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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 671 | Date: April 16, 2010 |
| | Change Request 6943 |

SUBJECT: Implementation of a File-Based Recovery Audit Contractor (RAC) Mass Adjustment Process in VMS (This CR Rescinds and Fully Replaces CR 6549)

I. SUMMARY OF CHANGES: In April 2007, CMS issued Change Request (CR) 5497 (Transmittal 271) to direct the analysis and design of a process for the Recovery Audit Contractors (RACs) to adjust multiple claims and establish accounts payable/receivable based on files with lists of claim identifiers and specific claim elements to be changed. Although that process was never implemented, this CR establishes a comparable process that reflects lessons learned during the RAC demonstration and in the initial months of the permanent program.

EFFECTIVE DATE: July 1, 2010

IMPLEMENTATION DATE: July 6, 2010

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/revise 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: 671 | Date: April 16, 2010 | Change Request: 6943 |
|-------------|------------------|----------------------|----------------------|

SUBJECT: Implementation of a File-Based Recovery Audit Contractor (RAC) Mass Adjustment Process in VMS (This CR Rescinds and Fully Replaces CR 6549)

Effective Date: July 1, 2010

Implementation Date: July 6, 2010

I. GENERAL INFORMATION

A. Background: The RAC program began as a three-state demonstration project in 2005; Congress subsequently made the program permanent and directed CMS to expand it nationwide no later than January 2010 (Division B, Title III, Section 302 of the Tax Relief and Healthcare Act of 2006). CMS has awarded four regional contracts – RAC jurisdictions are the same as those of the DME MACs.

RACs review past claims for potential improper payments, requesting and reviewing medical records when necessary to make appropriate determinations. Once an overpayment has been identified, the RAC forwards the claim information to the appropriate FI, Carrier, A/B MAC, DME MAC or RHHI for adjustment, accounts receivable creation and eventual collection by provider check, offset or Treasury referral. (Underpayment correction follows a similar process, ending with a check or electronic funds transfer to the affected provider.)

Virtually all fee-for-service Medicare claims are subject to RAC review. Although the number of claims needing adjustment is initially expected to be manageable through existing adjustment processes, CMS anticipates that the volume will increase dramatically once the RACs are fully operational. Consequently, CMS issued CR 5497 in April 2007 (Transmittal 271) to direct the analysis and design of a RAC-oriented mass adjustment process in VMS.

The existing VMS mass adjustment/Express Adjustments function builds lists of claims to be adjusted in real time, based on operator-entered search criteria. The goal of CR 5497 was instead an offline process by which VMS would accept pre-constructed lists (files) with claim identifiers and specific elements to be adjusted, then perform the adjustments and create the receivables/payables, returning to the originator files of successfully adjusted claims and those requiring further action.

Currently, the VMS FR6201 report lists actions taken on RAC receivables (principal recovered, interest accruals, etc.). This CR replaces that report and creates new ones to ensure that key information is transmitted to the RACs and CMS. VMS shall continue suppressing automatic demand letter generation based on a RAC-specific Discovery Code; a separate CR will direct implementation of HIGLAS reporting at a later date.

CMS tracks RAC activity via the RAC Data Warehouse system; this CR is part of an evolution from manually generated reports uploaded by claims processing contractor staff (the current process) to system-generated reports uploaded by claims processing contractor staff (the process after this CR is implemented) to system-level data interchange with no contractor staff intervention required (a subsequent CR).

Two additional CRs were issued in March 2007: CR 5494 (Transmittal 267) directed the analysis, design and implementation of a comparable process in FISS, while CR5496 (Transmittal 268) directed the

analysis and design of a comparable mass adjustment process in MCS. [Implementation of the MCS process was directed by CR 6554, issued in December 2009 (Transmittal 611).]

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

| Number | Requirement | Responsibility ("X" indicates the columns that apply) | | | | | | | | | |
|----------|---|--|-----------------------|---------------------------|----------------------------|-------------|------------------------------|-------------|-------------|-------------|-------|
| | | A / B M A C | D M E A C | F I R E R | C A R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| 6943.1 | VMS shall allow the mass adjustment of claims based on a supplied list of selection criteria and the changes to be effected. Mass adjustment is defined here as the adjustment of more than one claim and subsequent creation of accounts receivable/payable without significant operator intervention. | | | | | | | | X | | |
| 6943.1.1 | VMS shall accommodate up to 15,000 adjustments per processing cycle. Files received with more than 15,000 adjustments shall be rejected in whole and returned to the file initiator. | | | | | | | | X | | |
| 6943.1.2 | The mass adjustment input file shall be submitted in fixed-width text format per the attached layout. | | | | | | | | | | RACs |
| 6943.1.3 | The file shall be submitted electronically to the Enterprise Data Center (EDC); receipt of the file by the EDC shall trigger the mass adjustment process. If the file fails to load for any reason, the DME MAC shall work with the EDC and the file submitter to diagnose the problem. | | X | | | | | | | | EDCs |
| 6943.1.4 | VMS shall search claim history files to identify any subsequent adjustments to the CCNs supplied by the RAC and shall only proceed with a requested adjustment if the line-level information supplied matches the information on the current iteration of the claim. If the information does not match, VMS shall abandon the request and return it to the submitter on the error file specified in 6943.2.1. | | | | | | | | X | | |

| Number | Requirement | Responsibility ("X" indicates the columns that apply) | | | | | | | | | |
|------------|---|--|-------------|--------|---------------------------------|-------------|------------------------------|-------------|-------------|-------------|-------|
| | | A / B | D M E | F I | C A R R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | M A C | M A C | | | | F I S S | M C S | V M S | C W F | |
| 6943.1.5 | VMS shall assign the action code(s) supplied by the RACs; the system shall also automatically assign the N432 Remittance Advice Remark Code ("Adjustment based on a Recovery Audit"). | | | | | | | | X | | |
| 6943.1.5.1 | [This CR 6549 requirement is deleted.] | | | | | | | | | | |
| 6943.1.6 | VMS shall automatically assign a "\$" in the second position of the Reason/Discovery Code, as well as any other codes necessary to identify the adjustment as originating with a RAC. | | | | | | | | X | | |
| 6943.1.7 | VMS shall establish a temporary holding area for claims that have been purged from the online history file; these claims shall be retrieved and the adjustment processed once they are available to VMS. If not retrieved within 30 days, the adjustment shall be discarded and reported on the error file described in 6943.2.1. | | | | | | | | X | | |
| 6943.2 | VMS shall abandon the request if a claim cannot be located or a proposed adjustment cannot be created due to invalid input data. Legitimate adjustments that suspend shall be resolved per normal DME MAC processes. | | | | | | | | X | | |
| 6943.2.1 | VMS shall write any abandoned (failed) requests to a fixed-width text file, per the attached layout. The error file shall include any applicable failure codes so the originator may correct and resubmit the request; the system maintainer shall define the error codes. | | | | | | | | X | | |
| 6943.2.2 | The EDC or DME MAC shall return the error file to the originator of the adjustments. (RACs and EDCs shall communicate directly whenever possible.) | | X | | | | | | | | EDCs |
| 6943.3 | VMS shall re-price the adjusted claims and shall create appropriate receivables/payables. | | | | | | | | X | | |
| 6943.3.1 | VMS shall ensure that initial demand letter generation remains suppressed on RAC-initiated adjustments. | | | | | | | | X | | |
| 6943.4 | VMS shall generate files with the outcome | | | | | | | | X | | |

| Number | Requirement | Responsibility ("X" indicates the columns that apply) | | | | | | | | | |
|----------|---|--|-------------|--------|----------------------------|-------------|------------------------------|-------------|-------------|-------------|---------------|
| | | A / B | D M E | F I | C A R I E R | R H I | Shared-System Maintainers | | | | OTHER |
| | | | | | | | F I S S | M C S | V M S | C W F | |
| | of successful adjustments and details of the receivables/payables. | | | | | | | | | | |
| 6943.4.1 | The files shall be in fixed-width text format per the attached layouts. | | | | | | | | X | | |
| 6943.4.2 | The EDC or DME MAC shall return the outcome files to the RAC that requested the adjustments. (RACs and EDCs shall communicate directly whenever possible.) | | X | | | | | | | | EDCs |
| 6943.4.3 | The DME MAC shall upload the outcome files to the RAC Data Warehouse; transmissions shall occur at least weekly. | | X | | | | | | | | |
| 6943.5 | VMS shall additionally generate weekly transaction files with details of all activity associated with RAC receivables/payables in the given reporting period. | | | | | | | | X | | |
| 6943.5.1 | The files shall be in fixed-width text format per the attached layouts. | | | | | | | | X | | |
| 6943.5.2 | The EDC or DME MAC shall return the transaction files to the RAC that requested the adjustments. (RACs and EDCs shall communicate directly whenever possible.) | | X | | | | | | | | EDCs |
| 6943.5.3 | The DME MAC shall upload the transaction files to the RAC Data Warehouse. Files shall be uploaded as generated (i.e., weekly). | | X | | | | | | | | |
| 6943.6 | RACs will continue to submit manual adjustment requests for claims that are legitimately unable to be accommodated through the mass adjustment process; those receivables/payables shall be tracked on the transaction files as well. | | X | | | | | | X | | |
| 6943.7 | The RAC Data Warehouse can currently only accept files via Web interface, but transfers to/from RACs shall be conducted via MDCN/MPLS network if possible. | | X | | | | | | | | RACs, EDCs |
| 6943.8 | VMS shall continue to include an "R" indicator in the header of all DME adjustment claims sent via HUDC transaction to CWF, in accordance with CR 6103, Transmittal 1568, dated August 1, 2008. | | | | | | | | X | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility ("X" indicates the columns that apply) | | | | | | | | |
|--------|-------------|--|--------------------------------|---------------------------|---------------------------------|--------------------------------|------------------------------|-------------|-------------|--|
| | | A / B M A C | D M E M A C | F I I E R | C A R R I E R | R H I I E R | Shared-System Maintainers | | | |
| | | | | | | F I S S | M C S | V M S | C W F | |
| | None | | | | | | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------------|--|
| N/A | |

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact: LT Terrence Lew, USPHS (terrence.lew@cms.hhs.gov or 410-786-9213).

Post-Implementation Contact: LT Terrence Lew, USPHS (terrence.lew@cms.hhs.gov or 410-786-9213).

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 | "1564" - 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 | 1564 | 1519 | |

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. Occurs up to 13 times for a total length of 1521. |
| 7+ | CLAIM-DATA | 44 | 160 | 117 | 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. |
| 7 | CLAIM-LINE-NBR | 44 | 45 | 2 | Line number being adjusted |
| 8 | ORIG-BEG-DATE | 46 | 53 | 8 | Format: YYYYMMDD |
| 9 | ORIG-END-DATE | 54 | 61 | 8 | Format: YYYYMMDD |

VMS input files (continued)

| Field # | Field Name | Start | End | Length | Values/Comments |
|---------|-------------------|-------|------|--------|---|
| 10 | ORIG-SUPPLIER-NPI | 62 | 71 | 10 | |
| 11 | ORIG-SUPPLIER-NSC | 72 | 81 | 10 | |
| 12 | ORIG-HCPCS | 82 | 86 | 5 | |
| 13 | ORIG-HCPCS-MF1 | 87 | 88 | 2 | |
| 14 | ORIG-HCPCS-MF2 | 89 | 90 | 2 | |
| 15 | ORIG-HCPCS-MF3 | 91 | 92 | 2 | |
| 16 | ORIG-HCPCS-MF4 | 93 | 94 | 2 | |
| 17 | VMS-ACTION-CODE | 95 | 96 | 2 | Existing action codes will be used to preserve edit structure already in place. |
| 18 | ADJT-BEG-DATE | 97 | 104 | 8 | Format: YYYYMMDD |
| 19 | ADJT-END-DATE | 105 | 112 | 8 | Format: YYYYMMDD |
| 20 | ADJT-SUPPLIER-NPI | 113 | 122 | 10 | |
| 21 | ADJT-SUPPLIER-NSC | 123 | 132 | 10 | |
| 22 | ADJT-POS | 133 | 134 | 2 | |
| 23 | ADJT-ICD-IND | 135 | 135 | 1 | |
| 24 | ADJT-DIAGNOSIS | 136 | 142 | 7 | |
| 25 | ADJT-HCPCS | 143 | 147 | 5 | |
| 26 | ADJT-HCPCS-MF1 | 148 | 149 | 2 | |
| 27 | ADJT-HCPCS-MF2 | 150 | 151 | 2 | |
| 28 | ADJT-HCPCS-MF3 | 152 | 153 | 2 | |
| 29 | ADJT-HCPCS-MF4 | 154 | 155 | 2 | |
| | | | | | Format: NNNNVN |
| 30 | ADJT-NBR-SERVICES | 156 | 160 | 5 | RAC to always submit five digits (four plus one implied decimal) Examples: 00010 = one; 00100 = ten; 00011 = 1.1 |
| | FILLER | | 1564 | | Space fill to total record length |

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 | 914 | 869 | |

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 |
| 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 | 170 | 62 | Occurs 13 times for a total length of 806 |
| 14 | LINE-NBR | 109 | 110 | 2 | Line number being adjusted |
| 15 | ORIG-HCPCS | 111 | 115 | 5 | 5 byte HPCPS |
| 16 | ADJ-HCPCS | 116 | 128 | 13 | 5 byte HPCPS + 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 |
| | FILLER | | 914 | | 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 |
| 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 | Overpayments: "O" – Offset "C" – Provider Check Recoupment "T" – Treasury Review Recoupment "R" – Other Recoupment "I" – Interest "P" – Reversal of Offset "S" – Reversal of Recoupment "J" – Reversal of Interest Underpayments: " " [space] |
| 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 |