



Carta Normativa 19-0506

6 de mayo de 2019

**A: TODAS LAS ASEGURADORAS Y ENTIDADES DE SALUD
CONTRATADAS DEL PLAN DE SALUD VITAL Y LEY 95**

Asunto: COORDINACIÓN DE BENEFICIOS (COB)

La Ley Núm. 227-2010, enmendó la Ley Núm. 72-1993, “Ley de la Administración de Seguros de Salud de Puerto Rico” (en adelante, la “Ley Núm. 72”) añadiendo una nueva Sección 4 (“Intercambio de información”) al Artículo VIII. Mediante esta enmienda, se obliga a las aseguradoras, organizaciones de servicios de salud y otras entidades contratadas por la Administración de Servicios de Salud de Puerto Rico (en adelante, “ASES”) y otras agencias para brindar servicios de salud, a proveer toda la información que ASES solicite. De igual forma el Artículo 3.050 del Código de Seguros de Puerto Rico, según enmendado, (en adelante “el Código de Seguros”) le ordena **a las aseguradoras y terceros contratados** que sometan a ASES, información referente a cobertura y/o beneficios pagados (o disponibles) a los beneficiarios del Plan de Salud del Gobierno (en adelante, el “PSG”), como también cualquier otra información requerida por ASES.

Establecido lo anterior, ASES considera imperativo fortalecer, efectivamente, el proceso de Coordinación de Beneficios (en adelante “COB”, por sus siglas en inglés). A través del COB, ASES puede adjudicar quién tiene la responsabilidad primaria de pagar las reclamaciones por servicios médicos prestados a beneficiarios del PSG cuando estos cuentan con otros seguros de salud adicionales. A tales efectos, se les requiere a las aseguradoras, organizaciones de servicios de salud y cualquier otra entidad afín, que provean, de forma electrónica, los archivos de datos de los beneficiarios o suscriptores (“miembros asegurados”) cubiertos que les sean solicitados. Esta información debe, además ser preparada con el formato y contenido especificado en los anejos de esta comunicación.



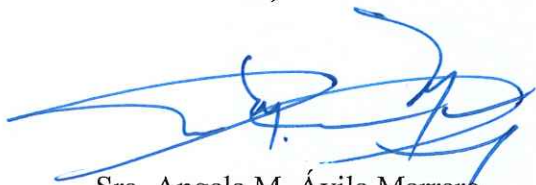
Los archivos que deben entregar a ASES deben incluir los datos de tres (3) años consecutivos, comenzando el 1 de enero 2015 hasta el 31 de diciembre 2018. Las aseguradoras, organizaciones de servicio de salud y entidades afines tendrán un término de treinta (30) días, a partir del 6 de mayo de 2019 para proveer los datos antes mencionados conforme a las especificaciones anejadas.

Esta petición no exime a las aseguradoras, organizaciones de servicios de salud y entidades afines de continuar enviando, paralelamente, los archivos de los meses corrientes. El formato adjunto también será requerido para los informes mensuales que deben ser sometidos en el curso ordinario de negocios a ASES antes del 1 y 5 de cada mes.

El incumplimiento con lo dispuesto en esta Carta Normativa estará sujeto a multas y/o sanciones administrativas aplicables bajo la Ley Núm. 72 y el Artículo 3.050 del Código de Seguros.

Lo establecido en esta Carta Normativa le será extensivo a las aseguradoras, organizaciones de servicios de salud y otras entidades afines que posteriormente se añadan o sustituyan, y podrán acceder a la misma y el formato para entregar la información requerida, electrónicamente, en la página web de ASES en <https://www.asespr.org/i/proveedores-2/comunicados/cartas-normativas/> ; bajo la pestaña de Plan de Salud del Gobierno.

Cordialmente,



Sra. Angela M. Ávila Marrero
Directora Ejecutiva, ASES



Javier Rivera Ríos, LUTCF
Comisionado de Seguro

c Lcda. Marla Hadad, Directora Oficina Legal

ASES COB Data Submissions
New File Layout
Version 1.7

April 18, 2017



PUERTO RICO HEALTH INSURANCE ADMINISTRATION

**Carrier to ASES Data Submissions File
Layouts**

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

Version Changes

Version 1.7

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Modifications

FILE LAYOUT FIELD 11

In file layout table field 11. Field 11 INSURANCE_COVERAGE Parameters column change to eliminate the need to concatenate Coverage values with (,).

FILE LAYOUT FIELD 12

In file layout table field 12. Field 12 COVERED_SERVICES Parameters column change to eliminate the need to concatenate Coverage values with (,).

FILE LAYOUT FIELDS 21, 22, and 23

In file layout table field 21, 22, and 23. Fields 21 RX_BIN, 22 RX_PCN, and 23 RX_Group added to the layout as Optional for Pharmacy Coverage. These fields are required when Field 11 INSURANCE_COVERAGE includes value P for Pharmacy.

ADDITIONAL INSURER'S CODES TO ATTACHMENT I

Add four (4) Insurer Codes to Attachment I to include First Plus, Delta Dental, Constellation Health, and Molina Health.

ADDITION TO FILE NAMING CONVENTION FOR TRANSMITTAL SHEET

To add naming convention for the Transmittal Sheet when a new file is submitted to the Sharefile.

ADDITION OF ERROR LOG FILE NAMING CONVENTION

To add an explanation of the Error log file naming convention to the Data File Naming Convention section.

ADDITION OF NOTES SECTION – DATA FILE TEXT FORMAT

To add new Data File Text Format section to specify accepted Text Formats for the files.

MODIFY ATTACHMENT II – INSURER'S COVERAGE CODES

C value now reads Medicare Advantage Coverage Services instead of Medicare Coverage Services.

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PUERTO RICO HEALTH INSURANCE ADMINISTRATION

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.

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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 not operational, ASES and the Insurer shall agree mutually on alternate methods for the exchange of files.

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.

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General Notes on data layout requirements

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

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

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

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 a 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	[]

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 -- **cccyymmms.ff**

Where: Character 1-3 ccc = Insurer Code (See attachment I)
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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

COB for COORDINATION OF SERVICES

Files are always dated for the month being reported. For example, when sending coverage information in September 2013 the **yy** 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 – **Cceyyymmdds-tr.xls**

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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-tr.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

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

INSURER COB OUTPUT FILE - COB Record

# Field	Field	Record Fields	Position	Size	Parameters	Notes
1	RECORD_TYPE	RECORD_TYPE	1	1	"I" for Insurance	Required.
2	TRAN_ID	TRAN_ID	2	1	A=Active, I=Inactive	Required. Insurance status with Insurer
3	PROCESS_DATE	PROCESS_DATE	3	8	MMDDYYYY	Required. Send the Date of report. Last day of month.
4	PROCESS_BEG_DATE	PROCESS_BEG_DATE	11	8	MMDDYYYY	Required. Identify the initial date that reflects the total time covered by the reported data.
5	HEALTH_INSURER_CODE	HEALTH_INSURER_CODE	19	3	Code identifies Insurance Company (See Attachment I)	Required.
6	GROUP_NUMBER	GROUP_NUMBER	22	20		Required. Group number
7	POLICY_NUMBER	POLICY_NUMBER	42	20		Required. Policy or Contract number. Include dependent code Identifier.
8	POLICY_EFFECTIVE_DATE	POLICY_EFFECTIVE_DATE	62	8	MMDDYYYY	Required. Start Date of Covered Individual's Primary Coverage by Insurer.
9	POLICY_TERMINATION_DATE	POLICY_TERMINATION_DATE	70	8	MMDDYYYY	Required. End Date of Covered Individual's Primary Coverage.
10	INSURANCE_TYPE	INSURANCE_TYPE	78	1	Type of Insurance - Required.	Required. 1=Private; 2=Medicare; 3=Medicaid
11	INSURANCE_COVERAGE	INSURANCE_COVERAGE	79	20	20 coverage code fields (See Attachment I)	Required. All coverage codes with insurance for covered individual. For Medicare Advantage (MA) coverage use letter C only. DO NOT USE COMMAS TO SEPARATE CODES.
12	COVERED_SERVICES	COVERED_SERVICES	99	20		Required. Identify the Insurer's codes for covered services. Concatenate all codes. DO NOT USE COMMAS TO SEPARATE CODES.
13	SSN	SSN	119	9		Required. Covered Individual's social security number
14	LAST_NAME_1	LAST_NAME_1	128	25		Required. Covered Individual's first last name
15	LAST_NAME_2	LAST_NAME_2	153	25		Covered Individual's second last name
16	FIRST_NAME	FIRST_NAME	178	25		Required. Covered Individual's First Name
17	MIDDLE_INITIAL	MIDDLE_INITIAL	203	1		Required. Covered Individual's Middle Initial
18	RELATIONSHIP	RELATIONSHIP	204	1	1 = Policy Holder, 2 = Spouse, 3 = Child, 4 = Other, 5 = Domestic Partner	Required. Covered Individual's Relation to Policy Holder - Required.
19	DATE_OF_BIRTH	DATE_OF_BIRTH	205	8	MMDDYYYY	Required. Covered Individual's Date of Birth
20	GENDER	GENDER	213	1	0 - Unknown 1 - Male 2 - Female	Required. Covered Individual's Sex Code
21	RX_BIN	RX_BIN	214	6		Optional Pharmacy Insurance BIN. Required if COVERED_SERVICES (P) is used.

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22	RX_PC�	RX_PC�	220	10	Alternate Insurance Processor Control Number	Optional Pharmacy Insurance Processor Control Number (PCN). Required if COVERED_SERVICES (P) is used.
23	RX_GROUP	RX_GROUP	230	15	Alternate Insurance Group ID	Optional Pharmacy Insurance Group ID. Required if COVERED_SERVICES (P) is used.
24		FILLER	245	1	*	Required End of Record Filler
			245			
*** All are Text Fields						

ERROR COB OUTPUT FILE - COB Error

# Field	Field	Record Fields	Position	Size	Notes
1	RECORD_LINE	RECORD_LINE	1	3	Record line number.
2	ERROR_CODE	ERROR_CODE	4	3	Three digits error code
3	FIELD_NAME	FIELD_NAME	7	15	
4	DESCRIPTION	DESCRIPTION	22	50	
5		FILLER	71	1	*
			72		End of Record Filler
*** All are Text Fields					

ATTACHMENTS

Carrier to ASES Data Submissions
File Layouts

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 CONCEPCIÓN
016	HUMANA
017	SERVICIOS DE SALUD BELLA VISTA
018	AUXILIO MUTUO
019	UNION TRABAJADORES DE MUELLES
020	GOLDEN CROSS HEALTH PLAN

Carrier to ASES Data Submissions
File Layouts

ATTACHMENT I - INSURER CODES

CODE	Insurer
021	MENONITA DE P. R.
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	COMMUWEALTH INS. CO.
038	CONTINENTAL ASSURANCE CO.
039	CHAMPURS, BLUE SHIELD OF CALIFORNIA
040	CONFEDERATION LIFE GROUP HEALTH CLAIMS
041	GENERAL ACCIDENT AND INSURANCE CORP.

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ATTACHMENT I - INSURER CODES

CODE	Insurer
042	INTERCONTINENTAL LADIES GARMENT WORKERS
043	JOHN HANCOCK
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

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ATTACHMENT I - INSURER CODES

CODE	Insurer
064	PILOT LIFE INS. CO.
065	PAN AMERICAN LIFE INS. CO.
066	PLAN DE SALUD U.I.A.
067	REPUBLIC NATIONAL LIFE INS. CO.
068	SEAFARES 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.

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ATTACHMENT I - INSURER CODES

CODE	Insurer
085	UNITED BENEFITS LIFE INS. CO.
086	UNITED OF OMAHA
087	UNITED LIFE INS. CO.
088	SERVI MEDICAL
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

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ATTACHMENT I - INSURER CODES

CODE	Insurer
107	CHAMPUS/CHAMPVA
108	MEDPLUS
109	COLVER
110	GLOBAL HEALTH PLAN 111 HOFFA 112 INTEGRATE
111	COMMUNITY HEALTH 113 PROSALUD 114 INTERNATIONAL
112	MANAGED CARE 115 MMM 116 NIÑOS LIJIADOS (DEPT DE
113	SALUD) 117 OPTIONS 118 PALIC 119 PROSAM 120
114	UTM 121 UTI 122 UJA
123	UNITEDHEALTHCARE INS. CO.
124	SDM HEALTH MANAGEMENT, INC. 125
125	PHARMACY INSURANCE
126	CORPORATION OF AMERICA
127	MCS ADVANTAGE, INC.
128	PROSALUD HMO, CORP.
129	FEDERACION DE MAESTROS
130	DE PUERTO RICO
131	First Plus
132	Delta Dental
133	Constellation Health
	Molina Healthcare
	Envision Rx

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ATTACHMENT I - INSURER CODES

CODE	Insurer
134	Correctional Health Services Corp.
135	Optima Health PR

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I
ATTACHMENT II – NSURANCE 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 Coverage Services |
| V | Mental Health Hospitalization Services |
| W | Mental Health Services |
| N | Non-Emergency Transportation Services (NEMT) |
| P | Pharmacy Services |

ATTACHMENT III – TRANSMITTAL SHEET

Carrier to ASES Data Submissions
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NOMBRE DE ASEGURADORA

HOJA DE TRAMITE ARCHIVOS COB

ENVIO DE ARCHIVOS

FECHA DE ENVIO:

ENVIADO A: ASES_COB@asesdr.org

ENVIADO POR:

USO ASEGURADORA				USO DE ASES	
NOMBRE DEL ARCHIVO	NUMERO DE RECORDS	TAMAÑO ARCHIVO	VIA FTP	PROCESO EN ASES DD/MM/AA	INIC. OPERADOR
1	0	0	FTP Server		
2			FTP Server		
3			FTP Server		

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<p style="text-align: center;">PARA USO DE ASES</p>											
<p>RECIBIDO EN ASES POR: _____ FECHA: ____/____/____</p>											
<p>*****INSTRUCCIONES ESPECIALES.*****</p>											
<p>SE ENVIARA ESTA HOJA DE TRAMITE ADJUNTA AL ARCHIVO POR FTP TIENE QUE LLENAR TODOS LOS ENCASILLADOS QUE LE CORRESPONDE A LA ASEGURADORA.</p>											

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