MCO</b> | FMH = First Medical Health Plan, MEN = Plan de Salud Menonita, MMH = MMM Multi Health,<br>MOL = Molina Health Care, TSS = Triple-S Salud |
| <b>MAO</b> | HUM = Humana Health Plans, MCS = MCS Advantage, MMM = Medicare y Mucho Mas,<br>TSA = Triple-S Advantage                                  |

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Llámbenos al 1-787-441-4224 (TTY: 1-787-625-6955). Puede llamar de lunes a viernes, de 8:00 a.m. a 6:00 p.m. o acceda a [www.medicafid.org](http://www.medicafid.org). Si necesita asistencia adicional favor de acudir a la oficina de Atención al Paciente de su medicina.

Rev-0220



## Cómo Tomamos Nuestras Decisiones de Elegibilidad

Utilizando la información proporcionada en su solicitud, determinamos el tamaño del núcleo familiar y los ingresos de cada persona que se muestra en el Resumen de Decisiones de Elegibilidad. Se utilizó la información de cada persona con el propósito de corroborar si cumplía con los criterios para los programas de cubierta de salud y se determinó a qué categoría pertenecen. Los ingresos fueron verificados para determinar si estaban dentro de los límites de la categoría correspondiente con los siguientes resultados:

Debido a la actual emergencia de salud pública, Rosas Mcquire, Jerry, determinamos que el tamaño de su núcleo familiar "Medicaid" es 1 y su ingreso "Medicaid" es \$0.00 por mes. El límite de ingresos "Medicaid" para este tamaño de núcleo familiar es \$1,247.00 por mes, por lo tanto, Jerry es elegible para la cubierta "Medicaid" desde 1 de mayo de 2021 a 30 de septiembre de 2021. Para copagos, contamos el tamaño de su núcleo familiar MAGI de 1 y un ingreso MAGI de \$0.00 por mes, lo que resulta en un código de cubierta de 100

## Uso de Su Cubierta de Beneficios Médicos

El/Los individuo(s) mostrado(s) anteriormente como elegible(s) puede(n) recibir servicios de salud de los proveedores de servicios médicos que acepten el plan de la compañía de seguros (MCO o MAO) bajo el cual está cubierto. La aseguradora le proveerá un Manual de Beneficiario donde explica en detalle cómo acceder a los servicios médicos.

El/Los nuevo(s) beneficiario(s) recibirá(n) de su compañía aseguradora una tarjeta de identificación para cada beneficiario. Mientras espera su tarjeta de identificación, cada persona puede acceder a servicios de salud utilizando su MPI, como se muestra arriba en el Resumen de Decisiones de Elegibilidad, o mostrándole al proveedor de servicios médicos una copia de esta notificación.

Si esta notificación es el resultado de una reevaluación debido a un cambio notificado que afecte su cubierta de beneficios, el/Los beneficiario(s) recibirá(n) una nueva tarjeta de identificación.

## Servicios y Costos de Salud

Los beneficiarios elegibles pueden obtener servicios de salud a través de sus compañías de seguros, como visitas al médico, atención hospitalaria y recetas médicas. No se deben pagar primas (costos mensuales) por esta cobertura de salud. Usted puede tener copagos para algunos servicios. Pero hay un límite a los posibles costos cada trimestre para aquellas personas elegibles bajo Medicaid o CHIP. La cantidad que cada persona puede pagar por copagos y el límite de costos trimestrales dependen del tamaño del núcleo familiar y de los ingresos calculados para determinar la elegibilidad de la persona. Hay más detalles sobre copagos y los toques de copago al final de esta sección. La compañía de seguros enviará para cada persona información más detallada sobre los servicios de salud y copagos.

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Si no está de acuerdo con las decisiones reportadas en esta notificación, como el cálculo del tamaño del núcleo familiar o los ingresos de cualquier persona en esta notificación y cree que afecta la elegibilidad o el nivel de copagos, puede apelar. Consulte la sección al final de esta notificación para obtener más información sobre el proceso y los plazos para las apelaciones.

**Copagos:** Los copagos que se pueden cobrar por los servicios se basan en el ingreso MAGI y el tamaño del núcleo familiar MAGI para cualquier persona elegible como Medicaid o CHIP. Para cualquier persona elegible bajo el Programa Estatal, los cálculos se basan en los cálculos del Programa Estatal de ingreso y tamaño del núcleo familiar.

**Tope de Copagos:** (1) las regulaciones federales establecen que las personas elegibles para Medicaid o CHIP tienen un tope en los copagos totales que están obligados a hacer. (2) El límite es del 5% por trimestre, basado en el Ingreso MAGI tamaño del núcleo familiar MAGI del individuo y para alcanzar el tope, los copagos pagados durante un trimestre por cada beneficiario en el núcleo familiar del individuo que es Medicaid o CHIP se suman. Los trimestres se determinan a partir de la fecha de elegibilidad inicial del individuo. (3) Si, en el transcurso de un período de elegibilidad para Medicaid o CHIP, un beneficiario de Medicaid o CHIP cree que los copagos en un trimestre se han pagado por encima del tope, puede presentar una Solicitud de Reembolso de Copagos, que será evaluada por la Administración de Seguros de Salud de Puerto Rico (ASES). (4) La información sobre el Proceso de Reembolso y sobre la Solicitud está disponible en las oficinas locales del Programa Medicaid, en el sitio web del Programa de Medicaid (<https://www.medicaid.pr.gov/>) y en el sitio web de ASES (<http://www.ases.pr.gov/>). (5) La regla federal que exige límites máximos en copagos no se aplica a nadie que sea elegible bajo el Programa Estatal.

## Debe Reportar Cambios

Debe notificar cualquier cambio que pueda afectar su cubierta de salud. Favor de reportar sus cambios y los de otras personas en su núcleo familiar, tales como:

- Si alguien se muda.
- Si los ingresos de alguien cambian.
- Si la composición de su hogar cambia.

Por ejemplo, alguien en su núcleo familiar se casa o se divorcia, queda embarazada, tiene o adopta un hijo.

Para reportar los cambios, llámenos al 1-787-641-4224 (TTY: 1-787-625-6955) o acceda a [www.medicaid.pr.gov](http://www.medicaid.pr.gov).

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## Si No Está de Acuerdo con las Decisiones Informadas en Esta Notificación

Puede apelar nuestras decisiones sobre su cubierta médica. Por ejemplo, puede apelar si está en desacuerdo con la determinación del tamaño del núcleo familiar, los ingresos, la ciudadanía, el estatus migratorio o el domicilio de cualquiera persona. También puede apelar qué tipo de cubierta de salud (Medicaid, CHIP o Estatal) se le otorgó o denegó, o el nivel de costo compartido (deducibles, copagos) requiendo, basado en el código de cubierta.

Si tiene una necesidad urgente de atención médica, puede solicitar una apelación expedita (más rápida) para una pronta respuesta. Una necesidad urgente de atención de salud se define como una que podría resultar en un grave daño a la salud de la persona interesada si no se trata pronto. Si solicita una apelación expedita, es posible que deba proporcionar documentación de la necesidad de atención médica urgente.

Para solicitar una apelación, debe presentar la apelación por escrito dentro de los 30 días contados a partir de la fecha de esta notificación (que se encuentra en la parte superior de esta notificación).

La solicitud de apelación se puede hacer: 1) en persona en cualquier oficina local del Programa Medicaid de Puerto Rico; 2) por correo a la siguiente dirección – Programa Medicaid de Puerto Rico, Departamento de Salud, P.O. Box 70184, San Juan, PR 00936-8184; 3) por fax (Fax) a – (787) 759-8361. El plazo que tiene para presentar una apelación expira el 24 de junio de 2021. La determinación en esta notificación será definitiva si usted no apela dentro del plazo de 30 días.

Una vez que solicite una apelación, trataremos de solucionar el desacuerdo por teléfono o personalmente. Si una llamada telefónica o una reunión no solucionan el asunto, usted tiene derecho a una audiencia justa.

Una audiencia es una reunión entre usted, personal del Programa Medicaid de Puerto Rico y un oficial de audiencias. En la audiencia puede explicar por qué no está de acuerdo con la decisión.

Para prepararse para su audiencia, puede:

- Solicitar una copia de su expediente antes de la audiencia.
- Traiga a alguien con usted a la audiencia, como un amigo, pariente o abogado, o venga solo.
- Traiga documentos, información o testigos para explicar su desacuerdo con la decisión.

Si una persona tiene cubierta de salud, y la decisión en esta notificación la elimina o la reduce, puede conservarla durante el período de apelación, siempre que la solicitud de apelación se realice dentro de los primeros 10 días a partir del recibo de esta notificación.

Decidiremos su apelación dentro de los 90 días de su solicitud.

Sinceramente,

Programa Medicaid de Puerto Rico  
Departamento de Salud de PR  
P.O. Box 70184  
San Juan, PR 00936-8184

Siempre mantendremos su  
información segura



Llámonos al 1-787-441-4224 (TTY: 1-787-625-6955). Puede llamar de lunes a viernes, de 9:00 a.m. a 5:00 p.m. o acceda a [www.medicaid.pr.gov](http://www.medicaid.pr.gov). Si necesita asistencia adicional favor de acudir a la oficina de Medicaid de su preferencia.

# Coordination Of Benefits (COB)

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# ASES COB Data Submissions

## File Layout

### Version 1.8.2

March 31, 2020





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Version 1.8.2

A handwritten signature in blue ink, likely belonging to an official, located at the bottom right of the page.

## Version Changes

### **Version 1.8.1**

#### **Modifications**

Field SSN

Optional for INSURANCE\_COVERAGE (C,G or F)

Added Field MBI

For Medicare Beneficiaries INSURANCE\_COVERAGE (C,G or F) } please include the MBI number.

The field size is 11 characters.



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Version 1.8.2

Center to ASSES COB Data Substitutions File Layout  
Page 3 of 24

Last Update: March 31, 2020

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## NOTES

This document is prepared to comply with the 27 Act of 2010 which add a new Article VIII Section 4 of Act No. 72 of September 7, 1993, as amended, known as the "Law of Health Insurance Administration of Puerto Rico."; establish a requirement for insurers and others to share information of eligibility with the Health Insurance Administration or its duly authorized Subcontractor; allow recovery of fees paid by the Administration, and for other purposes.

The insurer shall provide for the physical safeguarding of its Data processing facilities and the Systems and Information housed therein. The Insurer shall provide ASES with access to Data facilities upon ASES's request. The physical security provisions shall be in effect for the life of this Contract.

The Insurer shall ensure that the operation of all of its Systems is performed in accordance with Puerto Rico and Federal regulations and guidelines related to security and confidentiality of the protected information managed by the Insurer, and shall strictly comply with HIPAA Privacy and Security Rules, as amended, and with the Breach Notification Rules under the HITECH Act.

The Insurer will put in place procedures, measures and technical security to prohibit unauthorized access to the regions of the Data communications network inside of an Insurer's Span of Control.

The Insurer shall submit all reports electronically to ASES's FTP site unless directed otherwise by ASES. ASES shall provide the Insurer with access to the FTP site. The email generated by the FTP upload will be used as the time stamp for the submission of the report(s).

The Insurer Data transfers shall occur in standard format as prescribed by ASES and will be compliant with HIPAA and Federal regulations. The Insurer shall submit in formats as prescribed by ASES so long as ASES's direction does not conflict with any Federal law. With each submitted file the Insurer will include a Transmittal Sheet to indicate the record's totals submitted. See a Transmittal Sheet model in Attachment III.

ASES will make available a secure FTP server, accessible via the Internet, for receipt of electronic files and reports from the Insurer. The Insurer shall provide a similar system for ASES to transmit files and reports deliverable by ASES to the Insurer. When such systems are operational, ASES and the Insurer shall agree mutually on alternate methods for the exchange of files.



A handwritten signature in blue ink, appearing to be 'J. R.', is written above the circular stamp.

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

### COORDINATION OF BENEFITS - COB

Some people who are beneficiaries of Government Health Plan of Puerto Rico, which thrives on federal funds under certain circumstances may be eligible to receive benefits for a private plan or other health insurance funded by the Government of Puerto Rico. In accordance with applicable laws and federal guidelines, Medicaid is the payer of last resort and the rest of the remedies must be exhausted before resorting to the services under the Medicaid funds provided.

By provision of Public Law 109-171, the Federal Government will require governments of the states and territories beneficiaries of Medicaid funds, authorizing him to health insurers to share certain information with the State agency responsible for administering the program Medicaid. The collection of this information facilitates coordination of services and the sound administration of the funds received and ensures that Medicaid is not paying for care to be covered by another payer.

### DATA VALIDATION PROCESS -

All files will pass through a validation process. Validation will check the basic structure of the file and its records and may result in a file being rejected. Such rejections may be caused for example, by file names which fail to follow the naming convention, a file containing wrong length records, wrong field coding or other basic tests.

All files which are rejected will be notified to the Insurer with an explanation of why the file is rejected. No records from such a file will be retained in the system and the Insurer will be required to re-submit the rejected file in its entirety before the next month files become due. Such 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.

### 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). Digits 18 and 19 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.





**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 an 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 as 9(7)v99 where v represents an implied decimal the following examples illustrate how data will look in the field:

| Value     | Field     |
|-----------|-----------|
| 12.50     | 000001250 |
| 101       | 000010100 |
| 1,234.56  | 000123456 |
| 1,000,000 | 100000000 |



*[Handwritten signature]*

*[Handwritten signature]*

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 field 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 -

| Value       | Field           |
|-------------|-----------------|
| P.R.        | [ P.R. ]        |
| José Rivera | [ José Rivera ] |
| blanks      | [ ]             |

### Data File Naming Convention

All data files to be delivered to ASES by the Insurers must follow the naming conventions below. Files which do not fit the naming convention will be ignored and the Insurer 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 Insurer, dates and file type. If not named correctly the file cannot be processed properly.

The general format of file names will be - cccyyymmss.ff

Where:

|               |     |   |                                     |
|---------------|-----|---|-------------------------------------|
| Character 1-3 | ccc | = | Insurer Code (See attachment I)     |
| Character 4-5 | yy  | = | Last two digits of year             |
| Character 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 "                                |
| Character 10-12 | Extension code identifying type of file |

COB for COORDINATION OF SERVICES



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Files are always dated for the month being reported. For example, when sending coverage information in September 2013 the **yyymm** part of the file name will be **1309** while the file will be sent to **ASES** in October.

Examples of completing this naming convention are –

For imaginary Insurer 096 in the files for COB in April 2013 will be named as follows –

Coordination of Services      09613040.COB

When the COB file is rejected, the corrected file will be re-submitted as  
09612041.COB

The error log generated when the COB file is rejected will reference to the rejected file name with **ERR** extension on it.  
The error file name will look as  
09612041.ERR

All data files submitted must include a Transmittal Sheet with the following file name format.

The general format of file names will be – **Cccyyymmddss-tr.xls**

Where:

|                |     |   |                                     |
|----------------|-----|---|-------------------------------------|
| Character 1-3  | ccc | = | Insurer's Code (See attachment I)   |
| Character 4-5  | yy  | = | Last two digits of year             |
| Characters 6-7 | mm  | = | Month                               |
| Characters 8-9 |     |   |                                     |
| Character 10   | 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 ...

Characters 11-13      Always "tr"

Character 14      Always "

Characters 15-17      Extension code identifying type of file (Always XLS)

XLS      for      MS EXCEL FILE FORMAT



Examples of completing this naming convention are –

For imaginary Insurer 096 in the Transmittal Sheet for file submitted in April 23, 2013 will be named as follows –

Transmittal Sheet      0961304230-4r.XLS

### Data File Text Format

All files should be generated using one of the following text formats:

- utf-8 o
- text/plain; charset=us-ascii

Include Windows EOL (End of Line) on each record.



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# INSURER COB OUTPUT FILE - COB Record

| # Field | Field                   | Description   | Position | Size | Defaultable Data Format  | Validation Rules  |
|---------|-------------------------|---|----------|------|--|---|
| 1       | RECORD_TYPE             | Record Type   | 1        | 1    | Y for Insurance  | Required  |
| 2       | TRAIL_ID                | Insurance claim with Regular  | 2        | 1    | Alphabetic, Inductive  | Required  |
| 3       | PROCESS_DATE            | Date of report. Last day of month.  | 3        | 8    | MMDDYYYY   | Required  |
| 4       | PROCESS_BEG_DATE        | Identify the policy date that reflects the total time covered by this reporting date. | 11       | 8    | MMDDYYYY   | Required  |
| 5       | IDENTIFY_INSURER_CODE   | Code that identifies Insurance Company  | 19       | 3    | (See Attachment D)   | Required  |
| 6       | GROUP_NUMBER            | Group number  | 22       | 20   | X(20)  | Required. Must be left justified, blank filled to the right.  |
| 7       | POLICY_NUMBER           | Policy or Contract Number   | 42       | 20   | Required.  | Required  |
| 8       | POLICY_EFFECTIVE_DATE   | Start Date of Covered Individual's Primary Coverage by Insurer                        | 42       | 8    | MMDDYYYY   | Required  |
| 9       | POLICY_TERMINATION_DATE | End Date of Covered Individual's Primary Coverage                                     | 70       | 8    | MMDDYYYY   | Required. If the policy does not have a termination date, otherwise leave blank.                      |
| 10      | INSURANCE_TYPE          | Insurance Type  | 78       | 1    | 1 = Private; 2 = Self-Insured; 3 = Self-Insured  | Required.   |
| 11      | INSURANCE_COVERAGE      | Insurance Coverage  | 79       | 20   | (See Attachment D) Include all coverage codes with Insurance for covered individual/Consenters of codes. | Required. For Medicare coverage. Must use lower C, F or Q only. DO NOT USE COMMAS TO SEPARATE CODES.  |
| 12      | COVERED_SERVICES        | Covered Services  | 99       | 20   | Identify the Insurer's codes for covered services. Concatenate all codes.                                | Required. DO NOT USE COMMAS TO SEPARATE CODES.  |
| 13      | SSN                     | Covered Individual's Social Security Number.  | 119      | 9    | (SSN)  | Required if Insurance Coverage NOT in (C, G or F)   |
| 14      | LAST_NAME_1             | Covered Individual's first last name  | 128      | 28   | X(28)  | Required. Must be left justified, blank filled to the right.  |
| 15      | LAST_NAME_2             | Covered Individual's second last name   | 163      | 28   | X(28)  | Required if the individual has a second last name. Must be left justified, blank filled to the right. |
| 16      | FIRST_NAME              | Covered Individual's First Name   | 178      | 28   | X(28)  | Required. Must be left justified, blank filled to the right.  |
| 17      | MIDDLE_INITIAL          | Covered Individual's Middle Initial   | 208      | 1    | X(1)   | Required if the individual has a middle initial   |
| 18      | RELATIONSHIP            | Covered Individual's Relation to Policy Holder  | 209      | 1    | 1 = Policy Holder; 2 = Spouse; 3 = Child; 4 = Other; 5 = Domestic Partner                                | Required  |
| 19      | DATE_OF_BIRTH           | Covered Individual's Date of Birth  | 205      | 8    | MMDDYYYY   | Required  |
| 20      | ORDER                   | Covered Individual's Sort Code  | 213      | 1    | 1 = Unknown; 2 = Male; 3 = Female  | Required  |
| 21      | POLICY_NUMBER           | Covered Individual's Policy Number  | 214      | 8    | X(8)   | Required if Insurance Coverage in (C, G or F)   |
| 22      | POLICY_NUMBER           | Pharmacy Insurance Provider Contract Number (PCN)                                     | 220      | 10   | Pharmacy Insurance Provider Contract Number (PCN)  | Required if Insurance Coverage in (C, G or F)   |
| 23      | POLICY_GROUP            | Pharmacy Insurance Group ID   | 220      | 15   | Alternate Insurance Group ID   | Required if Insurance Coverage in (C, G or F)   |
| 24      | MBI                     | Medicare Beneficiary Identifier (MBI)   | 245      | 11   | X(11)  | Required if Insurance Coverage in (C, G or F)   |
| 25      | FILER                   | End of Record File  | 256      | 1    | .  | Required  |

See All for Field Fields



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## ERROR COB OUTPUT FILE - COB Error

| # Field                 | Field       | Record Fields | Position | Size | Notes                   | Notes                |
|-------------------------|-------------|---------------|----------|------|-------------------------|----------------------|
| 1                       | RECORD_LINE | RECORD_LINE   | 1        | 6    | Record line number.     |                      |
| 2                       | ERROR_CODE  | ERROR_CODE    | 7        | 5    | Three digits error code |                      |
| 3                       | FIELD_NAME  | FIELD_NAME    | 12       | 25   |                         |                      |
| 4                       | DESCRIPTION | DESCRIPTION   | 37       | 50   |                         |                      |
| 5                       |             | FILLER        | 87       | 1    | *                       | End of Record Filler |
|                         |             |               | 88       |      |                         |                      |
| *** All are Text Fields |             |               |          |      |                         |                      |



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# ATTACHMENTS



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# ATTACHMENT I - INSURER CODES

| CODE | Insurer                                    |
|------|--|
| 000  | 00   |
| 001  | MEDICARE HOSP. Y AMBULATORIO - Parte A & B |
| 002  | MEDICARE Y MUCHO MAS                       |
| 003  | MEDICARE HOSP. - Parte A                   |
| 004  | PREFERRED MEDICARE CHOICE                  |
| 005  | MCS CLASSICARE                             |
| 006  | TRIPLE-S MEDICARE OPTIMO                   |
| 007  | LA CRUZ AZUL DE PUERTO RICO                |
| 008  | TRIPLE-S                                   |
| 009  | MEDICARE AMBULATORIO - Parte B             |
| 010  | INTERNATIONAL MEDICAL CARD                 |
| 011  | ASOCIACION DE MAESTROS                     |
| 012  | HUMANA ADVANTAGE                           |
| 013  | COSVI DE P.R.                              |
| 014  | MCS  |
| 015  | HOSPITAL DE LA CONCEPCION                  |
| 016  | HUMANA                                     |
| 017  | SERVICIOS DE SALUD BELLA VISTA             |
| 018  | AUXILIO MUTUO                              |
| 019  | UNION TRABAJADORES DE MUELLES              |
| 020  | GOLDEN CROSS HEALTH PLAN                   |
| 021  | MENONITA DE P. R.                          |



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# ATTACHMENT I • INSURER CODES

| CODE | Insurer                                 |
|------|---|
| 022  | AETNA LIFE INS. CO.                     |
| 023  | AMERICAN CENTRAL INVESTOR LIFE          |
| 024  | AMERICAN FAMILY LIFE INSURANCE          |
| 025  | AMERICAN HOME ASSURANCE                 |
| 026  | ALLSTATES INSURANCE CO.                 |
| 027  | AMERICAN HARDWARE LIFE INS.             |
| 028  | AMERICAN NATIONAL INS. CO.              |
| 029  | ATLANTIC SOUTHERN INS. CO.              |
| 030  | AMERICAN CENTRAL INVESTOR INS. CO.      |
| 031  | ARGONAUT INS. CO.                       |
| 032  | CONFEDERATION LIFE INS. CO.             |
| 033  | COMBINED INS. CO.                       |
| 034  | CROWN LIFE INSURANCE CO.                |
| 035  | CONNECTICUT GENERAL LIFE INS. CO.       |
| 036  | COOPERATIVA SEGUROS MULTIPLES           |
| 037  | COMMONWEALTH INS. CO.                   |
| 038  | CONTINENTAL ASSURANCE CO.               |
| 039  | CHAMPURS, BLUE SHIELD OF CALIFORNIA     |
| 040  | CONFEDERATION LIFE GROUP HEALTH CLAIMS  |
| 041  | GENERAL ACCIDENT AND INSURANCE CORP.    |
| 042  | INTERCONTINENTAL LADIES GARMENT WORKERS |
| 043  | JOHN HANCOCK                            |



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# ATTACHMENT I - INSURER CODES

| CODE | Insurer                              |
|------|--------------------------------------|
| 044  | LINCOLN NATIONAL LIFE INS. CO.       |
| 045  | LA ATLANTICA                         |
| 046  | LINCOLN INCOME LIFE INS. CO.         |
| 047  | MUTUAL LIFE INC.                     |
| 048  | MUTUAL LIFE INC.                     |
| 049  | MASSACHUSETTS MUTUAL LIFE INS. CO.   |
| 050  | METROPOLITAN LIFE INS.               |
| 051  | MONEY MUTUAL LIFE INS. OF N. Y.      |
| 052  | NATIONAL LIFE INS. CO.               |
| 053  | N.M.U. PENSION AND WELFARE PLAN      |
| 054  | NEW ENGLAND MUTUAL LIFE INS. CO.     |
| 055  | NORTH AMERICAN CO. LIFE INS. CO.     |
| 056  | NATIONAL HOME LIFE INS.              |
| 057  | NEW YORK LIFE INS. CO.               |
| 058  | OCCIDENTAL LIFE INS.                 |
| 059  | PROVIDENT LIFE AND ACCIDENT INS. CO. |
| 060  | PRUDENTIAL LIFE INS. CO.             |
| 061  | PACIFIC MUTUAL LIFE INS. CO.         |
| 062  | PUERTO RICAN AMERICAN INS. CORP.     |
| 063  | PLAN UNION MARINOS MERCANTES         |
| 064  | PILOT LIFE INS. CO.                  |
| 065  | PAN AMERICAN LIFE INS. CO.           |



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# ATTACHMENT I - INSURER CODES

| CODE | Insurer                               |
|------|---------------------------------------|
| 066  | PLAN DE SALUD U.I.A.                  |
| 067  | REPUBLIC NATIONAL LIFE INS. CO.       |
| 068  | SEAFARERS WELFARE MEDICAL PLAN        |
| 069  | SUN LIFE ASSURANCE CO.                |
| 070  | SALUD PREVENTIVA, INC.                |
| 071  | SECURITY NATIONAL LIFE INS. CO.       |
| 072  | STATE MUTUAL LIFE INS. CO. OF AMERICA |
| 073  | THE PRUDENTIAL INS. CO.               |
| 074  | TRANS OCEANIC LIFE INS.               |
| 075  | TRANS WORLD INS. CO.                  |
| 076  | THE BANKERS LIFE                      |
| 077  | THE CARBORUNDUM CO. OF P.R.           |
| 078  | THE NEW YORK LIFE INS. CO.            |
| 079  | THE HERFORD INS. CO.                  |
| 080  | THE MUTUAL LIFE INS. CO. OF NEW YORK  |
| 081  | THE GUARDIAN LIFE INS. CO.            |
| 082  | THE EQUITABLE LIFE ASSURANCE          |
| 083  | THE TRAVELERS INS. CO.                |
| 084  | THE MONEY MUTUAL LIFE INS. CO.        |
| 085  | UNITED BENEFITS LIFE INS. CO.         |
| 086  | UNITED OF OMAHA                       |
| 087  | UNITED LIFE INS. CO.                  |



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# ATTACHMENT I - INSURER CODES

| CODE | Insurer                      |
|------|------------------------------|
| 088  | SERVIMEDICAL                 |
| 089  | PLAN DE LA POLICIA           |
| 090  | FIRST MEDICAL ADVANTAGE      |
| 091  | AUXILIO MUTUO ADVANTAGE      |
| 092  | RYDERS HEALTH PLAN           |
| 093  | CIGNA                        |
| 094  | COSVI ADVANTAGE              |
| 095  | MAPFRE ADVANTAGE             |
| 096  | AMERICAN HEALTH MEDICARE     |
| 097  | SALUD DORADA ADVANTAGE       |
| 098  | MEDICARE PLATINO             |
| 099  | OTRAS COMPANIAS ASEGURADORAS |
| 100  | ACCA                         |
| 101  | COVEL                        |
| 102  | FONDO DEL SEGURO DEL ESTADO  |
| 103  | TRICARE                      |
| 104  | CIGNA PREFERRED              |
| 105  | CIGNA EXCLUSIVE              |
| 106  | CANADA LIFE                  |
| 107  | CHAMPUS/CHAMPVA              |
| 108  | MEDPLUS                      |
| 109  | COLVER                       |



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# ATTACHMENT I • INSURER CODES

| CODE | Insurer                                   |
|------|---|
| 110  | GLOBAL HEALTH PLAN                        |
| 111  | HOFFA                                     |
| 112  | INTEGRATE COMMUNITY HEALTH                |
| 113  | PROSALUD                                  |
| 114  | INTERNATIONAL MANAGED CARE                |
| 115  | MMIM                                      |
| 116  | NIÑOS LISIADOS (DEPT DE SALUD)            |
| 117  | OPTIONS                                   |
| 118  | PALC                                      |
| 119  | PROSAM                                    |
| 120  | UTM                                       |
| 121  | UTI                                       |
| 122  | UIA                                       |
| 123  | UNITEDHEALTHCARE INS. CO.                 |
| 124  | SOM HEALTH MANAGEMENT, INC.               |
| 125  | PHARMACY INSURANCE CORPORATION OF AMERICA |
| 126  | MCS ADVANTAGE, INC.                       |
| 127  | PROSALUD HMO, CORP.                       |
| 128  | FEDERACION DE MAESTROS DE PUERTO RICO     |
| 129  | First Plus                                |
| 130  | Delta Dental                              |
| 131  | Constellation Health                      |



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## ATTACHMENT I - INSURER CODES

| CODE | Insurer                            |
|------|------------------------------------|
| 132  | Molina Healthcare                  |
| 133  | Envision Rx                        |
| 134  | Correctional Health Services Corp. |
| 135  | Optima Health PR                   |



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## ATTACHMENT II – INSURANCE COVERAGE

| CODE | COVERAGE   |
|------|--|
| A    | Ambulance Services   |
| R    | Ambulatory Rehabilitation Services                               |
| D    | Dental Services  |
| T    | Diagnostic Testing Services                                      |
| E    | Emergency Room Services  |
| H    | Hospitalization Services   |
| M    | Maternity and Prenatal Services                                  |
| S    | Medical and Surgical Services                                    |
| C    | Medicare Advantage Plans with prescription drug coverage         |
| G    | Medicare Advantage Plans without prescription drug coverage      |
| F    | Medicare stand-alone Part D Plans for prescription drug coverage |
| V    | Mental Health Hospitalization Services                           |
| W    | Mental Health Services   |
| N    | Non-Emergency Transportation Services (NEMT)                     |
| P    | Pharmacy Services  |



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**ATTACHMENT III – TRANSMITTAL SHEET**



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**NOMBRE DE ASEGURADORA**  
**HOJA DE TRAMITE ARCHIVOS COB**  
**ENVIO DE ARCHIVOS**

FECHA DE ENVIO:

ENVIO A: ASES COB

ENVIO POR:

| USO ASEGURADORA    |                   |                |            | USO DE ASES     |              |
|--------------------|-------------------|----------------|------------|-----------------|--------------|
| NOMBRE DEL ARCHIVO | NUMERO DE RECORDS | TAMANO ARCHIVO | VIA FTP    | PROCESO EN ASES | MAC OPERADOR |
| 1                  | 0                 | 0              | FTP Server |                 |              |
| 2                  |                   |                | FTP Server |                 |              |
| 3                  |                   |                | FTP Server |                 |              |

PARA USO DE ASES

RECIBIDO EN ASES POR:

FECHA:

INSTRUCCIONES ESPECIALES:

SE ENTREGA ESTA HOJA DE TRAMITE ADJUNTA AL ARCHIVO POR FTP  
 TRAMITE QUE LLEVARA TODOS LOS ARCHIVOS QUE LE CORRESPONDA A LA ASEGURADORA.



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**ATTACHMENT IV – ERROR CODES**



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| ERR_CODE | ERROR DESCRIPTION  |
|----------|--|
| R1202    | Unexpected NULL value for TRAN_ID field                                  |
| R1204    | Unexpected NULL value for PROCESS_DATE field                             |
| R1206    | Unexpected NULL value for INSURANCE_TYPE field                           |
| R1208    | Unexpected NULL value for INSURANCE_COVERAGE field                       |
| R1210    | Unexpected NULL value for COVERED_SERVICES field                         |
| R1212    | Invalid value for HEALTH_INSURER_CODE field                              |
| R1214    | Unexpected NULL value for GROUP_NUMBER field                             |
| R1216    | Unexpected NULL value for POLICY_NUMBER field                            |
| R1218    | Unexpected NULL value for RELATIONSHIP field                             |
| R1220    | Unexpected NULL value for RX_BIN field based on COVERED_SERVICES field   |
| R1222    | Unexpected NULL value for RX_PCN field based on COVERED_SERVICES field   |
| R1224    | Unexpected NULL value for RX_GROUP field based on COVERED_SERVICES field |
| R1459    | Unexpected NULL value for PROCESS_BEG_DATE field                         |
| R1479    | Unexpected NULL value for GENDER field                                   |
| R1481    | Unexpected NULL value for SSN field                                      |
| R1483    | Unexpected NULL value for POLICY_TERMINATION_DATE field                  |
| R1485    | Unexpected NULL value for POLICY_EFFECTIVE_DATE field                    |
| R1489    | Invalid value for COVERED_SERVICES field                                 |
| R552     | Invalid value for GENDER field   |
| R563     | Invalid value for INSURANCE_COVERAGE field                               |
| R564     | Invalid value for HEALTH_INSURER_CODE field                              |
| R565     | Unexpected NULL value for RECORD_TYPE field                              |
| R566     | Invalid value for RELATIONSHIP field                                     |
| R567     | Invalid value for TRAN_ID field  |
| R568     | PROCESS_DATE is not set to the first day of the month                    |
| R569     | Invalid value for PROCESS_BEG_DATE field                                 |
| R570     | Invalid value for GROUP_NUMBER field                                     |
| R572     | Unexpected NULL value for LAST_NAME_1 field                              |
| R573     | Unexpected NULL value for FIRST_NAME field                               |
| R574     | Invalid value for DATE_OF_BIRTH field                                    |
| R575     | Invalid value for POLICY_EFFECTIVE_DATE field                            |
| R576     | Invalid value for POLICY_TERMINATION_DATE field                          |
| R577     | Invalid value for INSURANCE_TYPE field                                   |
| R578     | Invalid value for SSN field  |
| OTE      | Date Type Error  |
| EOL      | End Of Line Error: Bad File  |
| LEN      | Unexpected Record Length   |



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# CARRIER to ASES ver 4.1C\_rev.20220609

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# Carrier to ASES Data Submissions

## New File Layouts

### Version 4.1C

June 7, 2022



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MedInsight@asespr.org



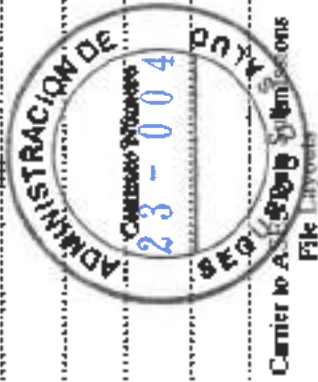
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION Carrier to ASES Data Submissions File Layouts

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# **PUERTO RICO HEALTH INSURANCE ADMINISTRATION** **Carrier to ASES Data Submissions** **File Layouts**

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## Carrier to ASES Data Submissions

### File Layouts

#### Version Changes

##### Version 3.0A

ASES file layouts ver. 3.0A for submission by Carriers for data generated from July 2018 forward

##### CAPITATION Input File Layout

CAPTATION TYPE field was modified.

##### PROVIDER Input File Layout

The descriptions for the provider address fields was changed to specify that it refers to the provider's physical address.  
New fields added to the layout.

##### CLAIMSERVICES Input File Layout - Added

New fields added to the layout.

##### Data Validation and Auditing Change

New section regarding data validation and auditing added.

##### Version 3.0A rev3

##### Provider, Network, and IPA Files Layout

Frequency of Provider, Network, and IPA files changed from monthly to weekly.

Content of Provider, Network, and IPA files changed from only those entities that are present in claims to all active records.

##### CLAIMSERVICES Input File Layout

PLAN TYPE field and PLAN VERSION LIST were modified.

##### Version 3.0A rev4

Content of Provider and Network files changed from all active records to all active records, and "Out of Network" providers present in claims.



Carrier to ASES Data Submissions  
File Layouts

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Last Update June 7, 2022

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

### Carrier to ASES Data Submissions File Layouts

#### Version 3.0A rev5

Provider and Network files descriptions and/or validation rules were changed for required fields that are unavailable for "Out of Network" providers.

#### Version 4.0B

Additional Provider and Network files content requirements were added, for required fields that are unavailable for "Out of Network" providers.

New descriptions and/or validation rules were added to the CLAIMSERVICES Input File Layout, applicable to GHIP and Government Employee Carriers.

CARRIER CODES, PLAN VERSION LIST and Place of Service Codes were modified.

#### Version 4.0C

Claims Transaction Handling requirements were modified for reversals and adjustments.

Data File Naming Conventions requirements were modified.

Provider and Network files descriptions and/or validation rules were changed for required fields that are unavailable for providers/groups that do not qualify for an NPI.

Encounter Lag Reports requirements were added.

Capitation Adjustments specifications and Capitation Input File Layout fields were modified.

CLAIMSERVICES Input File Layout new field added, and field description was modified.

ATTACHMENT II - CARRIER CODES - updated

Descriptions and/or validation rules of the Municipality and Region fields were added, for Outside of Puerto Rico.

#### Version 4.1C

Descriptions and/or validation rules were added to the CLAIMSERVICES and Capitation Input File Layouts, to the Plan Type related fields, applicable to Government Employee Carriers.

ATTACHMENT IV - PLACE OF SERVICE CODES - updated

ATTACHMENT VI - PLAN VERSION LIST - updated

IPA Code Deliverable Data Format at IPA, CAPITATION and NETWORK Input File Layouts were changed. Specialty and Specialty Code fields at NETWORK Input File Layouts were changed.



Version 4.1C

Carrier to ASES Data Submissions  
File Layouts

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Last Update: June 7, 2022

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

### Introduction

The island of Puerto Rico's Medicaid program, the Government Health Plan (GHP) was established in 1993 with the passing of Law 72. Through Law 72, the program to administer the Medicaid program for roughly 1.3 Milliman people, the Administración de Seguros de Salud (ASES) was established. In order to continuously review health care utilization, expenditures, and performance in Puerto Rico and to enhance the ability of ASES to make informed and cost-effective health care choices, ASES has partnered with Milliman, Inc. to provide ASES with a data warehouse and analytics system. ASES has been capturing data from its managed care health carriers for many years to populate in the data warehouse and other systems. This layout document provides health insurance carriers information to submit their health care claims, network, provider, IPA, and capitation data to ASES.

### Claims Transaction Handling

All Claims files are to be submitted on a monthly basis, for all Claims PAID in the month of the file submitted. All adjustments of an adjudicated claim line are accepted in the CLAIMSERVICES file. Do not send claims that are in an open status, such as pending claims, held, rejected, or pre-adjudicated claims. Claims reversals and adjustments happen as follows:

#### Paid or Denied FFS Claims

Individual service lines are adjusted or reversed at the line level with additional adjustment services marked with a claim line status code of 'A' or 'R', while the original claim has a status code of 'P' for paid, 'D' for denied claims, or 'E' for encounter claims. The adjusted or reversed service:

- must include the claim id of the original claim to be adjusted or reversed, at the field named Original Claim Id Number, and
- may have the same claim ID and line number or a different claim ID and line number.

#### Encounter Claims

Claims representing encounters have no allowed or paid amounts and are therefore not able to be adjusted monetarily. If an encounter needs to be updated to change any of the fields of the encounter, the adjusting claim must have a claim line status code (sv\_stat field) of 'E' and the claim ID and service line number must be the same as the encounter being adjusted. Our process will remove the original encounter so that duplicate encounters will not be counted in the data.



Carrier to ASES Data Submissions  
File Layouts

Version 4.1C

Page 7 of 105

Last Update: June 7, 2022

## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

On the other hand, if an encounter needs to be submitted as a Fee For Service claim the carrier must:

- reverse the original service, by submitting the reversal with a claim line status code of 'R' and the same values as the original claim for the following fields: claim ID, service line number and Original Claim Id Number
- submit a new Fee for Service claim record, that may have the same claim ID and line number or a different claim ID and line number.

### Provider, IPA and Network Files

The Provider, IPA, and Network files are to be submitted weekly, every Wednesday and must include the latest available data from the day prior to the submission date. For each weekly submission within a given month, keep the same file naming convention, but increment the sequence number, starting with 0, then 1, 2, 3.

The IPA file shall include every IPA that is active in your system. The PRV and NET files shall include every Provider and Network record that is active in the carrier's and/or sub-contractor's system, and "Out of Network" providers associated with currently submitted claim records. In addition, the IPA and Provider files shall include the IPA and providers associated with currently submitted capitation records. ASES will be using this data to keep a current complete list of available Providers and IPAs.

The Provider and Network files must include:

- all "In Network" providers directly contracted or sub-contracted with the carrier.
- any "Out of Network" providers included on the CLM file,
- all providers included on the CAP file (only applicable for the Provider File and excluding PMGs).

For "Out of Network" provider records, the carrier's will report as much information as available on their systems. The carrier shall submit "Out of Network" provider records with a contract effective date equal to '99991231'. For any required fields for which the carrier does not have valid information, the fields must be left blank.

ASES is requesting that provider NPIs are to always be used as the PROV\_ID in order to assist in provider attribution and reporting across all Carriers. ASES will not accept the carrier's own provider id as the provider ID for medical claim, unless the carrier presents a valid reason for not using NPI's. Consequently, for providers that don't qualify to obtain an NPI by the nature of its business, the carrier may submit the Tax Id of the provider as the PROV\_ID to which the capitation payment is made. The carrier will have to present an official notification to ASES of every provider that was reported with a Tax Id in lieu of an NPI.



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### For pharmacy claims only

For pharmacy providers, only the NPI number will be accepted as the provider ID. Carriers must include pharmacy providers in their provider files sent to ASES and the IDs must be consistent within the carriers' claims.

### Capitation Files

All Capitation files are to be submitted on a monthly basis, for all Capitation PAID in the month of the file submitted. The amount to be reported on capitation records must represent 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 cap\_amount field should represent a calculation which includes the earned capitation for the period for each member. 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.

The gross\_cap\_amount field should represent a calculation that includes the earned capitation for the period for each member (not the group average).

The net\_cap\_amount field should represent a calculation which includes the earned capitation for the period for each member (gross\_cap\_amount) 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 records shall be provided for all members enrolled in the PMG's regardless of their risk coverage. The risk coverage type will be identified with a new risk type field.

### Capitation Adjustments

There may be circumstances in which capitation payments which have already been reported, need to be adjusted or reversed in a later month. To accomplish this, the Capitation records will behave differently than Claims and Services. The carrier will send a new record

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for the provider / member / experience date with the amount(s) to be added or subtracted from the previously reported amount(s), specifically for the following fields: Capitation Amount, Gross Capitation Amount, Net Capitation Amount, Capitation Days and Capitation Percent. 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, a Capitation Amount of -\$10.00, and the corresponding adjustments to the Gross Capitation Amount, Net Capitation Amount, Capitation Days and Capitation Percent fields as well. Inside MedMight 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.

### Data Validation and Audit Process

After the files are loaded, Milliman will employ an automated validation process, File Field and Quality Checks (FFQC), to ensure that the format and content of each submitted file is valid and complete. Monthly files that do not pass the reconciliation process and the data audit process will be rejected. Load threshold levels for individual data elements submitted are validated against those pre-established levels defined by ASES and Milliman.

Failure to conform to any of the submission requirements will result in the rejection and return of the applicable data file(s). 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 month's files become due. Such 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.

Due to the large amount and complexity of the data processed, it is more efficient to resubmit an entire file rather than to correct data within the file. Partial replacement files or record specific corrections will not be accepted.

### Claims, Capitation and Encounter Lag Reports

Carriers are required to submit encounter, claims and capitation payment reports, called lag reports, on a monthly basis. These reports will be used to reconcile the data submitted. Claims and capitation data that do not match the lag reports on paid amount, and/or encounter claims data that do not match the lag reports on record counts within a reasonable percentage will be deemed invalid and must be corrected.



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The claims and capitation lag reports submitted by the carrier will be considered to be financially accurate and may be used for other purposes, including negotiations or other financial analyses. Therefore, it is in the carrier's best interests to produce lag reports that are either from another source that the actual files that are submitted, or to verify that the lag reports tie to financial reports.

The required claims lag reports need to be an Excel file with the following characteristics:

1. Claims paid amounts by:
  - a. Region code of member as defined by ASES,
  - b. Incurred month with deliverable data format YYYYMM,
  - c. Paid month with deliverable data format YYYYMM, and
2. Claim type for claims, where can be filled in with one of the following default values: Medical, Pharmacy and Dental.
3. The report must include at least all paid and incurred months going back 2 full years prior to the month the report is run.
4. Naming of the claims lag reports should be as follows:

CLAIMLAG\_ccyyymm.xls(x)

Where:

Characters 1-9 Always "CLAIMLAG\_"  
Character 10-11 cc = Carrier Code (See attachment II)  
Character 12-13 yy = Last two digits of year  
Character 14-15 mm = Month - last full paid month in the lags.  
Character 16 s = sequence number of file submission.  
Character 17 Always "x".  
Character 18-20(21) Extension code for excel file, can be xls orxlsx depending on Excel version.

An example of how the claims lag report data should look for claims is as follows:

| Claim Type | Region | Incurred Month | Paid Month | Paid Amount |
|------------|--------|----------------|------------|-------------|
| Medical    | East   | 201801         | 201801     | 50,823.43   |
| Medical    | South  | 201801         | 201802     | 45,534.00   |
| Medical    | North  | 201801         | 201803     | 986,796.36  |

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## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

|          |       |        |        |            |
|----------|-------|--------|--------|------------|
| Pharmacy | East  | 201801 | 201801 | 686.89     |
| Pharmacy | South | 201801 | 201802 | 2,342.22   |
| Dental   | North | 201801 | 201803 | 780,989.16 |
| ...      | ...   | ...    | ...    | ...        |

The required capitation lag reports need to be an Excel file with the following characteristics:

1. Capitation paid amounts by:
  - a. Region code of member as defined by ASES.
  - b. Capitation experience month (period for which the capitation payment applies) with deliverable data format YYYYMM.
2. Paid month with deliverable data format YYYYMM.
3. The report must include at least all paid and experience months going back 2 full years prior to the month the report is run.
4. Naming of the capitation lag reports should be as follows:

CAPLAG\_ccyyymm.xls(x)

Where:

Characters 1-7 Always "CAPLAG\_"  
 Characters 8-9 cc = Carrier Code (See attachment II)  
 Characters 10-11 yy = Last two digits of year  
 Characters 12-13 mm = Month – last full paid month in the lags.  
 Character 14 s = sequence number of file submission.  
 Character 15 Always ".x"  
 Characters 16-18(19) Extension code for excel file, can be xls or.xlsx depending on Excel version.



For example, how the capitation lag report data should look for claims is as follows:

| Region | Incurred Month | Paid Month | Capitation Paid Amount |
|--------|----------------|------------|------------------------|
| East   | 201801         | 201801     | 5,023.43               |
| South  | 201801         | 201802     | 4,534.00               |
| North  | 201801         | 201803     | 98,796.36              |
| East   | 201801         | 201801     | 66.89                  |

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## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

|       |        |        |           |
|-------|--------|--------|-----------|
| South | 201801 | 201802 | 242.22    |
| North | 201801 | 201803 | 70,989.16 |
| ...   | ...    | ...    | ...       |

The required encounter claims lag reports need to be an Excel file with the following characteristics:

- Count of Claims records representing encounters by:
  - Region code of member as defined by ASES,
  - Incurred month with deliverable data format YYYYMM,
  - Paid month with deliverable data format YYYYMM,
- Claim type for claims, where can be filled in with one of the following default values: Medical, Pharmacy and Dental.
- The report must include at least all paid and incurred months going back 2 full years prior to the month the report is run.
- Naming of the claims lag reports should be as follows:

ENCOUNTERLAG\_eyymms.xls(x)

Where:



|                      |  |
|----------------------|--|
| Characters 1-13      | Always "ENCOUNTERLAG"  |
| Characters 14-15     | cc = Carrier Code (See attachment II)  |
| Characters 16-17     | yy = Last two digits of year   |
| Characters 18-19     | mm = Month - last full paid month in the lag.                                |
| Character 20         | s = sequence number of file submission.                                      |
| Character 21         | Always ","   |
| Characters 22-24(25) | Extension code for excel file, can be xls orxlsx depending on Excel version. |

An example of how the encounter claims lag report data should look for claims is as follows:

| Claim Type | Region | Incurred Month | Paid Month | Encounters Count |
|------------|--------|----------------|------------|------------------|
| Medical    | East   | 201801         | 201801     | 5,000            |
| Medical    | South  | 201801         | 201802     | 24,200           |
| Medical    | North  | 201801         | 201803     | 7,654            |
| ...        | ...    | ...            | ...        | ...              |

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## PUERTO RICO HEALTH INSURANCE ADMINISTRATION

### Primary Carrier ID

The *Primary Carrier ID* field in the ClaimServices Input File Layout identifies the entity (MBHO, Sub Contractor Entity, or TPA) which provides services to the enrollees throughout a special or capitated financial arrangement. Another field called *Carrier ID* field contains the ID of the carrier directly contracted with ASES and the one generating the ClaimServices Input File. The ClaimServices Input File will contain the same value in the *Carrier ID* and *Primary Carrier ID* fields when the carrier generating the ClaimServices Input File is the carrier providing services to the enrollees. If this entity does not have an assigned carrier ID from ASES, the *Primary Carrier ID* can be filled in with one of the following 4 default values that represents the type of entity:

MH – Mental Health  
VS – Vision  
DN – Dental  
OT – Other/Unknown

### General Notes on Field Level 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.

**Amount Fields** - All amount fields representing money must be numeric and are defined as 9 bytes in the format s9(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:

\$1.25 will be coded as 000000125  
\$100.00 will be coded as 000010000

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

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**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 “<sup>ee</sup>” 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 as \$9(7)99 the following conventions apply:

- S - Leading sign
- 9(7) - 7 decimal digits
- V - Implied decimal point
- 99 - 2 digits after the implied decimal point

The following examples illustrate how data will look in the field:

| Value     | Field     |
|-----------|-----------|
| 12.50     | 000001250 |
| 101       | 000010100 |
| 1,234.56  | 000123456 |
| 1,000,000 | 100000000 |
| -1,234.56 | -00123456 |



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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 field 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) ] |


**MPI Number fields** – In all files in which MPI 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.

### Data File Naming Conventions

All data files to be delivered to ASES by the carriers must be compressed and 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, dates and file type. If not named correctly the file cannot be processed properly.

The general format of file names will be –

Where:  **Decymmal.MI.zip** Character | Always "D" Character | **TRACION** = Carrier Code (See attachment D)

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|   |   |               |  |
|---|---|---------------|--|
| Character 4-5   | yy                                      | -             | Last two digits 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 10-12  | Extension code identifying type of file |               |  |
| CLM   | for                                     | CLAIMSERVICES |  |
| PRV   | for                                     | PROVIDERS     |  |
| IPA   | for                                     | IPA           |  |
| CAP   | for                                     | CAPITATIONS   |  |
| NET   | for                                     | NETWORK       |  |
| Characters 13-16  | zip                                     | -             | Extension code identifying a compressed file |

Files are always dated for the month being reported. For example, when sending claims paid in July 2018 the yyyy part of the file name will be 1807 while the file will be sent to ASES in August.

Examples of completing this naming convention are -

For imaginary carrier 99 in the files for ClaimServices and payments in April 2018 will be named as follows -

|               |                   |
|---------------|-------------------|
| ClaimServices | D9918040.CLM.ZIP  |
| Providers     | D9918040.PR.V.ZIP |
| IPA           | D9918040.IPA.ZIP  |
| Capitation    | D9918040.CAP.ZIP  |
| Network       | D9918040.NET.ZIP  |

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

D9918041.CAP.ZIP



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| # | Field       | Name        | Descriptions  | Deliverable Data Format | Validation Rules   |
|---|-------------|-------------|---|-------------------------|--|
| 1 | carrier_id  | Carrier ID  | Value that identifies carrier which is reporting claims. Must be a valid code.<br>See Carrier Code List in Attachment 1)  | ##                      | Required<br>Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASSES.  |
| 2 | region_code | Region Code | Region of member as defined by ASSES<br>Regions are identified as:<br>"A" = North<br>"B" = Metro-North<br>"E" = East<br>"F" = North-East<br>"G" = South-East<br>"Z" = West<br>"J" = San Juan<br>"S" = South-West<br>"P" = SPECIAL<br>"X" = All Regions<br>"Q" = Outside Puerto Rico | X                       | Required<br>Must be valid ASSES Region code<br>For plan type "01", the Region Code must be a valid region code, and the value cannot be "X" or "Q".<br>For plan type "04", "05", "06" and "09" values must be "X". |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMS SERVICES INPUT FILE LAYOUT

| # | Field         | Name          | Description   | Deliverable Data Format | Validation Rules   |
|---|---------------|---------------|---|-------------------------|--|
| 3 | plan_type     | Plan Type     | <p>ASES defined Plan Type</p> <p>01 = GHIIP</p> <p>02 = MA-Snp</p> <p>03 = MA-PD</p> <p>04 = Low 95 Commercial</p> <p>05 = Low 95 Advantage</p> <p>06 = Low 95 ELA-GHP</p> <p>07 = Commercial non-Low 95</p> <p>08 = Advantage non-Low 95</p> <p>09 = LAW 95 Pensioned Police</p> | XX                      | <p>Required</p> <p>Must equal "01", "02", "03", "04", "05", "06", "07", "08", "09"</p> <p>Value "01" must correspond to a GHIIP carrier or to an MHIQ, PBM, or other assigned carrier code which is not Medicare PlanID.</p> <p>Values of "02" or "03" must correspond to Medicare Partino Carrier ID. Values of "04" or "05" must correspond to Government Employee Carrier ID.</p> <p>Value "06" must correspond to Government Employee Carrier ID for ELA-GHP (ELA Furto).</p> <p>Values of "07" or "08" must correspond to carrier, which is not plan type "01", "02" or "03".</p> <p>Value "09" must correspond to government employee carrier ID for Pensioned Police.</p> |
| 4 | contract_type | Contract Type | <p>Contract type to distinguish multiple plans within Plan Type.</p> <p>For government employee claims indicate contract type:</p> <p>1 = Family</p> <p>2 = Couple</p> <p>3 = Individual</p> <p>4 = Optional Dependent</p>  | X                       | <p>Required for Plan Type "04", "05", "06" and "09"</p> <p>(Government Employees)</p> <p>Not required for Plan Type "01", "02", or "03".</p>   |
| 5 | claim_id      | Claim ID      | Unique Identification number within Carrier for the claim.  | XX(20)                  | <p>Required</p> <p>Left justified, blank filled to 20 characters if value is less than 20 characters.</p>  |



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## CLAIMSERVICES INPUT FILE LAYOUT

| # | Field        | Name                | Description   | Deliverable Data Format | Validation Rules   |
|---|--------------|---------------------|---|-------------------------|--|
| 6 | sv_line      | Service Line Number | Number identifying individual service within a given claim.   | XXXXXX                  | Required<br>Must be a maximum of 6 digits.<br>ID of the Service Line within the Claim ID.<br>Duplicates within Claim ID and Service Line Number 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). |
| 7 | bill_type    | Bill Type           | Originating bill type -<br>UB01-04 / Institutional<br>HCFA00001500 / Individual / Professional<br>Pharmacy Claim<br>Dental Claim          | X                       | Required<br>Must equal "U", "H", "P" or "D".   |
| 8 | ub_bill_type | UB Type of Bill     | Type of Bill on the UB claim form.<br>The type of bill encodes facility type, bill classification, and description.                       | XXXX                    | Required for all claims submitted on Uniform Bill (UB) claim form.<br>When present, must be one of the standard three digit codes as described in the National Uniform Billing Committee (NUBC) UB-04 data Specifications Manual.  |
| 9 | sv_stat      | Claim Line Status   | Indicates payment action on the service requested by this record.<br>P= Paid<br>D= Denied<br>A= Adjustment<br>R= Reversal<br>E= Encounter | X                       | Required<br>Must equal "P", "D", "A", "R" or "E".<br>If value is "E", service will have zero Paid Amount.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field            | Name                   | Description   | Deliverable Data Format | Validation Rules  |
|----|------------------|------------------------|---|-------------------------|---|
| 10 | adj_code         | Adjustment Reason Code | Adjustment reason code explaining why a claim payment was adjusted.<br><br>Codes used are the X12 code list maintained by CMS and NUCC. The code set can be found at the following site:<br><a href="http://www.x12.org/codes/cdclaim-adjustment-reason-codes/">http://www.x12.org/codes/cdclaim-adjustment-reason-codes/</a> | XXX                     | Must be present on claims with a Claim Line Status (sv_sta field) equal to "A". Right justified.<br><br>For claims without adjustment, this field must be left blank. |
| 11 | forced_claim_ind | Forced Claim Indicator | This code indicates if the claim was processed by forcing it through a manual override process.   | X                       | Y: Yes<br>N: No   |
| 12 | adm_date         | Admit Date             | For UB-04 claims this is the date of admission.<br>For other claims this is the Service From Date of the earliest service.  | YYYYMMDD                | Required<br>Must be a valid date  |
| 13 | dis_date         | Discharge Date         | For UB-04 claims this is the date of discharge.<br>For other claims this is the Service To date of the latest service.  | YYYYMMDD                | Required<br>Must be a valid date<br>Must be equal or later than Admit Date  |
| 14 | from_date        | Service From Date      | Begin date of the treatment.  | YYYYMMDD                | Required<br>Must be a valid date.   |
| 15 | to_date          | Service To Date        | End date of the treatment.  | YYYYMMDD                | Required<br>Must be a valid date<br>Must be on or after Service From Date   |
| 16 | paid_date        | Payment Date           | For an Encounter, this will be the date the transaction is processed by the carrier.<br>For non-encounters, this will be the date of payment for paid claims or the process date for denied claims.   | YYYYMMDD                | Required<br>Must be a valid date<br>Must be on or after Service To Date   |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field           | Name                          | Description  | Deliverable Data Format | Validation Rules   |
|----|-----------------|-------------------------------|--|-------------------------|--|
| 17 | rec_date        | Received Date                 | Date when claim was received in carrier in YYYYMMDD format   | YYYYMMDD                | Required<br>Must be a valid date<br>Must be equal or greater than Discharge Date   |
| 18 | entry_date      | Entry Date                    | Date when claim was entered into the carrier's system, YYYYMMDD format   | YYYYMMDD                | Required<br>Must be a valid date<br>Must be equal or greater than Received Date  |
| 19 | extract_date    | Extract Date                  | Date on which record is originally extracted from Carrier's system to create the Claims Input File   | YYYYMMDD                | Required<br>Must be a valid date<br>Must be later or equal to entry date held on record  |
| 20 | mpi             | MPI Number or Contract Number | Master Patient Index (MPI)<br>As supplied in ASER Eligibility Data<br>For government employee this will be the contract number                   | X(13)                   | Required<br>Must be a valid MPI number<br>For government employee only, contract number<br>Must be left justified, blank filled to the right   |
| 21 | primary_carrier | Primary Carrier               | Identify the Primary Care Center (PACC) of the member. Code as assigned by the carrier.  | X(10)                   | Must be present on all claims of Plan Type "04"<br>May be present on claims of other Plan Types<br>When present it indicates the Primary Care Center (PACC etc.) of the member.<br>Must be left justified and blank filled to complete the field.<br>Must be found on the IPA table matched by Carrier ID and IPA. |
| 22 | ssa_msnh        | MSNH Social Security          | Social Security number of Head of Household (HOH) of family. This is available from the Family record in ASER eligibility data sent to carriers. | X(9)                    | Required<br>Must be all numeric<br>Must be a full 9 digits, right justified, zero filled   |
| 23 | ssa             | Paternal Social Security      | Social Security Number of member   | X(9)                    | Required<br>Must be all numeric<br>Must be a full 9 digits, right justified, zero filled   |

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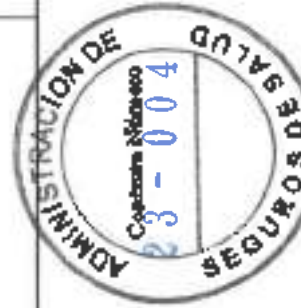
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field         | Name               | Description  | Deliverable Data Format | Validation Rules  |
|----|---------------|--------------------|--|-------------------------|---|
| 24 | member_suffix | ASES Member Suffix | Identifies the beneficiary within the family group.<br><u>For non-governmental</u><br>member suffix - Must be the two digit member suffix as supplied in ASES Eligibility data.<br><u>For governmental employees</u> - Must be one of the following:<br>01 = Principal - (Main Header)<br>02 = Spouse - Direct<br>03 = Spouse - Joint<br>(Non-Community)<br>04 = Children - Direct<br>05 = Optional - Other (parents)<br>06 = Substantial<br>07 = Co-Headed<br>08 = Co-Headed - Joint<br>(Non-Community) | 99                      | Required<br>Must be ASES Assigned member suffix.<br>All numeric values 01 to 99.  |
| 25 | patient_name  | Patient Name       | Member Name  | X(30)                   | Required<br>Must be left justified, blank filled to the right.  |
| 26 | household_id  | ASES Household ID  | Household ID as supplied in ASES Eligibility data  | X(11)                   | Required<br>ASES / COGI Household ID.<br>Alphanumeric full 11 characters.<br>For government employee use SSN Main Header. Must be left justified, blank filled to the right.                |
| 27 | sex           | Sex Code           | Gender of member<br>M = Male<br>F = Female   | X                       | Required<br>Must equal "M" or "F"   |
| 28 | birth_date    | Birth Date         | Member Date of Birth in YYYYMMDD format  | YYYYMMDD                | Required<br>Must be a valid date<br>Cannot be an later than the Extract Date.<br>Cannot be greater than 150 years ago compared to Extract Date<br>Must be equal or earlier than Admit Date. |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field             | Name                   | Description  | Deliverable Date Format | Validation Rules  |
|----|-------------------|------------------------|--|-------------------------|---|
| 29 | municipality_net  | municipality Residence | Municipality of residence of member.<br>See Municipality Codes in Attachment I.  | XXXX                    | Required<br>Must be a valid ASES Municipality Code<br>All numeric, right justified, zero filled<br>Must correspond to a municipality within Region Code                                 |
| 30 | municipality_code | Municipality Service   | Municipality in which services are provided based on provider address. See municipality Codes in Attachment I.   | XXXX                    | Required<br>Must be a valid ASES Municipality Code<br>All numeric, right justified, zero filled<br>For outside of Puerto Rico, code 0995 is included in the list of Municipality Codes. |
| 31 | diag_code         | DRG Code               | Diagnosis Related Group Code   | XXXX                    | Must be a valid DRG Code  |
| 32 | diag_type         | DRG Type Code          | DRG Type Code, representing the type of DRG Code submitted on the claim.   | X                       | Required when DRG is provided. Must be one of the following:<br>1= MIS DRG<br>2= CMS DRG<br>3= AP DRG<br>4= APR DRG   |
| 33 | diag_outlier_amt  | DRG Outlier Amount     | Additional amount paid by carrier on a claim that is associated with either a cost outlier or length of stay outlier.  | 99/77/00                | For claims submitted on Uniform Bill (UB) claim form. Must be zero for encounters. Must be zero for Services with Payment Status of "U".<br>On non-UB claims must be blank.             |
| 34 | diag_rel_weight   | Relative DRG Weight    | Indicates the relative weight for the DRG on the claim.<br>Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. | XX/0                    | If populated, must be a valid weight without any decimal points.<br>Left justified, blank filled. A DRG weight of 2.387 should be reported as 2387.                                     |

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| #  | Field        | Name                      | Description  | Deliverable Data Format | Validation Rules  |
|----|--------------|---------------------------|--|-------------------------|---|
| 35 | pre_auth_num | Pre-Authorization Number  | The number identifying pre-authorization. An unique identification number. That indicates the services provided on this claim have been authorized by the carrier.<br>(Also called Prior Authorization)                          | X(20)                   | Should be supplied when available.<br>Left justified, blank filled to 20 characters if value is less than 20 characters.  |
| 36 | proc_code    | Procedure Code            | For non-Pharmacy Standard procedure code conforming to HCPCS/CPT or HCSP/ICD-9 as appropriate  | X(10)                   | For claims from CMS1500 / UB-04, when present must be a HCPCS/CPT code.<br>For Dental claims must be a valid dental HCPCS/CPT code.<br>For Pharmacy claims this must be all blanks. |
| 27 | cpt_mod_1    | Procedure Modifier Code 1 | Modifier code valid for the Procedure Code   | XX                      | Can only be present when Procedure Code is present and allows a modifier code. Must be valid as a modifier for the Procedure code.  |
| 30 | cpt_mod_2    | Procedure Modifier Code 2 | Modifier code valid for the Procedure Code   | XX                      | Can only be present when Procedure Code is present and allows a modifier code. Must be valid as a modifier for the Procedure code. Must be left blank for encounter's               |
| 39 | cpt_mod_3    | Procedure Modifier Code 3 | Modifier code valid for the Procedure Code   | XX                      | Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounter's   |
| 40 | cpt_mod_4    | Procedure Modifier Code 4 | Modifier code valid for the Procedure Code. A series of procedure code modifiers used with the corresponding Procedure Codes.<br>For example, some states use modifiers to indicate existence in surgery or anesthesia services. | XX                      | Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounter's   |

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| #  | Field        | Name                       | Description   | Deliverable Data Format | Validation Rules  |
|----|--------------|----------------------------|---|-------------------------|---|
| 41 | cpl_mod_5    | Procedures Modifier Code 5 | Modifier code valid for the Procedure Code. A series of procedure code modifiers used with the corresponding Procedure Codes. | XX                      | Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounterers.   |
| 42 | cpl_mod_6    | Procedures Modifier Code 6 | Modifier code valid for the Procedure Code. A series of procedure code modifiers used with the corresponding Procedure Codes. | XX                      | Can only be present when Procedure Code is present and allows a modifier code. Must be left blank for encounterers.   |
| 43 | rev_code     | Revenue Code               | For UB-04 Claims NUBC Revenue Code  | X(4)                    | Required for UB-04 claims. When present it must be a valid Revenue code. Must be zero filled to the left.   |
| 44 | rx_nc        | National Drug Code         | For Pharmacy only. National Drug Code value for prescribed drug in 5 4 2 format   | X(14)                   | Required on Pharmacy claims. Must be a valid NDC code in 5 4 2 format filling all 14 bytes. For non-Pharmacy claims must be blank.  |
| 45 | tooth_code   | Tooth Code                 | For Dental only. ADA standard tooth number as required by CDT code when procedure directly affects a tooth.                   | XXX                     | Must be present on Dental claims when Procedure code requires Tooth Code. Must be left justified and blank filled to complete the field. For non-Dental claims must be blank.                                 |
| 46 | surface_code | Surface Code               | For Dental only. ADA standard surface code as required by CDT code when procedure directly affects one or more surfaces.      | X(7)                    | 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. |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field       | Name                       | Description                             | Deliverable Data Format | Validation Rules   |
|----|-------------|----------------------------|---|-------------------------|--|
| 47 | icd_diag_01 | Primary ICD Diagnosis code | Non-Pharmacy/Dental ICD diagnosis code. | X(4)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 48 | icd_diag_02 | Second ICD Diagnosis code  | Non-Pharmacy/Dental ICD diagnosis code. | X(4)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 49 | icd_diag_03 | Third ICD Diagnosis code   | Non-Pharmacy/Dental ICD diagnosis code. | X(4)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 50 | icd_diag_04 | Fourth ICD Diagnosis code  | Non-Pharmacy/Dental ICD diagnosis code. | X(4)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field       | Name                       | Description                             | Deliverable Data Format | Validation Rules   |
|----|-------------|----------------------------|---|-------------------------|--|
| 51 | icd_diag_06 | Fifth ICD Diagnosis code   | Non-Pharmacy/Dental ICD diagnosis code. | X(4)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 52 | icd_diag_08 | Sixth ICD Diagnosis code   | Non-Pharmacy/Dental ICD diagnosis code. | X(8)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 53 | icd_diag_07 | Seventh ICD Diagnosis code | Non-Pharmacy/Dental ICD diagnosis code. | X(8)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 54 | icd_diag_08 | Eighth ICD Diagnosis code  | Non-Pharmacy/Dental ICD diagnosis code. | X(8)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD-9-SM IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |



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## CLAIMS SERVICES INPUT FILE LAYOUT

| #  | Field       | Name                        | Description                             | Deliverable Data Format | Validation Rules   |
|----|-------------|-----------------------------|---|-------------------------|--|
| 55 | lcd_diag_09 | Ninth ICD Diagnosis code    | Non-Pharmacy/Dental ICD diagnosis code. | X(2)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD/D/SN IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 56 | lcd_diag_10 | Tenth ICD Diagnosis code    | Non-Pharmacy/Dental ICD diagnosis code. | X(8)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD/D/SN IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 57 | lcd_diag_11 | Eleventh ICD Diagnosis code | Non-Pharmacy/Dental ICD diagnosis code. | X(8)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD/D/SN IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |
| 58 | lcd_diag_12 | Twelfth ICD Diagnosis code  | Non-Pharmacy/Dental ICD diagnosis code. | X(8)                    | Not required for Pharmacy and Dental claims.<br>Must be a valid ICD/D/SN IV code without any decimal points.<br>Diagnosis codes must be carried to their highest degree of detail. Left justified, blank filled. |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field       | Name                         | Description  | Deliverable Data Format | Validation Rules   |
|----|-------------|------------------------------|--|-------------------------|--|
| 99 | icd_proc_01 | Primary ICD Procedure code   | Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Principal Surgery) | X(16)                   | Not required for Pharmacy and Dental claims. If provided, must be a valid ICD-10-CM procedure code without any decimal points. |
| 99 | icd_proc_02 | Second ICD-10 Procedure code | Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery) | X(16)                   | Not required for Pharmacy and Dental claims. If provided, must be a valid ICD-10-CM procedure code without any decimal points. |
| 99 | icd_proc_03 | Third ICD Procedure code     | Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery) | X(16)                   | Not required for Pharmacy and Dental claims. If provided, must be a valid ICD-10-CM procedure code without any decimal points. |
| 99 | icd_proc_04 | Fourth ICD Procedure code    | Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery) | X(16)                   | Not required for Pharmacy and Dental claims. If provided, must be a valid ICD-10-CM procedure code without any decimal points. |
| 99 | icd_proc_05 | Fifth ICD Procedure code     | Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery) | X(16)                   | Not required for Pharmacy and Dental claims. If provided, must be a valid ICD-10-CM procedure code without any decimal points. |
| 99 | icd_proc_06 | Sixth ICD Procedure code     | Non-Pharmacy/Dental ICD-10 Surgical Procedure Code (Secondary Surgery) | X(16)                   | Not required for Pharmacy and Dental claims. If provided, must be a valid ICD-10-CM procedure code without any decimal points. |
| 99 | pop_prov_id | POP Provider                 | National Provider Identifier (NPI) of the member's PCP.                | X(20)                   | Required for Plan Type "01" claims. Must be a valid Provider ID found in the provider files. Must be 10 digit numeric NPI.     |



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| 6  | Field               | Name                        | Description   | Deliverable Data Format | Validation Rules  |
|----|---------------------|-----------------------------|---|-------------------------|---|
| 66 | at_prov_id          | Attending Provider          | National Provider Identifier (NPI) 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. Indicates the corresponding provider taxonomy of billing entity/provider, to define provider's type, classification, and area of specialization. The taxonomy code for the institution billing/claiming for the beneficiary. | X(20)                   | Required<br>Must be a valid Provider ID found in the provider files.<br>Must be 10 digit numeric NPI.             |
| 67 | att_taxonomy        | Attending Provider Taxonomy |   | X(12)                   | Required<br>Left justified, blank field to the right.   |
| 68 | ref_prov_id         | Referring Provider          | National Provider Identifier (NPI) of referring provider, when applicable.  | X(20)                   | When present, must be a valid Provider ID found in the provider files.<br>When present, must be valid NPI number. |
| 69 | ref_prov_taxonomy   | Referring Provider Taxonomy | Indicates the corresponding provider taxonomy of referring provider, to define provider's type, classification, and area of specialization.   | X(12)                   | Left justified, blank field to the right.   |
| 70 | bill_prov_id        | Billing Provider            | National Provider Identifier (NPI) of the provider billing for the service.   | X(20)                   | Required<br>Must be a valid Provider ID found in the provider files.<br>Must be 10 digit numeric NPI.             |
| 71 | network_affiliation | Network Affiliation         | Indicates if the service provider is in the preferred provider network or not.<br>Y = Yes<br>N = No   | X                       | Required<br>Must be "Y" or "N".   |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field              | Name               | Description   | Deliverable Data Format | Validation Rules   |
|----|--------------------|--------------------|---|-------------------------|--|
| 72 | primary_carrier_id | Primary Carrier ID | Value that identifies the primary carrier providing service to the patient.<br><br>May be the same as the carrier_id field or another carrier id a sub-contractor - a MBSHC, Vision, or Dental plan.<br><br>See Carrier ID List in Attachment B | XX                      | Required<br>Must be two (2) digits (alpha-numeric).<br>Must equal a valid Carrier ID as assigned by ASSES if one has been assigned.<br><br>If sub-contracted entity does not have a carrier code assigned by ASSES, the following default codes may be used to represent the type of sub-contracted entity as the primary carrier:<br>MHG - Mental Health<br>VS - Vision<br>DH - Dental<br>OT - Other/Unknown Carrier Type |
| 73 | pos_code           | Place of Service   | Place of Service Code identifying the place in which the service is delivered.<br>See POS Code List in Attachment IV  | XX                      | Required<br>Must be a valid Place of Service Code.   |
| 74 | cob_code           | COB Code           | Identify if the beneficiary has other Health Insurance for this service.<br>"Y" if member has other health insurance.<br>"N" otherwise.   | X                       | Required<br>Must be "Y" or "N"   |
| 75 | amt_billed         | Billed Amount      | For non-Pharmacy<br>Cost of service as billed by the provider.  | 99(7)999                | Required for non-Pharmacy Claims<br>Must be a number on all non-pharmacy records.<br>Cannot be left blank for non-pharmacy.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field       | Name              | Description  | Definable Date Format | Validation Rules   |
|----|-------------|-------------------|--|-----------------------|--|
| 76 | amt_allowed | Allowed Amount    | For non-Pharmacy Amount allowed for the service by the carrier.              | 99(7)09               | Required for non-Pharmacy claims.<br>Must be a number on all records.<br>Must be zero for encounters or denied services (Payment Status (v_status) = "E" or "D").<br>Cannot be left blank.<br>For v_status "P" (Payment Status = "paid") this must be greater than zero. |
| 77 | deduct      | Deductible        | Amount paid by member before payments by the carrier begin for this service. | 99(7)09               | Required.<br>Must be a number on all records.<br>Must be zero for encounters.<br>Cannot be left blank.   |
| 78 | copay       | Co-Pay            | Amount paid by member as dollar co-payment for this service.                 | 99(7)09               | Required.<br>Must be a number on all records.<br>Must be zero for encounters.<br>Cannot be left blank.   |
| 79 | cob         | COB Amount        | Amount paid by other Health Insurance attributable to this service.          | 99(7)09               | Required.<br>Must be a number on all records.<br>Must be zero for encounters.<br>Cannot be left blank.   |
| 80 | coins       | Coinurance Amount | Amount paid by member as percentage of cost for this service.                | 99(7)09               | Required.<br>Must be a number on all records.<br>Must be zero for encounters.<br>Cannot be left blank.   |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMS SERVICES INPUT FILE LAYOUT

| #  | Field           | Name                  | Description   | Deliverable Data Format | Validation Rules   |
|----|-----------------|-----------------------|---|-------------------------|--|
| 31 | amt_paid        | Paid Amount           | Amount paid by carrier for this service   | 3997Y499                | <p>Required</p> <p>Must be zero for encounters billed as zero for Services with Payment Status of "D" For Services with sr_stat = "P" (Payment Status = Paid) one of the following calculations must be valid within a record =</p> <p>For non-Pharmacies:</p> $amt\_paid = amt\_allowed - deduct - copay - cob - coins$ <p>For Pharmacies:</p> $amt\_paid = m\_mgd\_cost - deduct - copay - cob - coins + m\_disp\_fee$ <p>For Plan Type "92", "93", "94", "95", "99", "99" 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> |
| 32 | enc_proxy_price | Encounter Proxy Price | This field shows the amount that would have been paid for this exact same service if it had been processed as a Fee For Service claim. It does not represent an actual dollar disbursement. | 3997Y499                | <p>Required on Encounter claims. On non-encounter claims, it must be blank.</p>  |



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| #  | Field          | Name                     | Description  | Deliverable Data Element | Validation Rules   |
|----|----------------|--------------------------|--|--------------------------|--|
| 83 | rx_dec         | Drug Discount            | For Pharmacy only.<br>Amount Discounted at the Pharmacy.<br>This is the discount given from ASP to get the Ingredient Cost. When drug is paid from a MCO, the discount amount will be Zero (0).<br>This field does not form part of the calculation to get Amount Paid but can be used with Ingredient Cost to work back to ASP. | 88(7)Y99                 | Required on Pharmacy claims.<br>On non-Pharmacy claims must be blank.  |
| 84 | rx_ingr_cost   | Ingredient Cost          | For Pharmacy only.<br>Cost of ingredient(s) dispensed for this Service.  | 88(7)Y99                 | Required on Pharmacy claims.<br>Must be greater than zero.<br>On non-Pharmacy claims must be blank.  |
| 85 | rx_disp_fee    | Dispensing Fee           | For Pharmacy only.<br>Dispensing fee charged by pharmacy.  | 88(7)Y99                 | Required on Pharmacy claims.<br>Must be a number.<br>On non-Pharmacy claims must be blank.   |
| 86 | rx_total_disp  | Total Quantity Dispensed | For Pharmacy only.<br>Total quantity of drug dispensed by pharmacy.  | 88(7)Y99                 | Required on Pharmacy claims.<br>For non-Pharmacy claims must be blank.<br>May include decimal point.<br>This field is only applicable when the MDC code billed can be quantified in discrete units.<br>Left justified. Blank filled. |
| 87 | rx_days_supply | Prescription Days        | For Pharmacy only.<br>Number of days prescribed and dispensed.   | 999                      | Required on Pharmacy claims.<br>Must be greater than zero.<br>On non-Pharmacy claims must be blank.  |
| 88 | rx_drug_type   | Drug Type Code           | For Pharmacy only.<br>Code identifying type of drug on pharmacy claims.  | XX                       | Required on Pharmacy claims.<br>When present it must be one of the valid codes.<br>On non-Pharmacy claims must be blank.   |



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| #  | Field         | Name                        | Description   | Deliverable Data Format | Validation Rules   |
|----|---------------|-----------------------------|---|-------------------------|--|
| 39 | rx_dsw        | Dispensed As Written        | For Pharmacy only.<br>Code indicating "Dispense as written" status of the prescription on pharmacy claims   | X(6)                    | Required on Pharmacy claims when present it must be one of the valid codes.<br>On non-Pharmacy claims must be blank.<br><br>Valid Codes are -<br>0 - NO DISPENSE AS WRITTEN<br>1 - PHYSICIAN WRITING DISPENSE AS WRITTEN<br>2 - PATIENT REQUESTED<br>3 - PHARMACIST SELECTED BRAND<br>4 - GENERIC NOT IN STOCK<br>5 - BRAND DISPENSED, PRIOR TO<br>AB - GENERIC<br>6 - OVERRIDE<br>7 - SUBSTITUTION NOT ALLOWED; BRAND MANDATED BY LAW<br>8 - GENERIC NOT AVAILABLE<br>9 - OTHER |
| 30 | rx_refill_cnt | Refill Count                | For Pharmacy only.<br>The number of refills specified by the physician on the prescription on pharmacy claims.  | 9(4)                    | Required on Pharmacy claims When present must be a number<br>On non-Pharmacy claims must be blank  |
| 31 | rx_part       | Participating Pharmacy Flag | For Pharmacy only<br>Indicates whether prescription was dispensed by a participating pharmacy on pharmacy claim<br>Valid values -<br>"Y" = participating pharmacy<br>"N" = non-participating pharmacy | X(1)                    | Required on Pharmacy claims<br>Left justified. Blank field must be "Y" or "N"<br>On non-Pharmacy claims must be blank.   |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #  | Field                | Name                    | Description  | Deliverable Data Format | Validation Rules   |
|----|----------------------|-------------------------|--|-------------------------|--|
| 92 | compound_dosage_form | Compound Dosage Form    | For Pharmacy only, indicates the Dosage form of the complete compound mixture.<br><br>Compound code are identified as:<br>01 = Capsule<br>02 = Cream<br>03 = Ointment<br>04 = Suppository<br>05 = Powder<br>06 = Emulsion<br>07 = Liquid<br>10 = Tablet<br>11 = Solution<br>12 = Suspension<br>13 = Lozenge<br>14 = Syringe<br>15 = Syrup<br>16 = Lozenge<br>17 = Lozenge<br>18 = Enema<br>Blank = Not Specified<br><br>For Pharmacy only, Indicator for whether to specify if the drug is compound or not.<br><br>Yes Drug is compound<br>No Drug is not compound | XX                      | Required on Pharmacy claims.<br>On non-Pharmacy claims must be blank.<br>All numerals, right justified, zero filled.                       |
| 93 | compound_drug_ind    | Compound Drug Indicator | For Pharmacy only, Indicator for whether to specify if the drug is compound or not.<br><br>Yes Drug is compound<br>No Drug is not compound   | X                       | Required on Pharmacy claims.<br>On non-Pharmacy claims must be blank.<br>Must be "Y" or "N"  |
| 94 | date_prescribed      | Prescription Date       | For Pharmacy claims, this is the date when a prescription was written for the member individual.   | YYYYMMDD                | Required on Pharmacy claims.<br>Must be a valid date.<br>Must be on or before Service From Date.<br>For non-Pharmacy claims must be blank. |



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| #  | Field                     | Name                      | Description  | Deliverable Data Format | Validation Rules   |
|----|---------------------------|---------------------------|--|-------------------------|--|
| 95 | ndc_unit_type             | NDC Unit of Measure       | A code to indicate the basis by which the quantity of the National Drug Code is expressed.<br><br>Value must be equal to a valid value.<br><br>Valid Values:<br>"FZ" = International Unit<br>"GR" = Gram<br>"MG" = Milligram<br>"ML" = Milliliter<br>"UN" = Unit<br><br>The unique identification number assigned by the pharmacy or supplier to the prescription.<br><br>This number is used to avoid duplicated claims, but allows multiple service lines within the same claim. | XX                      | Required on Pharmacy claims<br>For non-Pharmacy claims must be blank.<br><br>Describes the basis of the amount reported on the NDC Quantity-QUANTITY and RX-QUANTITY-ALLOWED fields.   |
| 96 | prescription_num          | Prescription ID           |  | XXXX                    | Required<br>Left justified, blank filled to 20 characters if value is less than 20 characters.   |
| 97 | rx_quantity_allowed       | RX quantity allowed       | The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month.   | XXXX                    | Required on Pharmacy claims<br>For non-Pharmacy claims must be blank.<br>Must be without any decimal points<br>May include decimal point<br>For example, an amount of 30 should be coded as 3000.<br>This field is only applicable when the NDC code being billed can be quantified in discrete units and should be described by the NDC-UNIT-OF-MEASURE field.<br>Left justified, blank filled. |
| 98 | rebate_eligible_indicator | Rebate Eligible Indicator | An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.   | X                       | "Y" - Yes<br>"N" - No  |

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## CLAIMS SERVICES INPUT FILE LAYOUT

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## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field          | Name              | Description   | Deliverable Data Format | Validation Rules  |
|-----|----------------|-------------------|---|-------------------------|---|
| 103 | ases_split_amt | ASES Split Amount | For Medicare Plans, indicates the part of the Paid Amount allocated to ASES coverage.   | 9917y00                 | Must be 000 if Cost Applied To = "1" or "3"<br>Not Required for Plan Type "01", "02", "03", "04" or "05".   |
| 104 | ases_split_amt | ASES Split Amount | For Medicare Plans, indicates the part of the Paid Amount allocated to CIGA (MMA) coverage.   | 9917y00                 | Required for Plan Type "02" and "03" (Medicare Plan)<br>Must be 000 if Cost Applied To = 2 or 3<br>Not Required for Plan Type "01", "02", "03", "04" or "05".       |
| 105 | off_island     | Off Island Flag   | Indicator for whether service was location off of the Islands of Puerto Rico, Cuba, and Vietnam.  | X                       | Required<br>Y=Off Island<br>N=On Island   |
| 106 | plan_version   | Plan Version      | Plan Version to distinguish multiple plans within the Plan Type. Always three numeric characters, e.g. 001<br>See Plan Version List in Attachment U | XXX                     | Required<br>Must be a 3 digit Plan Version Code<br>Carrier ID, Plan Type, and Plan Version must validate with a plan definition contracted with ASES.               |
| 107 | sv_units       | Units of Service  | Number of occurrences of service  | 9990                    | Required for Plan Type "02", "03" (Medicare Plan), "04", "05", "06" and "09"<br>Not Required for Plan Type "01"   |
| 108 | claim_type     | Claim Type        | Claim Type:<br>I=Inpatient<br>O=Outpatient<br>P=Professional  | X                       | When present must be a number.<br>Required for all medical claims. For Rx and Dental claims, this field can be left blank. Must equal "I", "O" or "P" if populated. |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field          | Name                  | Description   | Deliverable Data Format | Validation Rules   |
|-----|----------------|-----------------------|---|-------------------------|--|
| 109 | admission_hour | Admission Hour        | For UB-04 claims, this is the hour of admission.<br><br>The hour code must be a two-digit code, based on 24-hour clock. See Hour Codes in Attachment VII.   | XX                      | Required for all claims submitted on Uniform Bill (UB) claim form.<br>When present, must be as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual. See attachment VII for the codes to be used. |
| 110 | discharge_hour | Discharge Hour        | For UB-04 claims this is the hour of discharge.<br><br>The hour code must be a two-digit code, based on 24-hour clock.  | XX                      | Required for all claims submitted on Uniform Bill (UB) claim form.<br>When present, must be as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual. See Hour Codes in Attachment VII.            |
| 111 | admission_type | Admit Type            | Admit type code indicates the primary reason (priority) for admission.<br><br>Admission codes:<br>1 = Emergency<br>2 = Urgent<br>3 = Elective<br>4 = Newborn<br>5 = Trauma<br>8 = Information Not Available | X                       | Required for all claims submitted on Uniform Bill (UB) claim form.<br>When present, must be as described in the National Uniform Billing Committee (NUBC) UB-04 data specifications manual.  |
| 112 | adm_prov_id    | Admitting Provider Id | National Provider Identifier (NPI) of member's admitting provider.  | X(86)                   | When present, must be a valid Provider ID found in the provider files.<br>When present, must be valid NPI number.  |

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| #   | Field             | Name  | Description  | Deliverable Data Format | Validation Rules   |
|-----|-------------------|---|--|-------------------------|--|
| 113 | adm_prov_taxonomy | Admitting Provider Taxonomy                   | Indicates the corresponding provider taxonomy of admitting provider, to define provider's type, classification, and area of specialization.  | X(12)                   | Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Must be left justified and blank filled to the right.                               |
| 114 | check_eff_date    | Check Date                                    | Check Date is the date when the check or electronic remittance for payment is processed.   | YYYYMMDD                | Must be a valid date. Must be on or after Service To Date.   |
| 115 | check_num         | Check Number                                  | Check Number is the check or electronic remittance number for payment.   | X(30)                   | Not required for denied claims. Must be left blank for Services with Payment Status of "E". Left justified, blank filled to 5th character if value is less than 50 characters. Not required for denied claims. |
| 116 | claim_rem_code_01 | First Remittance Advice Remark Codes (RARCs)  | Indicates the first RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.  | XXXX                    | Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.   |
| 117 | claim_rem_code_02 | Second Remittance Advice Remark Codes (RARCs) | Indicates the second RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. | XXXX                    | Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.   |
| 118 | claim_rem_code_03 | Third Remittance Advice Remark Codes (RARCs)  | Indicates the third RARCs to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.  | XXXX                    | Must be left blank for Services with Payment Status of "E". Must be left justified and blank filled.   |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field             | Name  | Description   | Deliverable Data Format | Validation Rules   |
|-----|-------------------|---|---|-------------------------|--|
| 111 | claim_rem_code_04 | Fourth Remittance Advice Remark Codes (RARCs) | Indicates the fourth RARC to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code.   | XXXX                    | Must be left blank for Services with Payment Status of "E".<br>Must be left justified and blank filled.  |
| 121 | poa_ind_1         | First Present on Admission (POA) Indicator    | <p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X                       | <p>Required for all claims involving inpatient admissions to general acute care hospitals.</p> <p>Must be left blank for Services exempt from POA reporting.</p> <p>Must be a valid value.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>"Y" = Diagnosis was present at time of inpatient admission</li> <li>"N" = Diagnosis was not present at time of inpatient admission</li> <li>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission</li> <li>"R" = Clinically undetermined whether the condition was present at the time of inpatient admission.</li> </ul> |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field     | Name   | Description   | Deliverable Data Format | Validation Rules  |
|-----|-----------|--|---|-------------------------|---|
| 121 | poa_ind_2 | Second Present on Admission (POA) Indicator Flag | <p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X                       | <p>Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>"Y" = Diagnosis was present at time of inpatient admission</li> <li>"N" = Diagnosis was not present at time of inpatient admission</li> <li>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission</li> <li>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission</li> </ul> |
| 122 | poa_ind_3 | Third Present on Admission (POA) Indicator Flag  | <p>A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.</p> <p>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes.</p> | X                       | <p>Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.</p> <p>Valid values:</p> <ul style="list-style-type: none"> <li>"Y" = Diagnosis was present at time of inpatient admission</li> <li>"N" = Diagnosis was not present at time of inpatient admission</li> <li>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission</li> <li>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission</li> </ul> |

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## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field     | Name   | Description  | Deliverable Data Format | Validation Rules  |
|-----|-----------|--|--|-------------------------|---|
| 123 | poa_ind_4 | Fourth Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.<br><br>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting.<br>Must be a valid value.<br>Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |
| 124 | poa_ind_5 | Fifth Present on Admission (POA) Indicator Flag  | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.<br><br>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting.<br>Must be a valid value.<br>Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |

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| #   | Field     | Name  | Description   | Deliverable Data Format | Validation Rules   |
|-----|-----------|---|---|-------------------------|--|
| 125 | poa_ind_5 | Sixth Present on Admission (POA) Indicator Flag   | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |
| 126 | poa_ind_7 | Seventh Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |

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| #   | Field     | Name   | Description   | Deliverable Data Format | Validation Rules  |
|-----|-----------|--|---|-------------------------|---|
| 127 | poa_ind_8 | Eligible Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA Indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"U" = Clinically undetermined<br>Whether the condition was present at the time of inpatient admission. |
| 128 | poa_ind_9 | Birth Present on Admission (POA) Indicator Flag    | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA Indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"U" = Clinically undetermined<br>Whether the condition was present at the time of inpatient admission. |



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## CLAIMS SERVICES INPUT FILE LAYOUT

| #   | Field      | Name   | Description   | Deliverable Data Format | Validation Rules   |
|-----|------------|--|---|-------------------------|--|
| 129 | poa_ind_10 | Tenets Present on Admission (POA) Indicator Flag   | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during outpatient encounter, including emergency department, observation, or outpatient surgery.<br><br>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.<br>Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |
| 130 | poa_ind_11 | Elements Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during outpatient encounter, including emergency department, observation, or outpatient surgery.<br><br>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.<br>Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis was not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"W" = Clinically undetermined whether the condition was present at the time of inpatient admission. |



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## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field              | Name  | Description  | Deliverable Data Format | Validation Rules  |
|-----|--------------------|---|--|-------------------------|---|
| 131 | poa_ind_12         | Twelfth Present on Admission (POA) Indicator Flag | A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery.<br><br>POA indicator must be reported on each diagnosis code submitted on facility claims, except for "specific" diagnosis codes. | X                       | Required for all claims involving inpatient admissions to general acute care hospitals. Must be left blank for Services exempt from POA reporting. Must be a valid value.<br>Valid values:<br>"Y" = Diagnosis was present at time of inpatient admission<br>"N" = Diagnosis with not present at time of inpatient admission<br>"U" = Documentation insufficient to determine if condition was present at the time of inpatient admission<br>"V" = Clinically undetermined whether the condition was present at the time of inpatient admission. |
| 132 | occurrence_code_01 | First Occurrence Code                             | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUJC manual for specific codes. Must be right justified, zero filled.  | XXXX                    | Should be supplied when available for all claims submitted on Uniform BHI (UB) claim.<br>Occurrence codes are two alpha-numeric digits for claims without occurrence code. This field must be left blank.   |
| 133 | occurrence_code_02 | Second Occurrence Code                            | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUJC manual for specific codes. Must be right justified, zero filled.  | XXXX                    | Should be supplied when available for all claims submitted on Uniform BHI (UB) claim.<br>Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank.  |

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## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field              | Name                   | Description   | Deliverable Data Format | Validation Rules   |
|-----|--------------------|------------------------|---|-------------------------|--|
| 134 | occurrence_code_03 | Third Occurrence Code  | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled. | XXXX                    | Should be supplied when available for all claims submitted on Uniform Bill (UB) claim.<br>Occurrence codes are two alpha-numeric digits.<br>For claims without occurrence code, this field must be left blank. |
| 135 | occurrence_code_04 | Fourth Occurrence Code | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled. | XXXX                    | Should be supplied when available for all claims submitted on Uniform Bill (UB) claim.<br>Occurrence codes are two alpha-numeric digits.<br>For claims without occurrence code, this field must be left blank. |
| 136 | occurrence_code_05 | Fifth Occurrence Code  | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled. | XXXX                    | Should be supplied when available for all claims submitted on Uniform Bill (UB) claim.<br>Occurrence codes are two alpha-numeric digits.<br>For claims without occurrence code, this field must be left blank. |
| 137 | occurrence_code_06 | Sixth Occurrence Code  | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled. | XXXX                    | Should be supplied when available for all claims submitted on Uniform Bill (UB) claim.<br>Occurrence codes are two alpha-numeric digits.<br>For claims without occurrence code, this field must be left blank. |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CLAIMSERVICES INPUT FILE LAYOUT

| #   | Field              | Name                    | Description  | Deliverable Data Format | Validation Rules  |
|-----|--------------------|-------------------------|--|-------------------------|---|
| 139 | occurrence_code_07 | Seventh Occurrence Code | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.<br><br>A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled. | XXXX                    | Should be supplied when available for all claims submitted on Uniform B4 (UB) claim.<br>Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank. |
| 139 | occurrence_code_08 | Eighth Occurrence Code  | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.  | XXXX                    | Should be supplied when available for all claims submitted on Uniform B4 (UB) claim.<br>Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank. |
| 140 | occurrence_code_09 | Ninth Occurrence Code   | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes. Must be right justified, zero filled.  | XXXX                    | Should be supplied when available for all claims submitted on Uniform B4 (UB) claim.<br>Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank. |
| 141 | occurrence_code_10 | Tenth Occurrence Code   | A code to describe specific event(s) relating to this billing period.<br><br>These fields can be used for either occurrences or occurrence spans. Must be a valid code. See NUBC manual for specific codes.  | XXXX                    | Should be supplied when available for all claims submitted on Uniform B4 (UB) claim.<br>Occurrence codes are two alpha-numeric digits. For claims without occurrence code, this field must be left blank. |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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| #   | Field             | Name                     | Description  | Deliverable Data Format | Validation Rules   |
|-----|-------------------|--------------------------|--|-------------------------|--|
| 142 | original_claim_id | Original Claim ID Number | For adjustments or reversals, must be the original claim ID reported by the carrier. | X(20)                   | Must be present on claims with a Claim Line Status (SV STAI field) equal to "X" or "R". Right justified.<br><br>For claims without adjustment or reversal, this field must be left blank.<br><br>Left justified, blank field to 20 characters if value is less than 20 characters. |
| 143 | Filler            | End of Record Filler     | Fixed field with --  | X                       | Required<br>Must be ----   |

|               |     |
|---------------|-----|
| RECORD LENGTH | 977 |
|---------------|-----|



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| #  | Field                    | Description  | Deliverable Data Format | Validation Rules  |
|----|--------------------------|--|-------------------------|---|
| 1  | prov_carrier             | Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II                                  | 99                      | Required<br>Must be two (2) digits (numeric). Must equal a valid Carrier ID as assigned by ASIES.   |
| 2  | prov_id                  | Must be the NPI, or if none exists, may be the Tax ID.   | X(20)                   | Required<br>Must be left justified and blank filled to the right if NPI is used, must be 10 digit numeric NPI. For all providers found in the CLAIMSERVICES files, must be the NPI. |
| 3  | prov_name                | For an individual, Last Names (Apellidos)<br>For an entity (other than an individual), the entity name                       | X(60)                   | Required<br>Must be left justified, blank filled to the right   |
| 4  | prov_fname               | For an individual, First Name (nombre)   | X(30)                   | Required for individual providers<br>Must be left justified, blank filled to the right  |
| 5  | prov_mname               | For an individual, Middle Name   | X(30)                   | Optional<br>Must be left justified, blank filled to the right   |
| 6  | prov_name_type_indicator | Indicates that tells if the provider is an individual or an entity.<br>Valid values are:<br>"I" = Individual<br>"E" = Entity | X(1)                    | Required  |
| 7  | prov_addr1               | First line of provider's physical address  | X(40)                   | Required<br>Must be the physical address and use second and third line as needed.<br>Must be left justified, blank filled to the right  |
| 8  | prov_addr2               | Second line of provider's physical address (if required)   | X(40)                   | Optional<br>Must be left justified, blank filled to the right   |
| 9  | prov_addr3               | Third line of provider's physical address (if required)  | X(40)                   | Optional<br>Must be left justified, blank filled to the right   |
| 10 | prov_city                | Provider's city  | X(40)                   | Required<br>Must be left justified, blank filled to the right   |
| 11 | prov_state               | Provider's state   | X(40)                   | Required<br>Must be left justified, blank filled to the right   |

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## PROVIDERS INPUT FILE LAYOUT

| #  | Field        | Description  | Deliverable Data Format | Validation Rules   |
|----|--------------|--|-------------------------|--|
| 12 | prov_zip     | Provider's Zip code<br>Either 5 digit or plus 4 format without dashes  | X(9)                    | Required<br>Must be left justified, blank filled to the right. Significant characters must be numeric and 5 or 9 digits in length  |
| 13 | prov_country | Provider's country   | X(45)                   | Required<br>Must be left justified, blank filled to the right  |
| 14 | prov_tel     | Provider's telephone number<br><br>SEE NOTES - Changes and Additions to Data File Layout: PROVIDER telephone numbers | X(28)                   | Required<br>Must be left justified, blank filled to the right<br>Must include only numbers with no spaces or (-)<br>Must include area code<br>Example - (787) 123-4567 will be coded as 7871234567 |
| 15 | prov_ext     | Provider's telephone extension   | X(28)                   | Optional<br>Must be left justified, blank filled to the right  |
| 16 | prov_email   | Provider's e-mail address  | X(40)                   | Optional<br>If supplied it must fit e-mail address format rules<br>Must be left justified, blank filled to the right   |
| 17 | prov_contact | Name of contact person if provider is not an individual  | X(50)                   | Optional<br>Must be left justified, blank filled to the right  |
| 18 | prov_type    | Type of provider. See Provider Type Codes in Attachment V  | X(20)                   | Required<br>Must be left justified, blank filled to the right<br>Must be a valid Provider Type Code  |
| 19 | taxonomy1    | Report the NUCC healthcare provider taxonomy code. If not available, see Specialty Code in Attachment III            | X(100)                  | Required<br>Must be left justified, blank filled to the right. Must be a valid taxonomy Code.  |
| 20 | spec1        | Provider Specialty (first). See Specialty Code in Attachment II  | X(20)                   | Required<br>Must be left justified, blank filled to the right. Must be a valid Specialty Code  |
| 21 | taxonomy2    | Report the NUCC healthcare provider taxonomy code. If not available, see Specialty Code in Attachment III            | X(100)                  | Optional<br>Must be left justified, blank filled to the right. Must be a valid taxonomy Code.  |
| 22 | spec2        | Provider Specialty (second). See Specialty Code in Attachment II   | X(20)                   | Optional<br>Must be left justified, blank filled to the right. Must be a valid Specialty Code  |

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## PROVIDERS INPUT FILE LAYOUT

| #  | Field              | Description   | Deliverable Data Format | Validation Rules  |
|----|--------------------|---|-------------------------|---|
| 23 | taxonomy3          | Report the NUCC healthcare provider taxonomy code. If not available, see Specialty Code in Attachment II                  | X(14)                   | Optional<br>Must be left justified, blank filled to the right. Must be a valid taxonomy Code.   |
| 24 | spec3              | Provider Specialty (third). See Specialty Code in Attachment II   | X(20)                   | Optional<br>Must be left justified, blank filled to the right. Must be a valid Specialty Code.  |
| 25 | taxonomy4          | Report the NUCC healthcare provider taxonomy code. If not available, see Specialty Code in Attachment II                  | X(10)                   | Optional<br>Must be left justified, blank filled to the right. Must be a valid taxonomy Code.   |
| 26 | spec4              | Provider Specialty (fourth). See Specialty Code in Attachment II  | X(20)                   | Optional<br>Must be left justified, blank filled to the right. Must be a valid Specialty Code.  |
| 27 | network_specialist | Indicates if the service provider is a participating specialist of the preferred network in the PLAN                      | X                       | Required<br>Must be "Y" or "N"  |
| 28 | federal_tax_id     | SSN for individuals, EIN for entities.  | X(20)                   | Required<br>Left justified, blank filled to the right. Must be 9 digits in significant positions.   |
| 29 | tax_id_indicator   | Identifies if the federal tax ID provided in field federal_tax_id is a SSN or EIN.<br><br>Valid values:<br>"SSN"<br>"EIN" | X(3)                    | Required<br>Should be supplied when available.  |
| 30 | license_number     | State License Number  | X(10)                   | Required<br>Should be supplied when available. Must be left justified, blank filled to the right.   |
| 31 | npi                | National Provider Identifier  | X(10)                   | Required<br>Must be 10 digit numeric NPI.<br>For all providers found in the CLAIMSERVICES files, the NPI must be provided.<br>If none exists must be "N/A". |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

| #  | Field             | Field                           | Description   | Deliverable Data Format | Validation Rules   |
|----|-------------------|---------------------------------|---|-------------------------|--|
| 32 | dea_number        | DEA Number                      | DEA number  | X(20)                   | Optional<br>Should be supplied when available<br>Must be left justified, blank filled to the right   |
| 33 | medicare_number   | Medicare Number                 | Medicare number   | X(20)                   | Optional<br>Must be left justified, blank filled to the right  |
| 34 | medicaid_number   | Medicaid Number                 | Medicaid number   | X(20)                   | Optional<br>Must be left justified, blank filled to the right  |
| 35 | extract_date      | Extract Date                    | Date on which record is originally extracted from Carrier's system to create the Provider Input File.   | YYYYMMDD                | Required<br>Must be a valid date<br>Must be later or equal to any other date field on record   |
| 36 | clia_id           | CLIA Number                     | Indicates the Clinical Laboratory Improvement Act (CLIA) certification number for laboratory services billed by an entity performing CLIA covered procedures.<br><br>CLIA number consists of ten alphanumeric positions.<br><br>Indicates if the provider is accepting new patients (members) or not. | X(10)                   | Required for providers with specialty code equal to "Clinical Laboratory".<br>Left justified, blank filled to the right  |
| 37 | accepting_new_pat | Accepting New Patient Indicator | Valid values:<br>0 = No<br>1 = Yes<br>8 = N/A - The individual only practices as a member of a group.   | X                       | Must be a valid value.   |
| 38 | dob               | Birth Date                      | For an individual, Provider Date of Birth in YYYYMMDD format  | YYYYMMDD                | Required for an individual; left blank for an entity.<br>Must be a valid date<br>Cannot be in later than the Extract Date.<br>Cannot be greater than 150 years ago compared to Extract Date. |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## PROVIDERS INPUT FILE LAYOUT

| #  | Field                   | Field                         | Description   | Deliverable Data Format | Validation Rules   |
|----|-------------------------|-------------------------------|---|-------------------------|--|
| 39 | dod                     | Death Date                    | For an individual Provider, Date of Death in YYYYMMDD format  | YYYYMMDD                | Optional for an individual self-insurer for an entity. Should be supplied when available. Must be a valid date. Cannot be later than the Extract Date. Cannot be greater than 150 years ago compared to Extract Date. Cannot be equal or less than the date of birth. A provider with a date of death before the Extract Date cannot be listed as a provider for an eligible individual.   |
| 40 | facility_group_ind_code | Facility Group Indicator Code | Indicates whether the SUBMITTING-STATE-PROV-ID is assigned to an individual, a group of providers, or a facility. | X                       | Required. Must be a valid value: '01' = Facility - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility. '02' = Group - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners. '03' = Individual - The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner. For Pharmacy claims must be blank.  |
| 41 | license_entity          | License Issuing Entity ID     | Indicates the identity of the entity issuing the license or accreditation.  | X(50)                   | Required whenever a value is captured in the LICENSE-ORACCREDITATIONNUMBER data element. Must be well justified, blank filled to the right. (Enter the applicable state code, country code, municipality name, "DEA", professional society's name, or the CLIA accreditation body's name.) If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a state, then enter the applicable ANSI state numeric code. If LICENSE-TYPE = 2 (DEA license), then enter the last string "DEA". If LICENSE-TYPE = 3 (Professional society accreditation), then enter the last string identifying the professional society issuing the accreditation. If LICENSE-TYPE = 4 (CLIA accreditation), then enter the last string identifying the CLIA accreditation body's name. If LICENSE-TYPE = 5 (Other accreditation), then enter the last string identifying the entity issuing the accreditation. If LICENSE-TYPE = 9 (Unknown), then enter "Unknown". |

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## PROVIDERS INPUT FILE LAYOUT

| #  | Field               | Description   | Deliverable Data Format | Validation Rules   |
|----|---------------------|---|-------------------------|--|
| 42 | license_type        | A code to identify the kind of provider's license.<br><br>Valid values:<br>"1" = State, county, or municipality professional or business license<br>"2" = DEA license<br>"3" = Professional society accreditation<br>"4" = CLIA accreditation<br>"5" = Other<br>"9" = Unknown                           | X                       | Required whenever a provider is required by the state's agency requests in order to be a Medicaid/CHIP provider.<br><br>Must be a valid value. If provider has more than one license, please report the one with lowest valid value.<br>Example: for a provider with both "1" = State, county, or municipality professional or business license and "2" = DEA license, report "1" = State, county, or municipality professional or business license. |
| 43 | prov_name           | The provider's name that is commonly used by the public when the "doing-business-as" ("") name is different from the legal name.<br><br>DEA is an abbreviation for "doing business as."<br>Registering a DEA is required to operate a business under a name that differs from the company's legal name. | X(100)                  | Leave the field empty when DEA name equals the legal name  |
| 44 | sex                 | For an individual, indicates the provider's gender.<br><br>Valid values:<br>M = Male<br>F = Female<br>U = Unknown   | X                       | Must be a valid value  |
| 45 | credential_eff_date | The most recent credentialing/credentialing date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.  | YYYYMMDD                | Required   |

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## PROVIDERS INPUT FILE LAYOUT

| #             | Field               | Field                      | Description   | Deliverable Data Format | Validation Rules   |
|---------------|---------------------|----------------------------|---|-------------------------|--|
| 46            | credential_exp_date | Credential Expiration Date | The most recent credentialing/recertification expiration date of the provider. If the provider does not require credentialing, enter "31/12/9999" in this column. | YYYYMMDD                | Optional   |
| 47            | contract_eff_date   | Contract effective date    | The provider's contract effective date.   | YYYYMMDD                | Required for contracted providers. For "Out of Network" providers, please report as "99991231".  |
| 48            | contract_term_date  | Contract termination date  | The provider's contract termination date.   | YYYYMMDD                | For providers with an open-ended contract, please report as "99991231". For a provider with an unknown contract termination date, leave blank. |
| 49            | Filer               | End of Record Filler       | Fixed filler with ""  | X                       | Required Must be ""  |
| RECORD LENGTH |                     |                            |   |                         | 963  |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## IPA INPUT FILE LAYOUT

| #  | Field          | Name   | Description  | Deliverable Data Format | Validation Rules   |
|----|----------------|--|--|-------------------------|--|
| 1  | carrier_id     | Carrier ID   | Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II. | 99                      | Required<br>Must be two (2) digit (numeric).<br>Must equal a valid Carrier ID as assigned by ASES.   |
| 2  | ipa            | IPA Code   | Code assigned by carrier to identify IPA/HCO. Maximum of 8 characters.                       | X(70)                   | Required<br>IPA/HCO code assigned by Carrier<br>Must be left justified, blank filled to the right  |
| 3  | ipa_desc       | IPA Description                                    | Name of IPA/HCO  | X(80)                   | Required<br>Must be left justified, blank filled to the right  |
| 4  | ipa_addr1      | IPA Addr1  | IPA/HCO's first line of address  | X(40)                   | Required<br>Must be left justified, blank filled to the right  |
| 5  | ipa_addr2      | IPA Addr2  | IPA/HCO's second line of address (if required)   | X(40)                   | Optional<br>Must be left justified, blank filled to the right  |
| 6  | ipa_addr3      | IPA Addr3  | IPA/HCO's third line of address (if required)  | X(40)                   | Optional<br>Must be left justified, blank filled to the right  |
| 7  | ipa_city       | IPA City   | IPA/HCO's city   | X(40)                   | Required<br>Must be left justified, blank filled to the right  |
| 8  | ipa_state      | IPA State  | IPA/HCO's state  | X(40)                   | Required<br>Must be left justified, blank filled to the right  |
| 9  | ipa_zip        | IPA Zip  | IPA/HCO's zip code.<br>Either 5 digit or plus 4 format without dashes                        | X(10)                   | Required<br>Must be left justified, blank filled to the right<br>Significant characters must be numeric.<br>Must be 5 or 9 digits in length.   |
| 10 | ipa_country    | IPA Country  | IPA/HCO's country  | X(40)                   | Required<br>Must be left justified, blank filled to the right  |
| 11 | ipa_home_phone | IPA Home Phone                                     | Home telephone number of contact person for IPA/HCO  | X(20)                   | Optional<br>Must be left justified, blank filled to the right<br>Must include only numbers with no spaces or (-) characters.<br>Must include area code<br>Example - (787) 123-4567 will be coded as 7871234567 |
| 12 | ipa_work_phone | IPA Work Phone                                     | Principal work telephone number of IPA/HCO.  | X(20)                   | Required<br>Must be left justified, blank filled to the right<br>Must include only numbers with no spaces or (-) characters.<br>Must include area code<br>Example - (787) 123-4567 will be coded as 7871234567 |
| 13 | ipa_ext        | IPA Extension at IPA Work Phone for contact person | Telephone extension at IPA Work Phone for contact person                                     | X(20)                   | Optional<br>Must be left justified, blank filled to the right  |

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## IPA INPUT FILE LAYOUT

| #             | Field               | Name                         | Description  | Deliverable Data Format | Validation Rules  |
|---------------|---------------------|------------------------------|--|-------------------------|---|
| 14            | federal_id_id       | Federal Tax ID               | EIN of IPA   | X(20)                   | Required<br>Must be left justified and blank filled to the right<br>Significant characters must be numeric and 9 digits in length |
| 15            | extract_date        | Extract Date                 | Date on which record is originally extracted from Carrier's system to create the IPA Input File. | YYYYMMDD                | Required<br>Must be a valid date<br>Must be later or equal to any other date field on record                                      |
| 16            | ipa_npi             | IPA NPI                      | National Provider Identifier (NPI) of the IPA, where possible.                                   | X(70)                   | Required<br>Left justified, blank filled to the right.  |
| 17            | ipa_admin_name      | IPA Administrator Name       | IPA/ICO Administrator Last Name (Apellidos)  | X(50)                   | Required<br>Must be left justified, blank filled to the right   |
| 18            | ipa_admin_firstname | IPA Administrator First Name | IPA/ICO Administrator First Name (Nombres)   | X(30)                   | Optional<br>Must be left justified, blank filled to the right   |
| 19            | prov_adminname      | IPA Administrator Name       | IPA/ICO Administrator Middle Name  | X(30)                   | Optional<br>Must be left justified, blank filled to the right   |
| 20            | Filler              | End of Record Filler         | Fixed size with ***  | X                       | Required<br>Must be ***   |
| RECORD LENGTH |                     |                              |  |                         | 530   |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

| # | Field      | Name            | Description   | Deliverable Data Format | Validation Rules   |
|---|------------|-----------------|---|-------------------------|--|
| 1 | carrier_id | Carrier ID      | Value that identifies carrier. Must be a valid code. See Carrier Code List in Attachment II.  | 99                      | Required<br>Must be two (2) digits (numeric).<br>Must equal a valid Carrier ID as assigned by ASES.  |
| 2 | cap_id     | Capitation ID   | Capitation payment ID must be a unique ID within carrier, except for the adjustments or reversals that must be the unique ID previously reported. This number is used to avoid duplicated capitation records. | X(20)                   | Required<br>Must be left justified, blank filled to the right<br>Must be a unique ID within Carrier  |
| 3 | cap_type   | Capitation Type | Capitation type code defined as:<br>"01"= Admin<br>"02"= Dental<br>"03"= DME<br>...<br>See Attachment VI)   | 99                      | Required<br>Must be two (2) digits (numeric). Must be a valid code. See Capitation Type List in Attachment VII   |
| 4 | cap_date   | Capitation Date | Date capitation paid.   | YYYYMMDD                | Required<br>Must be a valid date   |
| 5 | expcr_date | Experience Date | Experience date of capitation payment. This is the date for which the capitation payment applies.   | YYYYMMDD                | Required<br>Must be a valid date   |
| 6 | prov       | Provider ID     | Must be the NPI, or if none exists, may be the Tax ID of the provider to which the capitation payment is made.  | X(20)                   | Required<br>Must be a valid Provider ID found in PRTV File.<br>Must be left justified and blank filled to the right.<br>If NPI is used, must be 10 digit numeric NPI<br>If Tax ID is used, must be 9 digit in significant positions. |
| 7 | pag_npi    | Provider NPI    | National Provider Identifier (NPI) of the provider to which the capitation payment is made.   | X(40)                   | Required<br>Must be the NPI, or if none exists, must be "N/A".<br>Left justified, blank filled to the right.   |
| 8 | ipa        | IPA ID          | Carrier assigned ID of IPANCO. This must be filled when IPANCO is involved. Must always be filled for Plan Type "01" by MCOs/TPAs)  | X(10)                   | Required if Carrier ID corresponds to Plan Type "01"<br>Must be a valid IPA Code for the Carrier and found in the IPA file.<br>Left justified, blank filled to the right.  |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

| #  | Field             | Name              | Description   | Deliverable Data Format | Validation Rules  |
|----|-------------------|-------------------|---|-------------------------|---|
| 9  | region_code       | Region            | Region of member<br>Regions are identified as:<br>"A" = North<br>"B" = Metro-North<br>"E" = East<br>"F" = North-East<br>"G" = South-East<br>"Z" = West<br>"J" = San Juan<br>"S" = South-West<br>"P" = SPECIAL<br>"X" = All Regions<br>"O" = Outside Puerto Rico | X                       | Required<br>Must be valid ASES Region code<br>For plan type "01", the Region Code must be a valid region code, and the value cannot be "X" or "O".<br>For plan type "02", "03", "04" and "05", value must be "X".                       |
| 10 | municipality_code | Municipality      | Municipality of residence of member.<br>See Municipality Code in Attachment I.  | XXXX                    | Required<br>Must be ASES Municipality Code<br>All numeric, right justified, zero filled<br>Must correspond to a municipality within Region Code<br>For outside of Puerto Rico, code 0000 is included in the list of Municipality Codes. |
| 11 | member_ssn        | Member SSN        | Social Security Number of member  | 0(9)                    | Required<br>Must be 9 digits (numeric)<br>Right justified, zero filled  |
| 12 | household_id      | ASES Household ID | Household ID<br>as supplied in ASES Eligibility data  | X(11)                   | Required<br>ASES / DOSI Household ID.<br>Alphanumeric full 11 characters.<br>For government employee use SSN Main Member. Must be left justified, blank filled to the right.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

| #  | Field         | Name                    | Description  | Deliverable Data Format | Validation Rules  |
|----|---------------|-------------------------|--|-------------------------|---|
| 13 | member_group  | Member Benefit          | Identifies the beneficiary within the family group.<br>For non-commercial employees - Must be the two digit member suffix as supplied in ASES Eligibility data.<br>For commercial employees - Must be one of the following:<br>01 = Principal - (Main Holder)<br>02 = Spouse - Direct<br>03 = Spouse - Joint (Mancomunado)<br>04 = Children - Direct<br>05 = Children - Direct (parente)<br>06 = Substantial<br>07 = Co-Habitant<br>08 = Co-Habitant - Joint (Mancomunado) | 99                      | Required<br>Must be 2 digits (numeric)  |
| 14 | cap_amt       | Capitation Amount       | Capitation amount paid to provider<br>MAY BE NEGATIVE<br><br>SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT   | 99(7)999                | Required<br>Must be a number<br>Signed, may be negative<br>10 byte field<br>Sign must appear in leftmost byte, other 9 bytes must be numeric<br>If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 15 | gross_cap_amt | Gross Capitation Amount | Gross Capitation amount paid to provider per MFI for all risk types<br>MAY BE NEGATIVE<br><br>SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT  | 99(7)999                | Required<br>Must be a number<br>Signed, may be negative<br>10 byte field<br>Sign must appear in leftmost byte, other 9 bytes must be numeric<br>If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 16 | net_cap_amt   | Net Capitation Amount   | Net Capitation amount paid to provider per MFI for all risk types<br>MAY BE NEGATIVE<br><br>SEE NOTES - Changes and Additions in Data File Layouts: CAPITATION AMOUNT  | 99(7)999                | Required<br>Must be a number<br>Signed, may be negative<br>10 byte field<br>Sign must appear in leftmost byte, other 9 bytes must be numeric<br>If the value is negative the sign byte must be a "-", otherwise it must be blank. |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

| #  | Field     | Name                  | Description   | Differentiable Data Format | Validation Rules   |
|----|-----------|-----------------------|---|----------------------------|--|
| 47 | risk_type | MRP Risk Type         | Distinguishes for this service whether risk belongs to POP (Group) or carrier.<br>If cost should be charged to POP (Group) then value = "POP"<br>If the risk is shared then the value = "SHR"<br>Otherwise value = "CAR" (Carrier).<br>Where there is no risk sharing the value should be entered as "CAR".   | XXX                        | Required<br>Must be filled<br>Must be "POP", "SHR" or "CAR"<br>For PBA the only value should be "LNIK"   |
| 48 | der       | Member capitation der | Member capitation der<br>0001 Medicare A&B Male<br>0002 Medicare A Male<br>0006 Medicare A&B Female<br>0007 Medicare A Female<br>0008 0-11 Months<br>0009 12-23 Months<br>0010 24 Months - 10 Years<br>0011 11 - 10 Years<br>0024 19 - 35 Female<br>0025 19 - 35 Male<br>0026 36 - 54 Female<br>0027 36 - 54 Male<br>0028 55 - 64 Female<br>0029 55 - 64 Male<br>0031 65 + Female<br>0032 65 + Male | X(4)                       | Required   |
| 49 | days      | Capitation days       | Number of days included in capitation amount.   | 999                        | Required<br>Must be a number<br>3 byte field<br>Signed, may be negative only for adjustments or reversals<br>Sign must appear in leftmost byte, other 2 bytes must be numeric<br>If the value is negative the sign byte must be a '-', otherwise it must be blank. |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## CAPITATION INPUT FILE LAYOUT

| #             | Field          | Name                          | Description  | Deliverable Data Format | Validation Rules   |
|---------------|----------------|-------------------------------|--|-------------------------|--|
| 20            | main_percent   | Capitation percentage         | Percentage (days (month days))   | 5999                    | Required<br>Must be a number<br>4 byte field<br>Signed, may be negative only for adjustments or reversals<br>Sign must appear in leftmost byte, other 3 bytes must be numeric<br>If the value is negative the sign byte must be a "-", otherwise it must be blank. |
| 21            | extract_date   | Extract Date                  | Date on which record is originally extracted from Carrier's system to create the Capitation Input File.  | YYYYMMDD                | Required<br>Must be a valid date<br>Must be later or equal to any other date field on record   |
| 22            | mpi            | MPI Number or Contract Number | Master Patient Index (MPI)<br>As supplied in ASES Eligibility Data<br>For government employees this will be the contract number  | X(13)                   | Required<br>Must be a valid MPI number<br>For government employees only, contract number<br>Must be left justified, blank filled in the right  |
| 23            | Federal_Exp_ID | Federal Exp ID (SSN or EIN)   | The federal identification number of the provider to which the capitation payment is made.<br>If the provider does not have a federal identification number, enter '999999999' in this column. | X(20)                   | Required<br>Left justified, blank filled in the right<br>Must be 9 digits in significant positions   |
| 24            | filler         | End of Record Filler          | SSN for individuals, EIN for entities.<br>Fixed filler with --   | X                       | Required<br>Must be a --   |
| RECORD LENGTH |                |                               |  | 193                     |  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

| # | Field                    | Name                     | Description  | Deliverable Data Format | Validation Rules  |
|---|--------------------------|--------------------------|--|-------------------------|---|
| 1 | carrier                  | Carrier ID               | ASES assigned carrier code. Must be 12 digits (numeric)  | BB                      | Required<br>Must be two (2) digit a (numeric)<br>Must equal a valid Carrier ID as assigned by ASES. |
| 2 | provider_type            | Provider Type            | PCP, Specialist, Dental, X-Ray, Auxiliary Services, Special Care, Laboratory, Other Facility, Hospital   | X(20)                   | Required<br>Must be left justified, blank filled to the right                                       |
| 3 | month                    | Month                    | Date field with the first day of month. Ex: 5/3/2014   | YYYYMMDD                | Required<br>Must be a valid date  |
| 4 | region                   | Region                   | The ASES region code. If the provider has multiple locations specify the Region for current address)<br>Regions are identified as:<br>"A" = North<br>"B" = Metro-North<br>"E" = East<br>"F" = North-East<br>"G" = South-East<br>"Z" = West<br>"J" = San Juan<br>"S" = South-West<br>"P" = SPECIAL<br>"O" = Outside Puerto Rico | X                       | Required  |
| 5 | paig                     | IPA Code                 | The identification number of the primary medical group. If not applicable enter "N/A".<br><br>Code assigned by carrier to identify IPA/HCO. Maximum of 4 characters  | X(10)                   | Required<br>IPA/HCO code assigned by Carrier<br>Must be left justified, blank filled to the right   |
| 6 | paig_name                | PAIG Name                | The name or title of the primary medical group. If not applicable enter "N/A"  | X(80)                   | Required  |
| 7 | api                      | API                      | The national provider identification number. All providers are required to have an api number.   | X(10)                   | Required  |
| 8 | provider_duplicate_entry | Provider Duplicate Entry | Indicate if the provider is entered multiple times in the list. A provider may be entered multiple times if the provider has more than one office locations providing services. Enter a "Y" for the first entry of the provider in the list. Enter an "X" for any duplicate entries of the same provider in the list.          | X                       | Required  |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

| #  | Field               | Name                       | Description  | Deliverable Data Format | Validation Rules  |
|----|---------------------|----------------------------|--|-------------------------|---|
| 9  | assigned_lines      | Assigned Lines             | The number of assigned lines to the provider as of the last day of the reporting period. If the provider has multiple office locations, the number of assigned lines must be entered for the first entry (not a duplicated entry) for the provider. This number should include the sum of all office locations of the provider. If the provider does not have or require assigned lines, enter "0" in this column. | 9999                    | Required  |
| 10 | credential          | Credential                 | Identify if the provider is up to date with all credentialing requirements as of the last day of the reporting period. Enter "yes" for a fully credentialled/recredentialled provider, enter "no" if the provider requires credentialing/recredentialing. If the provider is not required to submit credentialing/recredentialing, enter "N/A" in this column.   | XXX                     | Required  |
| 11 | credential_eff_date | Credential Effective Date  | The most recent credentialing/recredentialing date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.   | YYYYMMDD                | Required  |
| 12 | credential_exp_date | Credential Expiration Date | The most recent credentialing/recredentialing expiration date of the provider. If the provider does not require credentialing, enter "1/1/1900" in this column.  | YYYYMMDD                | Optional  |
| 13 | federal_tax_id      | Provider SSN or EIN        | The federal identification number of the provider.   | X(20)                   | Required<br>Left justified, blank filled to the right<br>Must be 9 digits in significant positions                |
| 14 | prov_id             | Provider ID                | SSN for individuals, EIN for entities.<br>Must be the NPI, or if none exists, may be the Tax ID.   | X(20)                   | Required<br>Must be left justified and blank filled to the right<br>If NPI is used, must be 10 digit numeric NPI. |
| 15 | con                 | CDN                        | CDL Certification Number formerly known as the Medicare Provider Number.   | X(20)                   | Optional  |
| 16 | contract_eff_date   | Contract effective date    | The provider's contract effective date.  | YYYYMMDD                | Required<br>For "Out of Network" providers, please report as "99991231".  |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

| #  | Field              | Name                      | Description  | Deliverable Data Format | Validation Rules  |
|----|--------------------|---------------------------|--|-------------------------|---|
| 17 | contract_term_date | Contract termination date | The provider's contract termination date.  | YYMMDD                  | Required<br>For providers with an open-ended contract please report as '99991231'. For a provider with an unknown contract termination date, leave blank. |
| 18 | specialty          | Specialty                 | Provider Specialty (first). See Specialty Code description in Attachment III   | X(40)                   | Optional  |
| 19 | specialty_code     | Specialty Code            | Provider Specialty (first). See Specialty Code in Attachment III   | XX                      | Required<br>Must be left justified, blank filled to the right<br>Must be a valid Specialty Code   |
| 20 | name               | Name                      | The full name of the provider.   | X(64)                   | Optional<br>Must be left justified, blank filled to the right   |
| 21 | last_name1         | Last Name 1               | For an individual, the last name of the provider. If the provider has two last names, this should be the first name.<br>For an entity (other than an individual), the entity name. | X(34)                   | Required<br>Must be left justified, blank filled to the right   |
| 22 | last_name2         | Last Name 2               | For an individual, the last name of the provider. If the provider has two last names, this should be the second name.  | X(34)                   | Optional<br>Must be left justified, blank filled to the right   |
| 23 | first_name         | First Name                | For an individual, the first name of the provider.   | X(34)                   | Required<br>Must be left justified, blank filled to the right   |
| 24 | mi                 | MI                        | For an individual, the middle name of the provider.  | X(34)                   | Optional<br>Must be left justified, blank filled to the right   |
| 25 | addr1              | Address Line 1            | The first line of the physical address of the provider.  | X(45)                   | Required<br>Must be the physical address and use second line as needed.<br>Must be left justified, blank filled to the right                              |
| 26 | addr2              | Address Line 2            | The second line of the physical address of the provider.   | X(45)                   | Optional<br>Must be left justified, blank filled to the right   |
| 27 | city               | City                      | The city of the provider.  | X(45)                   | Optional<br>Must be left justified, blank filled to the right   |
| 28 | zip                | Zip code                  | Provider's Zip code<br>Either 5 digit or plus 4 format without dashes  | X(9)                    | Required<br>Must be left justified, blank filled to the right<br>Significant characters must be numeric and 5 or 9 digits in length                       |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## NETWORK INPUT FILE LAYOUT

| #  | Field          | Name                    | Description  | Deliverable Data Format | Validation Rules   |
|----|----------------|-------------------------|--|-------------------------|--|
| 29 | phone          | Phone                   | Provider's telephone number.<br><br>SEE NOTES - Changes and Additions in Data File Layout: PROVIDER telephone numbers            | X(28)                   | Required<br>Must be left justified, blank filled to the right<br>Must include only numbers with no spaces or (-) characters.<br>Must include area code<br>Example - (787) 123-4567 will be coded as 7871234567 |
| 30 | fax            | Fax                     | The primary fax number of the provider.<br><br>SEE NOTES - Changes and Additions in Data File Layout: PROVIDER telephone numbers | X(28)                   | Optional<br>Must be left justified, blank filled to the right<br>Must include only numbers with no spaces or (-) characters.<br>Must include area code<br>Example - (787) 123-4567 will be coded as 7871234567 |
| 31 | sunday         | Sunday working hours    | The Sunday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)  | X(28)                   | Optional   |
| 32 | monday         | Monday working hours    | The Monday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)  | X(28)                   | Optional   |
| 33 | tuesday        | Tuesday working hours   | The Tuesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)   | X(28)                   | Optional   |
| 34 | wednesday      | Wednesday working hours | The Wednesday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)   | X(28)                   | Optional   |
| 35 | thursday       | Thursday working hours  | The Thursday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)  | X(28)                   | Optional   |
| 36 | friday         | Friday working hours    | The Friday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)  | X(28)                   | Optional   |
| 37 | saturday       | Saturday working hours  | The Saturday open office hours of the provider in 12hr format. (i.e. 8:00am - 5:00pm)  | X(28)                   | Optional   |
| 38 | nccpdp_id      | NCCPDP ID               | The National Council for Prescription Drugs ID   | X(16)                   | Optional   |
| 39 | state          | State                   | The provider's address state.  | X(48)                   | Optional<br>Must be left justified, blank filled to the right  |
| 40 | license_number | License Number          | The Provider's license number.   | X(16)                   | Required<br>Should be supplied when available<br>Must be left justified, blank filled to the right   |
| 41 | contact_person |                         | The provider's contact person.   | X(88)                   | Optional   |

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NETWORK INPUT FILE LAYOUT

| #             | Field | Name | Description | Deliverable<br>Data Format | Validation Rules |
|---------------|-------|------|-------------|----------------------------|------------------|
| RECORD LENGTH |       |      |             |                            | 962              |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT I - MUNICIPALITY CODES

| Alphabetical by Municipality |        |      |
|------------------------------|--------|------|
| MUNICIPALITY                 | REGION | CODE |
| Adjuntas                     | S      | 0004 |
| Aguada                       | Z      | 0008 |
| Aguadilla                    | Z      | 0012 |
| Aguas Buenas                 | E      | 0016 |
| Albionito                    | G      | 0020 |
| Añasco                       | Z      | 0024 |
| Arecibo                      | A      | 0028 |
| Arroyo                       | G      | 0032 |
| Barceloneta                  | A      | 0036 |
| Barranquillas                | G      | 0040 |
| Bayamón                      | B      | 0044 |
| Cabo Rojo                    | Z      | 0048 |
| Caguas                       | E      | 0052 |
| Camuy                        | A      | 0056 |
| Canovanas                    | F      | 0060 |
| Carolina                     | F      | 0064 |
| Cataño                       | B      | 0068 |
| Cayey                        | E      | 0072 |
| Cebal                        | F      | 0076 |
| Ciales                       | A      | 0080 |
| Cidra                        | E      | 0084 |
| Coamo                        | G      | 0088 |
| Comerio                      | B      | 0092 |
| Corozal                      | B      | 0096 |
| Culebra                      | F      | 0100 |

| Ordered By Code |               |        |
|-----------------|---------------|--------|
| CODE            | MUNICIPALITY  | REGION |
| 0004            | Adjuntas      | S      |
| 0008            | Aguada        | Z      |
| 0012            | Aguadilla     | Z      |
| 0016            | Aguas Buenas  | E      |
| 0020            | Albionito     | G      |
| 0024            | Añasco        | Z      |
| 0028            | Arecibo       | A      |
| 0032            | Arroyo        | G      |
| 0036            | Barceloneta   | A      |
| 0040            | Barranquillas | G      |
| 0044            | Bayamón       | B      |
| 0048            | Cabo Rojo     | Z      |
| 0052            | Caguas        | E      |
| 0056            | Camuy         | A      |
| 0060            | Canovanas     | F      |
| 0064            | Carolina      | F      |
| 0068            | Cataño        | B      |
| 0072            | Cayey         | E      |
| 0076            | Cebal         | F      |
| 0080            | Ciales        | A      |
| 0084            | Cidra         | E      |
| 0088            | Coamo         | G      |
| 0092            | Comerio       | B      |
| 0096            | Corozal       | B      |
| 0100            | Culebra       | F      |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT I - MUNICIPALITY CODES

| Alphabetical by Municipality |        |      |
|------------------------------|--------|------|
| MUNICIPALITY                 | REGION | CODE |
| Dorado                       | B      | 0104 |
| Fajardo                      | F      | 0108 |
| Florida                      | A      | 0112 |
| Guanica                      | S      | 0116 |
| Guayama                      | G      | 0120 |
| Guayanilla                   | S      | 0124 |
| Guaynabo                     | B      | 0128 |
| Gurabo                       | E      | 0132 |
| Habito                       | A      | 0136 |
| Hormigueros                  | Z      | 0140 |
| Humacao                      | E      | 0144 |
| Isabela                      | Z      | 0148 |
| Jayuya                       | S      | 0152 |
| Juana Diaz                   | G      | 0156 |
| Juncos                       | E      | 0160 |
| Lajas                        | Z      | 0164 |
| Lares                        | A      | 0168 |
| Las Marias                   | Z      | 0172 |
| Las Piedras                  | E      | 0176 |
| Lolza                        | F      | 0180 |
| Luquillo                     | F      | 0184 |
| Manati                       | A      | 0188 |
| Maricao                      | Z      | 0192 |
| Maurabo                      | G      | 0196 |
| Mayaguez                     | Z      | 0200 |

| Ordered By Code |              |        |
|-----------------|--------------|--------|
| CODE            | MUNICIPALITY | REGION |
| 0104            | Dorado       | B      |
| 0108            | Fajardo      | F      |
| 0112            | Florida      | A      |
| 0116            | Guanica      | S      |
| 0120            | Guayama      | G      |
| 0124            | Guayanilla   | S      |
| 0128            | Guaynabo     | B      |
| 0132            | Gurabo       | E      |
| 0136            | Habito       | A      |
| 0140            | Hormigueros  | Z      |
| 0144            | Humacao      | E      |
| 0148            | Isabela      | Z      |
| 0152            | Jayuya       | S      |
| 0156            | Juana Diaz   | G      |
| 0160            | Juncos       | E      |
| 0164            | Lajas        | Z      |
| 0168            | Lares        | A      |
| 0172            | Las Marias   | Z      |
| 0176            | Las Piedras  | E      |
| 0180            | Lolza        | F      |
| 0184            | Luquillo     | F      |
| 0188            | Manati       | A      |
| 0192            | Maricao      | Z      |
| 0196            | Maurabo      | G      |
| 0200            | Mayaguez     | Z      |



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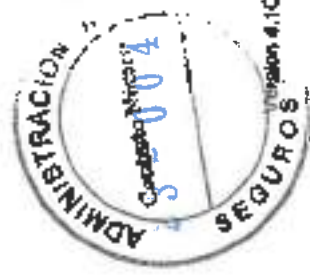
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT I - MUNICIPALITY CODES

| Alphabetical by Municipality |        |      |
|------------------------------|--------|------|
| MUNICIPALITY                 | REGION | CODE |
| Moca                         | Z      | 0204 |
| Morovis                      | A      | 0208 |
| Naguabo                      | E      | 0212 |
| Naranjito                    | B      | 0216 |
| Orocopia                     | G      | 0220 |
| Palomas                      | G      | 0224 |
| Petuelas                     | S      | 0228 |
| Ponce                        | S      | 0232 |
| Puerto de Tierra             | J      | 0264 |
| Puerto Nuevo                 | J      | 0270 |
| Quebradillas                 | A      | 0236 |
| Rincon                       | Z      | 0240 |
| Rio Grande                   | F      | 0244 |
| Rio Piedras                  | J      | 0272 |
| Sabana Grande                | Z      | 0248 |
| Salinas                      | G      | 0252 |
| San German                   | Z      | 0266 |
| San José                     | J      | 0274 |
| San Juan                     | J      | 0266 |
| San Lorenzo                  | E      | 0276 |
| San Sebastian                | Z      | 0280 |
| Santa Isabel                 | G      | 0284 |
| Toa Alta                     | B      | 0288 |
| Toa Baja                     | B      | 0292 |
| Trujillo Alto                | F      | 0296 |

| Ordered By Code |                  |        |
|-----------------|------------------|--------|
| CODE            | MUNICIPALITY     | REGION |
| 0204            | Moca             | Z      |
| 0208            | Morovis          | A      |
| 0212            | Naguabo          | E      |
| 0216            | Naranjito        | B      |
| 0220            | Orocopia         | G      |
| 0224            | Palomas          | G      |
| 0228            | Petuelas         | S      |
| 0232            | Ponce            | S      |
| 0236            | Quebradillas     | A      |
| 0240            | Rincon           | Z      |
| 0244            | Rio Grande       | F      |
| 0248            | Sabana Grande    | Z      |
| 0252            | Salinas          | G      |
| 0256            | San German       | Z      |
| 0264            | Puerto de Tierra | J      |
| 0266            | San Juan         | J      |
| 0270            | Puerto Nuevo     | J      |
| 0272            | Rio Piedras      | J      |
| 0274            | San José         | J      |
| 0276            | San Lorenzo      | E      |
| 0280            | San Sebastian    | Z      |
| 0284            | Santa Isabel     | G      |
| 0288            | Toa Alta         | B      |
| 0292            | Toa Baja         | B      |
| 0296            | Trujillo Alto    | F      |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT I - MUNICIPALITY CODES

| Alphabetical by Municipality |        |      |
|------------------------------|--------|------|
| MUNICIPALITY                 | REGION | CODE |
| Utuado                       | A      | 0300 |
| Vega Alta                    | B      | 0304 |
| Vega Baja                    | A      | 0308 |
| Vieques                      | F      | 0312 |
| Villalba                     | G      | 0316 |
| Yabucoa                      | E      | 0320 |
| Yauco                        | S      | 0324 |
| Outside Puerto Rico          | O      | 0666 |

| Ordered By Code |                     |        |
|-----------------|---------------------|--------|
| CODE            | MUNICIPALITY        | REGION |
| 0300            | Utuado              | A      |
| 0304            | Vega Alta           | B      |
| 0308            | Vega Baja           | A      |
| 0312            | Vieques             | F      |
| 0316            | Villalba            | G      |
| 0320            | Yabucoa             | E      |
| 0324            | Yauco               | S      |
| 0666            | Outside Puerto Rico | O      |

- 0666 is valid only for use with Municipality Service on CLAIMSERVICES Input File and/or Municipality on CAPITATION Input File.
- NOTE: Any municipality code may appear in region SPECIAL.



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT II - CARRIER CODES

| CODE | Carrier   | Type             |
|------|---|------------------|
| 01   | (discontinued) Triple-S Salud, Inc.                         | MCO              |
| 02   | (discontinued) Humana                                       | MCO              |
| 03   | (discontinued) Triple-S Salud, Inc.                         | TPA              |
| 04   | (discontinued) First Medical Health Plan, Inc.              | MCO              |
| 05   | (discontinued) PMC Medicare Choice, LLC                     | MCO              |
| 06   | (discontinued) Triple-S Salud, Inc.                         | MCO              |
| 07   | (discontinued) Molina Healthcare of Puerto Rico, Inc.       | MCO              |
| 08   | (discontinued) MMM Multi Health, LLC                        | MCO              |
| 09   | First Medical Health Plan, Inc. (NHM)                       | MCO              |
| 10   | MMM Multi Health, LLC (NHM)                                 | MCO              |
| 11   | (discontinued) Molina Healthcare of Puerto Rico, Inc. (NHM) | MCO              |
| 12   | Plan de Salud Manonita (NHM)                                | MCO              |
| 13   | Triple-S Salud, Inc. (NHM)                                  | MCO              |
| 17   | (discontinued) MCS  | MCO              |
| 26   | (discontinued) La Cruz Azul de P.R.                         | MCO              |
| 27   | (discontinued) MCS Life                                     | Medicare Platino |
| 28   | (discontinued) Red Medica                                   | Medicare Platino |
| 29   | MMM Healthcare, INC   | Medicare Platino |
| 31   | (discontinued) Triple-S Salud, Inc.                         | Medicare Platino |
| 33   | Preferred Medicare Choice                                   | Medicare Platino |
| 34   | MCS Advantage   | Medicare Platino |
| 35   | (discontinued) COSVIMed                                     | Medicare Platino |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT II - CARRIER CODES

| CODE | Carrier  | Type                  |
|------|--|-----------------------|
| 37   | (discontinued) Salud Dorada con Medicare       | Medicare Platino      |
| 39   | (discontinued) MAPFRE                          | Medicare Platino      |
| 41   | (discontinued) Health Medicare Ultra           | Medicare Platino      |
| 42   | Humana   | Medicare Platino      |
| 44   | (discontinued) Auxilio Platino                 | Medicare Platino      |
| 45   | (discontinued) Constellation Health, LLC       | Medicare Platino      |
| 46   | Triple-S Advantage                             | Medicare Platino      |
| 47   | (discontinued) American Health                 | Medicare Platino      |
| 48   | (discontinued) MNM-First Plus                  | Medicare Platino      |
| 49   | (discontinued) First Medical Health Plan, Inc. | Medicare Platino      |
| 51   | (discontinued) Triple-S Salud, Inc.            | TPA - Direct Contract |
| 52   | (discontinued) Humana                          | TPA - Direct Contract |
| 53   | (discontinued) MCS                             | TPA - Direct Contract |
| 54   | (discontinued) Triple-S Salud, Inc.            | TPA - Direct Contract |
| 55   | (discontinued) COSVI                           | TPA - Direct Contract |
| 60   | (discontinued) Caremark                        | PBM                   |
| 62   | ABARCA   | PBM                   |
| 64   | MC-21  | PBM                   |
| 70   | (discontinued) ASSMCA                          | Mental Health PBM     |
| 71   | Plan de Salud Hospital Menchita                | Government Employee   |
| 72   | MNM Healthcare, INC                            | Government Employee   |
| 73   | (discontinued) National Life Insurance Company | Government Employee   |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT II - CARRIER CODES

| CODE | Carrier   | Type                |
|------|---|---------------------|
| 74   | Ryder Health Plan, Inc.                               | Government Employee |
| 75   | Triple-S Salud Inc.                                   | Government Employee |
| 76   | (discontinued) BHP                                    | MSHO                |
| 77   | Humana Health Plan of Puerto Rico, Inc.               | Government Employee |
| 78   | MAPFRE  | Government Employee |
| 79   | MCS Life Insurance Company                            | Government Employee |
| 80   | (discontinued) PROSSAM                                | Government Employee |
| 81   | Asociación de Maestros de Puerto Rico                 | Government Employee |
| 82   | First Medical Health Plan, Inc.                       | Government Employee |
| 83   | (discontinued) APS                                    | MSHO                |
| 84   | (discontinued) APS                                    | Government Employee |
| 85   | PMC Medicare Choice, LLC                              | Government Employee |
| 86   | (discontinued) Molina Healthcare of Puerto Rico, Inc. | Government Employee |
| 87   | Triple-S Advantage                                    | Government Employee |
| 88   | (discontinued) MNM-First Plus                         | Government Employee |
| 89   | PanamERICAN Life Insurance Group (PALIC)              | Government Employee |
| 90   | Delta Dental  | Government Employee |
| 91   | MUM Multi Health, LLC                                 | Government Employee |
| 96   | (discontinued) FHC                                    | MSHO                |
| 98   | (discontinued) American Health Medicare               | Government Employee |



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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 have very little 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                                    |
| 15  | Speech Language Pathologist in Private Practice |
| 16  | Obstetrics / Gynecology                         |
| 17  | Hospice and palliative care                     |
| 18  | Ophthalmology                                   |
| 19  | Oral Surgery                                    |
| 20  | Orthopedic Surgery                              |
| 21  | Cardiac electrophysiology                       |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty                                   |
|------|---|
| 22   | Pathology                                   |
| 23   | Sports medicine                             |
| 24   | Plastic and Reconstructive Surgery          |
| 25   | Physical Medicine / Rehabilitation          |
| 26   | Psychiatry                                  |
| 27   | Geriatric psychiatry                        |
| 28   | Colorectal Surgery (Formerly Proctology)    |
| 29   | Pulmonary Diseases                          |
| 30   | Diagnostic Radiology                        |
| 31   | Intensive cardiac rehabilitation            |
| 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                          |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty   |
|------|---|
| 45   | Mammography Screening Center                      |
| 46   | Endocrinology                                     |
| 47   | Independent Diagnostic Testing Facility           |
| 48   | Podiatry  |
| 49   | Ambulatory Surgical Center                        |
| 50   | Nurse Practitioner                                |
| 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                              |



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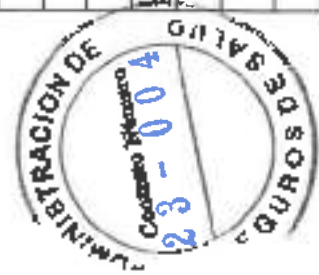
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty                                       |
|------|---|
| 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                |
| 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                                |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty   |
|------|---|
| 91   | Surgical Oncology                                 |
| 92   | Radiation Oncology                                |
| 93   | Emergency Medicine                                |
| 94   | Intervention Radiology                            |
| 95   | Optician  |
| 97   | Physician Assistant                               |
| 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                                     |
| BB   | Blood Bank  |
| CV   | Cardiac Catheterization Facility                  |
| DC   | Dialysis Center                                   |
| DD   | Dentist   |
| DF   | Dialysis Facility                                 |
| EC   | Emergency Care Facility                           |
| EN   | Endodontist                                       |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT III - SPECIALTY CODES

| CODE | Specialty   |
|------|---|
| Q1   | Geneticist  |
| HE   | Health Educator   |
| NN   | Home Health Nurse   |
| NV   | HIV Ambulatory Antibiotic Facility                                    |
| IC   | Intensive Care Unit   |
| IT   | Infusion Therapy  |
| LI   | Lithotripsy   |
| N1   | Neonatology   |
| NI   | Neonatal ICU  |
| O1   | Occupational Medicine   |
| OP   | Optical   |
| P1   | Perinatology  |
| P2   | Pediatric Surgery   |
| PC   | Clinic - Primary Level  |
| PE   | Periodontist  |
| PN   | Private Hospital  |
| PP   | Private Psychiatric Hospital  |
| PS   | Psychiatric Partial Hospital  |
| RT   | Respiratory Therapist   |
| SH   | State Hospital  |
| SP   | State Psychiatric Hospital  |
| ST   | Short Term Intervention Center (Behavioral Health-Stabilization Unit) |
| XR   | X-ray Facility  |



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**PUERTO RICO HEALTH INSURANCE ADMINISTRATION**

**ATTACHMENT III - SPECIALTY CODES**

| CODE | Specialty                      |
|------|--------------------------------|
| 24   | Cardiovascular Surgery Program |



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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   | Telehealth Provided Other than in Patient's Home | The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.   |
| 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. (e.g., emergency shelters, individual or family shelters).  |
| 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. |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE | Name                                  | Description  |
|------|---------------------------------------|--|
| 09   | Prison / Correctional Facility        | A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.   |
| 10   | Telehealth Provided in Patient's Home | The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology. |
| 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 services, 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   | Temporary Lodging                     | A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.   |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE | Name                           | Description   |
|------|--------------------------------|---|
| 17   | Walk-In Retail Health Clinic   | A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. |
| 18   | Place of Employment- Worksite  | A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual.   |
| 19   | Off Campus-Outpatient Hospital | A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.                        |
| 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   | On Campus- 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.   |
| 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   | Birthing 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.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE  | Name                        | Description  |
|-------|-----------------------------|--|
| 26    | Military Treatment Facility | A medical facility operated by one or more of the Uniformed Services, Military Treatment Facility (USMTF) 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  |
| 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.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE | Name   | Description   |
|------|--|---|
| 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"> <li>• 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.</li> <li>• 24 hour a day emergency care services.</li> <li>• Day treatment, other partial hospitalization services, or psychosocial rehabilitation services.</li> <li>• Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.</li> <li>• Consultation and education services.</li> </ul> |
| 54   | Intermediate Care Facility/ Individuals with Intellectual Disabilities | A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.   |
| 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.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE  | Name   | Description   |
|-------|--|---|
| 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    | Non-residential Opioid Treatment Facility          | A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).   |
| 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.  |
| 66-70 | Unassigned   | N/A   |

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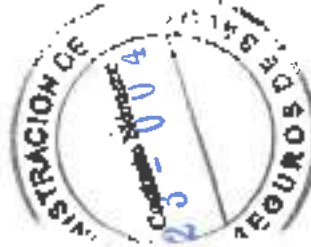


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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT IV - PLACE OF SERVICE CODES

| CODE  | Name                                | Description  |
|-------|-------------------------------------|--|
| 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.  |
| 82-88 | Unassigned                          | N/A  |
| 89    | Other Place of Service              | Other service facilities not specified above.  |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT V - PROVIDER TYPE CODES

| CODE   | Description                     |
|--|---------------------------------|
| Codes included in this table are designed for completeness and in no way imply coverage of services under the Governmental 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 VI – PLAN VERSION LIST

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan ACT | Plan Version History | Plan Detail  |
|-----------|------------|--------------|--------------------------|----------|----------------------|--------------|
| 01        | 09         | 100          |                          |          |                      | Plan Vital   |
| 01        | 09         | 110          |                          |          |                      | Plan Vital   |
| 01        | 09         | 120          |                          |          |                      | Plan Vital   |
| 01        | 09         | 130          |                          |          |                      | Plan Vital   |
| 01        | 09         | 220          |                          |          |                      | Plan Vital   |
| 01        | 09         | 230          |                          |          |                      | Plan Vital   |
| 01        | 09         | 300          |                          |          |                      | Plan Vital   |
| 01        | 09         | 310          |                          |          |                      | Plan Vital   |
| 01        | 09         | 320          |                          |          |                      | Plan Vital   |
| 01        | 09         | 330          |                          |          |                      | Plan Vital   |
| 01        | 09         | 970          |                          |          |                      | Encancelados |
| 01        | 10         | 100          |                          |          |                      | Plan Vital   |
| 01        | 10         | 110          |                          |          |                      | Plan Vital   |
| 01        | 10         | 120          |                          |          |                      | Plan Vital   |
| 01        | 10         | 130          |                          |          |                      | Plan Vital   |
| 01        | 10         | 220          |                          |          |                      | Plan Vital   |
| 01        | 10         | 230          |                          |          |                      | Plan Vital   |
| 01        | 10         | 300          |                          |          |                      | Plan Vital   |
| 01        | 10         | 310          |                          |          |                      | Plan Vital   |
| 01        | 10         | 320          |                          |          |                      | Plan Vital   |
| 01        | 10         | 330          |                          |          |                      | Plan Vital   |
| 01        | 10         | 970          |                          |          |                      | Encancelados |
| 01        | 12         | 100          |                          |          |                      | Plan Vital   |
| 01        | 12         | 110          |                          |          |                      | Plan Vital   |
| 01        | 12         | 120          |                          |          |                      | Plan Vital   |
| 01        | 12         | 130          |                          |          |                      | Plan Vital   |
| 01        | 12         | 220          |                          |          |                      | Plan Vital   |
| 01        | 12         | 230          |                          |          |                      | Plan Vital   |
| 01        | 12         | 300          |                          |          |                      | Plan Vital   |
| 01        | 12         | 310          |                          |          |                      | Plan Vital   |
| 01        | 12         |              |                          |          |                      | Plan Vital   |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan ACT | Plan Version Access | Plan Detail                 |
|-----------|------------|--------------|--------------------------|----------|---------------------|-----------------------------|
| 01        | 12         | 330          |                          |          |                     | Plan Vital                  |
| 01        | 12         | 970          |                          |          |                     | Encancelados                |
| 01        | 13         | 100          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 110          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 120          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 130          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 220          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 230          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 900          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 310          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 320          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 330          |                          |          |                     | Plan Vital                  |
| 01        | 13         | 970          |                          |          |                     | Encancelados                |
| 02        | 29         | 004          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 005          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 014          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 015          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 017          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 018          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 019          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 020          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 023          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 024          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 025          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 29         | 026          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         | 005          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         | 006          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         | 007          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         | 008          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         | 009          |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         |              |                          |          |                     | Medicare Platinum - M/A-SNP |
| 02        | 33         |              |                          |          |                     | Medicare Platinum - M/A-SNP |

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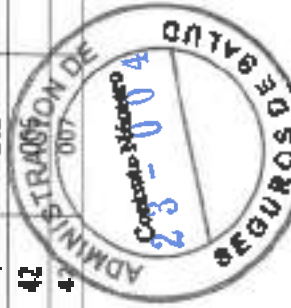


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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan ACT | Plan Version Access | Plan Detail                |
|-----------|------------|--------------|--------------------------|----------|---------------------|----------------------------|
| 02        | 33         | 016          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 33         | 017          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 33         | 018          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 33         | 019          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 33         | 020          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 003          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 004          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 011          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 012          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 029          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 030          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 031          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 032          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 035          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 036          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 043          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 044          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 045          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 046          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 047          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 048          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 049          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 050          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 061          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 052          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 053          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 054          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 055          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 34         | 056          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 42         | 005          |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 42         |              |                          |          |                     | Medicare Platinum - MA-SNP |
| 02        | 42         |              |                          |          |                     | Medicare Platinum - MA-SNP |

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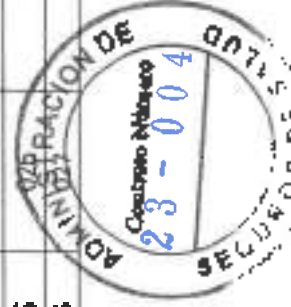
# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description | Plan_ACT | Plan Version Access | Plan Detail               |
|-----------|------------|--------------|--------------------------|----------|---------------------|---------------------------|
| 02        | 42         | 008          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 013          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 014          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 015          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 016          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 017          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 018          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 019          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 020          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 021          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 022          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 023          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 42         | 024          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 003          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 004          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 005          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 006          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 007          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 008          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 011          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 012          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 013          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 014          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 015          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 016          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 017          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 018          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 019          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 020          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         | 025          |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         |              |                          |          |                     | Medicare Platino - MA-SNP |
| 02        | 46         |              |                          |          |                     | Medicare Platino - MA-SNP |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description   | Plan Act          | Plan Version Access | Plan Details               |
|-----------|------------|--------------|----------------------------|-------------------|---------------------|----------------------------|
| 02        | 46         | 028          |                            |                   |                     | Medicare Platino - AAA-SMP |
| 04        | 71         | 401          | Oro                        | Regular           | MCO                 |                            |
| 04        | 71         | 402          | Plata                      | Regular           | MCO                 |                            |
| 04        | 71         | 402          | Alternativa 1 Plata        | Regular           | MCO                 |                            |
| 04        | 71         | 404          | Alternativa 2 Rubi         | Regular           | MCO                 |                            |
| 04        | 71         | 405          | Diamante                   | Regular           | MCO                 |                            |
| 04        | 71         | 407          | Mandatoria                 | Regular           | MCO                 |                            |
| 04        | 71         | 408          | Alternativa 1              | Regular           | MCO                 |                            |
| 04        | 71         | 409          | Alternativa 2              | Regular           | MCO                 |                            |
| 06        | 71         | 400          | Coverage 400 (ELA)         | Regular           | HMO                 |                            |
| 09        | 71         | 400          | Coverage 400 (ELA)         | Retired Policemen | HMO                 |                            |
| 05        | 72         | 501          | Oro                        | Regular           | HMO                 |                            |
| 05        | 72         | 502          | Plata                      | Regular           | HMO                 |                            |
| 05        | 72         | 503          | Bronce                     | Regular           | HMO                 |                            |
| 05        | 72         | 504          | Rubi                       | Regular           | HMO                 |                            |
| 05        | 72         | 505          | ELA Flex                   | Auto-Enrollment   | HMO POS             |                            |
| 05        | 72         | 506          | ELA Relax                  | Auto-Enrollment   | HMO POS             |                            |
| 05        | 71         | 507          | MMHM ELA Relax (HMO-POS)   | Auto-Enrollment   | HMO                 |                            |
| 05        | 72         | 508          | MMHM ELA Premium (HMO-POS) | Auto-Enrollment   | HMO                 |                            |
| 05        | 72         | 509          | MMHM ELA Advantage         | Auto-Enrollment   | HMO                 |                            |
| 05        | 72         | 510          | ELA CASH                   | Regular           | HMO                 |                            |
| 05        | 72         | 511          | ELA GRANDE                 | Regular           | HMO                 |                            |
| 05        | 72         | 512          | ELA DINAMICO               | Regular           | HMO                 |                            |
| 04        | 75         | 401          | Oro                        | Regular           | MCO                 |                            |
| 04        | 75         | 402          | Plata                      | Regular           | MCO                 |                            |
| 04        | 75         | 403          | Bronce                     | Regular           | MCO                 |                            |
| 04        | 75         | 404          | Rubi                       | Regular           | MCO                 |                            |
| 04        | 75         | 405          | Diamante                   | Regular           | MCO                 |                            |
| 04        | 75         | 406          | Complementaria de Medicare | Regular           | MCO                 |                            |
| 04        | 75         | 407          | Mandatoria Universal       | Regular           | MCO                 |                            |
| 04        | 75         | 408          | Alternativa 1 Equilibrio   | Regular           | MCO                 |                            |
| 06        | 75         |              | Coverage 400 (ELA)         | Regular           | HMO                 |                            |

Carrier to ASES Data Submissions  
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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description   | Plan ACT          | Plan Version Access | Plan Detail |
|-----------|------------|--------------|----------------------------|-------------------|---------------------|-------------|
| 09        | 75         | 400          | Coverage 400 (ELA)         | Retired Policemen | HMO                 |             |
| 05        | 77         | 501          | Oro                        | Regular           | HMO                 |             |
| 05        | 77         | 502          | Plata                      | Regular           | HMO                 |             |
| 05        | 77         | 503          | Bronce                     | Regular           | HMO                 |             |
| 05        | 77         | 504          | Rubi                       | Regular           | HMO                 |             |
| 05        | 77         | 505          | PR I                       | Auto-Enrollment   | HMO                 |             |
| 05        | 77         | 506          | PR II                      | Auto-Enrollment   | HMO                 |             |
| 05        | 77         | 507          | PR III                     | Auto-Enrollment   | PPO                 |             |
| 05        | 77         | 508          | US Access Only             | Auto-Enrollment   | HMO                 |             |
| 05        | 77         | 509          | HMO FL                     | Auto-Enrollment   | HMO                 |             |
| 05        | 77         | 510          | ELA Rubi MAX               | Auto-Enrollment   | HMO                 |             |
| 05        | 77         | 511          | ELA HMO Bronce             | Auto-Enrollment   | HMO                 |             |
| 05        | 77         | 512          | ZAFIRO                     |                   | HMO                 |             |
| 05        | 77         | 513          | Basic Deluxe               |                   | HMO                 |             |
| 04        | 78         | 401          | Oro                        | Regular           | MCO                 |             |
| 04        | 78         | 402          | Plata                      | Regular           | MCO                 |             |
| 04        | 78         | 403          | Bronce                     | Regular           | MCO                 |             |
| 04        | 78         | 404          | Rubi                       | Regular           | MCO                 |             |
| 04        | 78         | 405          | Diamante                   | Regular           | MCO                 |             |
| 04        | 78         | 406          | Complementario de Medicare | Regular           | MCO                 |             |
| 04        | 78         | 407          | Mandatoria                 | Regular           | MCO                 |             |
| 04        | 78         | 408          | Alternativo 1              | Regular           | MCO                 |             |
| 04        | 78         | 409          | Alternativo 2              | Regular           | MCO                 |             |
| 05        | 79         | 501          | Oro                        | Regular           | HMO                 |             |
| 05        | 79         | 502          | Plata                      | Regular           | HMO                 |             |
| 05        | 79         | 503          | Bronce                     | Regular           | HMO                 |             |
| 05        | 79         | 504          | Rubi                       | Regular           | HMO                 |             |
| 05        | 79         | 505          | ELA Crédito                | Auto-Enrollment   | HMO                 |             |
| 05        | 79         | 506          | ELA Ahorro                 | Auto-Enrollment   | HMO                 |             |
| 05        | 79         | 507          | ELA Crédito Rubi           | Auto-Enrollment   | HMO                 |             |
| 05        | 79         | 508          | ELA ENLACE ACERO OSS-PDS   | Auto-Enrollment   | HMO                 |             |
| 05        | 79         |              | Gobierno Ahorro            | Auto-Enrollment   | HMO                 |             |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier Id | Plan Version | Plan Version Description       | Plan ACT         | Plan Version Access | Plan Detail |
|-----------|------------|--------------|--------------------------------|------------------|---------------------|-------------|
| 05        | 79         | 510          | ELA TE AYUDA OSS-PDS           | Regular          | HMO                 |             |
| 05        | 79         | 511          | ELA MAXIMO OSS-PDS             | Regular          | HMO                 |             |
| 04        | 80         | 401          | Oro                            | Regular          | MCO                 |             |
| 04        | 80         | 402          | Plata                          | Regular          | MCO                 |             |
| 04        | 80         | 403          | Bronce                         | Regular          | MCO                 |             |
| 04        | 80         | 404          | Rubi                           | Regular          | MCO                 |             |
| 04        | 80         | 405          | Diamante                       | Regular          | MCO                 |             |
| 04        | 80         | 406          | Complementaria de Medicare     | Regular          | MCO                 |             |
| 04        | 80         | 407          | Mandatoria                     | Regular          | MCO                 |             |
| 04        | 80         | 408          | Alternativo 1                  | Regular          | MCO                 |             |
| 04        | 80         | 409          | Alternativo 2                  | Regular          | MCO                 |             |
| 04        | 80         | 410          | Mandatorio ULTRA               | Regular          | MCO                 |             |
| 04        | 80         | 411          | Alternativo 1 MAX              | Regular          | MCO                 |             |
| 04        | 80         | 412          | Alternativa 2 FIT              | Regular          | MCO                 |             |
| 04        | 82         | 403          | Bronce                         | Regular          | MCO                 |             |
| 04        | 82         | 404          | Alternativa 1 Premium ELA RUBI | Regular          | MCO                 |             |
| 04        | 82         | 405          | Diamante                       | Regular          | MCO                 |             |
| 04        | 82         | 406          | Complementaria de Medicare     | Regular          | MCO                 |             |
| 04        | 82         | 407          | Alternativa 2 Classic ELA RUBI | Regular          | MCO                 |             |
| 04        | 82         | 408          | Alternativo 1                  | Regular          | MCO                 |             |
| 04        | 82         | 409          | Alternativo 2                  | Regular          | MCO                 |             |
| 06        | 82         | 400          | Coverage 400 (ELA)             | Regular          | HMO                 |             |
| 09        | 82         | 400          | Coverage 400 (ELA)             | Retired Proccmen | HMO                 |             |
| 05        | 87         | 501          | Oro                            | Regular          | HMO                 |             |
| 05        | 87         | 502          | Plata                          | Regular          | HMO                 |             |
| 05        | 87         | 503          | Bronce                         | Regular          | PPO                 |             |
| 05        | 87         | 504          | Rubi                           | Regular          | HMO                 |             |
| 05        | 87         | 505          | ELA Royal                      | Auto-Enrollment  | HMO                 |             |
| 05        | 87         | 506          | ELA Optimo                     | Auto-Enrollment  | HMO                 |             |
| 05        | 87         | 507          | ELA Royal Plus                 | Auto-Enrollment  | HMO                 |             |
| 06        | 87         | 508          | ELA Titán                      | Auto-Enrollment  | HMO                 |             |
| 05        | 87         | 509          | ELA Optimo Plus                | Auto-Enrollment  | HMO                 |             |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

| Plan Type | Carrier ID | Plan Version | Plan Version Description | Plan Act          | Plan Version Access | Plan Detail |
|-----------|------------|--------------|--------------------------|-------------------|---------------------|-------------|
| 05        | 88         | 501          | MMHM ELA Advantage       | Regular           | PPO                 |             |
| 05        | 88         | 502          | Plata                    | Regular           | PPO                 |             |
| 05        | 88         | 503          | Bronze                   | Regular           | PPO                 |             |
| 05        | 88         | 504          | Rubi                     | Regular           | PPO                 |             |
| 05        | 88         | 505          | Premium                  | Auto-Enrollment   | PPO                 |             |
| 05        | 88         | 506          | Premium 2                | Auto-Enrollment   | PPO                 |             |
| 05        | 88         | 507          | Plus                     | Auto-Enrollment   | PPO                 |             |
| 06        | 91         | 400          | Coverage 400 (ELA)       | Regular           | HMO                 |             |
| 09        | 91         | 400          | Coverage 400 (ELA)       | Retired Policemen | HMO                 |             |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT VII – CAPITATION TYPE LIST

| Cap type code | Cap type description                 |
|---------------|--------------------------------------|
| 01            | Admin                                |
| 02            | Dental                               |
| 03            | DME                                  |
| 04            | Emergency Room                       |
| 05            | Extended Hours Services              |
| 06            | Glasses and Contact Lenses           |
| 07            | Home Health Care                     |
| 08            | Hospital                             |
| 09            | Lab/Medical Imaging                  |
| 10            | Medical Transportation               |
| 11            | Mental Health                        |
| 12            | Mental Health Facility               |
| 13            | Occupational/Physical/Speech Therapy |
| 14            | On Call Services                     |
| 15            | Pharmacy                             |
| 16            | Preventative                         |
| 17            | Primary Care Physician               |
| 18            | Primary Medical Group                |
| 19            | Prosthetics and Orthotics            |
| 20            | RAF                                  |
| 21            | Specialist                           |
| 22            | Other                                |



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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION

## ATTACHMENT VIII - HOUR CODES

| CODE   | Description |
|--|-------------|
| Codes included in this table are designed for completeness of fields that require providing the hour using a two-digit code, based on 24-hour clock. |             |
| 01   | 1:00 a.m.   |
| 02   | 2:00 a.m.   |
| 03   | 3:00 a.m.   |
| 04   | 4:00 a.m.   |
| 05   | 5:00 a.m.   |
| 06   | 6:00 a.m.   |
| 07   | 7:00 a.m.   |
| 08   | 8:00 a.m.   |
| 09   | 9:00 a.m.   |
| 10   | 10:00 a.m.  |
| 11   | 11:00 a.m.  |
| 12   | 12:00 noon  |
| 13   | 1:00 p.m.   |
| 14   | 2:00 p.m.   |
| 15   | 3:00 p.m.   |
| 16   | 4:00 p.m.   |
| 17   | 5:00 p.m.   |
| 18   | 6:00 p.m.   |
| 19   | 7:00 p.m.   |
| 20   | 8:00 p.m.   |
| 21   | 9:00 p.m.   |
| 22   | 10:00 p.m.  |
| 23   | 11:00 p.m.  |
| 00   | 12:00 a.m.  |

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# PUERTO RICO HEALTH INSURANCE ADMINISTRATION



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# Enrollment Record Layout



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# Enrollment Record Layout Migracion 20181130

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# ENROLLMENT AND CARRIER IPA/PCP CHANGE FILE

This file is received by ASES from the insurance companies and TPO's on a daily basis. It contains data pertinent to new enrollment and families which have selected to change their enrollment to the organization producing the file. Modified for Medicare Plan Enrollment on September 2006. Concept change from one record per family enrolled to one record per member. Modified to include special enroll field on November 2007. Modified on April 2013 to include Trailer record for the Migration Project. MA01 project changes 7/2017. MMIS/MNCI changes 1/20 - 4/1/2018, ASES New Health Model changes as of 11/1/2018

| Member Record         |          |      |                       |  |
|-----------------------|----------|------|-----------------------|--|
| Record Fields         | Position | Size | Required/O<br>ptional | Notes  |
| RECORD_TYPE           | 1        | 1    | R                     | "E" for Enrollment Record (Constant)   |
| TRANS_ID              | 2        | 1    | R                     | E=new enrollment, P=Plan Type change, C=Carrier change, V= Version change, I=IPA change, 1=PCP1 change, 2=PCP2 change, 3=PCP1 and PCP2 change, For Plan/no, carriers 'D' = Disenrollment |
| INPROCESS_DATE        | 3        | 8    | R                     | MMDDYYYY - Date Enrolled in Carrier  |
| REGION                | 11       | 1    | R                     | Region code  |
| CARRIER               | 12       | 2    | R                     | Carrier code   |
| MEMBER_PRIMARY_CENTER | 14       | 4    | R                     |  |
| ODS_FAMILY_ID         | 18       | 11   | R                     |  |
| MEMBER_SSN            | 29       | 9    | R                     |  |
| MEMBER_SUFFIX         | 38       | 2    | R                     |  |
| EFFECTIVE_DATE        | 40       | 8    | R                     | MMDDYYYY- Card issue date for new Medicare enrollment.(Trans_ID= E) or Effective date (1st day of month) for other Trans_ID's  |
| PLAN_TYPE             | 48       | 2    | R                     | See Plan Type Table  |
| PLAN_VERSION          | 50       | 3    | R                     | Used to identify version of Plan within PLAN_TYPE (if needed)  |
| MP1                   | 53       | 13   | R                     | Alpha-numeric ej."0600012345678"   |
| PCP1                  | 66       | 15   | R                     | MP1 number   |
| PCP1_EFFECTIVE_DATE   | 81       | 8    | R                     | MMDDYYYY   |
| PCP2                  | 89       | 15   | O                     | MP1 number   |
| PCP2_EFFECTIVE_DATE   | 104      | 8    | O                     | MMDDYYYY, if PCP2 has the MP1 number   |
| FAMILY_PRIMARY_CENTER | 112      | 4    |                       |  |
| PHS tax ID eff dt     | 116      | 8    | R                     | MMDDYYYY, Required for MCOs  |
| IPA_PCP_CHANGE_REASON | 124      | 2    | O                     | Code Table to be supplied, Requires in IPA/PCP change  |
| MEDICARE INDICATOR    | 126      | 1    | R                     | 1=A&B, 3=A, 0=B  |
| MCI NUMBER            | 127      | 12   | O                     | If it is Medicare, the MCI number will be included<br>"A" = Accepted; "W" = WA Rejection; "R" = Rejected; "X" = Deleted, ASES Field  |
| Reject Identifier     | 139      | 1    | R                     |  |
| Record Key            | 140      | 14   | R                     | YYMMDD000000, ASES Field   |
| Error Code 1          | 154      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 2          | 157      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 3          | 160      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 4          | 163      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 5          | 166      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 6          | 169      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 7          | 172      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 8          | 175      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 9          | 178      | 3    | O                     | Indicates error (see error code table), ASES Field   |
| Error Code 10         | 181      | 3    | O                     | Indicates error (see error code table), ASES Field   |

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Enrollment Record Layout Migration 20181130

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|                 |     |    |   |   |
|-----------------|-----|----|---|---|
| Update Date     | 184 | 8  | R | YYYYMMDD , ASES Field                                       |
| Update Year     | 192 | 6  | R | "SYSTUPD "  |
| IPA_ESPECIAL    | 204 | 1  | O | 1 = IPA Especial  |
| Contract Number | 208 | 13 | R | Character left justified                                    |
| Special Enroll  | 215 | 1  | O | E = Emergency, N = Deemed Newborn, T =<br>Retractive Period |
| PMG Tax ID      | 216 | 9  | R | PMG Tax ID  |
| Data Source     | 224 | 3  | R | MO=MCO, MA=Platino, CO=Counselor                            |
| Filler          | 228 | 4  | R |   |
|                 | 232 |    |   |   |

| TRAILER Record    |          |      |  |  |
|-------------------|----------|------|--|--|
| Record Fields     | Position | Size | Notes  |  |
| RECORD_TYPE       | 1        | 7    | "TRAILER" for Record (Constant)                  |  |
| FILLER            | 8        | 10   | SPACES   |  |
| NUMBER OF RECORDS | 18       | 8    | 99999999 Numeric - Right justified - zero filled |  |
| Filler            | 26       | 10   | SPACES   |  |
| RECORD LENGTH     | 36       | 3    | "230" (Numeric Constant)                         |  |
| Filler            | 39       | 191  | SPACES   |  |
|                   | 230      |      |  |  |

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

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# Enrollment Validation Response

## Codes Table

### 20200405\_reponse

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| Response Type Code | Response Type                        |
|--------------------|--------------------------------------|
| BF                 | Blank Field Error                    |
| IC                 | Invalid Content Error                |
| CIC                | Conditionally Invalid Content        |
| RIC                | Relative Invalid Content             |
| DR                 | Duplicate Records                    |
| CAI                | Contextual Applicability Issue       |
| HEA                | Historical Enrollment Acknowledgment |

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| Response Type Description                                      |
|--|
| Field has been left blank                                      |
| Field content is invalid.                                      |
| Field content is invalid according to another field.           |
| Field content is invalid in comparison to other field or data. |
| Record is duplicate in a certain context.                      |
| Some issue in the in the context                               |
| Historical Enrollment Acknowledgement                          |

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# Enrollment Validation Response Codes Table 20200405\_tran\_id

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| Transaction Id Codes | Data Source | Transaction Id Type             |
|----------------------|-------------|---------------------------------|
| E                    | MO          | New or Immediate Enrollment     |
|                      | MA          |                                 |
| C                    | MO          | Prospective Enrollment          |
|                      | JC          |                                 |
|                      | CO          |                                 |
| I                    | MA          | Enrollment Carrier Change       |
|                      | MO          | Enrollment PMG Change           |
| 1                    | MO          | Enrollment PCP1 Change          |
|                      | MA          |                                 |
| 2                    | MO          | Enrollment PCP2 Change          |
|                      | MA          |                                 |
| 3                    | MO          | Enrollment PCP1 and PCP2 Change |
|                      | MA          |                                 |
| V                    | MO          | Enrollment Plan Version Change  |
|                      | MA          |                                 |

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# Enrollment Validation Response Codes Table 20200405\_SpecialEnroll

EMR





| Special Enrollment Code | Special Enrollment Type            |
|-------------------------|------------------------------------|
| T                       | Retroactive Eligibility Enrollment |
| N                       | Deemed Newborn Enrollment          |
| E                       | Late Eligibility Enrollment        |
|                         | Ordinary Enrollment                |

Any  
Not T

EMR



# Enrollment Validation Response Codes Table 20200405\_DataSource

EMR



| Data Source Code | Data Source          |
|------------------|----------------------|
| MO               | VITAL Carrier        |
| MA               | Platino Carrier      |
| JC               | Just Cause Process   |
| CO               | Enrollment Counselor |

Any

MO, JC, CO

EMK

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# Enrollment Validation Response Codes Table 20200405\_Sysprem

EMR



| SYSREM Classification Validation Code | Data Sources |
|---------------------------------------|--------------|
| 107                                   | MA, MO       |
| 280                                   | MA, MO       |
| 177                                   | MA, MO       |

| SYSREM Transid Code | Data Sources |
|---------------------|--------------|
| E                   | MA, MO       |
| C                   | MA           |

EMR



| SYSPREM Allowed Validation Code | Data Sources |
|---------------------------------|--------------|
| 222                             | MA, MO       |
| 223                             | MA, MO       |
| 053                             | MA           |
| 054                             | MA, MO       |
| 211                             | MA, MO       |
| 225                             | MA, MO       |
| 132                             | MA, MO       |
| 226                             | MA, MO       |

EMR





# **\*.820 Premium Payment File Layout**

EMR



MR

| Element | 4019A1                                   | Usage Req. | Type | Min-Max | Loop | Req./Rec. Values |
|---------|--|------------|------|---------|------|------------------|
| ISA     | Interchange Control Header               | R          |      |         |      |                  |
| ISA01   | Authorization Information Qualifier      | R          | ID   | 2 / 2   |      |                  |
| ISA02   | Authorization Information                | R          | AN   | 10 / 10 |      |                  |
| ISA03   | Security Information Qualifier           | R          | ID   | 2 / 2   |      |                  |
| ISA04   | Security Information                     | R          | AN   | 10 / 10 |      |                  |
| ISA05   | Interchange ID Qualifier                 | R          | ID   | 2 / 2   |      |                  |
| ISA06   | Interchange Sender ID                    | R          | AN   | 15 / 15 |      |                  |
| ISA07   | Interchange ID Qualifier                 | R          | ID   | 2 / 2   |      |                  |
| ISA08   | Interchange Receiver ID                  | R          | AN   | 15 / 15 |      |                  |
| ISA09   | Interchange Date                         | R          | DT   | 8 / 8   |      |                  |
| ISA10   | Interchange Time                         | R          | TM   | 4 / 4   |      |                  |
| ISA11   | Interchange Control Standards Identifier | R          | ID   | 1 / 1   |      | U                |
| ISA12   | Interchange Control Version Number       | R          | ID   | 5 / 5   |      | 00401            |
| ISA13   | Interchange Control Number               | R          | NO   | 9 / 9   |      |                  |
| ISA14   | Acknowledgment Requested                 | R          | ID   | 1 / 1   |      |                  |
| ISA15   | Production Data                          | R          | ID   | 5 / 1   |      | P, T             |
| ISA16   | Component Element Separator              | R          | ID   | 1 / 1   |      | I                |
| QS      | Functional Group Header                  | R          |      |         |      |                  |
| GS01    | Functional Identifier Code               | R          | ID   | 2 / 2   |      | PO, RA           |
| GS02    | Application Sender's Code                | R          | AN   | 2 / 15  |      |                  |
| GS03    | Application Receiver's Code              | R          | AN   | 2 / 15  |      |                  |
| GS04    | Date                                     | R          | DT   | 8 / 8   |      |                  |
| GS05    | Time                                     | R          | TM   | 4 / 8   |      |                  |

| 4019B                               | Usage Req. | Type | Min-Max | Loop | Req./Rec. Values |
|-------------------------------------|------------|------|---------|------|------------------|
| Interchange Control Header          |            |      |         |      |                  |
| Authorization Information Qualifier | R          | ID   | 2 / 2   |      |                  |
| Authorization Information           | R          | AN   | 10 / 10 |      |                  |
| Security Information Qualifier      | R          | ID   | 2 / 2   |      |                  |
| Security Information                | R          | AN   | 10 / 10 |      |                  |
| Interchange ID Qualifier            | R          | ID   | 2 / 2   |      |                  |
| Interchange Sender ID               | R          | AN   | 15 / 15 |      |                  |
| Interchange ID Qualifier            | R          | ID   | 2 / 2   |      |                  |
| Interchange Receiver ID             | R          | AN   | 15 / 15 |      |                  |
| Interchange Date                    | R          | DT   | 8 / 8   |      |                  |
| Interchange Time                    | R          | TM   | 4 / 4   |      |                  |
| Repetition Separator                | R          | ID   | 1 / 1   |      | A                |
| Interchange Control Version Number  | R          | NO   | 5 / 5   |      | 00601            |
| Interchange Control Number          | R          | NO   | 9 / 9   |      |                  |
| Acknowledgment Requested            | R          | ID   | 1 / 1   |      |                  |
| Production Data                     | R          | ID   | 1 / 1   |      | P, T             |
| Component Element Separator         | R          | ID   | 1 / 1   |      | I                |
| Functional Group Header             |            |      |         |      |                  |
| Functional Identifier Code          | R          | ID   | 2 / 2   |      |                  |
| Application Sender's Code           | R          | AN   | 2 / 15  |      |                  |
| Application Receiver's Code         | R          | AN   | 2 / 15  |      |                  |
| Date                                | R          | DT   | 8 / 8   |      |                  |
| Time                                | R          | TM   | 4 / 8   |      |                  |

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| Changes | Notes                      |
|---------|----------------------------|
|         | ASES                       |
|         | 00                         |
|         | SPACES(10)                 |
|         | 00                         |
|         | SPACES(10)                 |
|         | ZZ                         |
|         | ASES+SPACES(11)            |
|         | ZZ                         |
|         | (CARRIER_NAME+SPACES(10))  |
|         | SYSTEM DATE (YYYYMMDD)     |
|         | SYSTEM TIME (HHMM)         |
| Usage   | A                          |
| Values  | 00501                      |
|         | SYSTEM DATE (YYYYMMDD)+001 |
|         | 0                          |
|         | P                          |
|         | I                          |
|         | RA                         |
|         | ASES                       |
|         | (CARRIER_NAME+SPACES(10))  |
|         | SYSTEM DATE (YYYYMMDD)     |
|         | SYSTEM TIME (HHMM)         |



| Notes      |                                      |
|------------|--------------------------------------|
| Changes    | ASIS                                 |
| Value      |                                      |
|            |                                      |
|            |                                      |
|            |                                      |
|            | Check Date                           |
| Check      |                                      |
|            | 3                                    |
| Max        | Check Number                         |
|            |                                      |
| Max        |                                      |
|            |                                      |
|            |                                      |
| Value      |                                      |
| Usage Req. |                                      |
|            |                                      |
| Value      | 14                                   |
| Max        | CARRIER+REGION_ID<br>+PRIMARY_CENTER |
|            |                                      |
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| ASES 820  |            | 5910 |         |      |                      |  |  |
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| 14010001 DEPOSIT  | Usage Req. | Type | Min/Max | Loop | Req./Rec. Values     |  |  |
| Depository Financial Institution (DFI) ID Number Qualifier  | S          | ID   | 2 / 2   |      | 01,02,04             |  |  |
| Receiving Depository Financial Institution (DFI) Identifier | S          | AN   | 3 / 12  |      |                      |  |  |
| Account Number Qualifier                                    | S          | ID   | 1 / 3   |      | DA,SG                |  |  |
| Receiver Bank Account Number                                | S          | AN   | 1 / 35  |      |                      |  |  |
| Check Issue or EFT Effective Date                           | R          | DT   | 8 / 8   |      |                      |  |  |
| Remittance Information Key                                  | R          |      |         |      |                      |  |  |
| Trace Type Code   | R          | ID   | 1 / 2   |      | 1,3                  |  |  |
| Check or EFT Trace Number                                   | R          | AN   | 1 / 50  |      |                      |  |  |
| Originating Company Identifier                              | S          | AN   | 10 / 10 |      |                      |  |  |
| Originating Company Supplemental Code                       | S          | AN   | 1 / 50  |      |                      |  |  |
| Foreign Currency Information                                | S          |      |         |      |                      |  |  |
| Entity Identifier Code                                      | R          | ID   | 2 / 3   |      | 28,PR                |  |  |
| Currency Code   | R          | ID   | 3 / 3   |      | MDP,CAD              |  |  |
|   |            |      |         |      |                      |  |  |
| Premium Receiver Identification Key                         | S          |      |         |      |                      |  |  |
| Reference Identification Qualifier                          | R          | ID   | 2 / 3   |      | 14,17,18,25,38,72,UB |  |  |
| Premium Receiver Reference Identifier                       | R          | AN   | 1 / 50  |      |                      |  |  |
| Process Date  | S          |      |         |      |                      |  |  |
| Date Time Qualifier   | R          | ID   | 3 / 3   |      | 009                  |  |  |
| Payment Process Date  | R          | DT   | 8 / 8   |      |                      |  |  |
| Delivery Date   | S          |      |         |      |                      |  |  |
| Date Time Qualifier   | R          | ID   | 3 / 3   |      | 009                  |  |  |
| Premium Delivery Date                                       | R          | DT   | 8 / 8   |      |                      |  |  |
| Coverage Period   | S          |      |         |      |                      |  |  |

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| Element | Identifier Description                         | Usage Req. | Type | Min/Max | Loop  | Req./Rec. values |
|---------|--|------------|------|---------|-------|------------------|
| DTM01   | Date Time Qualifier                            | R          | ID   | 3/3     |       | 502              |
| DTM05   | Date Time Period Format Qualifier              | R          | ID   | 2/3     |       |                  |
| DTM06   | Coverage Period                                | R          | AN   | 1/35    |       |                  |
| DTM     |  |            |      |         |       |                  |
| DTM01   |  |            |      |         |       |                  |
| DTM02   |  |            |      |         |       |                  |
| N1      | Premium Receiver's Name                        | R          |      |         | 1000A |                  |
| N101    | Entity Identifier Code                         | R          | ID   | 2/3     | 1000A | PE               |
| N102    | Information Receiver Line or Organization Name | R          | AN   | 1/60    | 1000A |                  |
| M103    | Identification Code Qualifier                  | R          | ID   | 1/2     | 1000A | 1,9,EQ,FI,X<br>Y |
| N1104   | Receiver Identifier                            | R          | AN   | 2/60    | 1000A |                  |
| M2      | Premium Receiver's Additional Name             | S          |      |         |       |                  |
| N201    | Receiver Additional Name                       | R          | AN   | 1/60    | 1000A |                  |
| N63     | Premium Receiver's Address                     | S          |      |         |       |                  |
| N301    | Receiver Address Line                          | R          | AN   | 1/55    | 1000A |                  |
| N302    | Receiver Address Line                          | S          | AN   | 1/55    | 1000A |                  |
| N4      | Premium Receiver's City, State, Zip            | S          |      |         |       |                  |
| N401    | Information Receiver City Name                 | R          | AN   | 2/30    | 1000A |                  |
| N402    | Information Receiver State Code                | R          | ID   | 2/2     | 1000A |                  |
| N403    | Information Receiver Postal Zone or ZIP Code   | R          | ID   | 3/15    | 1000A |                  |
| N404    | Country Code                                   | S          | ID   | 2/3     | 1000A |                  |
| N407    |  |            |      |         |       |                  |
| RCM     |  |            |      |         |       |                  |

| 4010A1 |  |  |  |  | 4010 |  |  |  |  | Medium |  |
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| Element | Changes    | Notes               |
|---------|------------|---------------------|
| RDM01   | New        | ASES                |
| RDM02   | New        |                     |
| RDM03   | New        |                     |
| M1      |            |                     |
| N101    |            | PR                  |
| N102    |            | ASES_NAME           |
| N103    | NU WNM102  | FI                  |
| N104    | NU WNM102  | ASES_FEDERAL_TAX_ID |
| N2      |            |                     |
| N201    |            |                     |
| N3      |            |                     |
| N301    |            |                     |
| N302    |            |                     |
| N4      | Desc.      |                     |
| N401    |            |                     |
| N402    | Usage Req. |                     |
| N403    | Usage Req. |                     |
| N404    |            |                     |
| N407    | New        |                     |
| PER     |            |                     |
| PER01   |            |                     |
| PER02   |            |                     |
| PER03   | Usage Req. |                     |

| 4010(A)                                | ASES 820   | 5410 | Req. Rec. Values |
|--|------------|------|------------------|
| Identifier Description                 | Usage Req. | Type | Loop             |
| Premium Payer's Name                   | R          | ID   | 1000A            |
| Entity Identifier Code                 | S          | AN   | 1000A            |
| Premium Payer Name                     | S          | AN   | 1000A            |
| Identification Code                    | S          | ID   | 1000A            |
| Qualifier                              | S          | AN   | 1000B            |
| Premium Payer Identifier               | S          | AN   | 1000B            |
| Premium Payer's Additional Name        | S          |      |                  |
| Premium Payer's Additional Name        | R          | AN   | 1000B            |
| Premium Payer's Address                | S          |      |                  |
| Premium Payer Address Line             | R          | AN   | 1000B            |
| Premium Payer Address Line             | S          | AN   | 1000B            |
| Premium Payer's City State Zip         | S          |      |                  |
| Premium Payer City                     | R          | AN   | 1000B            |
| Premium Payer State                    | S          | ID   | 1000B            |
| Premium Payer Postal Zone or ZIP Code  | R          | ID   | 1000B            |
| Country Code                           | S          | ID   | 1000B            |
| Premium Payer's Administrative Contact | S          |      |                  |
| Contact Function Code                  | R          | ID   | 1000B            |
| Premium Payer Contact Name             | R          | AN   | 1000B            |
| Communication Number                   | R          | ID   | 1000B            |
| Qualifier                              | R          | ID   | 1000B            |

| 4010(A)                                | ASES 820   | 5410 | Req. Rec. Values |
|--|------------|------|------------------|
| Identifier Description                 | Usage Req. | Type | Loop             |
| Premium Payer's Name                   | R          | ID   | 1000B            |
| Entity Identifier Code                 | S          | AN   | 1000B            |
| Premium Payer Name                     | S          | AN   | 1000B            |
| Identification Code                    | S          | ID   | 1000B            |
| Qualifier                              | S          | AN   | 1000B            |
| Premium Payer Identifier               | S          | AN   | 1000B            |
| Premium Payer's Additional Name        | S          |      |                  |
| Premium Payer's Additional Name        | R          | AN   | 1000B            |
| Premium Payer's Address                | S          |      |                  |
| Premium Payer Address Line             | R          | AN   | 1000B            |
| Premium Payer Address Line             | S          | AN   | 1000B            |
| Premium Payer's City State Zip         | S          |      |                  |
| Premium Payer City                     | R          | AN   | 1000B            |
| Premium Payer State                    | S          | ID   | 1000B            |
| Premium Payer Postal Zone or ZIP Code  | R          | ID   | 1000B            |
| Country Code                           | S          | ID   | 1000B            |
| Premium Payer's Administrative Contact | S          |      |                  |
| Contact Function Code                  | R          | ID   | 1000B            |
| Premium Payer Contact Name             | R          | AN   | 1000B            |
| Communication Number                   | R          | ID   | 1000B            |
| Qualifier                              | R          | ID   | 1000B            |

| Element | Changes    | Notes               |
|---------|------------|---------------------|
| RDM01   | New        | ASES                |
| RDM02   | New        |                     |
| RDM03   | New        |                     |
| M1      |            |                     |
| N101    |            | PR                  |
| N102    |            | ASES_NAME           |
| N103    | NU WNM102  | FI                  |
| N104    | NU WNM102  | ASES_FEDERAL_TAX_ID |
| N2      |            |                     |
| N201    |            |                     |
| N3      |            |                     |
| N301    |            |                     |
| N302    |            |                     |
| N4      | Desc.      |                     |
| N401    |            |                     |
| N402    | Usage Req. |                     |
| N403    | Usage Req. |                     |
| N404    |            |                     |
| N407    | New        |                     |
| PER     |            |                     |
| PER01   |            |                     |
| PER02   |            |                     |
| PER03   | Usage Req. |                     |

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| Element | Identifier Description                              | Usage Req. | Type | Min/Max | Loop  | Req./Rec. Values |
|---------|---|------------|------|---------|-------|------------------|
| PER02   |   |            |      |         |       |                  |
| PER03   |   |            |      |         |       |                  |
| PER04   |   |            |      |         |       |                  |
| PER05   |   |            |      |         |       |                  |
| PER06   |   |            |      |         |       |                  |
| PER07   |   |            |      |         |       |                  |
| PER08   |   |            |      |         |       |                  |
| ENT     | Organization Summary Remittance                     | S          |      |         | 2000A |                  |
| ENT01   | Assigned Number                                     | R          | ND   | 1/5     | 2000A |                  |
| ENT02   | Entity Identifier Code                              | R          | ID   | 2/3     | 2000A | 2L               |
| ENT03   | Identification Code Qualifier                       | S          | ID   | 1/2     | 2000A | 1,8,PI           |
| ENT04   | Organization Identification Code                    | S          | AN   | 2/80    | 2000A |                  |
| ADX     |   |            |      |         |       |                  |
| ADX01   |   |            |      |         |       |                  |
| ADX02   |   |            |      |         |       |                  |
| RMR     | Organization Summary Remittance Detail              | R          |      |         | 2300  |                  |
| RMR01   | Reference Identification Qualifier                  | R          | ID   | 2/3     | 2300  | 11,1L,CT,K       |
| RMR02   | Contract, Invoice, Account, Group, or Policy Number | R          | AN   | 1/30    | 2300  |                  |

| 4800A1                         |            |      |         |      |                  | 4800A1               |            |      |         |      |                  | 4800A1               |            |      |         |       |                  |
|--------------------------------|------------|------|---------|------|------------------|----------------------|------------|------|---------|------|------------------|----------------------|------------|------|---------|-------|------------------|
| 4800A1                         |            |      |         |      |                  | 4800A1               |            |      |         |      |                  | 4800A1               |            |      |         |       |                  |
| Element                        | Usage Req. | Type | Min/Max | Loop | Req./Rec. Values | Element              | Usage Req. | Type | Min/Max | Loop | Req./Rec. Values | Element              | Usage Req. | Type | Min/Max | Loop  | Req./Rec. Values |
| PER02                          |            | R    | AN      | 1/60 | 1000C            | PER03                |            | R    | ID      | 2/2  | 1000C            | PER04                |            | R    | AN      | 1/256 | 1000C            |
| Communication Number Qualifier |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |
| Communication Number           |            |      |         |      |                  | Communication Number |            |      |         |      |                  | Communication Number |            |      |         |       |                  |



| Notes         |  | ASIS |  |
|---------------|--|------|--|
| Changes       |  |      |  |
| New           |  |      |  |
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| Valid         |  |      |  |
| U. Req./Valid |  |      |  |
| Usage Req     |  |      |  |
| New           |  |      |  |
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| Element | 4010A1                             |            |      |         |       |                  | 5010  |            |      |         |       |                            | Notes   |      |
|---------|------------------------------------|------------|------|---------|-------|------------------|---|------------|------|---------|-------|----------------------------|---------|------|
|         | Identifier Description             | Usage Req. | Type | Min-Max | Loop  | Req./Rec. Values | Identifier Description                                | Usage Req. | Type | Min-Max | Loop  | Req./Rec. Values           | Changes | ASES |
| PLM00   | Payment Action Code                | S          | ID   | 2/3     | 2300  | PA.PI.PO.P       | Payment Action Code                                   | S          | ID   | 2/2     | 2300  | PA.PI.PO.P                 | New     |      |
| PLM04   | Detail Premium Payment Amount      | R          | R    | 1/10    | 2300  |                  | Detail Premium Payment Amount                         | R          | R    | 1/10    | 2300  |                            |         |      |
| PLM05   | Billed Premium Amount              | S          | R    | 1/10    | 2300  |                  | Billed Premium Amount                                 | S          | R    | 1/10    | 2300  |                            |         |      |
| REF     |                                    |            |      |         |       |                  | Premium Reversals Identification Key                  | S          |      |         | 2300A |                            | New     |      |
| REF01   |                                    |            |      |         |       |                  | Reference Identification Qualifier                    | R          | ID   | 2/3     | 2300A | 14,17,18,2F,3E,5B,1B,1U,22 | New     |      |
| REF02   |                                    |            |      |         |       |                  | Reference Identification Organization/Contract Period | R          | AN   | 1/50    | 2300A |                            | New     |      |
| DTM01   |                                    |            |      |         |       |                  | Date Time Qualifier                                   | R          | ID   | 3/3     | 2300A | 582AAG                     | New     |      |
| DTM02   |                                    |            |      |         |       |                  | Date Time Period Forecast Qualifier                   | S          | DT   | 8/8     | 2300A |                            | New     |      |
| DTM05   |                                    |            |      |         |       |                  | Date Time Period                                      | S          | ID   | 2/5     | 2300A | RD8                        | New     |      |
| DTM06   |                                    |            |      |         |       |                  | Date Time Period                                      | S          | AN   | 1/35    | 2300A |                            | New     |      |
| IT1     | Summary Line Item                  | S          |      |         | 2310A |                  | Summary Line Item                                     | S          |      |         | 2310A |                            |         |      |
| IT101   | Line Item Control Number           | R          | AN   | 1/20    | 2310A |                  | Line Item Control Number                              | R          | AN   | 1/20    | 2310A |                            |         |      |
| SAC     |                                    |            |      |         |       |                  | Service, Promotion, Allowance or Charge Information   | S          |      |         | 2312A |                            | New     |      |
| SAC01   |                                    |            |      |         |       |                  | Allowance or Charge Indicator                         | R          | ID   | 1/1     | 2312A | C                          | New     |      |
| SAC02   |                                    |            |      |         |       |                  | Service, Promotion, Allowance or Charge Code          | R          | ID   | 4/4     | 2312A | A172,B080,DM00,G740        | New     |      |
| SAC05   |                                    |            |      |         |       |                  | Amount  | R          | ID   | 1/15    | 2312A |                            | New     |      |
| SLM     | Member Count                       | S          |      |         | 2315A |                  | Member Count  | S          |      |         | 2315A |                            |         |      |
| SLM01   | Line Item Control Number           | R          | AN   | 1/20    | 2315A |                  | Line Item Control Number                              | R          | AN   | 1/20    | 2315A |                            |         |      |
| SLM03   | Information Only Indicator         | R          | ID   | 1/1     | 2315A | O                | Information Only Indicator                            | R          | ID   | 1/1     | 2315A | O                          |         |      |
| SLM04   | Head Count                         | R          | R    | 1/15    | 2315A |                  | Head Count  | R          | R    | 1/15    | 2315A |                            |         |      |
| SLM05   | Unit or Basis for Measurement Code | R          | ID   | 2/2     | 2315A | 10JE,PR          | Unit or Basis for Measurement Code                    | R          | ID   | 2/2     | 2315A | 10JE,PR                    |         |      |


  
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| Element | 49-NM1                                |            |      |         |       |                                   | 60-Y0                                 |            |      |         |       |                                   | Notes   |
|---------|---------------------------------------|------------|------|---------|-------|-----------------------------------|---------------------------------------|------------|------|---------|-------|-----------------------------------|---|
|         | Identifier Description                | Usage Req. | Type | Min/Max | Loop  | Req./Rec. Values                  | Identifier Description                | Usage Req. | Type | Min/Max | Loop  | Req./Rec. Values                  |   |
| RMR01   | Reference Identification Qualifier    | R          | ID   | 2/3     | 2300B | 11.3J.AZ.B7<br>CT.ID.IG.IK<br>.KW | Reference Identification Qualifier    | R          | ID   | 2/3     | 2300B | 11.3J.AZ.B7<br>CT.ID.IG.IK<br>.KW | Change  |
| RMR02   | Insurance Remittance Reference Number | R          | AN   | 1/30    | 2300B |                                   | Insurance Remittance Reference Number | R          | AN   | 1/30    | 2300B |                                   | Max   |
| RMR03   | Payment Action Code                   | S          | ID   | 2/2     | 2300B | Plan Call                         | Detail Premium Payment Amount         | R          | R    | 1/18    | 2300B |                                   | Usage Req.  |
| RMR04   | Detail Premium Payment Amount         | R          | R    | 1/18    | 2300B |                                   | Billed Premium Amount                 | S          | R    | 1/18    | 2300B |                                   |   |
| RMR05   | Billed Premium Amount                 | S          | R    | 1/18    | 2300B |                                   | Reference Identification              | S          |      |         |       |                                   |   |
| REF - 1 |                                       |            |      |         |       |                                   | Reference Identification Qualifier    | R          | ID   | 2/3     | 2300B | 14.18.25.38<br>E9.LV.ZZ           | New   |
| REF01   |                                       |            |      |         |       |                                   | Reference Identification Qualifier    | R          | ID   | 2/3     | 2300B |                                   | New   |
| REF02   |                                       |            |      |         |       |                                   | Individual Coverage Period            | S          |      |         |       |                                   |   |
| DTM - 1 | Individual Coverage Period            | S          |      |         |       |                                   | Individual Coverage Period            | S          |      |         |       |                                   |   |
| DTM01   | Date Time Qualifier                   | R          | ID   | 3/3     | 2300B | 582                               | Date Time Qualifier                   | R          | ID   | 3/3     | 2300B | 582.AAG                           | Values  |
| DTM02   |                                       |            |      |         |       |                                   | Date Time Qualifier                   | S          | DT   | 8/8     | 2300B |                                   | Usage Req.  |
| DTM05   | Date Time Period Format Qualifier     | R          | ID   | 2/3     | 2300B | RD8                               | Date Time Period Format Qualifier     | S          | ID   | 2/3     | 2300B | RD8                               | Usage Req.  |
| DTM06   | Coverage Period                       | R          | AN   | 1/35    | 2300B |                                   | Coverage Period                       | S          | AN   | 1/35    | 2300B |                                   | Coverage Start Dtl<br>Coverage End Dtl based<br>upon CALC_DAYS. Use<br>Accounting Dtl for Net<br>and adjustments.<br>(YYYYMMDD) |
| RMR - 2 |                                       |            |      |         |       |                                   | Individual Premium Remittance Detail  | S          |      |         | 2300B |                                   |   |
| RMR01   | Reference Identification Qualifier    | R          | ID   | 2/3     | 2300B | 11.3J.AZ.B7<br>CT.ID.IG.IK<br>.KW | Reference Identification Qualifier    | R          | ID   | 2/3     | 2300B | 11.3J.AZ.B7<br>CT.ID.IG.IK<br>.KW |   |
| RMR02   | Insurance Remittance Reference Number | R          | AN   | 1/30    | 2300B |                                   | Insurance Remittance Reference Number | R          | AN   | 1/30    | 2300B |                                   | Map   |
| RMR03   | Payment Action Code                   | S          | ID   | 2/2     | 2300B | PLP                               | Detail Premium Payment Amount         | R          | R    | 1/18    | 2300B |                                   | Usage Req.  |
| RMR04   | Detail Premium Payment Amount         | R          | R    | 1/18    | 2300B |                                   | Billed Premium Amount                 | S          | R    | 1/18    | 2300B |                                   |   |
| RMR05   | Billed Premium Amount                 | S          | R    | 1/18    | 2300B |                                   |                                       |            |      |         |       |                                   |   |



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| Element | 4010A1                                |            |      |         |       | Req./Rec. Values                  |
|---------|---------------------------------------|------------|------|---------|-------|-----------------------------------|
|         | Identifier Description                | Usage Req. | Type | Min-Max | Loop  |                                   |
| REF - 2 |                                       |            |      |         |       |                                   |
| REF01   |                                       |            |      |         |       |                                   |
| REF02   |                                       |            |      |         |       |                                   |
| ADX - 2 |                                       |            |      |         |       |                                   |
| ADX01   | Individual Premium Adjustment         | \$         |      |         | 2320B |                                   |
| ADX02   | Adjustment Amount                     | R          | R    | 1 / 18  | 2320B |                                   |
| REF - 3 |                                       |            |      |         |       |                                   |
| RMR01   | Adjustment Reason Code                | R          | ID   | 2 / 2   | 2320B | 20,52,53,AA<br>AX,H1,H61<br>A,J,S |
| RMR02   | Individual Premium Remittance Detail  | S          |      |         | 2300B |                                   |
| RMR03   | Reference Identification Qualifier    | R          | ID   | 2 / 3   | 2300B | 11,9,LA,Z,B7<br>CT,1D,IG,K<br>KW  |
| RMR04   | Insurance Remittance Reference Number | R          | AN   | 1 / 30  | 2300B |                                   |
| RMR05   | Payment Action Code                   | \$         | ID   | 2 / 2   | 2300B | P,P,P                             |
| RMR06   | Detail Premium Payment Amount         | R          | R    | 1 / 18  | 2300B |                                   |
| RMR07   | Billed Premium Amount                 | S          | R    | 1 / 18  | 2300B |                                   |
| REF - 3 |                                       |            |      |         |       |                                   |
| REF01   |                                       |            |      |         |       |                                   |
| REF02   |                                       |            |      |         |       |                                   |
| SE      | Transaction Set Trailer               | R          |      |         |       |                                   |
| SE01    | Transaction Segment Count             | R          | NO   | 1 / 10  |       |                                   |
| SE02    | Transaction Set Control Number        | R          | AN   | 4 / 8   |       |                                   |
| OE      | Functional Group Trailer              | R          |      |         |       |                                   |
| OE01    | Number of Transactions Included       | R          | NO   | 1 / 8   |       |                                   |

| Element | 4010                                  |            |      |         |       | Req./Rec. Values                  |
|---------|---------------------------------------|------------|------|---------|-------|-----------------------------------|
|         | Identifier Description                | Usage Req. | Type | Min-Max | Loop  |                                   |
| REF - 2 |                                       |            |      |         |       |                                   |
| REF01   |                                       |            |      |         |       |                                   |
| REF02   |                                       |            |      |         |       |                                   |
| ADX - 2 |                                       |            |      |         |       |                                   |
| ADX01   | Reference Identification Qualifier    | R          | ID   | 2 / 3   | 2300B | 14,18,2F,3E,<br>E9,U,ZZ           |
| ADX02   | Reference Identification Qualifier    | R          | AN   | 1 / 50  | 2300B |                                   |
| REF - 3 |                                       |            |      |         |       |                                   |
| RMR01   | Individual Premium Adjustment         | \$         |      |         | 2320B |                                   |
| RMR02   | Adjustment Amount                     | R          | R    | 1 / 18  | 2320B |                                   |
| RMR03   | Adjustment Reason Code                | R          | ID   | 2 / 2   | 2320B | 20,52,53,AA<br>AX,H1,H61<br>A,J,S |
| RMR04   | Individual Premium Remittance Detail  | S          |      |         | 2300B |                                   |
| RMR05   | Reference Identification Qualifier    | R          | ID   | 2 / 3   | 2300B | 11,9,LA,Z,B7<br>CT,1D,IG,K<br>KW  |
| RMR06   | Insurance Remittance Reference Number | R          | AN   | 1 / 30  | 2300B |                                   |
| REF - 3 |                                       |            |      |         |       |                                   |
| REF01   | Detail Premium Payment Amount         | R          | R    | 1 / 18  | 2300B |                                   |
| REF02   | Billed Premium Amount                 | S          | R    | 1 / 18  | 2300B |                                   |
| REF03   | Reference Identification Qualifier    | S          |      |         |       |                                   |
| REF04   | Reference Identification Qualifier    | R          | ID   | 2 / 3   | 2300B | 14,18,2F,3E,<br>E9,U,ZZ           |
| REF05   | Reference Identification Qualifier    | R          | AN   | 1 / 50  | 2300B |                                   |
| SE      | Transaction Set Trailer               | R          |      |         |       |                                   |
| SE01    | Transaction Segment Count             | R          | NO   | 1 / 10  |       |                                   |
| SE02    | Transaction Set Control Number        | R          | AN   | 4 / 8   |       |                                   |
| OE      | Functional Group Trailer              | R          |      |         |       |                                   |
| OE01    | Number of Transactions Sets Included  | R          | NO   | 1 / 8   |       |                                   |

| Element | Notes      |  |
|---------|------------|--|
|         | Changes    | ASES   |
| REF - 2 | New        |  |
| REF01   | New        |  |
| REF02   | New        |  |
| ADX - 2 |            |  |
| ADX01   |            | (CALC_AMOUNT)<br>minus<br>BILLED_AMOUNT) mod<br>unlimited carrier code |
| ADX02   |            | HA   |
| REF - 3 |            |  |
| RMR01   |            | KW   |
| RMR02   | Max        | ERROR_CODES  |
| RMR03   | Usage Req. | 0  |
| RMR04   |            |  |
| RMR05   | New        |  |
| RMR06   | New        |  |
| RMR07   | New        |  |
| SE      |            | Count of segments including ST and SE                                  |
| SE01    |            | YMM+CARRIER_ID+R<br>ECON+PLAN_TYPE                                     |
| SE02    |            |  |
| OE      |            |  |
| OE01    |            | 1  |

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3-004  
Custate Minsara  
SECURITY DEPT



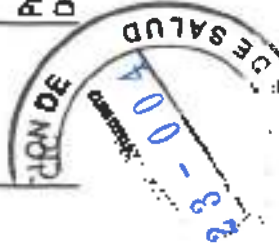


# Enrollment Validation Response Codes Table 20200405

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| Validation Response Code | Response Type | Focus Field(s)   | Special Enroll | Data Source | Validation Response Issues/Scenarios   | Possible Action(s)  |
|--------------------------|---------------|--|----------------|-------------|--|---|
| 011                      | IC            | Record Type  | Any            | Any         | Invalid content for the Record Type.   | Valid content for Record Type is: E = Enrollment.   |
| 021                      | BF            | Tran Id  | Any            | Any         | The Tran Id field is blank.  | Insert valid content.   |
| 022                      | CIC           | Tran Id  | Any            | MO          | The Tran Id should be E, C, I, 1, 2 or 3. Otherwise, check the Data Source.  | Change the Tran Id to E, C, I, 1, 2 or 3. Otherwise, check the Data Source.   |
|                          |               |  |                | MA          | Invalid content for the Tran Id.   | Insert valid content.   |
|                          |               |  |                | JC<br>CO    | The Tran Id should be C.   | Change the Tran Id to C. Otherwise, check the Data Source.  |
| 023                      | CIC           | Tran Id  | T              | Any         | The Tran Id should be E or C.  | Change the Tran Id to E or C. Otherwise check the Special Enroll.   |
| 031                      | IC            | Process Date   | Any            | Any         | Invalid Process Date.  | Insert a valid date.  |
| 032                      | RIC           | Process Date   | Any            | Any         | The enrollment Process Date is before 1/1/2010.  | Insert a date on or after 1/1/2010.   |
| 033                      | CIC           | Process Date, Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date | Any            | JC          | The enrollment Effective Date, PCP1 Effective Date and PMG Tax Id Effective Date should follow the carrier enrollment change's twenty days rule using the enrollment change Process Date as reference. | Check the enrollment Process Date. Otherwise, check the Effective Date, PCP1 Effective Date or PMG Tax Id Effective Date. |
|                          |               |  |                | CO          |  |   |
| 034                      | CIC           | Process Date   | Not T          | MO          | The enrollment Process Date should be on or before the ASSES process date.   | Check the enrollment Process Date. Otherwise, check the Data Source.  |
|                          |               |  |                | JC          |  |   |
|                          |               |  |                | CO          |  |   |
| 035                      |               | Process Date, Effective Date   | Not T          | MA          | The enrollment Process Date should be before the enrollment Effective Date.  | Check that the enrollment Process Date is set appropriately. Otherwise, check the enrollment Effective Date.              |
|                          |               |  |                |             | The enrollment Process Date should be on or after three months before the enrollment Effective Date.   |   |



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|     |     |  |   |     |                      |   |   |
|-----|-----|--|---|-----|----------------------|---|---|
| 036 | RIC |  | Process Date, PCP1 Effective Date       | Any | Any                  | The enrollment Process Date should be on or after the first day of the month following the enrollment Effective Date.   | Check that the enrollment Process Date is on or after the first day of the month following the enrollment Effective Date. Otherwise, check the enrollment Effective Date. |
| 037 | RIC |  | Process Date, PCP2 Effective Date       | Any | Any                  | The enrollment Process Date is more than three months before the PCP1 Effective Date.   | Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP1 Effective Date.  |
| 038 | RIC |  | Process Date, PMG Tax Id Effective Date | Any | Any                  | The enrollment Process Date is more than three months before the PCP2 Effective Date.   | Check that the enrollment Process Date is set appropriately. Otherwise, check the PCP2 Effective Date.  |
| 041 | BF  |  | Region                                  | Any | Any                  | The enrollment Process Date is more than three months before the PMG Tax Id Effective Date.   | Check that the enrollment Process Date is set appropriately. Otherwise, check the PMG Tax Id Effective Date.  |
| 042 | RIC |  | Region                                  | Any | Any                  | The Region field is blank.  | Insert valid content.   |
| 043 | CIC |  | Region                                  | Any | MO<br>MA<br>JC<br>CO | The Region is different from the ASES process region. This is put in place to prevent a silent enrollment rejection.  | Contact ASES to initiate a case review.   |
| 051 | BF  |  | Carrier                                 | Any | Any                  | If the Tran Id is C, then the Region should not be P.   | Check the Tran Id. Otherwise, check the Region.   |
| 052 |     |  | Carrier                                 | Any | Any                  | The Region should not be P.   | Check the Region. Otherwise, check the Data Source.   |
| 053 |     |  | Carrier, Effective Date                 | T   | MO                   | The Tran Id is C, but the currently enrolled carrier found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date matches the Carrier field. | Check the Carrier. Otherwise, check the Tran Id or if an enrollment is needed.  |





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|     |     |                           |            |          |   |   |
|-----|-----|---------------------------|------------|----------|---|---|
|     |     |                           | Not T      | MA<br>CO | The Tran Id is C, but the currently enrolled carrier found at ASES member data matches the Carrier field.   |   |
| 054 | CAL | Carrier, PMG Tax Id, PCP1 | Not T      | MO       | <p>The Tran Id is E, but the current enrollment information (carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields.</p> <p>The Tran Id is C, but the prospective enrollment information (Carrier, PMG tax id or PCP1) found at ASES member data does not match the Carrier, PMG Tax Id or PCP1 fields.</p>   | Check the Tran Id. Otherwise, check member data sent by ASES and if the enrollment still applies. |
|     |     |                           |            | JC<br>CO | The Tran Id is C, but the prospective enrollment carrier found at ASES member data matches the Carrier field.   | Check if the enrollment transaction is needed.  |
| 055 |     | Carrier, Effective Date   | Not T<br>T | Any      | <p>The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data.</p> <p>The contract information, corresponding to the enrollment Carrier and Effective Date, indicates that it does not cover the municipality found at ASES member data for the retroactive eligibility period corresponding to the enrollment Effective Date.</p> | Check the enrollment Effective Date. Otherwise, check the Carrier.                                |
| 056 | CIC | Carrier, Region           | Any        | Any      | The Region is P then Data Source should be MO and the Carrier should be 09.   | Check that the Data Source is MO and the Carrier is 09. Otherwise, check the Region.              |



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|     |     |  |    |   |   |
|-----|-----|--|----|---|---|
| 057 | CAI | Carrier, PMG Tax Id, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date | MO | <p>The Tran Id is 1, the PMG Tax Id Effective Date is after the ASES process date and the Carrier is the same as the currently enrolled carrier at ASES member data, but at least one of the following situations occur:</p> <ul style="list-style-type: none"> <li>▶ The prospectively enrolled carrier at ASES member data is neither blank nor the same as the Carrier.</li> <li>▶ The card id date at ASES member data is not populated.</li> <li>▶ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date.</li> </ul>  | <p>Check the Tran Id and the enrollment information against ASES data and make adjustments accordingly. Otherwise, check if the enrollment still applies.</p>             |
|     |     |  |    | <p>The Tran Id is 1, the PMG Tax Id Effective Date is after the ASES process date and the Carrier is different from the currently enrolled carrier at ASES member data, but at least one of the following situations occur:</p> <ul style="list-style-type: none"> <li>▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.</li> <li>▶ The new card id date at ASES member data is not populated.</li> <li>▶ The prospective enrollment effective date at ASES member data is not populated.</li> <li>▶ The prospective enrollment effective date at ASES member data is not the same as the PMG Tax Id Effective Date.</li> </ul> |   |

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The Tran Id is 1, the PMG Tax Id Effective Date is on or before the ASES process date, but at least one of the following situations occur:

- ▶ The Carrier is different from the currently enrolled carrier at ASES member data.
- ▶ The card Id date at ASES member data is not populated.

The Tran Id is 1 or 3, the PCP1 Effective Date is after the ASES process date and the Carrier and PMG are the same as the currently enrolled carrier and PMG at ASES member data, but at least one of the following situations occur:

- ▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG.
- ▶ The card Id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.



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The Tran Id is 1 or 3, the PCP1 Effective Date is after the ASES process date and the Carrier is different from the currently enrolled carrier at ASES member data, but at least one of the following situations occur:

- ▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.
- ▶ The prospectively enrolled PMG at ASES member data is different from the PMG.
- ▶ The prospective enrollment card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

The Tran Id is 1 or 3, the PCP1 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:

- ▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.
- ▶ The prospectively enrolled PMG at ASES member data is different from the PMG.
- ▶ The prospective enrollment card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP1 Effective Date.

The Tran Id is 1 or 3, the PCP1 Effective Date on or before the ASES process date, but at least one of the following situations occur:

- ▶ The Carrier is different from the currently enrolled carrier at ASES member data.
- ▶ The PMG is different from the currently enrolled PMG at ASES member data.
- ▶ The card id date at ASES member data is not populated.



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The Tron Id is 2, the PCP2 Effective Date is after the ASES process date and the Carrier and PMG are the same as the currently enrolled carrier and PMG at ASES member data, but at least one of the following situations occur:

- ▶ The prospectively enrolled carrier and PMG at ASES member data are neither blank nor the same as the Carrier and PMG.
- ▶ The card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.



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A handwritten signature in blue ink, likely belonging to a medical professional, located at the bottom right of the page.

The Tran Id is 2, the PCP2 Effective Date is after the ASES process date and the Carrier is different from the currently enrolled carrier at ASES member data, but at least one of the following situations occur:

- ▶ The prospectively enrolled carrier at ASE5 member data is different from the Carrier
- ▶ The prospectively enrolled PMG at ASE5 member data is different from the PMG.
- ▶ The prospective enrollment card id date at ASE5 member data is not populated.
- ▶ The prospective enrollment effective date at ASE5 member data is not populated.
- ▶ The prospective enrollment effective date at ASE5 member data is not the same as the PCP2 Effective Date.



2nd



The Tran Id is 2, the PCP2 Effective Date is after the ASES process date, the Carrier is the same as the currently enrolled carrier at ASES member data and the PMG is different from the currently enrolled PMG at ASES member data, but at least one of the following situations occur:

- ▶ The prospectively enrolled carrier at ASES member data is different from the Carrier.
- ▶ The prospectively enrolled PMG at ASES member data is different from the PMG.
- ▶ The prospective enrollment card id date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not populated.
- ▶ The prospective enrollment effective date at ASES member data is not the same as the PCP2 Effective Date.

The Tran Id is 2, the PCP2 Effective Date is on or before the ASES process date but at least one of the following situations occur:

- ▶ The Carrier is different from the currently enrolled carrier.
- ▶ The PMG is different from the currently enrolled PMG.
- ▶ The card id date at ASES member data is not populated.





|     |     |                                  |       |     |   |  |
|-----|-----|----------------------------------|-------|-----|---|--|
| 061 | CIC | PMG Tax Id                       | Any   | Any | If the Tran Id is E, C, V or I and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PMG then the PMG Tax Id should not be blank.                  | Insert a PMG Tax Id. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id. |
| 062 | CAI | PMG Tax Id, Tran Id              | Not T | Any | The Tran Id is 1, 2, or 3 and the PMG Tax Id is not blank but the PMG is different from the currently enrolled PMG in ASES member data.   | Change the PMG Tax Id accordingly. Otherwise check the Tran Id.                            |
| 063 | CAI | PMG Tax Id, Tran Id              | Not T | Any | The Tran Id is I and PMG is required for the plan (Carrier, Plan Version) by the given enrollment Effective Date but the PMG is the same as the currently enrolled PMG in ASES member data. | Check the PMG Tax Id. Otherwise, check if the change is still needed.                      |
| 071 | BF  | Family Id                        | Any   | Any | The Family Id field is blank.   | Insert valid content.  |
| 072 | IC  | Family Id                        | Any   | Any | The content for the field is not 11 characters long and hence is invalid.   | Insert content that is 11 characters long.   |
| 073 | CAI | Family Id, Region                | Not T | Any | The member (Region, Family Id) was not found in ASES data.  | Check the Family Id and Region.  |
| 081 | BF  | Member SSN                       | Any   | Any | The Member SSN field is blank.  | Insert valid content.  |
| 082 | IC  | Member SSN                       | Any   | Any | The content for the field is not 9 characters long and hence is invalid.  | Insert content that is 9 characters long.  |
| 091 | BF  | Member Suffix                    | Any   | Any | The Member Suffix field is blank.   | Insert valid content.  |
| 092 | CAI | Member Suffix                    | Any   | Any | Invalid content for the Member Suffix.  | valid content for Member Suffix is 01.   |
| 093 | CAI | Member Suffix, Family Id, Region | Not T | Any | The member (Region, Family Id, Member Suffix) was not found in ASES data.   | Check that the Member Suffix is 01. Otherwise check the Family Id and Region.              |
| 101 | IC  | Effective Date                   | Any   | Any | Invalid enrollment Effective Date.  | Insert a valid date.   |



|     |     |                                |       |          |  |  |
|-----|-----|--------------------------------|-------|----------|--|--|
| 102 | RIC | Effective Date                 | Any   | Any      | The enrollment Effective Date is before 1/1/2010.  | Insert a date on or after 1/1/2010.  |
| 103 | CIC | Effective Date                 | Any   | MO       | If the Tran Id is E then the Effective Date should be before the ASES process date.  | Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.                  |
| 104 | CIC | Effective Date                 | Not T | MO       | If the Tran Id is E then the enrollment Effective Date should be before the ASES process date.   | Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.                  |
|     |     |                                |       | JC<br>CO | If the Tran Id is C then the enrollment Effective Date should be on or after the first day of the month following the ASES process date.   |  |
| 105 | CIC | Effective Date                 | Any   | MA       | If the Tran Id is not 1, 2 or 3 then the enrollment Effective Date should be a first day of the month.   | Change the enrollment Effective Date to be a first day of the month. Otherwise, check the Tran Id. |
| 107 | CAI | Effective Date                 | Not T | MO       | The member (Region, Family Id) had an interruption of eligibility after the enrollment Effective Date.   | Change the enrollment Effective Date appropriately.  |
|     |     |                                |       | MA       |  |  |
| 109 | CAI | Effective Date                 | Not T | Any      | The Effective Date is within a retroactive eligibility period for the member.<br>The Tran Id is E, but the ASES member data does not indicate Medicaid federal program membership and thus Late Eligibility enrollment does not apply. | Change the enrollment Effective Date appropriately.  |
| 10A | CAI | Special Enroll                 | E     | MO       |  | Change the Special Enroll field content. Otherwise, check the enrollment Effective Date.           |
| 10B | CAI | Effective Date, Special Enroll | N     | MO       | The Tran Id is E, but the enrollment Effective Date occurs before the member birth data found at ASES member data.   | Change the enrollment Effective Date appropriately. Otherwise, check the Tran Id.                  |
|     |     |                                |       |          | The Tran Id is E, but the Effective Date occurs more than a year after the member birth data found at ASES member data.  |  |



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|     |   |  |       |     |   |   |
|-----|---|--|-------|-----|---|---|
|     |   |  |       |     | The Tran Id is E, but ASES member data does not indicate Medicaid Deemed Newborn classification.                      | Change the Special Enroll appropriately. Otherwise, check the enrollment Effective Date, Tran Id. |
| 10D | CIC   | Special Enroll                                   | E     | Any | The Plan Type should be 01 and the Data Source should be MO.  | Check the Plan Type, Data Source or Special Enroll.   |
| 111 | BF  | Plan Type  | Any   | Any | The Plan Type field is blank.   | Insert valid content.   |
| 112 | CIC   | Plan Type  | Any   | MA  | The Plan Type should be 02.   | Check that the Plan Type is 02.   |
|     |   |  |       | JC  |   |   |
|     |   |  |       | CO  |   | Check that the Plan Type is 01.   |
|     |   |  |       | MO  |   |   |
|     |   |  |       | Any | The content for the field is not 2 characters long and hence is invalid.  | Insert content that is 2 characters long.   |
| 113 | CAI   | Plan Type, Carrier, Plan Version, Effective Date | Any   | Any | A match for the Carrier and Plan Version according to the given enrollment Effective Date was not found in ASES data. | Check the Carrier and Plan Version. Otherwise, check the enrollment Effective Date.               |
| 121 | BF  | Plan Version                                     | Any   | Any | The Plan Version field is blank.  | Insert valid content.   |
| 122 | IC  | Plan Version                                     | Any   | Any | The content for the field is not 3 characters long and hence is invalid.  | Insert content that is 3 characters long.   |
| 123 | CAI   | Plan Version, Effective Date                     | Any   | Any | A match for the Plan Version according to the given enrollment Effective Date was not found in ASES data.             | Check the Plan Versio. Otherwise, check the Effective Date.                                       |
| 131 | IC  | MPI Number                                       | Any   | Any | The content for the field is not 13 characters long and hence is invalid.   | Insert content that is 13 characters long.  |
| 132 | ADMINISTRACION DE SALUD<br>CONTABLES<br>23-004<br>SEGUROS |  | Not T | Any | The member (Region, MPI Number) was not found at ASES member data.  | Check the MPI Number. Otherwise check the Region.   |

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|     |     |                     |       |     |   |   |
|-----|-----|---------------------|-------|-----|---|---|
| 141 | CIC | PCP1                | Any   | Any | If the Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1, then the PCP1 should not be blank.   | Insert a PCP1. Otherwise check the Carrier, Plan Version, Effective Date or Tran Id.                        |
| 142 | CIC | PCP1                | Not T | Any | If the Tran Id is 2, then the PCP1 should be blank.   | Clear the PCP1 field. Otherwise, check the Tran Id.   |
| 151 | CIC | PCP1 Effective Date | Any   | Any | If the Tran Id is not 2 and the plan (carrier, plan version) contract corresponding to the Effective Date requires a PCP1, then the PCP1 Effective Date should contain a valid date.  | Insert a valid date. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.                 |
| 152 | CIC | PCP1 Effective Date | Any   | Any | If the Tran Id is not V and the PCP1 Effective Date is populated, then the PCP1 Effective Date should be on or after 2015-01-01 and the plan (Carrier, Plan Version) contract corresponding to the enrollment Effective Date should require a PCP1. | Insert a valid date if appropriate. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version.  |
| 153 | CIC | PCP1 Effective Date | Any   | Any | If Tran Id is not 2 and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date does not require a PCP1 then PCP1 Effective Date should be blank.   | Clear the PCP1 Effective Date field. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 154 | CIC | PCP1 Effective Date | Not T | Any | If the Tran Id is 2 then, the PCP1 Effective Date should be blank.  | Clear the PCP1 Effective Date field. Otherwise, check the Tran Id.  |



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|     |     |   |       |       |   |  |
|-----|-----|---|-------|-------|---|--|
| 155 | CIC | PCP1 Effective Date                       | Any   | Any   | If the Tran Id is E and the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1, then the PCP1 Effective Date should be on or before the ASES process date.   | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 156 | CIC | PCP1 Effective Date                       | Any   | Any   | If the Tran Id is C, the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a PCP1 and the PCP1 Effective Date is on or before the month of the ASES process date, then the PCP1 Effective Date should be a first day of the month. | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id, Effective Date, Carrier or Plan Version. |
| 157 | CIC | PCP1 Effective Date, PCP1                 | Any   | Any   | If the PCP1 Effective Date is blank, then the PCP1 should be blank.   | Clear the PCP1 field. Otherwise, check the PCP1 Effective Date.  |
| 158 |     | PCP1 Effective Date, PCP1, Effective Date | Any   |       | If the PCP1 Effective Date is not blank, then the PCP1 should not be blank.   | Insert a PCP1. Otherwise, clear the PCP1 Effective Date field.   |
|     |     |   | Any   | Not T | The PCP1 is not blank and the Tran Id is E, C or I, but the PCP1 Effective Date is different from the enrollment Effective Date.  | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date.                        |
| 159 |     |   |       |       | The PCP1 is not blank and the Tran Id is V, 1 or 3, but the PCP1 Effective Date is earlier than the current enrollment effective date at ASES member data.  | Change the PCP1 Effective Date appropriately. Otherwise, check the Tran Id.  |
| 161 |     | PCP2                                      | Not T | Any   | If the Tran Id is 2, then PCP2 should not be blank.   | Insert a PCP2. Otherwise, check the Tran Id.   |
| 162 | CIC | PCP2                                      | Not T | Any   | If the Tran Id is 1, then the PCP2 should be blank.   | Clear the PCP2 field. Otherwise, check the Tran Id.  |



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|     |     |                              |       |     |  |   |
|-----|-----|------------------------------|-------|-----|--|---|
| 171 | CIC | PCP2 Effective Date          | Not T | Any | If the Tran Id is 2 or 3, then PCP2 effective date should contain a valid date.  | Insert a valid date. Otherwise, check the Tran Id.  |
| 172 | RJC | PCP2 Effective Date          | Any   | Any | The PCP2 Effective Date is before 1/1/2010.  | Insert a date on or after 1/1/2010.   |
| 173 | CIC | PCP2 Effective Date, PCP2    | Any   | Any | If Tran Id is E and PCP2 is not blank then PCP2 Effective Date should be on or before the ASES process date.   | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or PCP2.   |
| 174 | CIC | PCP2 Effective Date          | Any   | Any | If the Tran Id is C and the PCP2 Effective Date is on or before the month of the ASES process date, then the PCP2 Effective Date should be a first day of the month.   | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id.   |
| 175 | CIC | PCP2 Effective Date, PCP2    | Any   | Any | If the PCP2 Effective Date is blank, then the PCP2 should be blank.  | Clear the PCP2 field. Otherwise, check the PCP2 Effective Date.   |
| 177 | CAJ | Effective Date, Process Date |       |     | If the PCP2 Effective Date is not blank, then the PCP2 should not be blank.<br><br>The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date. | Insert a PCP2. Otherwise, clear the PCP2 Effective Date field.<br><br>Check the Effective Date. Otherwise, check if the enrollment still applies. |



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|  |  |   |
|--|--|---|
| <p>The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date and on or before the current enrollment effective date at ASES member data, but the Process Date is on or before the process date for the current enrollment at ASES member data.</p> | <p>The Tran Id is C, the prospective enrollment carrier is populated at ASES member data, the Carrier is different from the prospective enrollment carrier at ASES member data, the Effective Date is after the ASES process date and on or before the prospective enrollment effective date at ASES member data but the Process Date is on or before the process date for the prospective enrollment at ASES member data.</p> | <p>The Tran Id is E or C, the current enrollment carrier is populated at ASES member data, for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is the same as the historical enrollment period effective date, but the Process Date is on or before the process date for the historical enrollment period at ASES member data.</p> |
| <p>MA</p>  | <p>Not T</p>   | <p></p>   |

Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.

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|  |  |  |  |   |   |           |  |
|--|--|--|--|---|---|-----------|--|
|  |  |  |  | <p>The Tran Id is E, the current enrollment carrier is populated at ASES member data, the enrollment Effective Date is on or before the ASES process date, but it is also on or before the current enrollment effective date at ASES member data.</p> | <p>The Tran Id is E or C, the enrollment Effective Date is on or before the ASES process date, but for a historical enrollment period at ASES member data the carrier is populated and the enrollment record Effective Date is before the historical enrollment period effective date.</p>  | <p>MO</p> | <p>Check the Effective Date. Otherwise, check if the enrollment still applies.</p> |
|  |  |  |  | <p>The Tran Id is E, the enrollment Effective Date is on or before the ASES process date, but the current enrollment carrier is not populated at ASES member data.</p>  | <p>The Tran Id is E or C, there is a previous retroactive eligibility enrollment at ASES member data for the period Implicated by the enrollment Effective Date and the enrollment Effective Date is on or after the previous retroactive eligibility enrollment Effective Date but the Process Date is on or before the process date of the previous retroactive eligibility enrollment.</p> | <p>T</p>  | <p>Check if the enrollment still applies.</p>                                      |
|  |  |  | <p>Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.</p> | <p>EMR</p>  |   |           |  |



|     |     |  |       |     |  |   |
|-----|-----|--|-------|-----|--|---|
| 178 | CAI | PCP2 Effective Date,<br>PCP2, Effective Date | Any   |     | The PCP2 is not blank and the Tran Id is E, C or 1, but the PCP2 Effective Date is different from the enrollment Effective Date.   | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id or Effective Date. |
|     |     |  | Not T |     | The PCP2 is not blank and the Tran Id is V, 1 or 3, but the PCP2 Effective Date is earlier than the current enrollment effective date at ASES member data.   | Change the PCP2 Effective Date appropriately. Otherwise, check the Tran Id.                   |
| 179 | CAI | Process Date, Effective Date                 | Not T | MA  | The Tran Id is E or C, the prospective enrollment carrier and effective date are populated at ASES member data, the enrollment Effective Date is the same as the prospective enrollment effective date at ASES member data and the Carrier is different from the prospective enrollment carrier at ASES member data but the Process Date is on or before the process date of the prospective enrollment at ASES member data. | Check the Process Date or Effective Date. Otherwise, check if the enrollment still applies.   |
| 181 | CIC | PMG Tax Id                                   | Any   | Any | If the plan (Carrier, Plan Version) corresponding to the enrollment Effective Date requires a family PMG then PMG Tax Id should not be blank.  | Insert a PMG Tax Id. Otherwise check the Carrier, Plan Version or Effective Date.             |
| 191 | CIC | PMG Tax Id Effective Date                    | Any   | Any | If the plan (Carrier, Plan version) contract corresponding to the Effective Date requires a PMG then the PMG Tax Id Effective Date should contain a valid date.  | Insert a valid date. Otherwise, check the Effective Date, Carrier and Plan Version.           |
| 192 | RIC | PMG Tax Id Effective Date                    | Any   | Any | The PMG Tax Id Effective Date should be on or after 1/1/2010.  | Insert a date on or after 1/1/2010.   |






|     |     |                                |       |     |  |   |
|-----|-----|--------------------------------|-------|-----|--|---|
| 211 | CAI | PMG Tax Id Effective Date      | Not T | Any | The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date, but a record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated.                        | Insert a valid PMG Tax Id Effective Date. Otherwise, check the Effective Date, Carrier and Plan Version.  |
|     |     |                                | T     | MO  | The plan (Carrier, Plan Version) requires the member to be classified as Federal Medicaid by the given enrollment Effective Date but a retroactive eligibility record identifying the member as Federal Medicaid was not found at ASES member data and the PMG Tax Id Effective Date is not populated. |   |
| 221 | DR  | Region, Family Id, Data Source | Not T | Any | Only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions is allowed.   | Include only a single record per member (Region, Family Id) per batch among those that are not retroactive eligibility enrollment transactions. |
|     |     |                                | T     |     | Only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch is allowed.  | Include only a single record per member retroactive eligibility period (Region, Family Id, Effective Date year-month) per batch.                |
|     |     |                                | Not T | MO  | The Tran Id is E but the Carrier is the same as the currently enrolled carrier at ASES member data and the card id date at ASES member data is populated.  | Check if an enrollment is needed. Otherwise, check the Tran Id or Carrier.  |
|     |     |                                |       | MA  |  |   |



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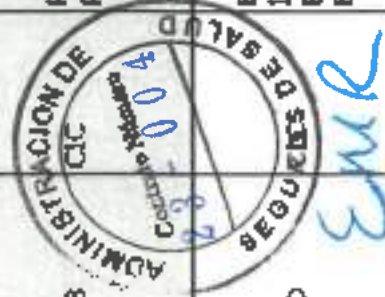


|     |     |                                |       |     |  |  |
|-----|-----|--------------------------------|-------|-----|--|--|
| 222 | CAI | Carrier                        | T     | Any | The Tran Id is E but the Carrier and Plan Version are the same as the currently enrolled for the corresponding retroactive eligibility period at ASES member data and the card id data at ASES member data is populated. | Check if an enrollment is needed. Otherwise, check the Tran Id, Carrier or Plan Version.                     |
| 223 | CAI | Carrier                        | Not T | MO  | The Tran Id is E but the Carrier is different from the currently enrolled carrier at ASES member data.   | Check if an enrollment still applies. Otherwise, check the Tran Id or Carrier.                               |
|     |     |                                |       | MA  |  |  |
| 224 | CAI | Effective Date, Special Enroll | T     | Any | The Tran Id is E but the Carrier is different from the currently enrolled for the corresponding retroactive eligibility period at ASES member data.  | Check the Effective Date.  |
|     |     |                                |       | MO  | The member is not eligible by the enrollment Effective Date at ASES member data.   |  |
|     |     |                                |       | MA  |  |  |
|     |     |                                |       | MO  | The member is not eligible at ASES member data by (i.e. there was no retroactive eligibility period corresponding to) the enrollment Effective Date.   |  |
| 225 | CAI | Member SSN                     | Not T | MO  | The Member SSN is not the same as the one found at ASES member data.   | <br>Check the Member SSN. |
|     |     |                                |       | MA  |  |  |
|     |     |                                |       | DC  | The Member SSN is not the same as the one found at ASES member historical data.  |  |
|     |     |                                |       | CO  |  |  |



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|     |     |   |       |                      |   |  |
|-----|-----|---|-------|----------------------|---|--|
|     |     |   | T     | MO                   | The Member SSN is not the same as the one from the corresponding retroactive eligibility record at ASES member data.  |  |
|     |     |   | Not T |                      | The MPI Number is not the same as the one from ASES member data.  |  |
| 226 | CAI | MPI Number  | T     | Any                  | The MPI Number is not the same as the one from the corresponding retroactive eligibility record at ASES member data.  | Check the MPI Number.  |
|     |     |   |       |                      |   |  |
| 228 | CAI | Carrier, Data Source  | Not T | MA<br>MO<br>JC<br>CO | Tran Id is V but the Carrier is different from the currently enrolled at ASES member data.  | Check the Carrier. Otherwise, check the Tran Id.   |
|     |     |   |       |                      | Tran Id is V.   | Check the Tran Id. Otherwise, check the Data Source.   |
| 229 | CAI | Carrier, Plan Type, Plan Version  | Not T | Any                  | Tran Id is 1 but the Carrier or Plan Version are different from the currently enrolled at ASES member data.   | Check the Carrier or Plan Version. Otherwise, check the Tran Id.                                 |
| 22A | CAI | Carrier, Plan Type, Plan Version, PMG Tax Id  | Not T | Any                  | Tran Id is 1, 2 or 3, but the Carrier, Plan Version or PMG Tax Id are different from the currently enrolled at ASES member data.                            | Check the Carrier, Plan Version or PMG Tax Id. Otherwise, check the Tran Id.                     |
| 22B |     | PCP1 Effective Date, PCP2 Effective Date  | Not T | Any                  | If Tran Id is 3 then the PCP1 Effective Date and the PCP2 Effective Date should both be prospective or both be immediate relative to the ASES process date. | Check the PCP1 Effective Date or PCP2 Effective Date. Otherwise, check the Tran Id.              |
| 22D |     | Effective Date, PMG Tax Id Effective Date, PCP1 Effective Date, PCP2 Effective Date | Any   | Any                  | The Effective Date, PCP1 Effective Date, PCP2 Effective Date and PMG Tax Id Effective Date should not be later than 4 months after the ASES process date.   | Check the Effective Date, PCP1 Effective Date, PCP2 Effective Date or PMG Tax Id Effective Date. |





|     |     |                              |       |                |  |   |
|-----|-----|------------------------------|-------|----------------|--|---|
| 22E | CAI | Plan Version, Effective Date | Not T | MO             | <p>The Plan Version is different from the coverage code found at ASES member data according to the enrollment Effective Date.</p> <p>The Plan Version is different from the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date.</p>               | Check the Plan Version. Otherwise, check the Effective Date.  |
| 22G | CAI | Plan Version, Effective Date | Not T | MA             | <p>The Plan Version does not correspond with the coverage code found at ASES member data according to the enrollment Effective Date.</p> <p>The Plan Version does not correspond with the coverage code found at ASES member data for the retroactive eligibility record according to the enrollment Effective Date.</p> | Check the Plan Version. Otherwise, check the Effective Date.  |
| 230 | BF  | Data Source                  | Any   | Any            | The Data Source field is blank.  | Insert valid content.   |
| 231 | IC  | Data Source                  | Any   | Any            | Invalid content.   | Insert valid content.   |
| 232 | CIC | Data Source                  | Any   | MO<br>JC<br>CO | Plan Type should be 01.  | Change the Plan Type to 01. Otherwise, check the Data Source. |
| 233 | CTC | Data Source                  | Any   | MA             | The Plan Type should be 02.  | Change the Plan Type to 02. Otherwise, check the Data Source. |
| 251 | CIC | HIC Number, Plan Type        | Any   | MA             | The content for the field is not 11 characters long and hence is invalid.  | Insert content that is 11 characters long.                    |
| 280 | CAI | Region, Family Id            | Not T | Any            | The member (Region, Family Id) was found in ASES data but is not currently eligible.   | Check Region, Family Id and Effective Date.                   |



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| 281 | CAI | Region, Family Id | Not T | Any | The member (Region, Family Id) was not found in ASES data.  | Check Region and Family Id.                                  |
|-----|-----|-------------------|-------|-----|---|--|
| 980 | CAI | Effective Date    | Not T | MD  | The enrollment is a VITAL SYSPREM candidate and there is a match for the enrollment assignment at ASES member historical data, but there is a later assignment or enrollment to another carrier that is effective during the same month at ASES member historical data.   | Check the Effective Date.                                    |
|     |     |                   |       | MA  | The enrollment is a Platino SYSPREM candidate but, at ASES member historical data, there is a later assignment or enrollment to another carrier that is effective on the same date or later during the same month and the process date for said assignment or enrollment is on or after the Process Date for the SYSPREM candidate. | Check the Process Date. Otherwise, check the Effective Date. |
| 982 | CAI | Effective Date    | Not T | MA  | The enrollment is a Platino SYSPREM candidate, but the Effective Date is before 2015-01-01.   | Check the Effective Date.                                    |
|     |     |                   |       |     | The enrollment is a VITAL SYSPREM candidate, but the Effective Date is before 2016-01-01.   |  |



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|     |     |                                  |       |    |  |   |
|-----|-----|----------------------------------|-------|----|--|---|
| 983 | CAI | Carrier, Plan Type, Plan Version | Not T | MO | <p>The enrollment is a VITAL<br/>SYSPREM candidate and the Effective Date is on or after 2018-01-01, but there is not an eligible record in ASES member historical data containing an enrollment carrier and effective date which matches the SYSPREM candidate record Carrier and Effective Date</p> <p>The enrollment is a VITAL<br/>SYSPREM candidate and there is a match for the enrollment assignment at ASES member historical data but the period Implicated by the Effective Date is already enrolled under the same enrollment information (Carrier, Plan version) at ASES member historical data.</p> <p>The enrollment is a Platino<br/>SYSPREM candidate, but the period Implicated by the Effective Date is already enrolled under the same enrollment information (Carrier, Plan Version) at ASES member historical data.</p> | <p>Check the Carrier or Effective Date.</p> <p>Check the Carrier or Plan Version. Otherwise, check the Effective Date or if the enrollment is still needed.</p> |
| 984 | CAI | Carrier, Effective Date          | Not T | MO | <p>The enrollment is a VITAL<br/>SYSPREM candidate and there is a match for the enrollment assignment at ASES member historical data but the period Implicated by the Effective Date is already enrolled under another carrier at ASES member historical data.</p>   | <p>Check the Effective Date. Otherwise, check the Carrier or if the enrollment still applies.</p>   |



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|     |     |                |       |    |   |   |
|-----|-----|----------------|-------|----|---|---|
|     |     |                |       | MA | The enrollment is an Platino<br>SYSPREM candidate and the<br>Tran Id is E but the period<br>implicated by the Effective<br>Date is already enrolled under<br>another carrier at ASES<br>member historical data.                                       | Check the Effective Date. Otherwise,<br>check the Tran Id, Carrier or if the<br>enrollment still applies. |
| 985 | CAI | Special Enroll | E     | MO | The enrollment is a Late<br>Enrollment (Special Enroll "E")<br>SYSPREM candidate, but the<br>group code from determined<br>sysprem base record at ASES<br>member historical data does<br>not identify the member as a<br>federal program beneficiary. | Check the Special Enroll. Otherwise,<br>check if the enrollment still applies.                            |
| 986 | CAI | Effective Date | Not T | MO | The enrollment is a SYSPREM<br>candidate and the member is<br>currently eligible, but the<br>Effective Date is on or after the<br>enrollment effective date at<br>ASES member data.   | Check the Effective Date.   |
|     |     |                |       | MA | The enrollment is a SYSPREM<br>candidate and the member is<br>currently not eligible but the<br>Effective Date is on or after the<br>eligibility cancellation date at<br>ASES member data.  |   |
|     |     |                |       | MA | The enrollment is a SYSPREM<br>candidate but the Member SSN<br>was not found at ASES member<br>historical data.   |   |
| 987 | CAI | Member SSN     | Not T | MO |   | Check the Member SSN.   |
| 988 | CAI | N/A            | Not T | MO | A SYSPREM base record could<br>not be determined and, hence,<br>the SYSPREM enrollment failed.<br>This is a catchall to prevent a<br>silent enrollment failure.   | Check if enrollment still applies.<br>Contact ASES to continue a joint<br>investigation.                  |
|     |     |                |       | MA |   |   |



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|-----|-----|--------------------------------|-------|----------|--|--|
| 989 | CAI | Special Enroll, Effective Date | N     | MO       | The enrollment is a Newborn Enrollment (Special Enroll "N") SYSPREM candidate, but a record containing a group code identifying the member as Deemed Newborn was not found at ASES member historical data. | Check the Special Enroll. Otherwise, check if the enrollment still applies.                  |
| 996 | ACK | N/A                            | Not Y | MA<br>MO | The enrollment was successfully processed as a historical enrollment (SYSPREM).  | Confirm enrollment through the member data received from ASES on the same ASES process date. |



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# Effectuation Error(.RJC)



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Elegibility Response(.res)



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| Factor | Field | Name                            | Position | Size | Codes | Notes/Comments   | Current Value   | Initials/Current Employee |
|--------|-------|---------------------------------|----------|------|-------|--|---|---------------------------|
| R      | 1     | REGISTRATION                    | 1        | 1 R  |       | R - Eligibility Registration                               | Previous Value:<br>None<br>New Value:<br>REGISTRATION         | No changes required       |
| R      | 2     | Registration Process Code       | 2        | 4    |       | Field with value value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 3     | Registration Eligibility Number | 3        | 4    |       | Field with value value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 4     | Registration Last Name          | 4        | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 5     | Registration Social Last Name   | 5        | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 6     | Registration First Name         | 6        | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 7     | Registration First Name         | 7        | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 8     | Registration First Name         | 8        | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 9     | Registration First Name         | 9        | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 10    | Registration First Name         | 10       | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 11    | Registration First Name         | 11       | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 12    | Registration First Name         | 12       | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 13    | Registration First Name         | 13       | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 14    | Registration First Name         | 14       | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |
| R      | 15    | Registration First Name         | 15       | 40   |       | Field with name value assigned to the eligibility inquiry  | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required       |

|   |    |                         |    |    |  |   |   |                     |
|---|----|-------------------------|----|----|--|---|---|---------------------|
| R | 16 | Registration First Name | 16 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 17 | Registration First Name | 17 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 18 | Registration First Name | 18 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 19 | Registration First Name | 19 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 20 | Registration First Name | 20 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 21 | Registration First Name | 21 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 22 | Registration First Name | 22 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 23 | Registration First Name | 23 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 24 | Registration First Name | 24 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |
| R | 25 | Registration First Name | 25 | 40 |  | Field with name value assigned to the eligibility inquiry | Previous Value:<br>REGISTRATION<br>New Value:<br>REGISTRATION | No changes required |



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**Eligibility  
Inquiry(.QRY)effective\_20220731**



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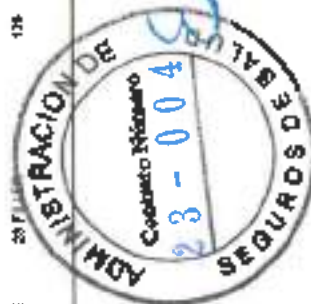






For Transmittal to 4-D  
Unit Post Office Box 400 of the Government.

Previous Version:  
Card: 33 FNC7AVE\_0478  
Library: Community Studies/VN - Card 1449 000  
for New Mexico developed (Tampa, 1974) or  
effective date (tag day of receipt) for plant  
area, 1974

[illegible]

1/1/2011 10:10

For Release

Notes received by the Corporation ASIS as having the PCP  
 information to be reviewed number.

This is used to review PCP's with all signed members  
 The PCP Qualification Code is determined by a representative (person)  
 requested in a memorandum by ASIS in this address to PCP in  
 number is valid

Previous Version  
 Field: Reason May  
 Reason/Comments: 1/1/2011 10:10 ASIS No changes required

E 26 PCP Authorisation Token 149 14

Previous Version  
 Field: Reason May  
 Reason/Comments: 1/1/2011 10:10 ASIS No changes required

E 27 FILLER 150 3

E 28 FILLER 151 3

E 29 FILLER 152 3

E 30 FILLER 153 3

E 31 FILLER 154 3

E 32 FILLER 155 3

E 33 FILLER 156 3

E 34 FILLER 157 3

E 35 FILLER 158 3

E 36 FILLER 159 3

E 37 FILLER 160 3

E 38 FILLER 161 3

E 39 FILLER 162 3

E 40 FILLER 163 3

E 41 FILLER 164 3

E 42 FILLER 165 3

E 43 FILLER 166 3

E 44 FILLER 167 3

E 45 FILLER 168 3

E 46 FILLER 169 3

E 47 FILLER 170 3

E 48 FILLER 171 3

E 49 FILLER 172 3

E 50 FILLER 173 3

E 51 FILLER 174 3

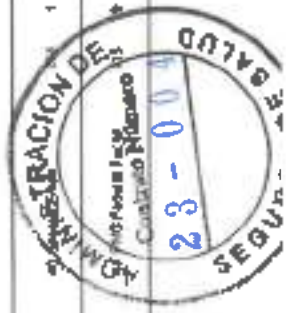
E 52 FILLER 175 3

E 53 FILLER 176 3

E 54 FILLER 177 3

E 55 FILLER 178 3

E 56 FILLER 179 3



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|------|-------------------|---|
| 0224 | Pedernales        | G |
| 0226 | Pedernales        | G |
| 0230 | Pedernales        | S |
| 0236 | Quintanilla       | A |
| 0240 | Rincon            | R |
| 0244 | Turkey Grande     | Z |
| 0248 | Santa Rosa Grande | Z |
| 0252 | Santa Rosa        | C |
| 0256 | San Gabriel       | Z |
| 0260 | Puerto de Tama    | A |
| 0264 | San Juan          | J |
| 0270 | Puerto Nuevo      | J |
| 0272 | San Juan          | J |
| 0274 | San Juan          | J |
| 0276 | San Juan          | E |
| 0280 | San Juan          | Z |
| 0284 | San Juan          | G |
| 0286 | San Juan          | B |
| 0290 | San Juan          | B |
| 0292 | San Juan          | F |
| 0296 | San Juan          | A |
| 0300 | San Juan          | B |
| 0304 | San Juan          | A |
| 0308 | San Juan          | P |
| 0312 | San Juan          | G |
| 0316 | San Juan          | E |
| 0320 | San Juan          | G |
| 0324 | San Juan          | G |
| 0328 | San Juan          | G |

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# Enrollment Effectuation(.sus)effective\_20220731



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| M 7  | FILLER                 | 25 | 9     | Filled with blank                               | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 8  | FILLER                 | 26 | 2     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 9  | Change description     | 28 | 11    | Version of description in the summary's content | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 10 | FILLER                 | 29 | 3     | Filled with blank                               | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 11 | Label name             | 30 | 10    | Member's last name                              | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 12 | Personal name          | 31 | 15    | Member's personal name                          | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 13 | Full name              | 32 | 20    | Member's full name                              | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 14 | Address label          | 33 | 8     | Member's address label                          | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 15 | FILLER                 | 34 | 8     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 16 | Date of birth          | 35 | 8     | Member's date of birth                          | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 17 | FILLER                 | 36 | 1     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 18 | Sex                    | 37 | 1,2,3 | Member's sex                                    | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 19 | FILLER                 | 38 | 1     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 20 | Phone                  | 39 | 1     | Member's phone                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 21 | Age label              | 40 | 8     | Member's age                                    | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 22 | FILLER                 | 41 | 8     | Filled with blank                               | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 23 | Social Security Number | 42 | 1,2   | Member's social security number                 | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 24 | FILLER                 | 43 | 1     | Filled with blank                               | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 25 | FILLER                 | 44 | 2     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 26 | FILLER                 | 45 | 1     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 27 | FILLER                 | 46 | 1     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 28 | FILLER                 | 47 | 1     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |
| M 29 | FILLER                 | 48 | 8     | Filled with 0x                                  | Previous Version:<br>None<br>Next Version: 1.0.0 | No change required |

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| M | 30 | Seguro/Seguros        | Código | Categoría | E    | 1, 2, 3, 4, 5 | Código de la membresía y número de póliza |                          | Principio Versión        | FINES MARITIMAS, ESTADÍSTICAS | No change required |
|---|----|-----------------------|--------|-----------|------|---------------|---|--------------------------|--------------------------|-------------------------------|--------------------|
|   |    |                       |        |           |      |               | 1 - Single                                | 2 - Married              |                          |                               |                    |
| M | 31 | FILLER                | 023    | 9         |      |               | 3 - Divorced                              | 4 - Widowed              | 1 - Other                | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 32 | Proprietary Insurance | 052    | 1         | 1, 2 |               | 5 - Single                                | 6 - Married              | 7 - Divorced             | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 33 | FILLER                | 053    | 1         |      |               | 8 - Married with spouse                   | 9 - Married with spouse  | 10 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 34 | FILLER                | 054    | 1         |      |               | 11 - Married with spouse                  | 12 - Married with spouse | 13 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 35 | FILLER                | 055    | 1         |      |               | 14 - Married with spouse                  | 15 - Married with spouse | 16 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 36 | FILLER                | 056    | 1         |      |               | 17 - Married with spouse                  | 18 - Married with spouse | 19 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 37 | FILLER                | 057    | 1         |      |               | 20 - Married with spouse                  | 21 - Married with spouse | 22 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 38 | FILLER                | 058    | 1         |      |               | 23 - Married with spouse                  | 24 - Married with spouse | 25 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 39 | FILLER                | 059    | 1         |      |               | 26 - Married with spouse                  | 27 - Married with spouse | 28 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 40 | FILLER                | 060    | 1         |      |               | 29 - Married with spouse                  | 30 - Married with spouse | 31 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 41 | FILLER                | 061    | 1         |      |               | 32 - Married with spouse                  | 33 - Married with spouse | 34 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 42 | FILLER                | 062    | 1         |      |               | 35 - Married with spouse                  | 36 - Married with spouse | 37 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 43 | FILLER                | 063    | 1         |      |               | 38 - Married with spouse                  | 39 - Married with spouse | 40 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 44 | FILLER                | 064    | 1         |      |               | 41 - Married with spouse                  | 42 - Married with spouse | 43 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 45 | FILLER                | 065    | 1         |      |               | 44 - Married with spouse                  | 45 - Married with spouse | 46 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 46 | FILLER                | 066    | 1         |      |               | 47 - Married with spouse                  | 48 - Married with spouse | 49 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 47 | FILLER                | 067    | 1         |      |               | 50 - Married with spouse                  | 51 - Married with spouse | 52 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 48 | FILLER                | 068    | 1         |      |               | 53 - Married with spouse                  | 54 - Married with spouse | 55 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 49 | FILLER                | 069    | 1         |      |               | 56 - Married with spouse                  | 57 - Married with spouse | 58 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |
| M | 50 | FILLER                | 070    | 1         |      |               | 59 - Married with spouse                  | 60 - Married with spouse | 61 - Married with spouse | No change required            | No change required |
|   |    |                       |        |           |      |               |   |                          |                          |                               |                    |

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## Government Group Codes



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Insurer Code







REGISTRACION DE MANIPULACIONES DE MEDICAMENTOS  
COORDINADOR GENERAL  
PLANTAS - COORDINADOR GENERAL  
PLANTAS - HOSPITAL ABORIGINAL  
PLANTAS - HOSPITAL CLINICO  
PLANTAS - HOSPITAL CLINICO (NUEVO)  
PLANTAS - HOSPITAL CLINICO (NUEVO)  
PLANTAS - HOSPITAL CLINICO (NUEVO)  
PLANTAS - HOSPITAL CLINICO (NUEVO)

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## Municipality Codes

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Community Cod Community Name Region Code

|      |            |   |
|------|------------|---|
| 0001 | Agua Dulce | 3 |
| 0002 | Agua Dulce | 3 |
| 0003 | Agua Dulce | 3 |
| 0004 | Agua Dulce | 3 |
| 0005 | Agua Dulce | 3 |
| 0006 | Agua Dulce | 3 |
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