CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 611	**Date: December 18, 2009**
	Change Request 6554

Transmittal 561, dated September 25, 2009, is being rescinded and replaced by Transmittal 611, dated December 18, 2009. The file layouts have been revised in consultation with the system maintainers and user community, and various requirements have been reworded to reflect the layout changes (ie, there are no longer separate identifiable and non-identifiable versions of the output and transaction files) but all other information remains fundamentally the same.

SUBJECT: Implementation of a File-Based RAC Mass Adjustment Process in MCS

I. SUMMARY OF CHANGES: In March 2007, CMS issued CR 5496 (Transmittal 268) for the analysis and design of modifications to MCS that would allow the Recovery Audit Contractors (RACs) and/or other Medicare contractors to initiate mass adjustments of similar claim and/or service types. The existing MCS mass adjustment process selects claims based on criteria entered by users in real time; CR 5496 was intended to explore the possibility of an alternate process based on submission of files with lists of claim identifiers (CCNs, HIC numbers, etc.) and specific claim elements to be changed. This CR directs implementation of that process; it also directs creation of associated reports (in both MCS and HIGLAS) to monitor RAC-initiated collections/underpayments returned to providers.

New / Revised Material
Effective Date: April 5, 2010
Implementation Date: Phase I will include analysis/design and will be completed by January 4, 2010; actual coding/testing will occur in Phase II with an implementation date of April 5, 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/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

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

III. FUNDING:
SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 611	Date: December 18, 2009	Change Request: 6554

Transmittal 561, dated September 25, 2009, is being rescinded and replaced by Transmittal 611, dated December 18, 2009. The file layouts have been revised in consultation with the system maintainers and user community, and various requirements have been reworded to reflect the layout changes (ie, there are no longer separate identifiable and non-identifiable versions of the output and transaction files) but all other information remains fundamentally the same.

SUBJECT: Implementation of a File-Based RAC Mass Adjustment Process in MCS

Effective Date: April 5, 2010

Implementation Date: Phase I will include analysis/design and will be completed by January 4, 2010; actual coding/testing will occur in Phase II with an implementation date of April 5, 2010.

I. GENERAL INFORMATION

A. Background: The Recovery Audit Contractor (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 5496 (Transmittal 268) in March 2007 to direct the analysis and design of a RAC-oriented mass adjustment process in MCS.

The existing MCS 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 5496 was instead an offline process by which MCS 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 files of successfully adjusted claims and claims unable to be adjusted to the originator for further action as needed.

For Carriers and A/B MACs that have not yet transitioned to HIGLAS, MCS must be able to suppress automatic demand letter generation based on a RAC-specific Discovery Code. HIGLAS must be similarly able to suppress demand letters on RAC-initiated adjustments.

The existing MCS H99RS137 (daily) and H99RS337 (monthly) reports list actions taken on RAC receivables (principal recovered, interest accruals, etc.); this CR creates enhanced versions of those reports as well new ones in MCS/HIGLAS to ensure that key information is transmitted to the RACs and CMS.

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 at the same time as CR 5496: CR5497 (Transmittal 271) directed the analysis and design of a comparable mass adjustment process in VMS, while CR 5494 (Transmittal 267) directed the analysis, design and actual implementation of a comparable process in FISS. A companion CR to this one will direct implementation in VMS.

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility ("X" indicates the columns that apply)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6554.1	MCS 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			
6554.1.1	MCS 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			

Number	Requirement	Responsibility ("X" indicates the columns that apply)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6554.1.2	The mass adjustment input file shall be submitted in a fixed-width text format per the attached layout.										RACs
6554.1.3	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 Carrier or A/B MAC shall work with the EDC and the file submitter to diagnose the problem.	X			X						EDCs
6554.1.4	The mass adjustment file shall contain current ICNs for all adjustments. If the submitted ICN has been adjusted, MCS shall return the submitted ICN along with its adjustment ICN to the RAC on the error file as described by requirement 6554.2.1. The claim shall not be adjusted until the originator submits the current ICN.	X			X			X			
6554.1.5	CMS and the RACs will develop a common set of adjustment reason codes that the Carriers and A/B MACs shall map to existing MCS messages and associated codes/indicators. MCS shall automatically assign Remittance Advice Remark Code #N432 ("Adjustment based on a Recovery Audit") to all adjustments completed via this process.	X			X			X			RACs
6554.1.6	MCS shall automatically assign a "+" in the second position of the Reason/Discovery Code, as well as any other codes necessary to identify the adjustments as originating with a RAC.							X			
6554.1.7	MCS shall establish a temporary holding area for claims that have been purged from the online history file; the system shall notify the Carrier/MAC so these claims may be retrieved and the adjustment processed once they are available to MCS. If not retrieved within 30 days, the adjustment shall be discarded and reported on the failure report described in 6554.2.1.							X			

Number	Requirement	Responsibility ("X" indicates the columns that apply)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6554.2	If a claim cannot be adjusted for any other reason, MCS shall cancel the adjustment and continue to the next request.	X			X			X			
6554.2.1	MCS shall write any failed requests to a fixed-width text file, per the attached layout. The file shall include any applicable failure codes so the originator may correct and resubmit the request; the system maintainer shall define the failure codes in collaboration with the user community.	X			X			X			
6554.2.2	The EDC, Carrier or A/B MAC shall return the error file to the originator of the adjustments. (RACs and EDCs shall communicate directly whenever possible.)	X			X						EDCs
6554.3	MCS shall re-price the adjusted claims; MCS and/or HIGLAS shall then create appropriate receivables/payables.							X			HIGLAS
6554.3.1	MCS/HIGLAS shall ensure that initial demand letter generation remains suppressed on RAC-initiated adjustments (Carriers/MACs shall continue issuing Intent to Refer letters).							X			HIGLAS
6554.4	MCS shall generate files with the outcome of successful adjustments and details of the receivables/payables; HIGLAS shall generate supplemental files with financial details for contractors that have transitioned to that system and can no longer access relevant data via MCS.							X			HIGLAS
6554.4.1	These files shall be in fixed-width text format per the attached layouts.							X			HIGLAS
6554.4.2	The EDC, Carrier or A/B MAC shall return the outcome files to the RAC that requested the adjustments. (RACs and EDCs shall communicate directly whenever possible.)	X			X						EDCs
6554.4.3	The Carrier or A/B MAC shall upload the outcome files to the RAC Data Warehouse; transmissions shall occur at least weekly.	X			X						

Number	Requirement	Responsibility ("X" indicates the columns that apply)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6554.5	MCS or HIGLAS (as appropriate) shall additionally generate weekly transaction files with details of all activity associated with RAC-originated receivables/payables in the given reporting period. These reports shall not replace the existing MCS H99RS137 and H99RS337 reports, which shall remain available for contractor use.							X			HIGLAS
6554.5.1	The files shall be in fixed-width text format per the attached layouts.							X			HIGLAS
6554.5.2	The EDC, Carrier or A/B MAC shall return the transaction files to the RAC that requested the adjustments. (RACs and EDCs shall communicate directly whenever possible.)	X			X						EDCs
6554.5.3	The Carrier or A/B MAC shall upload the transaction files to the RAC Data Warehouse. Files shall be uploaded as generated (i.e., weekly).	X			X						
6554.6	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 must be tracked on the transaction files as well.	X			X			X			HIGLAS
6554.7	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			X						RACs, EDCs
6554.8	MCS shall continue to include an "R" indicator in the header of all Part B adjustment claims sent via HUBC transaction to CWF, in accordance with CR 6103 (Transmittal 1568).							X			

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility ("X" indicates the columns that apply)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
N/A											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

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

B. For all other recommendations and supporting information, use this space: 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

MCS input files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“MCS-INPUT”
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 records in file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“001580”
8	Filler	29	29	1	
9	File creation date	30	37	8	“CCYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of adjusted claims
12	Filler	44	44	1	
13	Region	45	45	1	Blank; not applicable to claims processors
14	Filler	46	1580	1535	

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

MCS input files (content)

Field #	Field Name	Start	End	Length	Comments
1	Carrier/MAC workload number	1	5	5	Contractor workload ID (original)
2	HIC number/prefix/suffix	6	17	12	
3	ICN	18	32	15	Include plan code
4	Claim paid date	33	40	8	Original scheduled paid date sent to CWF; CCYYMMDD
5	Adjustment reason code	41	44	4	Claim-level reason for adjustment
6	Count of line groups	45	46	2	Up to 13 total line groups per record
7	Line beginning date of service	47	54	8	CCYYMMDD
8	Line end date of service	55	62	8	CCYYMMDD
9	Line rendering provider NPI	63	72	10	NPI sent or PIN sent per record; not both
10	Line rendering provider PIN	73	82	10	PIN or NPI sent per record; not both
11	Old HCPCS	83	87	5	Required
12	Old modifier 1	88	89	2	Required if contained on original claim detail
13	Old modifier 2	90	91	2	Required if contained on original claim detail
14	Old modifier 3	92	93	2	Required if contained on original claim detail
15	Old modifier 4	94	95	2	Required if contained on original claim detail
16	Adjustment reason code	96	99	4	Detail-level reason for adjustment
17	Adjusted start date of service	100	107	8	Required (same value represents no change to original value); CCYYMMDD
18	Adjusted end date of service	108	115	8	Required (same value represents no change to original value); CCYYMMDD
19	Adjusted rendering provider NPI	116	125	10	Required if Line rendering provider NPI field contains value
20	Adjusted rendering provider PIN	126	135	10	Required if Line rendering provider PIN field contains value
21	Adjusted place of service	136	137	2	Required if a change to the Place of Service field
22	Adjusted diagnosis type indicator	138	138	1	Default to spaces until ICD10 implementation
23	Adjusted diagnosis	139	145	7	Additional space to accommodate ICD-10
24	Adjusted HCPCS	146	150	5	Required
25	Adjusted modifier 1	151	152	2	
26	Adjusted modifier 2	153	154	2	
27	Adjusted modifier 3	155	156	2	
28	Adjusted modifier 4	157	158	2	
29	Adjusted MTUS type indicator	159	159	1	Value of 0 indicates deny; all other values are informational
30	Adjusted MTUS count	160	164	5	NNNND for miles/units/services (implied decimal: 00010 = 1 service; 00105 = 10.5 miles). Send units, not minutes.
31	Filler		1580		Space fill to total record length

MCS initial output files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“MCS-OUTPUT”
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 records in file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“000584”
8	Filler	29	29	1	
9	File creation date	30	37	8	“CCYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of adjusted claims
12	Filler	44	44	1	
13	Region	45	45	1	Blank; not applicable to claims processors
14	Filler	46	584	539	

MCS initial output files (content)

Field #	Field Name	Start	End	Length	Comments
1	Overpayment/underpayment/no change	1	1	1	“O” for overpayment, “U” for underpayment, “N” for no change
2	Carrier/MAC workload number	2	6	5	Workload ID of the contractor processing the adjustment.
3	Original contractor workload number	7	11	5	The workload ID of the contractor that originally processed the claim, which may differ from that of the contractor that is processing the adjustment (i.e., MAC #12345 adjusts a claim originally processed by Carrier #54321).
4	Business Segment Identifier	12	15	4	
5	Original ICN	16	30	15	Include Plan Code
6	Adjustment ICN	31	45	15	Include Plan Code
7	Original claim paid date	46	53	8	CCYYMMDD
8	Adjustment finalization date	54	61	8	CCYYMMDD
9	Original claim paid amount	62	73	12	Display decimals; NNNNNNNNN.DD
10	Adjusted claim paid amount	74	85	12	Display decimals; NNNNNNNNN.DD
11	AR initiation date	86	93	8	Date AR is created; blank for underpayments or no change; CYYMMDD
12	AR number	94	106	13	AR number; blank if underpayment or no change
13	AR amount	107	118	12	Amount of overpayment from claim adjustment; NNNNNNNNN.DD
14	Internal document (check) number	119	127	9	Displays for all adjustments
15	Count of claim lines	128	129	2	Include all claim details
16	Detail indicator	130	130	1	Space = RAC requested detail; Asterisk = Non-RAC requested detail
17	Original HCPCS	131	135	5	
18	Adjusted HCPCS	136	140	5	
19	Original amount paid	141	152	12	Original amount paid for the specific service; NNNNNNNNN.DD
20	Adjusted amount paid	153	164	12	Revised amount paid for the specific service; NNNNNNNNN.DD.
21	Filler		584		Space fill to total record length

Supplemental HIGLAS initial output files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“MCS-HO-OUT” for overpayments “MCS-HU-OUT” for underpayments
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 records in file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“000128”
8	Filler	29	29	1	
9	File creation date	30	37	8	“CCYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of adjusted claims; first 5 chars of Contract_CD if run at organization level
12	Filler	44	44	1	
13	Region	45	45	1	Blank; not applicable to claims processors
14	Filler	46	128	83	

Note: Overpayments and underpayments will be in separate files.

Supplemental HIGLAS initial output files (content)

Field #	Field Name	Start	End	Length	Mapping/comments
1	Workload	1	5	5	Carrier/MAC workload ID number
2	NPI	6	15	10	Original rendering provider NPI
3	Legacy provider ID	16	27	12	Original rendering provider PIN
4	Original ICN	28	47	20	
5	Adjusted ICN	48	67	20	
6	AR/AP amount	68	85	18	“999999999999999.00”; zero fill
7	AR/AP date	86	93	8	“CCYYMMDD”
8	AR/AP number	94	113	20	
9	Transaction ID	114	128	15	Oracle Transaction ID

MCS transaction files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“MCS-TRANS”
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 records in the file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“000142”
8	Filler	29	29	1	
9	File creation date	30	37	8	“CCYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of reported transactions; first 5 chars of Contract_CD if run at organization level
12	Filler	44	44	1	
13	Region	45	45	1	Not applicable to claims processors
14	Filler	46	142	97	

MCS transaction files (content)

Field #	Field name	Start	End	Length	Description/Comments
1	Overpayment or underpayment	1	1	1	"O" to indicate overpayment or "U" for underpayment
2	Carrier/MAC workload number	2	6	5	Workload ID of the contractor processing the adjustment
3	Original contractor workload number	7	11	5	Workload ID of the contractor that originally processed the claim, which may be different from the contractor that is processing the adjustment (ie, MAC #12345 adjusts a claim originally processed by Carrier #54321)
4	Business Segment Identifier	12	15	4	
5	Original ICN	16	30	15	
6	Adjustment ICN	31	45	15	
7	Original claim paid date	46	53	8	CCYYMMDD
8	Adjustment claim paid date	54	61	8	CCYYMMDD
9	AR number or Internal document (check) number	62	74	13	AR number (13 numerics) will display to track overpayments; Internal document number (9 numerics with 4 leading zeroes)
10	AR initiation date	75	82	8	Date AR initiated/blank for underpayments; CCYYMMDD
11	Transaction type	83	86	4	Field to be identified/derived by HP. CMS's intent is to capture whether the collection was accomplished by one-time offset, repayment plan offset, one-time provider check, check pursuant to a repayment plan, Treasury referral, etc.
12	Transaction date	87	94	8	Date adjustment finalized for underpayments; Date of various cash transactions for overpayments; CCYYMMDD
13	Principal recovered/ Adjustment paid	95	106	12	All amounts are to be unsigned with decimals; CMS will classify reported figures with the overpayment/underpayment indicator. NNNNNNNNN.DD
14	Interest recovered/ Adjustment interest paid	107	118	12	CMS will classify reported figures with the overpayment/underpayment indicator; NNNNNNNNN.DD
15	Current principal	119	130	12	Displays for overpayments only; contains the current amount due on the AR; NNNNNNNNN.DD
16	Current balance	131	142	12	Displays for overpayments only; contains the current amount of principal plus interest due on the AR; NNNNNNNNN.DD

HIGLAS transaction files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“MCS-HO-TRN” for overpayments “MCS-HU-TRN” for underpayments
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 records in the file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“000267”
8	Filler	29	29	1	
9	File creation date	30	37	8	“CCYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of reported transactions; first 5 chars of Contract_CD if run at organization level
12	Filler	44	44	1	
13	Region	45	45	1	Not applicable to claims processors
14	Filler	46	267	219	

HIGLAS transaction files (content)

Field #	Field Name	Start	End	Length	Mapping/comments
1	Carrier/MAC workload number	1	5	5	
2	NPI	6	15	10	Original rendering provider NPI
3	Legacy provider ID	16	27	12	Original rendering provider PIN
4	Original ICN	28	47	20	
5	Adjusted ICN	48	67	20	
6	AR/AP number	68	87	20	
7	AR/AP date	88	95	8	
8	Activity type	96	125	30	Overpayments: Receipt, Receipt Unapply, Recoupment, Recoupment Unapply, Adjust + , Adjust - , Interest Inv Underpayments: Payment, Void, Interest Inv, Withholding Inv, Inv Cancellation
9	Activity number	126	155	30	Receipt, CM, Adjustment or Payment Number
10	Activity date	156	163	8	“CCYYMMDD”
11	Activity amount	164	181	18	“999999999999999.00”; zero fill
12	Current balance	182	199	18	Amount on the date of extract -- NOT as of individual transactions “999999999999999.00”; zero fill
13	Transaction ID	200	214	15	Oracle ID for Activity
14	Cross reference AR/AP number	215	234	20	Cross reference to Original AR/AP Number for CNC AR Transactions and Loans, or AP Underpayment for Withholding Invoice
15	AR/AP status	235	259	25	Latest AR/AP Status
16	AR/AP status date	260	267	8	“CCYYMMDD”

MCS error files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	“MCS-ERROR”
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 records in the file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	“000818”
8	Filler	29	29	1	
9	File creation date	30	37	8	“CCYYMMDD”
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of reported transactions; first 5 chars of Contract_CD if run at organization level
12	Filler	44	44	1	
13	Region	45	45	1	Not applicable to claims processors
14	Filler	46	818	773	

MCS error files (content)

Field #	Field Name	Start	End	Length	Comments
1	Carrier/MAC workload number	1	5	5	Contractor workload ID (as supplied by RAC)
2	HIC number/prefix/suffix	6	17	12	
3	Submitted ICN	18	32	15	Include plan code
4	Adjustment ICN	33	47	15	Include plan code. Include if applicable (ie, claim previously adjusted); space fill otherwise
5	Claim paid date	48	55	8	Claim paid date carried over from input file unless RAC manual adjustment; claim paid date will be date adjustment deleted; CCYYMMDD
6	Failure Reason Code #1	56	59	4	Claim-level adjustment failures; maintainer to define failure reason codes in collaboration with CMS, RACs and claims processing contractors. Format = ANNN
7	Failure Reason Code #2	60	63	4	
8	Failure Reason Code #3	64	67	4	
9	Count of line groups	68	69	2	Up to 13 total line groups per record
10	Line beginning date of service	70	77	8	CCYYMMDD
11	Line end date of service	78	85	8	CCYYMMDD
12	Line rendering provider NPI	86	95	10	
13	Line rendering provider PIN	96	105	10	
14	Old HCPCS	106	110	5	
15	Old modifier 1	111	112	2	
16	Old modifier 2	113	114	2	
17	Old modifier 3	115	116	2	
18	Old modifier 4	117	118	2	
19	Failure reason code #1	119	122	4	Detail-level adjustment failures; maintainer to define failure reason codes in collaboration with CMS, RACs and claims processing contractors. Format = ANNN
20	Failure reason code #2	123	126	4	
21	Failure reason code #3	127	130	4	
22	Filler		818		Space fill to total record length