DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Medicare Plan Payment Group
Innovative Healthcare Delivery Systems Group

DATE: **August 14, 2013**

TO: All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration
Organizations Systems Staff

FROM: Cheri Rice /s/
Director, Medicare Plan Payment Group

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SUBJECT: **Announcement of November 2013 Software Release**

The Centers for Medicare and Medicaid Services (CMS) continues to implement software
improvements to the enrollment and payment systems that support Medicare Advantage and
Prescription Drug (MAPD) programs. This letter provides detailed information regarding the
planned release of systems' changes scheduled for November 2013. This release focuses on
improving CMS system efficiency and plan processing.

The November 2013 Release changes are as follows and may require plan action:
1. **Segment ID Assignment for Year End Processing**
2. **Modifications to the Medicare Advantage Prescription Drug System (MARx) Other
   Health Insurance (OHI) Notification Records**
3. **Medicare Secondary Payer (MSP) Improvements, Part 2: Using Coordination of
   Benefits (COB) Information in Processing MSP Payment Reductions**
4. **Jurisdiction Change Enhancements**
5. **Update Monthly Model Output Report (MOR) for Additional Part C Risk
   Adjustment Model Version 22**
6. **Medicare Advantage (MA) Enrollee Risk Assessment Code**

1. **Segment ID Assignment for Year End Processing**

With the November 2013 release of the Medicare Advantage Prescription Drug System (MARx), CMS is reducing the need for plans to submit Transaction Reply Code (TRC) 77 (Segment ID Change) transactions. In 2012, CMS introduced default Segment ID assignments. Currently, plans can submit an enrollment for a segmented plan while leaving the Segment ID field blank and MARx automatically determines the Segment ID assignment according to the enrollee's residence State County Code (SCC).

The November release will include the following changes:

- MARx determines a plan's default segment as the one with the lowest premium rates.
- MARx expands automatic assignment of Segment ID in year-end processing for situations involving a change in a plan's segment definitions from one year to the next:
    - The composition of segments, i.e., which SCCs belong to which segment, is changing.
    - SCCs are added or removed from the plan service area.
    - Segments are added or removed.

Rollovers from one plan to another or rollovers between plans in different contracts constitute enrollment changes and are not affected by this change. Medicare Advantage Organizations (MAOs) will continue to use the existing Health Plan Management System rollover mechanism for inter-plan rollovers, even when the "from" or "to" plan is segmented. The following TRCs are modified according to this update. TRC 316 is modified to reflect the new default Segment ID logic. TRC 317 is modified to reflect that it is issued in cases where an enrollment spans a period when there are two different Segment IDs since one is not valid for part of the timeframe.

- *Updated TRCs: TRC 316, Default Segment ID Assignment; TRC 317, Segment ID Reassigned, [Attachment A].*

2. **Modifications to the Medicare Advantage Prescription Drug System (MARx) Other Health Insurance (OHI) Notification Records**

As a result of the October release, plans receive new information in the Coordination of Benefits (COB); Validated Other Health Insurance Data File. The total length of the file expands from 1000 to 1100 bytes. The additional information includes 25 occurrences of Claim Diagnosis Code, each with a corresponding International Classification of Diseases (ICD) Code Indicator: '9' for ICD revision 9 and '0' for ICD revision 10. The Claim Diagnosis Code occurrences are available on both the Primary and Supplemental records. The previous five occurrences of Claim Diagnosis Code in positions 526 through 575 of the Primary record are no longer used and are replaced with filler (spaces).

Also, the Coverage Effective Date starting in position 282 of both the Primary and Supplemental records will now hold the Submitted Effective Date, which is defined as: Other (non-Medicare) Insurance Effective Date originally submitted by supplemental drug insurers.

These updates are incorporated into the following PCUG Appendices Record Layouts:

- *F.5.2: Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records, Attachment B.*
- *F.5.3 Primary Records: Subordinate to Detail Record (Unlimited Occurrences), Attachment C.*
- *F.5.4 Supplemental Records: Subordinate to DTL (Unlimited Occurrences), Attachment D.*

3. **Medicare Secondary Payer (MSP) Improvements, Part 2: Using Coordination of Benefits (COB) Information in Processing MSP Payment Reductions**

As a result of the November release, CMS is changing the Monthly MSP Information Data File (Header Code CMSMSPIH). These changes correspond to the internal table MARx uses to process MSP payment reductions.

The following fields are added to the file:

- Creation Date (accretion date),
- MSP Originating Contractor,
- MSP Updating Contractor,
- Delete indicator,
- Validity Indicator, and
- MSP Last Maintenance Date.

This information assists plans in determining the actions needed to update or verify MSP information. MARx also adjusts payment for individual plans by accepting pending Electronic Correspondence Referral System (ECRS) submissions or "I" records as valid records.

Starting in October 2013, CMS will record these new data fields as changes occur in the internal table. Those changes will appear in the December 2013 Monthly MSP Information Data File that is sent to the plans in November. In January 2014, a refresh of all MSP data from January 1, 2009 forward is scheduled to populate all fields and correct some reported data discrepancies

The updated Monthly MSP Information Data File is attached:

- *Monthly Medicare Secondary Payer (MSP) Data File, Attachment E.*

4. **Jurisdiction Change Enhancements**

As a result of various life changes, the agency (either the Social Security Administration (SSA) or Railroad Retirement Board (RRB) agency) which provides a retirement benefit to a beneficiary may change. When this occurs, the agency that has health insurance jurisdiction and the beneficiary's Health Insurance Claim Number (HICN) will change. CMS requires accurate information about whether SSA or RRB has health insurance jurisdiction so that data is sent to the correct agency. Expediting the recognition of the jurisdiction change allows CMS to forward withheld premiums to the plans in a more timely manner.

This update enhances jurisdiction identification and tracking by recognizing a change of an SSA HICN to an RRB HICN, or vice versa, as the start of a new jurisdiction period. If the beneficiary is in premium withholding with the agency, CMS attempts to establish withholding under the new jurisdiction. Two new Transaction Reply Codes (TRCs) are added to notify plans of the jurisdiction changes and the attempt to set up withholding with the new agency.

In addition, an RRB beneficiary does not need an SSN to have premiums withheld. With this update, SSNs will no longer be required for RRB withholding requests.

The following new TRCs are attached:

- ***TRC 319, RRB to SSA Beneficiary Jurisdiction Change; TRC 320, SSA to RRB Beneficiary Jurisdiction Change, [Attachment F](#).***

5. <u>Update Monthly Model Output Report (MOR) for Additional Part C Risk Adjustment Model Version 22</u>

The November 2013 System Release modifies the current monthly MOR for Part C (PTC) to support the new PTC risk adjustment model as stated in the 2014 Payment Notice published on April 1, 2013(http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html). The PTC MOR file currently includes two detail record types and updates to include a third detailed record type. The updated record types are:

- Record Type A: the current PTC aged/disabled risk adjustment model (model version 12) for non-PACE, non-ESRD beneficiaries.
- Record Type B: the current PACE and ESRD models (model version 21)
- Record Type C: the new 2014 Part C aged/disabled risk adjustment model (model version 22), as discussed in the 2014 Announcement.

The new 2014 PTC MOR file format is attached. The following summarizes the updates to the PTC MOR:

1. The PTC MOR data file format for 2014 is modified to support the new CMS V22 model.
   - A new Detail Record Type 'C' that reports the factor indicators for the CMS HCC V22 model scores is defined.
   - The PTC MOR for 2014 continues to report the V21 Detail Record Type 'B' for PACE and/or ESRD beneficiaries.
   - Because 2014 risk scores will be a blend of risk scores calculated on the current (V12) model and the new (V22) model, the PTC MOR for 2014 reports both a V12 Detail Record Type 'A' and a V22 Detail Record Type 'C' for non-PACE, non-ESRD beneficiaries. This is a change to the current 'one record per beneficiary' rule.
   - Plan sponsors can reference the new CMS HCC V22 model, published in April 2013, for definitions of the factors in the new V22 Detail Record Type 'C' for non-PACE, non-ESRD beneficiaries.

2. The Part C MOR report file format for 2014 changes to display 2 sets of data (V12 and V22) for the same Medicare Advantage (MA) beneficiary. The program name in the report header changes.

3. The Record Type A (model version 12) and Record Type B (model version 21) do not change and remain the same for 2014.

Please note: The Part D MOR data file format and report file format do not change, except for the program name in the report header of the report file.

The tables of the 2014 RAS Part C MOR Layout are attached:

- ***2014 Risk Adjustment System (RAPS) Part C (PTC) Monthly Model Output Report (MOR) Record Layout, [Attachment G](#).***

6. **Medicare Advantage (MA) Enrollee Risk Assessment Code**

Effective for dates of service starting 1/1/2014, risk adjustment data submitted by MA organizations to CMS' Risk Adjustment Processing System (RAPS) are accepted if the new field "*Risk Assessment*" is populated.

The *Risk Assessment* field must contain one of the following values:

A. Diagnosis code comes from a clinical setting.

B. Diagnosis code comes from a non-clinical setting and originates in a visit where all requirements specified at 42 CFR 410.15(a) for a First Annual Wellness Visit or Subsequent Annual Wellness Visit were met.

C. Diagnosis code comes from a non-clinical setting and originates in a visit where all requirements specified at 42 CFR 410.15(a) for a First Annual Wellness Visit or Subsequent Annual Wellness Visit were not met.

The requirements for a *First Annual Wellness Visit* and *Subsequent Annual Wellness Visit* are defined in regulation at 42 CFR 410.15(a).

Reminder: All diagnoses submitted for risk adjustment purposes must come from an acceptable provider type. Thus, submitted diagnoses identified in non-clinical settings must originate from an acceptable Physician Specialty Type described in Section 2.2.1.3 on physician data in the *Risk Adjustment Participant Guide* found at http://www.csscoperations.com.

The new RAPS file format requires that one of the three acceptable Risk Assessment Codes is assigned to each cluster. Errors are returned for anything other than an acceptable code in the Risk Assessment Code field if the date of service is 1/1/2014 or greater.

MA organizations are advised that there are no certification requirements for submission of the new RAPS format. MA organizations may immediately begin submitting the Risk Assessment Codes; however the field is not a requirement until January 2014.

For information regarding the new RAPS error codes and/or record layout, MA organizations should contact CSSC Operations at 1.877.534.2772 or by e-mail at csscoperations@palmettogba.com.

The new RAPS Error Codes and the RAPS Record Layout are attached:

- ***RAPS Error Codes, [Attachment H](#).***
- ***RAPS Record Layout, [Attachment I](#).***

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at mapdhelp@cms.hhs.gov.

Attachment A: TRC 316, Default Segment ID Assignment; TRC 317, Segment ID Reassigned

Code	Type	Title	Short Definition	Description
316	I	Default Segment ID Assignment	DEFAULT SEG ID	A default Segment ID is assigned because the beneficiary is out of area for the Contract/PBP. For years prior to 2014, the default Segment ID is the Segment with the lowest valid Segment ID for the Contract/PBP. For years 2014 and later, the default Segment is the Segment with the lowest premiums. **Plan Action:** Verify the beneficiary's address is correct. Submit a Residence Address Change if appropriate.

317	I	Segment ID Reassigned	SEG ID REASSIGN	A Segment ID is reassigned because updated address information are received. The updated address information could result from either a Plan- submitted Residence Address Changed (Transaction Type 76) or a State and County Code change notification.
				
				A Segment ID is reassigned for one of the following reasons:
				
				• Updated address information is received. The updated address information could results from either a Plan- submitted Residence Address Change (Transaction Type 76) or a State and County Code change notification.
				
				• An Enrollment Transaction (Transaction Type 61) or Segment ID Change (Transaction Type 77) is received for a segmented Plan where part of the enrollment has a terminated Segment ID. Examples include:
				
				    o A retroactive enrollment that spans more than one year and the Segment ID is not valid for both years
				    o An enrollment that is effective at the end of one year and the Segment ID is not valid for the upcoming year
				
				The effective date of the reassignment is reported in field 18.
				
				Plan Action: Verify the Segment ID is correct. Submit a Residence Address Change or a Segment ID change if appropriate.

Attachment B: F.5.2: Detail Records: Indicates the Beginning of a Series of Beneficiary Subordinate Detail Records

Data Field	Length	Position	Format	Valid Values
Record Type	3	1-3	CHAR	"DTL"
HICN/RRB Number	12	4-15	CHAR	Spaces if unknown
SSN	9	16-24	ZD	000000000 if unknown
Date of Birth (DOB)	8	25-32	CHAR	YYYYMMDD
Gender Code	1	33	CHAR	0 = Unknown, 1 = Male, 2 = Female
Contract Number	5	34-38	CHAR	
Plan Benefit Package	3	39-41	CHAR	
Action Type	1	42	CHAR	2 = Full replacement
Filler	1058	43-1100	CHAR	Spaces

Attachment C: F.5.3 Primary Records: Subordinate to Detail Record (Unlimited Occurrences)

Data Field	Length	Position	Format	Valid Values
Record Type	3	1-3	CHAR	"PRM"
HICN/RRB Number*	12	4-15	CHAR	Spaces if unknown
SSN*	9	16-24	ZD	000000000 if unknown
Date of Birth (DOB)*	8	25-32	CHAR	CCYYMMDD
Gender Code*	1	33	CHAR	0 = Unknown, 1 = Male, 2 = Female
Rx ID Number*	20	34-53	CHAR	
Rx Group Number*	15	54-68	CHAR	
Rx BIN Number*	6	69-74	CHAR	
Rx PCN Number*	10	75-84	CHAR	
Rx Plan Toll Free Number*	18	85-102	CHAR	
Sequence Number*	3	103-105	CHAR	
COB Source Code*	5	106-110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements

Data Field	Length	Position	Format	Valid Values
				11113 Office of Personnel Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 – 11199 are reserved for COB
MSP Reason (Entitlement Reason from COB)	1	111	CHAR	A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No fault E Workers Compensation F Federal (public) G Disabled H Black Lung I Veterans L Liability
Coverage Code*	1	112	CHAR	A = Hospital and Medical U = Drug (network benefit) V = Drug with Major Medical (non-network benefit) W = Comprehensive, Hospital, Medical, Drug (network) X = Hospital and Drug (network) Y = Medical and Drug (network) Z = Health Reimbursement

Data Field	Length	Position	Format	Valid Values
				Account (hospital, medical, and drug)
Insurer's Name*	32	113-144	CHAR	
Insurer's Address-1*	32	145-176	CHAR	
Insurer's Address-2*	32	177-208	CHAR	
Insurer's City*	15	209-223	CHAR	
Insurer's State*	2	224-225	CHAR	
Insurer's Zip Code*	9	226-234	CHAR	
Insurer TIN	10	235-244	CHAR	
Individual Policy Number*	17	245-261	CHAR	
Group Policy Number*	20	262-281	CHAR	
Submitted Effective Date*	8	282-289	ZD	CCYYMMDD
Termination Date*	8	290-297	ZD	CCYYMMDD
Relationship Code*	2	298-299	CHAR	01 = Beneficiary is Policy Holder 02 = Spouse 03 = Child 04 = Other
Payer ID*	10	300-309	CHAR	*This is a future element*
Person Code*	3	310-312	CHAR	
Payer Order*	3	313-315	ZD	
Policy Holder's First Name	9	316-324	CHAR	
Policy Holder's Last Name	16	325-340	CHAR	
Policy Holder's SSN	12	341-352	CHAR	
Employee Information Code	1	353	CHAR	P = Patient S = Spouse M = Mother F = Father

Data Field	Length	Position	Format	Valid Values
Employer's Name	32	354-385	CHAR	
Employer's Address 1	32	386-417	CHAR	
Employer's Address 2	32	418-449	CHAR	
Employer's City	15	450-464	CHAR	
Employer's State	2	465-466	CHAR	
Employer's Zip Code	9	467-475	CHAR	
Filler	20	476-495	CHAR	Spaces
Employer TIN	10	496-505	CHAR	
Filler	70	506-575	CHAR	Spaces
Attorney's Name	32	576-607	CHAR	
Attorney's Address 1	32	608-639	CHAR	
Attorney's Address 2	32	640-671	CHAR	
Attorney's City	15	672-686	CHAR	
Attorney's State	2	687-688	CHAR	
Attorney's Zip	9	689-697	CHAR	
Lead Contractor	9	698-706	CHAR	
Class Action Type	2	707-708	CHAR	
Administrator Name	32	709-740	CHAR	
Administrator Address 1	32	741-772	CHAR	
Administrator Address 2	32	773-804	CHAR	
Administrator City	15	805-819	CHAR	
Administrator State	2	820-821	CHAR	
Administrator Zip	9	822-830	CHAR	
WCSA Amount	12	831-842	CHAR	Includes decimal point: **999999999.99** Default: **000000000.00**
WCSA Indicator	2	843-844	CHAR	

Data Field	Length	Position	Format	Valid Values
WCMSA Settlement Date	8	845-852	ZD	CCYYMMDD
Administrator's Telephone Number	18	853-870	CHAR	
Total Rx Settlement Amount	12	871-882	CHAR	Includes decimal point: **999999999.99** Default: **000000000.00**
Rx$ included in the WCMSA Settlement Amount	1	883	CHAR	Y=Yes N = No Space
Diagnosis Indicator 1	1	884	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 1	7	885-891	CHAR	
Diagnosis Indicator 2	1	892	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 2	7	893-899	CHAR	
Diagnosis Indicator 3	1	900	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 3	7	901-907	CHAR	
Diagnosis Indicator 4	1	908	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 4	7	909-915	CHAR	
Diagnosis Indicator 5	1	916	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 5	7	917-923	CHAR	
Diagnosis Indicator 6	1	924	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 6	7	925-931	CHAR	
Diagnosis Indicator 7	1	932	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 7	7	933-939	CHAR	
Diagnosis Indicator 8	1	940	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 8	7	941-947	CHAR	
Diagnosis Indicator 9	1	948	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 9	7	949-955	CHAR	

Data Field	Length	Position	Format	Valid Values
Diagnosis Indicator 10	1	956	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 10	7	957-963	CHAR	
Diagnosis Indicator 11	1	964	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 11	7	965-971	CHAR	
Diagnosis Indicator 12	1	972	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 12	7	973-979	CHAR	
Diagnosis Indicator 13	1	980	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 13	7	981-987	CHAR	
Diagnosis Indicator 14	1	988	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 14	7	989-995	CHAR	
Diagnosis Indicator 15	1	996	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 15	7	997-1003	CHAR	
Diagnosis Indicator 16	1	1004	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 16	7	1005-1011	CHAR	
Diagnosis Indicator 17	1	1012	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 17	7	1013-1019	CHAR	
Diagnosis Indicator 18	1	1020	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 18	7	1021-1027	CHAR	
Diagnosis Indicator 19	1	1028	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 19	7	1029-1035	CHAR	
Diagnosis Indicator 20	1	1036	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 20	7	1037-1043	CHAR	
Diagnosis Indicator 21	1	1044	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 21	7	1045-1051	CHAR	
Diagnosis Indicator 22	1	1052	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 22	7	1053-1059	CHAR	
Diagnosis Indicator 23	1	1060	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 23	7	1061-1067	CHAR	

Attachment C: F.5.3 Primary Records: Subordinate to Detail Record (Unlimited Occurrences)

Data Field	Length	Position	Format	Valid Values
Diagnosis Indicator 24	1	1068	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 24	7	1069-1075	CHAR	
Diagnosis Indicator 25	1	1076	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 25	7	1077-1083	CHAR	
Filler	17	1084-1100	CHAR	Spaces

*Indicates that these fields have same position in PRM and SUP record layouts.

Attachment D: F.5.4 Supplemental Records: Subordinate to DTL (Unlimited Occurrences)

Data Field	Length	Position	Format	Valid Values
Record Type	3	1-3	CHAR	"SUP"
HICN/RRB Number*	12	4-15	CHAR	Spaces if unknown
SSN*	9	16-24	ZD	000000000 if unknown
Date of Birth (DOB)*	8	25-32	CHAR	YYYYMMDD
Gender Code*	1	33	CHAR	0 = Unknown, 1 = Male, 2 = Female
Rx ID Number*	20	34-53	CHAR	
Rx Group Number*	15	54-68	CHAR	
Rx BIN Number*	6	69-74	CHAR	
Rx PCN Number*	10	75-84	CHAR	
Rx Plan Toll Free Number*	18	85-102	CHAR	
Sequence Number*	3	103-105	CHAR	
COB Source Code*	5	106-110	CHAR	11100 Non Payment/Payment Denial 11101 IEQ 11102 Data Match 11103 HMO 11104 Litigation Settlement BCBS 11105 Employer Voluntary Reporting 11106 Insurer Voluntary Reporting 11107 First Claim Development 11108 Trauma Code Development 11109 Secondary Claims Investigation 11110 Self Report 11111 411.25 11112 BCBS Voluntary Agreements 11113 Office of Personnel

Data Field	Length	Position	Format	Valid Values
				Management (OPM) Data Match 11114 Workers' Compensation Data Match 11118 Pharmacy Benefit Manager (PBM) 11120 COBA 11125 Recovery Audit Contractor (RAC) 1 (April Release) 11126 RAC 2 (April Release) 11127 RAC 3 (April Release) P0000 PBM S0000 Assistance Program Note: Contractor numbers 11100 – 11199 are reserved for COB
Supplemental Type Code	1	111	CHAR	L = Supplemental M = Medigap N = State Program (Non-Qualified SPAP) O = Other P = Patient Assistance Program Q = Qualified State Pharmaceutical Assistance Program (SPAP) R = Charity S = AIDS Drug Assistance Program T = Federal Health Program 1 = Medicaid 2 = Tricare
Coverage Code*	1	112	CHAR	U = Drug (network benefit) V = Drug with Major Medical (non-network benefit)
Insurer's Name*	32	113-144	CHAR	
Insurer's Address-1*	32	145-176	CHAR	
Insurer's Address-2*	32	177-208	CHAR	

Data Field	Length	Position	Format	Valid Values
Insurer's City*	15	209-223	CHAR	
Insurer's State*	2	224-225	CHAR	
Insurer's Zip Code*	9	226-234	CHAR	
Filler	10	235-244	CHAR	Spaces
Individual Policy Number*	17	245-261	CHAR	
Group Policy Number*	20	262-281	CHAR	
Submitted Effective Date*	8	282-289	ZD	CCYYMMDD
Termination Date*	8	290-297	ZD	CCYYMMDD
Relationship Code*	2	298-299	CHAR	01 = Beneficiary is Policy Holder 02 = Spouse 03 = Child 04 = Other
Payer ID*	10	300-309	CHAR	
Person Code*	3	310-312	CHAR	
Payer Order*	3	313-315	ZD	
Diagnosis Indicator 1	1	316	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 1	7	317-323	CHAR	
Diagnosis Indicator 2	1	324	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 2	7	325-331	CHAR	
Diagnosis Indicator 3	1	332	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 3	7	333-339	CHAR	
Diagnosis Indicator 4	1	340	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 4	7	341-347	CHAR	
Diagnosis Indicator 5	1	348	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 5	7	349-355	CHAR	
Diagnosis Indicator 6	1	356	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 6	7	357-363	CHAR	

Data Field	Length	Position	Format	Valid Values
Diagnosis Indicator 7	1	364	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 7	7	365-371	CHAR	
Diagnosis Indicator 8	1	372	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 8	7	373-379	CHAR	
Diagnosis Indicator 9	1	380	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 9	7	381-387	CHAR	
Diagnosis Indicator 10	1	388	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 10	7	389-395	CHAR	
Diagnosis Indicator 11	1	396	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 11	7	397-403	CHAR	
Diagnosis Indicator 12	1	404	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 12	7	405-411	CHAR	
Diagnosis Indicator 13	1	412	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 13	7	413-419	CHAR	
Diagnosis Indicator 14	1	420	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 14	7	421-427	CHAR	
Diagnosis Indicator 15	1	428	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 15	7	429-435	CHAR	
Diagnosis Indicator 16	1	436	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 16	7	437-443	CHAR	
Diagnosis Indicator 17	1	444	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 17	7	445-451	CHAR	
Diagnosis Indicator 18	1	452	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 18	7	453-459	CHAR	
Diagnosis Indicator 19	1	460	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 19	7	461-467	CHAR	
Diagnosis Indicator 20	1	468	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 20	7	469-475	CHAR	

Data Field	Length	Position	Format	Valid Values
Diagnosis Indicator 21	1	476	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 21	7	477-483	CHAR	
Diagnosis Indicator 22	1	484	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 22	7	485-491	CHAR	
Diagnosis Indicator 23	1	492	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 23	7	493-499	CHAR	
Diagnosis Indicator 24	1	500	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 24	7	501-507	CHAR	
Diagnosis Indicator 25	1	508	CHAR	9 = ICD-9; 10 = ICD-10
Claim Diagnosis Code 25	7	509-515	CHAR	
Filler	585	516-1100	CHAR	Spaces

*Indicates that these fields have same position in PRM and SUP record layouts.

Attachment E: Monthly Medicare Secondary Payer (MSP) Data File

Header Record

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Header Code	8	1 - 8	CHAR	File/record identification purposes only, **'CMSMSPIH'**
Sending Entity	3	9 - 11	CHAR	Hard Coded as **'MBD'**
File Creation Date	8	12 - 19	ZD	CCYYMMDD -- Format
Filler	481	20 - 500	CHAR	All spaces

Total Length = 500

Detail Record

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
RRB-HIC-NUM	12	1 - 12	CHAR	Use RRB_HIC_NUM if available; else, use first 9 bytes mapped to BENE_CAN_NUM; next 2 bytes mapped to BIC_CD; 12th byte is a space
Date of Birth	8	13 - 20	CHAR	CCYYMMDD FORMAT
Gender Code	1	21	CHAR	Direct Mapping: 0 = Unknown, 1 = Male, 2 = Female
Contract Number	5	22 - 26	CHAR	Direct Mapping
PBP Number	3	27 - 29	CHAR	Direct Mapping
MSP Coverage Effective Date	8	30 - 37	INT	CCYYMMDD FORMAT
MSP Coverage Termination Date	8	38 - 45	INT	CCYYMMDD FORMAT
FIELD NAME	SIZE	POSITION	TYPE	COMMENTS

Primary Insurance Code	1	46	CHAR	Convert as follows: 12…A (Working Aged) 13…B (ESRD) 43…G (Disabled)
COB Contractor Number	5	47 - 51	CHAR	Direct Mapping
Insurer Name	32	52 - 83	CHAR	Direct Mapping
Insurer Address Line 1	32	84 - 115	CHAR	Direct Mapping
Insurer Address Line 2	32	116 - 147	CHAR	Direct Mapping
Insurer City Name	15	148 - 162	CHAR	Direct Mapping
Insurer State Code	2	163 - 164	CHAR	Direct Mapping
Insurer Zip Code	9	165 - 173	CHAR	Direct Mapping
Policy Number	17	174 - 190	CHAR	Direct Mapping
Creation Date	8	191 - 198	INT	CCYYMMDD FORMAT
MSP Originating Contractor	5	199 - 203	CHAR	Direct Mapping
MSP Updating Contractor	5	204 -208	CHAR	Direct Mapping
Delete Indicator	1	209	CHAR	D or blank
Validity Indicator	1	210	CHAR	Y, I, or N
MSP Last Maintenance Date	8	211 - 218	INT	CCYYMMDD FORMAT
FILLER	282	219 - 500	CHAR	Hard Coded as Spaces

Total Length = 500

Trailer Record

FIELD NAME	SIZE	POSITION	TYPE	COMMENTS
Trailer Code	8	1 - 8	CHAR	File/record identification purposes only, **'CMSMSPIT'**

Sending Entity	3	9 - 11	CHAR	Hard Coded as **'MBD'**
File Creation Date	8	12 - 19	ZD	CCYYMMDD FORMAT
Detail Record Count	9	20 - 28	ZD	Number of Detail records, excluding Header and Trailer
Filler	472	29 - 500	CHAR	Hard Coded as Spaces

Total Length = 500

Attachment F: TRCs 319, RRB to SSA Beneficiary Jurisdiction Change; TRC 320, SSA to RRB Beneficiary Jurisdiction Change

Code	Type	Title	Short Definition	Description
319	M	RRB to SSA Beneficiary Jurisdiction Change	RRB - SSA Jur	A beneficiary underwent a jurisdiction change from RRB to SSA. CMS attempts to transfer their premium withholding from RRB to SSA. This may take up to two months. If the transfer is successful a TRC 185 is issued. If it is not successful, TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction. Plan Action: None required at this time.
320	M	SSA to RRB Beneficiary Jurisdiction Change	SSA - RRB Jur	A beneficiary underwent a jurisdiction change from SSA to RRB. CMS attempts to transfer their premium withholding from SSA to RRB. This may take up to two months. If the transfer is successful a TRC 185 is issued. If it is not successful TRCs 186 and 144 are issued. This action is not in response to a Plan-initiated transaction. Plan Action: None required at this time.

Attachment G: RAS Part C MOR Header Record (since Payment Year 2014)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "1"	1 = Header A = Details for V12 PTC MOR B = Details for V21 PTC MOR C = Details for V22 PTC MOR 3 = Trailer
2	Contract Number	Char(5)	2	6	5		Unique identification for a Medicare Advantage Contract
3	Run Date	Char(8)	7	14	8	Format as yyyymmdd	The run date when this file was created
4	Payment Year and Month	Char(6)	15	20	6	Format as yyyymm	This identifies the risk adjustment payment year and month for the model run.
5	Filler	Char(180)	21	200	180	Spaces	Filler

The total length of this record is 200 characters.

RAS Part C MOR Detail Record Type A (model version 12) (since Payment Year 2014)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "A"	1 = Header A = Details for V12 PTC MOR B = Details for V21 PTC MOR C = Details for V22 PTC MOR 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN, consisting of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD), uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1-byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number as assigned by the Social Security Administration.
9	Age Group Female0_34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 35 and 44, inclusive.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 45 and 54, inclusive.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 55 and 59, inclusive.
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 60 and 64, inclusive.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 65 and 69, inclusive.
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 70 and 74, inclusive.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 75 and 79, inclusive.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages of 80 and 84, inclusive.
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages of 85 and 89, inclusive.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages of 90 and 94, inclusive.
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater.
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 0 and 34, inclusive.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 35 and 44, inclusive.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 45 and 54, inclusive.
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 55 and 59, inclusive.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 65 and 69, inclusive.
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 70 and 74, inclusive.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 75 and 79, inclusive.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 80 and 84, inclusive.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 85 and 89, inclusive.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 90 and 94, inclusive.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater.
33	Medicaid Female Disabled	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
34	Medicaid Female Aged	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
35	Medicaid Male Disabled	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
36	Medicaid Male Aged	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
37	Originally Disabled Female	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female and original Medicare entitlement was due to disability.
38	Originally Disabled Male	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
39	Disease Coefficients HCC1	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
40	Disease Coefficients HCC2	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Septicemia/Shock
41	Disease Coefficients HCC5	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
42	Disease Coefficients HCC7	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
43	Disease Coefficients HCC8	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Lung, Upper Digestive Tract, and Other Severe Cancers
44	Disease Coefficients HCC9	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Lymphatic, Head and Neck, Brain, and Other Major Cancers
45	Disease Coefficients HCC10	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Breast, Prostate, Colorectal and Other Cancers and Tumors
46	Disease Coefficients HCC15	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Diabetes with Renal or Peripheral Circulatory Manifestation
47	Disease Coefficients HCC16	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Diabetes with Neurologic or Other Specified Manifestation
48	Disease Coefficients HCC17	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications
49	Disease Coefficients HCC18	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Diabetes with Ophthalmologic or Unspecified Manifestation

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
50	Disease Coefficients HCC19	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
51	Disease Coefficients HCC21	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition
52	Disease Coefficients HCC25	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
53	Disease Coefficients HCC26	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver
54	Disease Coefficients HCC27	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
55	Disease Coefficients HCC31	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation
56	Disease Coefficients HCC32	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Pancreatic Disease

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
57	Disease Coefficients HCC33	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
58	Disease Coefficients HCC37	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
59	Disease Coefficients HCC38	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
60	Disease Coefficients HCC44	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
61	Disease Coefficients HCC45	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
62	Disease Coefficients HCC51	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Psychosis
63	Disease Coefficients HCC52	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
64	Disease Coefficients HCC54	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
65	Disease Coefficients HCC55	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
66	Disease Coefficients HCC67	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Quadriplegia, Other Extensive Paralysis
67	Disease Coefficients HCC68	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Paraplegia
68	Disease Coefficients HCC69	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
69	Disease Coefficients HCC70	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
70	Disease Coefficients HCC71	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
71	Disease Coefficients HCC72	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
72	Disease Coefficients HCC73	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Parkinson's and Huntington's Diseases
73	Disease Coefficients HCC74	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
74	Disease Coefficients HCC75	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
75	Disease Coefficients HCC77	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
76	Disease Coefficients HCC78	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Respiratory Arrest
77	Disease Coefficients HCC79	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
78	Disease Coefficients HCC80	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
79	Disease Coefficients HCC81	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction
80	Disease Coefficients HCC82	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
81	Disease Coefficients HCC83	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Angina Pectoris/Old Myocardial Infarction
82	Disease Coefficients HCC92	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
83	Disease Coefficients HCC95	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage
84	Disease Coefficients HCC96	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
85	Disease Coefficients HCC100	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
86	Disease Coefficients HCC101	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Cerebral Palsy and Other Paralytic Syndromes
87	Disease Coefficients HCC104	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications
88	Disease Coefficients HCC105	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
89	Disease Coefficients HCC107	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
90	Disease Coefficients HCC108	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
91	Disease Coefficients HCC111	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
92	Disease Coefficients HCC112	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Empyema, Lung Abscess
93	Disease Coefficients HCC119	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
94	Disease Coefficients HCC130	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Dialysis Status
95	Disease Coefficients HCC131	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Renal Failure
96	Disease Coefficients HCC132	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Nephritis
97	Disease Coefficients HCC148	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Decubitus Ulcer of Skin
98	Disease Coefficients HCC149	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Decubitus

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
99	Disease Coefficients HCC150	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Extensive Third-Degree Burns
100	Disease Coefficients HCC154	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Severe Head Injury
101	Disease Coefficients HCC155	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Major Head Injury
102	Disease Coefficients HCC157	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
103	Disease Coefficients HCC158	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
104	Disease Coefficients HCC161	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Traumatic Amputation
105	Disease Coefficients HCC164	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Major Complications of Medical Care and Trauma

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
106	Disease Coefficients HCC174	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant Status
107	Disease Coefficients HCC176	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination
108	Disease Coefficients HCC177	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
109	Disabled Disease HCC5	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Opportunistic Infections
110	Disabled Disease HCC44	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Severe Hematological Disorders
111	Disabled Disease HCC51	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Drug/Alcohol Psychosis
112	Disabled Disease HCC52	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Drug/Alcohol Dependence

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
113	Disabled Disease HCC107	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Disabled (Age <65) and Cystic Fibrosis
114	Disease Interactions INT1	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	DM_CHF
115	Disease Interactions INT2	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	DM_CVD
116	Disease Interactions INT3	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	CHF_COPD
117	Disease Interactions INT4	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	COPD_CVD_CAD
118	Disease Interactions INT5	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	RF_CHF

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
119	Disease Interactions INT6	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	RF_CHF_DM
120	Filler	Char(38)	163	200	38	Spaces	Filler

The total length of this record is 200 characters.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

RAS Part C MOR Detail Record Type B (model version 21) (since Payment Year 2014)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "B"	1 = Header A = Details for V12 PTC MOR B = Details for V21 PTC MOR C = Details for V21 PTC MOR 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN, consisting of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD), uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1-byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number as assigned by the Social Security Administration.
9	RAS ESRD Indicator Switch	Char(1)	52	52	1	Y = ESRD N = not ESRD	The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run.
10	Age Group Female0_34	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 0 and 34, inclusive.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
11	Age Group Female35_44	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 35 and 44, inclusive.
12	Age Group Female45_54	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 45 and 54, inclusive.
13	Age Group Female55_59	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 55 and 59, inclusive.
14	Age Group Female60_64	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 60 and 64, inclusive.
15	Age Group Female65_69	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 65 and 69, inclusive.
16	Age Group Female70_74	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 70 and 74, inclusive.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
17	Age Group Female75_79	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages 75 and 79, inclusive.
18	Age Group Female80_84	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages of 80 and 84, inclusive.
19	Age Group Female85_89	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages of 85 and 89, inclusive.
20	Age Group Female90_94	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female between ages of 90 and 94, inclusive.
21	Age Group Female95_GT	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: female, age 95 or greater.
22	Age Group Male0_34	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 0 and 34, inclusive.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
23	Age Group Male35_44	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 35 and 44, inclusive.
24	Age Group Male45_54	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 45 and 54, inclusive.
25	Age Group Male55_59	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 55 and 59, inclusive.
26	Age Group Male60_64	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 60 and 64, inclusive.
27	Age Group Male65_69	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 65 and 69, inclusive.
28	Age Group Male70_74	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 70 and 74, inclusive.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
29	Age Group Male75_79	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 75 and 79, inclusive.
30	Age Group Male80_84	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 80 and 84, inclusive.
31	Age Group Male85_89	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 85 and 89, inclusive.
32	Age Group Male90_94	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male between ages of 90 and 94, inclusive.
33	Age Group Male95_GT	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date: male, age 95 or greater.
34	Medicaid Female Disabled	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
35	Medicaid Female Aged	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
36	Medicaid Male Disabled	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
37	Medicaid Male Aged	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
38	Originally Disabled Female	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female and original Medicare entitlement was due to disability.
39	Originally Disabled Male	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.
40	HCC001	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
41	HCC002	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
42	HCC006	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
43	HCC008	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia
44	HCC009	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Lung and Other Severe Cancers
45	HCC010	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Lymphoma and Other Cancers
46	HCC011	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Colorectal, Bladder, and Other Cancers
47	HCC012	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Breast, Prostate, and Other Cancers and Tumors
48	HCC017	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
49	HCC018	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Diabetes with Chronic Complications
50	HCC019	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
51	HCC021	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition
52	HCC022	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Morbid Obesity
53	HCC023	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
54	HCC027	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
55	HCC028	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
56	HCC029	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
57	HCC033	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation
58	HCC034	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatitis
59	HCC035	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
60	HCC039	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
61	HCC040	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
62	HCC046	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
63	HCC047	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity
64	HCC048	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Coagulation Defects and Other Specified Hematological Disorders
65	HCC051	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Dementia With Complications
66	HCC052	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Dementia Without Complication
67	HCC054	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Psychosis
68	HCC055	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence
69	HCC057	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Schizophrenia

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
70	HCC058	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
71	HCC070	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Quadriplegia
72	HCC071	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Paraplegia
73	HCC072	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
74	HCC073	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	HCC074	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Cerebral Palsy
76	HCC075	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
77	HCC076	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy
78	HCC077	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
79	HCC078	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Parkinson's and Huntington's Diseases
80	HCC079	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
81	HCC080	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
82	HCC082	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
83	HCC083	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Respiratory Arrest

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
84	HCC084	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock
85	HCC085	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
86	HCC086	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction
87	HCC087	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
88	HCC088	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Angina Pectoris
89	HCC096	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias
90	HCC099	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
91	HCC100	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke
92	HCC103	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
93	HCC104	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Monoplegia, Other Paralytic Syndromes
94	HCC106	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Atherosclerosis of the Extremities with Ulceration or Gangrene
95	HCC107	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications
96	HCC108	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
97	HCC110	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
98	HCC111	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
99	HCC112	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
100	HCC114	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
101	HCC115	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Emphysema, Lung Abscess
102	HCC122	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
103	HCC124	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Exudative Macular Degeneration
104	HCC134	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Dialysis Status

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
105	HCC135	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Acute Renal Failure
106	HCC136	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Stage 5
107	HCC137	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Severe (Stage 4)
108	HCC138	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Moderate (Stage 3)
109	HCC139	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified)
110	HCC140	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Unspecified Renal Failure
111	HCC141	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Nephritis

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
112	HCC157	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone
113	HCC158	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Full Thickness Skin Loss
114	HCC159	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Partial Thickness Skin Loss
115	HCC160	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Pressure Pre-Ulcer Skin Changes or Unspecified Stage
116	HCC161	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Pressure
117	HCC162	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Severe Skin Burn or Condition
118	HCC166	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Severe Head Injury

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
119	HCC167	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Major Head Injury
120	HCC169	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
121	HCC170	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
122	HCC173	Char(1)	165	165	1	Set to "1" if applicable, otherwise "0"	Traumatic Amputations and Complications
123	HCC176	Char(1)	166	166	1	Set to "1" if applicable, otherwise "0"	Complications of Specified Implanted Device or Graft
124	HCC186	Char(1)	167	167	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant or Replacement Status
125	HCC188	Char(1)	168	168	1	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
126	HCC189	Char(1)	169	169	1	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
127	Disabled Disease HCC006	Char(1)	170	170	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 006 Opportunistic Infections
128	Disabled Disease HCC034	Char(1)	171	171	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 034 Chronic Pancreatitis
129	Disabled Disease HCC046	Char(1)	172	172	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 046 Severe Hematological Disorders
130	Disabled Disease HCC054	Char(1)	173	173	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 054 Drug/Alcohol Psychosis
131	Disabled Disease HCC055	Char(1)	174	174	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 055 Drug/Alcohol Dependence
132	Disabled Disease HCC110	Char(1)	175	175	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 110 Cystic Fibrosis

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
133	Disabled Disease HCC176	Char(1)	176	176	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 176 Complications of Specified Implanted Device or Graft
134	CANCER_ IMMUNE	Char(1)	177	177	1	Set to "1" if applicable, otherwise "0"	CANCER_IMMUNE
135	CHF_COPD	Char(1)	178	178	1	Set to "1" if applicable, otherwise "0"	CHF_COPD
136	CHF_RENAL	Char(1)	179	179	1	Set to "1" if applicable, otherwise "0"	CHF_RENAL
137	COPD_CARD _RESP_FAIL	Char(1)	180	180	1	Set to "1" if applicable, otherwise "0"	COPD_CARD_RESP_FAIL
138	DIABETES_ CHF	Char(1)	181	181	1	Set to "1" if applicable, otherwise "0"	DIABETES_CHF
139	SEPSIS_ CARD_RESP_ FAIL	Char(1)	182	182	1	Set to "1" if applicable, otherwise "0"	SEPSIS_CARD_RESP_FAIL

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
140	Medicaid	Char(1)	183	183	1	Set to "1" if applicable, otherwise "0"	Beneficiary is entitled to Medicaid.
141	Originally Disabled	Char(1)	184	184	1	Set to "1" if applicable, otherwise "0"	Beneficiary original Medicare entitlement was due to disability.
142	Disabled Disease HCC039	Char(1)	185	185	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 039 Bone/Joint/Muscle Infections/Necrosis
143	Disabled Disease HCC077	Char(1)	186	186	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 077 Multiple Sclerosis
144	Disabled Disease HCC085	Char(1)	187	187	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 085 Congestive Heart Failure
145	Disabled Disease HCC161	Char(1)	188	188	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS V21 HCC 161 Chronic Ulcer of Skin, Except Pressure
146	ART_ OPENINGS_ PRESSURE_ ULCER	Char(1)	189	189	1	Set to "1" if applicable	ART_OPENINGS_PRESSURE_ ULCER

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
147	ASP_SPEC_ BACT_ PNEUM_ PRES_ULC	Char(1)	190	190	1	Set to "1" if applicable	ASP_SPEC_BACT_PNEUM_ PRES_ULC
148	COPD_ASP_ SPEC_BACT_ PNEUM	Char(1)	191	191	1	Set to "1" if applicable	COPD_ASP_SPEC_BACT_ PNEUM
149	DISABLED_ PRESSURE_ ULCER	Char(1)	192	192	1	Set to "1" if applicable	DISABLED_PRESSURE_ULCER
150	SCHIZO-PHRENIA_ CHF	Char(1)	193	193	1	Set to "1" if applicable	SCHIZO-PHRENIA_CHF
151	SCHIZO-PHRENIA_ COPD	Char(1)	194	194	1	Set to "1" if applicable	SCHIZO-PHRENIA_COPD
152	SCHIZO-PHRENIA_ SEIZURES	Char(1)	195	195	1	Set to "1" if applicable	SCHIZO-PHRENIA_SEIZURES
153	SEPSIS_ ARTIF_ OPENINGS	Char(1)	196	196	1	Set to "1" if applicable	SEPSIS_ARTIF_OPENINGS

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
154	SEPSIS_ ASP_SPEC_ BACT_ PNEUM	Char(1)	197	197	1	Set to "1" if applicable	SEPSIS_ASP_SPEC_BACT_ PNEUM
155	SEPSIS_ PRESSURE_ ULCER	Char(1)	198	198	1	Set to "1" if applicable	SEPSIS_PRESSURE_ULCER
156	Filler	Char(2)	199	200	2	Spaces	Filler

The total length of this record is 200 characters.

NOTE: Fields 140-155 are associated with the CMS HCC V21 Institutional Score only.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

RAS Part C MOR Detail Record Type C (model version 22) (since Payment Year 2014)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "C"	1 = Header, A = Details for V12 PTC MOR, B = Details for V21 PTC MOR, C = Details for V22 PTC MOR 3 = Trailer
2	Health Insurance Claim Account Number	Char(12)	2	13	12	Also known as HICAN	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN, consisting of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD), uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
3	Beneficiary Last Name	Char(12)	14	25	12	First 12 bytes of the Bene Last Name	Beneficiary Last Name
4	Beneficiary First Name	Char(7)	26	32	7	First 7 bytes of the bene First Name	Beneficiary First Name
5	Beneficiary Initial	Char(1)	33	33	1	1-byte Initial	Beneficiary Initial
6	Date of Birth	Char(8)	34	41	8	Formatted as yyyymmdd	The date of birth of the Medicare Beneficiary
7	Sex	Char(1)	42	42	1	0=unknown, 1=male, 2=female	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	Char(9)	43	51	9	Also known as SSN_NUM	The beneficiary's current identification number as assigned by the Social Security Administration.
Beneficiary Demographic Indicators:							

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
9	Age Group Female0_34	Char(1)	52	52	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.
10	Age Group Female35_44	Char(1)	53	53	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.
11	Age Group Female45_54	Char(1)	54	54	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.
12	Age Group Female55_59	Char(1)	55	55	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.
13	Age Group Female60_64	Char(1)	56	56	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.
14	Age Group Female65_69	Char(1)	57	57	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
15	Age Group Female70_74	Char(1)	58	58	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.
16	Age Group Female75_79	Char(1)	59	59	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.
17	Age Group Female80_84	Char(1)	60	60	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.
18	Age Group Female85_89	Char(1)	61	61	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.
19	Age Group Female90_94	Char(1)	62	62	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.
20	Age Group Female95_GT	Char(1)	63	63	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
21	Age Group Male0_34	Char(1)	64	64	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.
22	Age Group Male35_44	Char(1)	65	65	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.
23	Age Group Male45_54	Char(1)	66	66	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.
24	Age Group Male55_59	Char(1)	67	67	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.
25	Age Group Male60_64	Char(1)	68	68	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
26	Age Group Male65_69	Char(1)	69	69	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
27	Age Group Male70_74	Char(1)	70	70	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.
28	Age Group Male75_79	Char(1)	71	71	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.
29	Age Group Male80_84	Char(1)	72	72	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.
30	Age Group Male85_89	Char(1)	73	73	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.
31	Age Group Male90_94	Char(1)	74	74	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.
32	Age Group Male95_GT	Char(1)	75	75	1	Set to "1" if applicable, otherwise "0"	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
33	Medicaid Female Disabled	Char(1)	76	76	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female disabled and also entitled to Medicaid.
34	Medicaid Female Aged	Char(1)	77	77	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
35	Medicaid Male Disabled	Char(1)	78	78	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male disabled and also entitled to Medicaid.
36	Medicaid Male Aged	Char(1)	79	79	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
37	Originally Disabled Female	Char(1)	80	80	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a female and original Medicare entitlement was due to disability.
38	Originally Disabled Male	Char(1)	81	81	1	Set to "1" if applicable, otherwise "0"	Beneficiary is a male and original Medicare entitlement was due to disability.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
HCC Indicators:							
39	HCC001	Char(1)	82	82	1	Set to "1" if applicable, otherwise "0"	HIV/AIDS
40	HCC002	Char(1)	83	83	1	Set to "1" if applicable, otherwise "0"	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
41	HCC006	Char(1)	84	84	1	Set to "1" if applicable, otherwise "0"	Opportunistic Infections
42	HCC008	Char(1)	85	85	1	Set to "1" if applicable, otherwise "0"	Metastatic Cancer and Acute Leukemia
43	HCC009	Char(1)	86	86	1	Set to "1" if applicable, otherwise "0"	Lung and Other Severe Cancers
44	HCC010	Char(1)	87	87	1	Set to "1" if applicable, otherwise "0"	Lymphoma and Other Cancers

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
45	HCC011	Char(1)	88	88	1	Set to "1" if applicable, otherwise "0"	Colorectal, Bladder, and Other Cancers
46	HCC012	Char(1)	89	89	1	Set to "1" if applicable, otherwise "0"	Breast, Prostate, and Other Cancers and Tumors
47	HCC017	Char(1)	90	90	1	Set to "1" if applicable, otherwise "0"	Diabetes with Acute Complications
48	HCC018	Char(1)	91	91	1	Set to "1" if applicable, otherwise "0"	Diabetes with Chronic Complications
49	HCC019	Char(1)	92	92	1	Set to "1" if applicable, otherwise "0"	Diabetes without Complication
50	HCC021	Char(1)	93	93	1	Set to "1" if applicable, otherwise "0"	Protein-Calorie Malnutrition

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
51	HCC022	Char(1)	94	94	1	Set to "1" if applicable, otherwise "0"	Morbid Obesity
52	HCC023	Char(1)	95	95	1	Set to "1" if applicable, otherwise "0"	Other Significant Endocrine and Metabolic Disorders
53	HCC027	Char(1)	96	96	1	Set to "1" if applicable, otherwise "0"	End-Stage Liver Disease
54	HCC028	Char(1)	97	97	1	Set to "1" if applicable, otherwise "0"	Cirrhosis of Liver
55	HCC029	Char(1)	98	98	1	Set to "1" if applicable, otherwise "0"	Chronic Hepatitis
56	HCC033	Char(1)	99	99	1	Set to "1" if applicable, otherwise "0"	Intestinal Obstruction/Perforation

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
57	HCC034	Char(1)	100	100	1	Set to "1" if applicable, otherwise "0"	Chronic Pancreatitis
58	HCC035	Char(1)	101	101	1	Set to "1" if applicable, otherwise "0"	Inflammatory Bowel Disease
59	HCC039	Char(1)	102	102	1	Set to "1" if applicable, otherwise "0"	Bone/Joint/Muscle Infections/Necrosis
60	HCC040	Char(1)	103	103	1	Set to "1" if applicable, otherwise "0"	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
61	HCC046	Char(1)	104	104	1	Set to "1" if applicable, otherwise "0"	Severe Hematological Disorders
62	HCC047	Char(1)	105	105	1	Set to "1" if applicable, otherwise "0"	Disorders of Immunity

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
63	HCC048	Char(1)	106	106	1	Set to "1" if applicable, otherwise "0"	Coagulation Defects and Other Specified Hematological Disorders
64	HCC054	Char(1)	107	107	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Psychosis
65	HCC055	Char(1)	108	108	1	Set to "1" if applicable, otherwise "0"	Drug/Alcohol Dependence
66	HCC057	Char(1)	109	109	1	Set to "1" if applicable, otherwise "0"	Schizophrenia
67	HCC058	Char(1)	110	110	1	Set to "1" if applicable, otherwise "0"	Major Depressive, Bipolar, and Paranoid Disorders
68	HCC070	Char(1)	111	111	1	Set to "1" if applicable, otherwise "0"	Quadriplegia

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
69	HCC071	Char(1)	112	112	1	Set to "1" if applicable, otherwise "0"	Paraplegia
70	HCC072	Char(1)	113	113	1	Set to "1" if applicable, otherwise "0"	Spinal Cord Disorders/Injuries
71	HCC073	Char(1)	114	114	1	Set to "1" if applicable, otherwise "0"	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
72	HCC074	Char(1)	115	115	1	Set to "1" if applicable, otherwise "0"	Cerebral Palsy
73	HCC075	Char(1)	116	116	1	Set to "1" if applicable, otherwise "0"	Polyneuropathy
74	HCC076	Char(1)	117	117	1	Set to "1" if applicable, otherwise "0"	Muscular Dystrophy

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
75	HCC077	Char(1)	118	118	1	Set to "1" if applicable, otherwise "0"	Multiple Sclerosis
76	HCC078	Char(1)	119	119	1	Set to "1" if applicable, otherwise "0"	Parkinson's and Huntington's Diseases
77	HCC079	Char(1)	120	120	1	Set to "1" if applicable, otherwise "0"	Seizure Disorders and Convulsions
78	HCC080	Char(1)	121	121	1	Set to "1" if applicable, otherwise "0"	Coma, Brain Compression/Anoxic Damage
79	HCC082	Char(1)	122	122	1	Set to "1" if applicable, otherwise "0"	Respirator Dependence/Tracheostomy Status
80	HCC083	Char(1)	123	123	1	Set to "1" if applicable, otherwise "0"	Respiratory Arrest

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
81	HCC084	Char(1)	124	124	1	Set to "1" if applicable, otherwise "0"	Cardio-Respiratory Failure and Shock
82	HCC085	Char(1)	125	125	1	Set to "1" if applicable, otherwise "0"	Congestive Heart Failure
83	HCC086	Char(1)	126	126	1	Set to "1" if applicable, otherwise "0"	Acute Myocardial Infarction
84	HCC087	Char(1)	127	127	1	Set to "1" if applicable, otherwise "0"	Unstable Angina and Other Acute Ischemic Heart Disease
85	HCC088	Char(1)	128	128	1	Set to "1" if applicable, otherwise "0"	Angina Pectoris
86	HCC096	Char(1)	129	129	1	Set to "1" if applicable, otherwise "0"	Specified Heart Arrhythmias

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
87	HCC099	Char(1)	130	130	1	Set to "1" if applicable, otherwise "0"	Cerebral Hemorrhage
88	HCC100	Char(1)	131	131	1	Set to "1" if applicable, otherwise "0"	Ischemic or Unspecified Stroke
89	HCC103	Char(1)	132	132	1	Set to "1" if applicable, otherwise "0"	Hemiplegia/Hemiparesis
90	HCC104	Char(1)	133	133	1	Set to "1" if applicable, otherwise "0"	Monoplegia, Other Paralytic Syndromes
91	HCC106	Char(1)	134	134	1	Set to "1" if applicable, otherwise "0"	Atherosclerosis of the Extremities with Ulceration or Gangrene
92	HCC107	Char(1)	135	135	1	Set to "1" if applicable, otherwise "0"	Vascular Disease with Complications

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
93	HCC108	Char(1)	136	136	1	Set to "1" if applicable, otherwise "0"	Vascular Disease
94	HCC110	Char(1)	137	137	1	Set to "1" if applicable, otherwise "0"	Cystic Fibrosis
95	HCC111	Char(1)	138	138	1	Set to "1" if applicable, otherwise "0"	Chronic Obstructive Pulmonary Disease
96	HCC112	Char(1)	139	139	1	Set to "1" if applicable, otherwise "0"	Fibrosis of Lung and Other Chronic Lung Disorders
97	HCC114	Char(1)	140	140	1	Set to "1" if applicable, otherwise "0"	Aspiration and Specified Bacterial Pneumonias
98	HCC115	Char(1)	141	141	1	Set to "1" if applicable, otherwise "0"	Pneumococcal Pneumonia, Emphysema, Lung Abscess

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
99	HCC122	Char(1)	142	142	1	Set to "1" if applicable, otherwise "0"	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
100	HCC124	Char(1)	143	143	1	Set to "1" if applicable, otherwise "0"	Exudative Macular Degeneration
101	HCC134	Char(1)	144	144	1	Set to "1" if applicable, otherwise "0"	Dialysis Status
102	HCC135	Char(1)	145	145	1	Set to "1" if applicable, otherwise "0"	Acute Renal Failure
103	HCC136	Char(1)	146	146	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Stage 5
104	HCC137	Char(1)	147	147	1	Set to "1" if applicable, otherwise "0"	Chronic Kidney Disease, Severe (Stage 4)

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
105	HCC157	Char(1)	148	148	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone
106	HCC158	Char(1)	149	149	1	Set to "1" if applicable, otherwise "0"	Pressure Ulcer of Skin with Full Thickness Skin Loss
107	HCC161	Char(1)	150	150	1	Set to "1" if applicable, otherwise "0"	Chronic Ulcer of Skin, Except Pressure
108	HCC162	Char(1)	151	151	1	Set to "1" if applicable, otherwise "0"	Severe Skin Burn or Condition
109	HCC166	Char(1)	152	152	1	Set to "1" if applicable, otherwise "0"	Severe Head Injury
110	HCC167	Char(1)	153	153	1	Set to "1" if applicable, otherwise "0"	Major Head Injury

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
111	HCC169	Char(1)	154	154	1	Set to "1" if applicable, otherwise "0"	Vertebral Fractures without Spinal Cord Injury
112	HCC170	Char(1)	155	155	1	Set to "1" if applicable, otherwise "0"	Hip Fracture/Dislocation
113	HCC173	Char(1)	156	156	1	Set to "1" if applicable, otherwise "0"	Traumatic Amputations and Complications
114	HCC176	Char(1)	157	157	1	Set to "1" if applicable, otherwise "0"	Complications of Specified Implanted Device or Graft
115	HCC186	Char(1)	158	158	1	Set to "1" if applicable, otherwise "0"	Major Organ Transplant or Replacement Status
116	HCC188	Char(1)	159	159	1	Set to "1" if applicable, otherwise "0"	Artificial Openings for Feeding or Elimination

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
117	HCC189	Char(1)	160	160	1	Set to "1" if applicable, otherwise "0"	Amputation Status, Lower Limb/Amputation Complications
Disabled HCCs							
118	Disabled Disease HCC006	Char(1)	161	161	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 006 Opportunistic Infections
119	Disabled Disease HCC034	Char(1)	162	162	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 034 Chronic Pancreatitis
120	Disabled Disease HCC046	Char(1)	163	163	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 046 Severe Hematological Disorders
121	Disabled Disease HCC054	Char(1)	164	164	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 054 Drug/Alcohol Psychosis

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
122	Disabled Disease HCC055	Char(1)	165	165	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 055 Drug/Alcohol Dependence
123	Disabled Disease HCC110	Char(1)	166	166	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 110 Cystic Fibrosis
124	Disabled Disease HCC176	Char(1)	167	167	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 176 Complications of Specified Implanted Device or Graft
Disease Interactions							
125	CANCER_ IMMUNE	Char(1)	168	168	1	Set to "1" if applicable, otherwise "0"	CANCER_IMMUNE
126	CHF_COPD	Char(1)	169	169	1	Set to "1" if applicable, otherwise "0"	CHF_COPD
127	CHF_RENAL	Char(1)	170	170	1	Set to "1" if applicable, otherwise "0"	CHF_RENAL

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
128	COPD_CARD _RESP_FAIL	Char(1)	171	171	1	Set to "1" if applicable, otherwise "0"	COPD_CARD_RESP_ FAIL
129	DIABETES_ CHF	Char(1)	172	172	1	Set to "1" if applicable, otherwise "0"	DIABETES_CHF
130	SEPSIS_CARD _RESP_FAIL	Char(1)	173	173	1	Set to "1" if applicable, otherwise "0"	SEPSIS_CARD_ RESP_FAIL
Additional Institutional Coefficients							
131	Medicaid	Char(1)	174	174	1	Set to "1" if applicable, otherwise "0"	Beneficiary is entitled to Medicaid.
132	Originally Disabled	Char(1)	175	175	1	Set to "1" if applicable, otherwise "0"	Beneficiary original Medicare entitlement was due to disability.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
Disabled HCCs							
133	Disabled Disease HCC039	Char(1)	176	176	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 039 Bone/Joint/Muscle Infections/Necrosis
134	Disabled Disease HCC077	Char(1)	177	177	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 077 Multiple Sclerosis
135	Disabled Disease HCC085	Char(1)	178	178	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 085 Congestive Heart Failure
136	Disabled Disease HCC161	Char(1)	179	179	1	Set to "1" if applicable, otherwise "0"	Disabled (Age<65) and CMS Ver 021 HCC 161 Chronic Ulcer of Skin, Except Pressure
137	DISABLED_PRESSURE_ULCER	Char(1)	180	180	1	Set to "1" if applicable	Disabled Pressure Ulcer
Disease Interactions							
138	ART_ OPENINGS_ PRESSURE_ ULCER	Char(1)	181	181	1	Set to "1" if applicable	ART_OPENINGS _PRESSURE_ ULCER

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Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
139	ASP_SPEC_ BACT_ PNEUM_ PRES_ULC	Char(1)	182	182	1	Set to "1" if applicable	ASP_SPEC _BACT_ PNEUM_ PRES_ULC
140	COPD_ASP_ SPEC_BACT_ PNEUM	Char(1)	183	183	1	Set to "1" if applicable	COPD_ASP_ SPEC_BACT_ PNEUM
141	SCHIZO-PHRENIA_ CHF	Char(1)	184	184	1	Set to "1" if applicable	SCHIZO-PHRENIA _CHF
142	SCHIZO-PHRENIA_ COPD	Char(1)	185	185	1	Set to "1" if applicable	SCHIZO-PHRENIA _COPD
143	SCHIZO-PHRENIA_ SEIZURES	Char(1)	186	186	1	Set to "1" if applicable	SCHIZO-PHRENIA _SEIZURES
144	SEPSIS_ ARTIF_ OPENINGS	Char(1)	187	187	1	Set to "1" if applicable	SEPSIS_ ARTIF_ OPENINGS
145	SEPSIS_ASP_ SPEC_BACT_ PNEUM	Char(1)	188	188	1	Set to "1" if applicable	SEPSIS_ASP_ SPEC_BACT_ PNEUM

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
146	SEPSIS_ PRESSURE_ ULCER	Char(1)	189	189	1	Set to "1" if applicable	SEPSIS_ PRESSURE_ ULCER
147	Filler	Char(2)	190	200	11	Spaces	Filler

The total length of this record is 200 characters.

NOTE: Fields 140-147 are associated with the CMS HCC V22 Institutional Score only.

Attachment G: RAPS 2014 Part C (PTC) Monthly Model Output Report (MOR) Record Layout

RAS Part C MOR Trailer Record (since Payment Year 2014)

Field #	Field Name	Data Type	Starting Position	Ending Position	Field Length	Comment	Field Description
1	Record Type Code	Char(1)	1	1	1	Set to "3"	1 = Header A = Details for V12 PTC MOR B = Details for V21 PTC MOR C = Details for V22 PTC MOR 3 = Trailer
2	Contract Number	Char(5)	2	6	5	Also known as MCO plan number	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.
3	Total Record Count	Char(9)	7	15	9	Includes all header and trailer records	Record count in display format
4	Filler	Char(185)	16	200	185	Spaces	Filler

The total length of this record is 200 characters.

Attachment H: RAPS Error Codes

RAPS Error Codes (*Effective 1/2014*)

ERROR CODE	ERROR DESCRIPTION	RECORD TYPE
100	INVALID RECORD TYPE	AAA
101	AAA RECORD MISSING FROM TRANSACTION	AAA
102	MISSING / INVALID SUBMITTER-ID ON AAA RECORD	AAA
103	MISSING FILE-ID ON AAA RECORD	AAA
104	MISSING / INVALID TRANSACTION DATE ON AAA RECORD	AAA
105	MISSING / INVALID PROD-TEST-CERT-INDICATOR ON AAA RECORD	AAA
106	MISSING / INVALID FILE-DIAG-INDICATOR ON AAA RECORD	AAA
107	SUBMITTER ID IS NOT VALIDATED TO SEND PRODUCTION DATA	AAA
112	SUBMITTER ID NOT ON FILE	AAA
113	FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS	AAA
114	TRANSACTION DATE IS GREATER THAN CURRENT DATE	AAA
151	ZZZ RECORD MISSING FROM TRANSACTION	ZZZ
152	MISSING / INVALID SUBMITTER-ID ON ZZZ RECORD	ZZZ
153	MISSING / INVALID FILE-ID ON ZZZ RECORD	ZZZ
154	MISSING / INVALID BBB-RECORD-TOTAL;	ZZZ
162	ZZZ SUBMITTER-ID DOES NOT MATCH SUBMITTER-ID ON AAA RECORD	ZZZ
163	FILE ID DOES NOT MATCH FILE ID ON AAA RECORD	ZZZ
164	ZZZ VALUE IS NOT EQUAL TO THE NUMBER OF BBB RECORDS	ZZZ
165	FERAS/RAPS EDI AGREEMENT NOT ON FILE	NA
177	ZZZ TEST FILE CANNOT EXCEED 3,000 CCC RECORDS	ZZZ
201	BBB RECORD MISSING FROM TRANSACTION	BBB
202	MISSING / INVALID SEQUENCE NUMBER ON BBB RECORD	BBB
203	MISSING / INVALID PLAN NUMBER ON BBB RECORD	BBB
212	SEQUENCE NUMBER ON BBB RECORD IS OUT OF SEQUENCE	BBB

Attachment H: RAPS Error Codes

213	SUBMITTER ID NOT AUTHORIZED TO SUBMIT FOR THIS PLAN ID	BBB
227	ICD9/ICD10 FILE TYPE IN HEADER DOES NOT MATCH TYPE DIAGNOSIS CODE ENTERED IN DETAIL RECORD	AAA
251	YYY RECORD MISSING FROM TRANSACTION	YYY
252	MISSING / INVALID SEQUENCE NUMBER ON YYY RECORD	YYY
253	MISSING / INVALID PLAN NUMBER ON YYY RECORD	YYY
254	MISSING / INVALID DETAIL-RECORD-TOTAL	YYY
262	LAST YYY SEQUENCE NUMBER IS NOT EQUAL TO NUMBER OF YYY RECORDS	YYY
263	PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN BBB RECORD	YYY
264	YYY VALUE IS NOT EQUAL TO THE NUMBER OF DETAIL RECORDS	YYY
272	SEQUENCE NUMBER ON YYY RECORD IS OUT OF SEQUENCE	YYY
301	DETAIL RECORD MISSING FROM TRANSACTION	CCC
302	MISSING / INVALID SEQUENCE NUMBER ON DETAIL RECORD	CCC
303	SEQUENCE-ERROR-CODE FILLER NOT EQUAL TO SPACES	CCC
304	HIC-ERROR-CODE FILLER NOT EQUAL TO SPACES	CCC
305	DOB-ERROR-CODE FILLER NOT EQUAL TO SPACES	CCC
307	DIAGNOSIS-CLUSTER-ERROR-1 NOT EQUAL TO SPACES	CCC
308	DIAGNOSIS-CLUSTER-ERROR-2 NOT EQUAL TO SPACES	CCC
309	SEQUENCE-NUMBER ON DETAIL RECORD IS OUT OF SEQUENCE	CCC
310	MISSING / INVALID HIC-NO ON DETAIL RECORD	CCC
311	AT LEAST ONE DIAGNOSIS CLUSTER REQUIRED ON TRANSACTION	CCC
313	DELETE-INDICATOR MUST BE EQUAL TO A SPACE OR "D" FOR DELETE	CCC
314	INVALID DIAGNOSIS CODE FORMAT ON DETAIL RECORD	CCC
315	CORRECTED HIC NOT EQUAL TO SPACES	CCC
316*	RISK ASSESSMENT CODE ERROR NOT EQUAL TO SPACES	CCC
353	HIC NUMBER DOES NOT EXIST ON CME	CCC
400	MISSING / INVALID PROVIDER-TYPE ON DETAIL RECORD	CCC
401	INVALID SERVICE FROM-DATE ON DETAIL RECORD	CCC
402	INVALID SERVICE THRU-DATE ON DETAIL RECORD	CCC

Attachment H: RAPS Error Codes

403	SERVICE THRU-DATE IS OUTSIDE THE RISK ADJUSTMENT PROCESSING RANGE	CCC
404	SERVICE FROM-DATE MUST BE LESS THAN OR EQUAL TO THRU-DATE	CCC
405	DOB IS GREATER THAN SERVICE FROM-DATE	CCC
406	SERVICE FROM-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD	CCC
407	SERVICE THRU-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD	CCC
408	SERVICE FROM-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD	CCC
409	SERVICE THRU-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD	CCC
410	BENEFICIARY IS NOT ENROLLED IN ANY PLAN ON OR AFTER SERVICE FROM-DATE	CCC
411	SERVICE THRU-DATE IS GREATER THAN DATE OF DEATH	CCC
412	SERVICE FROM-DATE GREATER THAN TRANSACTION DATE	CCC
413	SERVICE THRU-DATE GREATER THAN TRANSACTION DATE	CCC
414	SERVICE THRU-DATE GREATER THAN 09/30/2014 FOR ICD-9	CCC
415	SERVICE THRU-DATE BEFORE 10/01/2014 FOR ICD-10 DIAGNOSIS	CCC
416*	RISK ASSESSMENT CODE MUST BE EQUAL TO A VALID CODE	CCC
417*	DIAGNOSIS CODE IS REQUIRED IF RISK ASSESSMENT CODE PRESENT	CCC
418	SERVICE YEAR IS CLOSED FOR DIAGNOSIS SUBMISSIONS	CCC
419*	DIAGNOSIS CODE PRESENT IN THE CLUSTER, RISK ASSESSMENT CODE IS MISSING	CCC
450	DIAGNOSIS DOES NOT EXIST FOR THIS SERVICE THRUDATE	CCC
451	SERVICE THRU-DATE IS GREATER THAN DIAGNOSIS END DATE	CCC
453	DIAGNOSIS CODE IS NOT APPROPRIATE FOR PATIENT SEX	CCC
454	DIAGNOSIS IS VALID, BUT IS NOT SUFFICIENTLY SPECIFIC FOR RISK ADJUSTMENT GROUPING	CCC
455	DIAGNOSIS CLUSTER NOT EDITED DUE TO RECORD FORMAT ERROR	CCC
460	SERVICE FROM- AND THRU-DATE SPAN IS GREATER THAN 31 DAYS	CCC

Attachment H: RAPS Error Codes

490	COULD NOT DELETE; DIAGNOSIS CLUSTER NOT IN RAPS DATABASE BENEFICIARY RECORD	CCC
491	DELETE ERROR, DIAGNOSIS CLUSTER PREVIOUSLY DELETED	CCC
492	DIAGNOSIS CLUSTER WAS NOT SUCCESSFULLY DELETED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES WAS ALREADY DELETED FROM THE RAPS DATABASE ON THIS DATE	CCC
500	BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT HIC NUMBER FOR THE FUTURE SUBMISSIONS	CCC
502	DIAGNOSIS CLUSTER WAS ACCEPTED BUT NOT STORED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES IS ALREADY STORED IN THE RAPS DATABASE	CCC

* Error Codes Effective 1/1/2014

RAPS RECORD LAYOUT

AAA RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'AAA'
2	SUBMITTER-ID	4 – 9	X(6)	'Shnnnn'
3	FILE-ID	10 – 19	X(10)	
4	TRANSACTION-DATE	20 – 27	9(8)	'CCYYMMDD'
5	PROD-TEST-IND	28 – 31	X(4)	'PROD' Or 'TEST' Or 'CERT'
6	FILE-DIAG-TYPE	32 – 36	X(5)	'ICD9' Or 'ICD10'
7	FILLER	37 – 512	X(476)	SPACES

BBB RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'BBB'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	FILLER	16 – 512	X(497)	SPACES

Attachment I: RAPS   Record Layout

CCC RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'CCC'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	SEQ-ERROR-CODE	11 – 13	X(3)	SPACES
4	PATIENT-CONTROL-NO	14 – 53	X(40)	Optional
5	HIC-NO	54 – 78	X(25)	
6	HIC-ERROR-CODE	79 – 81	X(3)	SPACES
7	PATIENT-DOB	82 – 89	X(8)	'CCYYMMDD'
8	DOB-ERROR-CODE	90 – 92	X(3)	SPACES
9 – 15	DIAGNOSIS-CLUSTER (10 OCCURRENCES)	93 – 412		
9.0	PROVIDER-TYPE		X(2)	HOSPITAL IP PRINCIPAL = 01 HOSPITAL IP OTHER = 02 HOSPITAL OP = 10 PHYSICIAN = 20
9.1	FROM-DATE		9(8)	'CCYYMMDD'
9.2	THRU-DATE		9(8)	'CCYYMMDD'
9.3	DELETE-IND		X(1)	SPACE or 'D'
9.4	DIAGNOSIS-CODE		X(7)	ICD-9 or ICD-10
9.5	DIAG-CLSTR-ERROR-1		X(3)	SPACES
9.6	DIAG-CLSTR-ERROR-2		X(3)	SPACES
16	CORRECTED-HIC-NO	413 – 437	X(25)	SPACES
17 – 18	RISK ASSESMENT-CODE-CLUSTER (10 OCCURRENCES)	438 – 477		
17.0	RISK ASSESSMENT-CODE		X(1)	'A', 'B', or 'C'
17.1	RISK ASSESSMENT-CODE-ERROR		X(3)	SPACES
19	FILLER	478 - 512	X(35)	SPACES

Attachment I: RAPS   Record Layout

YYY RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'YYY'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	CCC-RECORD-TOTAL	16 – 22	9(7)	
5	FILLER	23 – 512	X(490)	SPACES

ZZZ RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'ZZZ'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	BBB-RECORD-TOTAL	20 – 26	9(7)	
5	FILLER	27 – 512	X(486)	SPACES