

**RAPS INBOUND RECORD  
LAYOUT**

OMB No. 0938-0878  
(Expires: 07/31/2026)

**AAA RECORD**

<b>FIELD NO</b>	<b>FIELD NAME</b>	<b>POSITION</b>	<b>PICTURE</b>	<b>VALUE</b>
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**

<b>FIELD NO.</b>	<b>FIELD NAME</b>	<b>POSITION</b>	<b>PICTURE</b>	<b>VALUE</b>
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

**CCC RECORD**

<b>FIELD NO.</b>	<b>FIELD NAME</b>	<b>POSITION</b>	<b>PICTURE</b>	<b>VALUE</b>
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	MEMBER ID	54 – 78	X(25)	
6	MEMBER ID-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-MEDICARE ID	413 – 437	X(25)	SPACES
17 – 18	RISK ASSESSMENT-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

**YYY RECORD**

<b>FIELD NO.</b>	<b>FIELD NAME</b>	<b>POSITION</b>	<b>PICTURE</b>	<b>VALUE</b>
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**

<b>FIELD NO.</b>	<b>FIELD NAME</b>	<b>POSITION</b>	<b>PICTURE</b>	<b>VALUE</b>
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

### Revision History

Revision Date	Comments
12/21/18	In the CCC record; Field 5 changed from "MEDICARE ID" to "MEMBER ID"
12/21/18	In the CCC record; Field 6 changed from "MEDICARE ID -ERROR-CODE" to "MEMBER ID-ERROR-CODE"
08/12/2020	Added the OMB#/expiration date and PRA language, CMS#/expiration date
08/19/2020	Updated the OMB# expiration date to 03/31/2020 per CMS request.
08/12/2025	Updated the OMB# expiration date to 07/31/2026 per CMS request.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0878. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850. CMS-10062(07/2026)

Revision Date: 08/12/2025