

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1095	Date: June 7, 2012
	Change Request 7603

NOTE: Transmittal 1047, dated February 17, 2012, is being rescinded and replaced by Transmittal 1095, dated June 7, 2012 to include the file layout that corresponds with the business requirements, and to exclude the Note previously listed under Business Requirement 7603.4. All other information remains the same.

SUBJECT: Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)

I. SUMMARY OF CHANGES: The CMS directed implementation of a file-based Recovery Audit mass adjustment/reporting process in the ViPS Medicare System (VMS) via Change Request 6943 (July 2010); this CR directs a variety of utility and usability enhancements that have been identified since that process was introduced.

**EFFECTIVE DATE: July 1, 2012 - Analysis and Design
October 1, 2012 - Coding and Implementation**

**IMPLEMENTATION DATE: July 2, 2012 - Analysis and Design
October 1, 2012 - Coding and Implementation**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 1095	Date: June 7, 2012	Change Request: 7603
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SUBJECT: Enhancements to the Recovery Audit Mass Adjustment/Reporting Process in the ViPS Medicare System (VMS)

Effective Date: July 1, 2012 - Analysis and Design
 October 1, 2012 - Coding and Implementation

Implementation Date: July 2, 2012 - Analysis and Design
 October 1, 2012 - Coding and Implementation

I. GENERAL INFORMATION

A. Background: The CMS directed implementation of a file-based Recovery Audit mass adjustment/reporting process in the ViPS Medicare System (VMS) via Change Request 6943 (July 2010); this CR directs a variety of utility and usability enhancements that have been identified since that process was introduced.

B. Policy: The nationwide Recovery Audit program was mandated under Division B, Title III, Section 302 of the Tax Relief and Healthcare Act of 2006. All references to the mass adjustment process in the business requirements table refer to the file-based process, not the co-existing online process.

II. BUSINESS REQUIREMENTS TABLE

Use of "Shall" denotes a mandatory requirement

Number	Requirement	Responsibility								
		A / B M A C	D M E M A C	F I	C A R R I E R	R H R I	Shared-System Maintainers			
					F I S S	M C S	V M S	C W F		
7603.1	VMS shall support Recovery Auditor submission of 'WW' pseudo-HCPCS codes and shall return the submitted codes on the error and outcome files. Note: For simplicity, the Recovery Auditors shall submit							X		

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements:
N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jennifer Elmezzi (jennifer.elmezzi@cms.hhs.gov or 410-786-1023)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*: The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

ATTACHMENT

VMS input files (header)

Field #	Field Name	Start	End	Length	Values/Comments
1	FILE-TYPE	1	10	10	"VMS-INPUT" (left justified, space filled)
2	FILLER	11	11	1	
3	FILE-FORMAT	12	14	3	"001"
4	FILLER	15	15	1	
5	RECORD-COUNT	16	21	6	Number of content records on the file. Right justified, zero filled.
6	FILLER	22	22	1	
7	RECORD-LENGTH	23	28	6	"1845" - Right justified, zero filled
8	FILLER	29	29	1	
9	CREATE-DATE	30	37	8	File creation date (Format: YYYYMMDD)
10	FILLER	38	38	1	
11	SOURCE-ID	39	43	5	Workload number associated with the adjusted claims: one per file. (DME MAC ID)
12	FILLER	44	44	1	
13	REGION	45	45	1	Space fill (not applicable to DME MACs; field included to track with common format used by RAC Data Warehouse)
14	FILLER	46	1845	1800	

Note: All fields in all layouts are left justified/space filled unless otherwise indicated.

VMS input files (content)

Field #	Field Name	Start	End	Length	Values/Comments
1	WORKLOAD-NBR	1	5	5	Contractor workload ID (original). (DME MAC ID)
2	HICN	6	17	12	
3	CCN	18	31	14	
4	CLAIM-PAID-DATE	32	39	8	Original scheduled paid date sent to CWF (Format: YYYYMMDD)
5	ADJUST-REASON-CD	40	41	2	RAC Adjustment Reason code (Valid values 01 - 05) 01 - Incorrect coding 02 - Insufficient documentation 03 - Lack of documentation 04 - Medically unnecessary 05 - Not covered/Not allowed/Other Up to 13 total lines per record.
6	CLAIM-LINE-COUNT	42	43	2	The LINE COUNT field will contain the number of lines that are being adjusted and/or denied. Example: If the claim has 8 lines and only 2 lines need to be adjusted or denied, this field will have the value of 2.
7	(*)-RC-SPEC-ACTION IND	44	44	1	Recovery Auditor Cancellation/Suspense Indicator C-Cancel S-Suspense
8	FILLER	45	64	20	Claim level filler Occurs up to 13 times for a total length of 1781.
9	CLAIM-DATA	65	201	137	Only lines that are to be adjusted or denied shall be sent. If a line is to be denied, it shall only contain information in the original line data fields -- the adjusted line data fields shall be empty. If a line is to be adjusted for number of services, HCPCS, etc., then both the original and adjusted line data fields shall contain data. The line occurrences shall be populated in order with the first line to be adjusted or denied as the first and the next line to be adjusted as the second, and so on. Unused occurrences shall be filled with spaces. Example: If the claim has 8 lines and only line 4 and line 6 need to be adjusted or denied, line 4 would be in the first occurrence and line 6 would be in the second occurrence. The other 11 occurrences would be

spaces.

10	CLAIM-LINE-NBR	65	66	2	Line number being adjusted
11	ORIG-BEG-DATE	67	74	8	Format: YYYYMMDD
12	ORIG-END-DATE	75	82	8	Format: YYYYMMDD
13	ORIG-SUPPLIER-NPI	83	92	10	
14	ORIG-SUPPLIER-NSC	93	102	10	
15	ORIG-HCPCS	103	107	5	
16	ORIG-HCPCS-MF1	108	109	2	
17	ORIG-HCPCS-MF2	110	111	2	
18	ORIG-HCPCS-MF3	112	113	2	
19	ORIG-HCPCS-MF4	114	115	2	
20	VMS-ACTION-CODE	116	117	2	Existing action codes will be used to preserve edit structure already in place.
21	ADJT-BEG-DATE	118	125	8	Format: YYYYMMDD
22	ADJT-END-DATE	126	133	8	Format: YYYYMMDD
23	ADJT-SUPPLIER-NPI	134	143	10	
24	ADJT-SUPPLIER-NSC	144	153	10	
25	ADJT-POS	154	155	2	
26	ADJT-ICD-IND	156	156	1	
27	ADJT-DIAGNOSIS	157	163	7	
28	ADJT-HCPCS	164	168	5	
29	ADJT-HCPCS-MF1	169	170	2	
30	ADJT-HCPCS-MF2	171	172	2	
31	ADJT-HCPCS-MF3	173	174	2	
32	ADJT-HCPCS-MF4	175	176	2	
					Format: NNNNVN
33	ADJT-NBR-SERVICES	177	181	5	RAC to always submit five digits (four plus one implied decimal) Examples: 00010 = one; 00100 = ten; 00011 = 1.1
34	FILLER	182	201	20	Line level filler
35	FILLER	202	338	137	Line #2
36	FILLER	339	475	137	Line #3
37	FILLER	476	612	137	Line #4

38	FILLER	613	749	137	Line #5
39	FILLER	750	886	137	Line #6
40	FILLER	887	1023	137	Line #7
41	FILLER	1024	1160	137	Line #8
42	FILLER	1161	1297	137	Line #9
43	FILLER	1298	1434	137	Line #10
44	FILLER	1435	1571	137	Line #11
45	FILLER	1572	1708	137	Line #12
46	FILLER	1709	1845	137	Line #13

VMS initial outcome files (header)

Field #	Field Name	Start	End	Length	Values/Comments
1	FILE-TYPE	1	10	10	"VMS-OUTPUT" (left justified, space filled)
2	FILLER	11	11	1	
3	FILE-FORMAT	12	14	3	"001"
4	FILLER	15	15	1	
5	RECORD-COUNT	16	21	6	Number of content records on the file. Right justified, zero filled.
6	FILLER	22	22	1	
7	RECORD-LENGTH	23	28	6	"914" - Right justified, zero filled
8	FILLER	29	29	1	
9	CREATE-DATE	30	37	8	File creation date (Format: YYYYMMDD)
10	FILLER	38	38	1	
11	SOURCE-ID	39	43	5	DME MAC ID
12	FILLER	44	44	1	
13	REGION	45	45	1	Space fill (not applicable to DME MACs; field included to track with common format used by RAC Data Warehouse)
14	FILLER	46	940	895	

VMS initial outcome files (content)

Field #	Field Name	Start	End	Length	Values/Comments
1	ADJ-PAYMENT-IND	1	1	1	"O" - Overpayment, "U" - Underpayment, "N" - No change, "R" - Cancel
2	DME-WORKLOAD-NBR	2	6	5	DME MAC ID
3	ORIG-WORKLOAD-NBR	7	11	5	Contractor workload ID (original). (DME MAC ID)
4	BUS-SEG-IDENT	12	15	4	
5	ORIG-CCN	16	29	14	
6	ADJUST-CCN	30	43	14	
7	ADJ-DATE	44	51	8	Format: YYYYMMDD
8	PAID-AMT	52	62	11	Format: 99999999.99
9	ADJUST-PD-AMT	63	73	11	Format: 99999999.99
10	TRANS-DATE	74	81	8	Date of Receivable or Date of Check
11	DCN-OR-CK-NO	82	95	14	Receivable DCN or AP Check No
12	AR-AP-VALUE	96	106	11	Format: 99999999.99; Original Amount - Adjusted amount
13	LINE-COUNT	107	108	2	Up to 13 total lines per record.
14+	CLAIM-DATA	109	172	64	Occurs 13 times for a total length of 832
14	LINE-NBR	109	110	2	Line number being adjusted
15	ORIG-HCPCS	111	115	5	5 byte HCPCS
16	ADJ-HCPCS	116	128	13	5 byte HCPCS + 4 modifiers
17	SUPPLIER-NPI	129	138	10	
18	SUPPLIER-NSC	139	148	10	
19	ORIG-LINE-AMT	149	159	11	Format: 99999999.99
20	ADJ-LINE-AMT	160	170	11	Format: 99999999.99
21	ORIG-ACTION-CODE	171	172	2	
	FILLER		940		Space fill to total record length

VMS transaction files (header)

Field #	Field Name	Start	End	Length	Values/Comments
1	FILE-TYPE	1	10	10	"VMS-TRANS" (left justified, space filled)
2	FILLER	11	11	1	
3	FILE-FORMAT	12	14	3	"001"
4	FILLER	15	15	1	
5	RECORD-COUNT	16	21	6	Number of content records on the file. Right justified, zero filled.
6	FILLER	22	22	1	
7	RECORD-LENGTH	23	28	6	"141" - Right justified, zero filled
8	FILLER	29	29	1	
9	CREATE-DATE	30	37	8	File creation date (Format: YYYYMMDD)
10	FILLER	38	38	1	
11	SOURCE-ID	39	43	5	DME MAC ID
12	FILLER	44	44	1	
13	REGION	45	45	1	Space fill (not applicable to DME MACs; field included to track with common format used by RAC Data Warehouse)
14	FILLER	46	141	96	

VMS transaction files (content)

Field #	Field Name	Start	End	Length	Values/Comments
1	ADJ-PAYMENT-IND	1	1	1	"O" - Overpayment or "U" - Underpayment, "R" - Cancel
2	DME-WORKLOAD-NBR	2	6	5	DME MAC ID
3	ORIG-WORKLOAD-NBR	7	11	5	Contractor workload ID (original) (DME MAC ID)
4	BUS-SEG-IDENT	12	15	4	
5	ORIG-CCN	16	29	14	
6	ADJUST-CCN	30	43	14	
7	SUPPLIER-NPI	44	53	10	
8	SUPPLIER-NSC	54	63	10	
9	DCN-OR-CHECK-NO	64	77	14	Receivable DCN or AP Check No
10	TRANS-DATE	78	85	8	Format: YYYYMMDD
11	TRANS-TYPE	86	86	1	<p>Overpayments:</p> <p>"O" - Offset</p> <p>"C" - Provider Check Recoupment</p> <p>"T" - Treasury Review Recoupment</p> <p>"R" - Other Recoupment</p> <p>"I" - Interest</p> <p>"P" - Reversal of Offset</p> <p>"S" - Reversal of Recoupment</p> <p>"J" - Reversal of Interest</p> <p>Underpayments:</p> <p>" " [space]</p> <p>Other</p> <p>"U" - Unaccounted for adjustment to Principal/Interest</p> <p>"D" - Logical Delete</p>
12	TRANS-AMT	87	97	11	Format: 99999999.99
13	PRINC-RECOV-OR-PD	98	108	11	Format: 99999999.99
14	INT-RECOV-OR-PD	109	119	11	Format: 99999999.99
15	CURR-PRINCIPAL	120	130	11	Format: 99999999.99
16	CURR-BALANCE	131	141	11	Format: 99999999.99

VMS error files (header)

Field #	Field Name	Start	End	Length	Values/Comments
1	FILE-TYPE	1	10	10	"VMS-ERROR" (left justified, space filled)
2	FILLER	11	11	1	
3	FILE-FORMAT-VERSION	12	14	3	"001"
4	FILLER	15	15	1	
5	RECORD-COUNT	16	21	6	Number of content records on the file. Right justified, zero filled.
6	FILLER	22	22	1	
7	RECORD-LENGTH	23	28	6	"912" - Right justified, zero filled
8	FILLER	29	29	1	
9	CREATE-DATE	30	37	8	File creation date (Format: YYYYMMDD)
10	FILLER	38	38	1	
11	SOURCE-ID	39	43	5	Workload number associated with the adjusted claims: one per file (DME MAC ID)
12	FILLER	44	44	1	
13	REGION	45	45	1	Space fill (not applicable to DME MACs; field included to track with common format used by RAC Data Warehouse)
14	FILLER	46	912	867	

VMS error files (content)

Field #	Field Name	Start	End	Length	Values/Comments
1	WORKLOAD-NBR	1	5	5	Contractor workload ID (original). (DME MAC ID)
2	HICN	6	17	12	
3	CCN	18	31	14	
4	ADJT-CCN	32	45	14	
5	CLAIM-PAID-DATE	46	53	8	Original scheduled paid date sent to CWF (Format: YYYYMMDD)
6	CLAIM-FAILURE-REASON-1	54	57	4	See table on next page
7	CLAIM-FAILURE-REASON-2	58	61	4	
8	CLAIM-FAILURE-REASON-3	62	65	4	
9	CLAIM-LINE-COUNT	66	67	2	Up to 13 total lines per record
10	CLAIM-DATA	68	132	65	Occurs 13 times for a total length of 845
11	CLAIM-LINE-NBR	68	69	2	Line number being adjusted
12	ORIG-BEG-DATE	70	77	8	(Format: YYYYMMDD)
13	ORIG-END-DATE	78	85	8	(Format: YYYYMMDD)
14	ORIG-SUPPLIER-NPI	86	95	10	
15	ORIG-SUPPLIER-NSC	96	105	10	
16	ORIG-HCPCS	106	110	5	
17	ORIG-HCPCS-MF1	111	112	2	
18	ORIG-HCPCS-MF2	113	114	2	
19	ORIG-HCPCS-MF3	115	116	2	
20	ORIG-HCPCS-MF4	117	118	2	
21	VMS-ACTION-CODE	119	120	2	
22	LINE-FAILURE-REASON-1	121	124	4	
23	LINE-FAILURE-REASON-2	125	128	4	
24	LINE-FAILURE-REASON-3	129	132	4	
25	FILLER		912		Space fill to total record length

VMS error files (continued)

Error #	Description
0001	Workload ID Error
0002	Claim Number Error
0003	Duplicate Claim
0004	Paid Date Error
0005	Line Count Invalid
0006	Line Count Mismatch
0007	Line Number Invalid
0008	Duplicate Line Number
0009	Original From Date Invalid
0010	Original To Date Invalid
0011	Adjusted From Date Invalid
0012	Adjusted To Date Invalid
0013	Invalid RAC Reason
0020	Claim Already Adjusted
0021	Max Claim Adjustments
0022	Not Enough Available Claim Lines
0023	Claim Not Available to Adjust
0024	Invalid Action Code
0025	Action Code Is Not A Denial
0026	Adjustment Data Mismatch
0027	Line Already Denied
0028	Reason/Discovery Invalid