Government of Puerto Rico
Puerto Rico Health Insurance Administration

High Cost High Need (HCHN) Interface

ASES to MCO File Layouts
HCHN Registry

Version 1.3
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General Information

Every month there is a process that evaluates the beneficiaries that have been identified as having a HCHN Condition in order to assign them with the corresponding Rate Cell.

This process uses as input the *"Report 08 - High Cost High Need Report"* from the Reporting Packages as well as the CLM files. All details for this procedure are specified in the HCHN Standard Operating Procedure (HCHN SOP).

This document describes the Layout for the HCHN Registry that ASES sends to the MCO as a result of this process.

The information on this document is subject to continuous revisions and modifications that will be made available to all parts involved.

Version Changes

Changes from Versión 1.2

- **General**

All file layouts now include the following columns for each Field:

  - Id
  - Data Format

- **File Layout**

The following fields were added:

  - Start Period
  - End Period
  - Carrier

The Period defined by the fields *"Start Period"* and *"End Period"* may be for the full HCHN Month or for a sub period within the HCHN Month where the reported values are valid.

For previous versions the fields *"Start Period"* and *"End Period"* are by default the first and last day of the month. This allows for transactions with changes to be applied accordingly.

File Layouts

The following files are sent by ASES to the MCO:

- Results for the evaluation of: *"Report 8 - High Cost High Need Report"*
    - (a) Result File
    - (b) Findings File

- High Cost High Need Registry
    - (c) HCHN Registry File

The file layout for each file is included in this document.

High Cost High Need Registry

The HCHN Population File contains all beneficiaries included in the HCHN Registry for the corresponding month.

File Naming Convention

File Naming Convention	Part	Meaning
CC_8HCHNYYMM_REGISTRY_SS.csv	CC	Carrier code
	8HCHN	Static text for interface identifier
	YYYY	Billing date year
	MM	Billing date month
	REGISTRY	Static text for interface component identifier
	SS	Version Sequence

File Content

This file is exported using CSV format.

Id	Field	Data Format	Description
1	Status	VARCHAR(7)	Describes how the transaction affects the HCHN Registry. ADDED: The Beneficiary has been added to the HCHN Registry fon the HCHN Month and Start Period. CHANGED: The beneficiary's information has changed for the HCHN month and Start Period. REMOVED: The beneficiary has been removed from the HCHN Registry for the HCHN Month and Start Period.
2	HCHN Month	MM/DD/YYYY	Identifies the month for which the beneficiary is affected in the HCHN Registry by this transaction. (Example. November 2018 => 11/01/2018)
3	Start Period	MM/DD/YYYY	Start Date for the period within the Incurred Month
4	End Period	MM/DD/YYYY	End Date for the period within the Incurred Month
5	Carrier	CHAR(2)	Carrier code
6	MPI	CHAR(13)	Beneficiary 's Master Patient Index number (MPI).

File content continuation ...

Id	Field	Data Format	Description
7	HCHN Category	VARCHAR(11)	Category for the High Cost High Need condition. The value set for this field is: - Cancer - Diabetes - High Cardio - Low Cardio - Pulmonary - Renal
8	Initial Diagnosis Date	MM/DD/YYYY	Month for the first diagnosis used to determine the category for the HCHN condition. Example: 11/01/2018 corresponds to November 2018.
9	Last Diagnosis Date	MM/DD/YYYY	Month for the last diagnosis used to determine the continuity of the category for the HCHN condition (based on the last encounter). Example: 11/01/2018 corresponds to November 2018.
10	Reported Date	MM/DD/YYYY	Month in which the member was notified to ASES to be included in the HCHN Registry. Example: 11/01/2018 corresponds to the month of November 2018.
11	HCHN Effective Start Date	MM/DD/YYYY	This is the First Month in which the beneficiary was included in the HCHN Registry for the reported category of HCHN condition. Example: 12/01/2018 corresponds to December 2018.

File content continuation ...

Id	Field	Data Format	Description
12	HCHN Effective End Date	MM/DD/YYYY	This is the Last Month in which the beneficiary will be included in the HCHN Registry for this category of HCHN condition (unless a new encounter is submitted). Example: 05/01/2019 corresponds to May 2019.
13	Program	VARCHAR(12)	GHIP Program. The value set for this field is: - CHIP - Commonwealth - Medicaid
14	Rate Cell	CHAR(2)	Rate Cell Identifier This is the Rate Cell that has been assigned to the beneficiary based on the HCHN SOP.
15	Actuary	CHAR(1)	Actuary certification for this member on this category of HCHN condition for the Initial and Last Diagnosis Dates based on submitted encounters. Y = Yes N = No

Notes:

A beneficiary that has a denied transaction may still be included in the HCHN Registry if ASES has received an encounter that has been properly validated by the actuary.

This provision does not exempt the MCO to send notifications for all members to be included in the HCHN Registry.