CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 673	Date: April 16, 2010
	Change Request 6928

SUBJECT: Modification of the File-Based RAC Mass Adjustment Process in FISS (This CR Rescinds and Fully Replaces CR 6555)

I. SUMMARY OF CHANGES: In March 2007, CMS issued Change Request (CR) 5494 (Transmittal 267) to establish a process for adjusting multiple claims and establishing accounts payable/receivable based on files with lists of claim identifiers and specific claim elements to be changed. This CR implements a number of utility and usability enhancements to the mass adjustment process. It rescinds and fully replaces CR 6555, Transmittal 571, dated October 2, 2009.

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/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: 673	Date: April 16, 2010	Change Request: 6928

SUBJECT: Modification of the File-Based RAC Mass Adjustment Process in FISS (This CR Rescinds and Fully Replaces CR 6555)

Effective Date: July 1, 2010

Implementation Date: July 6, 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. The number of claims needing adjustment grew significantly during the demonstration, and CMS issued Change Request (CR) 5494 (Transmittal 267) in March 2007 to direct the implementation of a RAC-oriented mass adjustment process in FISS.

CR 5494 established a offline process by which FISS 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. The mass adjustment process also results in a file that lists actions taken on RAC-originated receivables (principal recovered, interest accruals, etc.); this CR is intended to add several useful data elements that CMS has identified since the report was first created. This CR also establishes similar requirements for HIGLAS. (The layouts as presented here are drafts; CMS anticipates revising them as analysis and design progresses.)

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 process prior to CR 5494) to system-generated reports uploaded by claims processing contractor staff (the process after CR 5494, with enhancements via this CR) 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 5494: CR5496 (Transmittal 268) directed the analysis and design of a comparable mass adjustment process in MCS, while CR 5497 (Transmittal 271) directed the analysis and design of a comparable process in VMS. CRs 6554 and 6549, issued as companions to this CR, direct implementation of those processes in each system.

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	
6928.1	The FISS maintainer shall confirm that the RAC mass adjustment process created under CR 5494 remains available for use.						X				
6928.1.1	The maintainer shall confirm that the RAC mass adjustment process assigns any codes necessary to identify the adjustments as originating with a RAC, including an "R" indicator in the header of all adjustment claims sent to CWF in accordance with CR 6103.						X				
6928.1.2	The maintainer shall confirm that a temporary holding area has been established for claims that have been purged from the online history file; these claims shall be retrieved from offline histories and/or accreted to CWF (as appropriate) and the adjustment processed once they are available to FISS. If not retrieved within 30 days, the adjustment shall be discarded and reported on the failure report described in 6928.1.3.1.						X				
6928.1.2.1	Beginning on June 1, 2010, RACs shall suspend requests for mass adjustments under the existing process to ensure that the holding area is empty when the new process is implemented. RACs may continue to submit requests for manual adjustment during this transition period, but FIs/RHHIs/MACs shall return any mass adjustment requests for resubmission in the new format after July 6.	X		X		X					RACs
6928.1.3	The maintainer shall confirm that if a claim cannot be adjusted for any other reason, FISS will cancel the adjustment and continue to the next request.						X				

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6928.1.3.1	FISS shall revise the existing error logic to write any failed adjustment requests to a fixed-width text file per the attached layout. The file shall include any applicable failure codes so that the originator may correct and resubmit the request; the system maintainer shall define the failure codes.						X				
6928.1.3.2	The Enterprise Data Center (EDC), FI, RHHI or A/B MAC shall return error files to the originating RAC. (RACs and EDCs shall communicate directly whenever possible.)	X		X		X					EDCs
6928.1.4	The FISS maintainer shall confirm that FISS will re-price the adjusted claims and automatically create/direct creation of appropriate receivables/payables.						X				
6928.1.5	The HIGLAS maintainer shall confirm or establish that HIGLAS will automatically create appropriate receivables/payables for contractors that are no longer using FISS for receivables management.										HIGLAS
6928.1.6	The FISS/HIGLAS maintainers shall ensure that their respective systems continue to suppress initial demand letter generation on RAC-initiated adjustments.						X				HIGLAS
6928.2	The FISS maintainer shall further modify the existing mass adjustment process as described below.						X				
6928.2.1	The RACs shall create mass adjustment input files in fixed-width text format per the attached layout.										RACs
6928.2.2	The RACs shall submit adjustment request files electronically to the appropriate EDC; receipt of a file by an EDC shall trigger the mass adjustment process. If the file fails to load for any reason, or if direct communication with the EDC is not possible, the FI, RHHI or A/B MAC shall work with the EDC and the file submitter to resolve the problem.	X		X		X					EDCs

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	OTHER
							Shared-System Maintainers				
6928.2.3	FISS shall assign the reason code(s) supplied by the RACs; associated Claim Adjustment Reason Code (CARC) and the Remittance Advice Remark Codes (RARCs) shall be defined by the claims processing contractors. FISS shall automatically assign RARC N432 ("Adjustment based on a Recovery Audit") at the claim level of any RAC-initiated adjustment.	X		X		X	X				
6928.2.4	FISS shall re-price the claim(s) and shall generate a file with the outcome of successful adjustments and details of the receivables/payables, if available. HIGLAS shall generate a supplemental file with financial details for contractors that have transitioned to that system and can no longer access relevant data via FISS.						X				HIGLAS
6928.2.4.1	Each set of FISS/HIGLAS outcome files shall be in fixed-width text format per the attached layouts.						X				HIGLAS
6928.2.4.2	FISS shall associate adjustments with their originating RAC based on information in the input file header; separate outcome files shall be created for each RAC and the EDC shall return files to the RACs as appropriate. If the EDC is unable to do so, the FI, RHHI OR A/B MAC shall ensure that the appropriate RAC receives the necessary information.	X		X		X	X				EDCs
6928.2.4.3	The FI, RHHI or A/B MAC shall upload outcome files to the RAC Data Warehouse; files shall be uploaded at least weekly.	X		X		X					
6928.3	FISS or HIGLAS (as appropriate) shall additionally generate weekly transaction files with all activity associated with RAC-originated receivables/payables in the given reporting period.						X				HIGLAS
6928.3.1	The transaction files shall be in fixed-width text format (see attached layouts).						X				HIGLAS
6928.3.2	FISS shall use the indicator specified in BR 6928.2.4.2 to organize transactions into separate files for each RAC; the EDC shall forward those files as appropriate RAC. If the EDC is unable to do so, the FI, RHHI OR A/B MAC shall ensure that the files are distributed	X		X		X	X				EDCs

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	
	correctly.										
6928.3.3	The FI, RHHI or A/B MAC shall upload transaction files to the RAC Data Warehouse. Files shall be uploaded as generated (i.e., weekly).	X		X		X					
6928.4	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	X				HIGLAS
6928.5	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		X					RACs, EDCs

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

FISS input files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	"FISS-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	"0313105"
8	Filler	29	29	1	
9	File creation date	30	37	8	"YYYYMMDD"
10	Filler	38	38	1	
11	Source ID	39	43	5	Workload ID of proposed adjustments
12	Filler	44	44	1	
13	Region	45	45	1	Region associated with originating RAC
14	Filler	46	31310	31265	

Note 1: All fields in all layouts are left justified/space filled unless otherwise indicated.

Note 2: Input and outcome files shall be space filled – record lengths will not vary with line counts.

FISS input files (content)

Field #	Field Name	Start	End	Length	Existing Layout (if applicable)	Comments
1	FI/RHHI/MAC workload number	1	5	5	FSSCRACC-CONTRACTOR-NO	At time of original processing; may differ from current number (i.e., Title XVIII vs. MAC)
2	HIC number/prefix/suffix	6	17	12	FSSCRACC-HIC-NO	
3	DCN	18	40	23	FSSCRACC-DCN	
4	Provider NPI	41	50	10	FSSCRACC-PROVIDER-NPI	
5	Provider OSCAR/CCN	51	63	13	FSSCRACC-MEDA-PROVIDER	
6	Claim start date	64	71	8	FSSCRACC-STMT-COV-FROM-DT-CYMD	
7	Claim end date	72	79	8	FSSCRACC-STMT-COV-TO-DT-CYMD	
8	Claim paid date	80	87	8	FSSCRACC-PAID-DT-CYMD	
9	Adjustment reason code	88	89	2	FSSCRACC-NEW-ADJ-REASON	"RI" (RAC)
10	Claim denial reason code	90	94	5	FSSCRACC-NEW-DEN-REJ-REASON	
11	Adjusted admission date	95	102	8	FSSCRACC-NEW-ADMIT-DT-CYMD	
12	Adjusted patient discharge status	103	104	2	FSSCRACC-NEW-DISCHRG-STATUS	
13	Adjusted discharge date	105	112	8	FSSCRACC-NEW-DISCHRG-DT-CYMD	
14	Adjusted DRG	113	115	3	FSSCRACC-NEW-DRG-NO	
15	Adjusted principal diagnosis	116	123	8	FSSCRACC-PRIM-DIAG	Seven diagnosis bytes (ICD-9 w/filler or ICD-10 eventually) plus a POA indicator in the eighth position per CR 5679.
16	Adjusted admitting diagnosis	124	131	8	FSSCRACC-ADMIT-DIAG	
17-66	Adjusted diagnosis/POA 1-25	132	331	200	FSSCRACC-DIAG-CODE(1-17)	Increase from 17 additional diagnoses on current layout
	Adjusted diagnosis			7		
	Adjusted POA indicator			1		
67	Adjusted principal procedure	332	338	7	FSSCRACC-PRIN-PROC-CD	
68	Adjusted principal procedure date	339	346	8	FSSCRACC-PRIN-PROC-CYMD	
69-116	Adjusted additional procedures 1-24	347	706	360	FSSCRACC-PROC-CD-(1-5) FSSCRACC-PROC-CD-(1-5)-CYMD	Increase from 5 additional procedures on current layout
	Adjusted procedure			7		
	Adjusted procedure date			8		
117	Count of revenue codes	707	710	4	FSSCRACC-LINE-COUNT	

FISS input files (continued)

Field #	Field Name	Start	End	Length	Existing Layout	Comments
118+	Revenue code 1-450	711	31310	30600		
	Revenue code			4	FSSCRACC-NEW-REV-CODE	RAC to submit all revenue/HCPCS/HIPPS codes, whether changed or not, including the 0001 summary line (total charges, covered charges and non-covered charges)
	HCPCS/HIPPS			5	FSSCRACC-NEW-HCPCS	
	Modifier 1			2	FSSCRACC-NEW-HCPCS-MOD(1)	
	Modifier 2			2	FSSCRACC-NEW-HCPCS-MOD(2)	
	Modifier 3			2	FSSCRACC-NEW-HCPCS-MOD(3)	
	Modifier 4			2	FSSCRACC-NEW-HCPCS-MOD(4)	
	Modifier 5			2	FSSCRACC-NEW-HCPCS-MOD(5)	
	Units			9	FSSCRACC-NEW-UNITS	NNNNNNNNN (no decimals)
	Date of service			8		YYYYMMDD
	Revised charges			9		Nominal charges for revised allowable units (linear projection from original amount) Implicit decimal: NNNNNNNDD Note: RAC shall submit partial line denials as two separate lines, one with covered charges and one with non-covered charges.
	Revised covered charges			9		Estimate of covered amount based on allowable units; FISS to calculate exact amounts payable.
	Revised non-covered charges			9	FSSCRACC-NEW-NON-COVERED	Corresponding estimate of non-covered amount based on allowable units.
	Line denial reason code			5	FSSCRACC-NEW-LINE-REJ-REASON	

Example:

Original

Line Number	Revenue Code	HCPCS	Qty	Charges	Covered	Non-Covered
1	9999	12345	3	300	100	0
2	0001		3	300	100	0

Adjusted

Line Number	Revenue Code	HCPCS	Qty	Charges	Covered	Non-Covered
1	9999	12345	1	100	100	0
2	9999	12345	2	200	0	200
3	0001		3	300	100	200

FISS initial outcome files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	"FISS-OUT"
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	"027136"
8	Filler	29	29	1	
9	File creation date	30	37	8	"YYYYMMDD"
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	RAC region of adjusted claims
14	Filler	46	27136	27091	

FISS initial outcome files (content)

Field #	Field Name	Start	End	Length	Comments
1	Overpayment or underpayment	1	1	1	"O" to indicate overpayment, "U" for underpayment or "N" for no change (adjustment complete, pricing remains the same).
2	FI/RHHI/MAC workload number	2	6	5	Workload ID number 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 FI #54321).
4	Business Segment Identifier	12	15	4	
5	Original DCN	16	38	23	
6	Adjustment DCN	39	61	23	
7	Provider NPI	62	71	10	
8	Provider legacy number (OSCAR/CCN)	72	84	13	
9	Original claim paid date	85	92	8	
10	Adjustment finalization date	93	100	8	
11	Original claim paid amount	101	112	12	Unsigned w/explicit decimal: NNNNNNNNN.DD
12	Adjusted claim paid amount	113	124	12	Unsigned w/explicit decimal
13	Total error	125	136	12	Unsigned original – adjusted amounts w/decimal
14+	HCPCS/modifiers + amounts	137	27136	27000	HCPCS/HIPPS code of the specific service adjusted by the RAC, or other codes that changed as a result of the RAC's adjustment; up to 450 codes per record. These fields help CMS determine the amount of RAC recoveries attributable to specific services versus associated findings (i.e., other lines that re-price as a result of the primary adjustment).
	Adjusted revenue code			4	
	Adjusted HCPCS/HIPPS			5	
	Adjusted modifier 1			2	
	Adjusted modifier 2			2	
	Adjusted modifier 3			2	
	Adjusted modifier 4			2	
	Adjusted modifier 5			2	
	Adjusted units			9	
	Adjusted date of service			8	
	Original amount per service			12	Original amount paid for the specific service
	Adjusted amount per service			12	Revised amount paid for the specific service

Supplemental HIGLAS initial outcome files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	"FISS-HOOUT" for overpayments "FISS-HUOUT" 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	"YYYYMMDD"
10	Filler	38	44	7	
11	Source ID	45	49	5	Workload ID of adjusted claims; first 5 characters of Contract_CD if run at organization level
12	Filler	50	50	1	
13	Region	51	51	1	Blank; not currently applicable to HIGLAS

Note 1: Overpayments and underpayments will be in separate files.

Note 2: HIGLAS file headers have a total of seven filler positions following the file creation date; they are not space filled to the full record length.

Supplemental HIGLAS initial outcome files (content)

Field #	Field Name	Start	End	Length	Mapping/comments
1	FI/RHHI/MAC workload ID number	1	5	5	
2	Provider NPI	6	15	10	Original institutional NPI
3	Legacy provider ID (OSCAR/CCN)	16	27	12	Original legacy provider number
4	Original DCN	28	47	20	
5	Adjusted DCN	48	67	20	
6	AR/AP amount	68	85	18	"999999999999999.00"; zero fill
7	AR/AP date	86	93	8	"YYYYMMDD"
8	AR/AP number	94	113	20	
9	Transaction ID	114	128	15	Oracle Transaction ID

FISS transaction files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	"FISS-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 file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	"000192"
8	Filler	29	29	1	
9	File creation date	30	37	8	"YYYYMMDD"
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	RAC region of reported transactions
14	Filler	46	192	147	

FISS transaction files (content)

Field #	Field Name	Start	End	Length	Description/Comments
1	FI/RHHI/MAC workload number	1	5	5	Workload ID number of the contractor processing the adjustment.
2	Original contractor workload number	6	10	5	The workload ID of the contractor that originally processed the claim, which may be different from the contractor that is processing the adjustment (i.e., MAC #12345 adjusts a claim originally processed by FI #54321).
3	Business Segment Identifier	11	14	4	
4	Original DCN	15	37	23	
5	Adjustment DCN	38	60	23	
6	Provider NPI	61	70	10	
7	Provider legacy number (OSCAR/CCN)	71	83	13	
8	Original claim paid date	84	91	8	
9	AR number	92	114	23	
10	AR date	115	122	8	Date AR established/aging began.
11	AR status	123	123	1	NART-DEBT-CATEGORY from SFSNART copybook
12	Transaction type	124	124	1	NAR-ENTRY-TYPE from SFSNAR copybook
13	Transaction date	125	132	8	Date of the specific activity reported here
14	Transaction amount	133	144	12	Explicit decimal: NNNNNNNNN.DD
15	Principal recovered/paid	145	156	12	
16	Interest recovered/paid	157	168	12	
17	Current principal	169	180	12	
18	Current balance	181	192	12	

Note: This file will only reflect transactions related to overpayments; CMS will infer underpayment settlement based on the information in the output reports.

HIGLAS transaction files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	"FISS-HOTRN" for overpayments "FISS-HUTRN" 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	"YYYYMMDD"
10	Filler	38	44	7	
11	Source ID	45	49	5	Workload ID of reported transactions; first 5 chars of Contract_CD if run at organization level
12	Filler	50	50	1	
13	Region	51	51	1	Blank; not currently applicable to HIGLAS

HIGLAS transaction files (content)

Field #	Field Name	Start	End	Length	Mapping/comments
1	FI/RHHI/MAC workload ID number	1	5	5	
2	Provider NPI	6	15	10	Original institutional NPI
3	Legacy provider ID (OSCAR/CCN)	16	27	12	Original legacy provider number
4	Original DCN	28	47	20	
5	Adjusted DCN	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	"YYYYMMDD"
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	"YYYYMMDD"

FISS error files (header)

Field #	Field Name	Start	End	Length	Values/comments
1	File type	1	10	10	"FISS-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 file, not including header; zero fill
6	Filler	22	22	1	
7	Record length	23	28	6	"000099"
8	Filler	29	29	1	
9	File creation date	30	37	8	"YYYYMMDD"
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	Region associated with originating RAC
14	Filler	46	99	54	

FISS error files (content)

Field #	Field Name	Start	End	Length	Comments
1	FI/RHHI/MAC workload number	1	5	5	FSSCRACC-CONTRACTOR-NO
2	HIC number/prefix/suffix	6	17	12	FSSCRACC-HIC-NO
3	DCN	18	40	23	FSSCRACC-DCN
4	Provider NPI	41	50	10	FSSCRACC-PROVIDER-NPI
5	Provider OSCAR/CCN	51	63	13	FSSCRACC-MEDA-PROVIDER
6	Claim start date	64	71	8	FSSCRACC-STMT-COV-FROM-DT-CYMD
7	Claim end date	72	79	8	FSSCRACC-STMT-COV-TO-DT-CYMD
8	Claim paid date	80	87	8	FSSCRACC-PAID-DT-CYMD
9	Adjustment submission date	88	95	8	
9	Failure reason code	96	99	4	Failure codes to be defined by maintainer