

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10509</b>	<b>Date: December 11, 2020</b>
	<b>Change Request 12059</b>

**SUBJECT: Unified Program Integrity Contractor (UPIC) Coordination with Other Contractors Related to the Recovery Audit Contractor (RAC) Data Warehouse (RACDW) - Exclusion Clarification**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to revise the following statement in section 4.33 of Chapter 4 in Publication (Pub.) 100-08: "Once a suppression is lifted or expires, UPICs are also responsible for entering any necessary exclusions. Any claims for which the UPIC has requested medical records shall be excluded to prevent re-review by a RAC, unless the UPIC's review resulted in a full denial. In this case, exclusion is unnecessary because the provider/supplier will either appeal and the redetermination entity will enter the exclusion, or the provider/supplier will allow the decision to stand. The exclusion will be unnecessary because the RACs are unlikely to pursue zero-dollar claims)," to state only that, "Once a suppression is lifted or expires, UPICs are also responsible for entering any necessary exclusions. Any claims for which the UPIC has requested medical records shall be excluded to prevent re-review by a RAC." There is no exception in the case of a full denial.

**EFFECTIVE DATE: December 1, 2020**

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

**IMPLEMENTATION DATE: January 12, 2021**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	4/4.33/UPIC Coordination with Other Contractors Related to the RAC Data Warehouse

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**



### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Ashley Badami, Ashley.Badami@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Program Integrity Manual

## Chapter 4 - Program Integrity

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*(Rev. 10509; Issued: 12-11-20)*

[Transmittals for Chapter 4](#)

### **4.33 – UPIC Coordination with Other Contractors Related to the RAC Data Warehouse**

*(Rev.10509; Issued: 12-11-20; Effective: 12-01-20; Implementation: 01-12-21 )*

This section applies to UPICs, RACs, MACs, and SMRC as indicated.

The CMS established the RAC Data Warehouse (RACDW) to track RAC activity and prevent conflicts between RAC reviews and other program integrity activities. The success of this mission depends on timely and accurate information reporting by the UPICs, as well as by claims processing contractors and by the RACs themselves. CMS has expanded the functionality of the RACDW to allow all contractors that perform medical review to collaborate so there is no duplication of effort.

To prevent other contractors from interference with active investigations or cases, UPICs shall enter suppressions in the RAC Data Warehouse to temporarily mark entire providers/suppliers or subsets of a provider's/supplier's claims as "off-limits" to the RACs, MACs, and SMRC. The suppression must be entered in the RACDW when the investigation is opened, but no later than 2 business days after the investigation is opened.

Individual claims that have been previously reviewed (or that are part of an extrapolated settlement universe) shall be excluded to permanently block them from repeat reviews by a RAC, MAC or SMRC.

The RAC Data Warehouse allows users to enter suppressions on any combination of provider ID, Diagnostic Related Group (DRG), International Classification of Diseases-9/10 (ICD-9/10) procedure code, Healthcare Common Procedure Coding System (HCPCS) code, State, or ZIP code although CMS requires that suppressions be tailored as narrowly as possible. UPICs shall suppress targeted procedure codes from specific providers/suppliers associated with open investigations/cases. Suppressions of one or more procedure codes across an entire geographic area may be considered in egregious situations of widespread fraud, waste and/or abuse of specific codes or types of services (e.g., infusion therapy in South Florida).

The Data Warehouse can accept suppressions on a rendering provider, supplier, or institution ID. Suppressions on referring, ordering, billing (for professional DME claims) and attending providers (institutional claims) are not currently supported.

Whether suppressing an entire provider or only a portion of a provider's claims, the UPIC shall indicate the nature of the provider being suppressed (i.e., hospital, individual physician, physician group, home health agency, etc.) in the provider type field, using the codes specified in the Data Warehouse. The UPIC shall also indicate the name of the provider being suppressed in the comment field, which can accommodate up to 256 characters.

When entering a suppression on a six-digit provider/supplier ID, the UPIC shall also enter the provider's/supplier's practice State. States are not required for NPIs, NSC numbers, alphanumeric or PTANs that are other than six digits long; but six-digit PTANs potentially overlap with six-digit CMS institutional provider numbers. Having the provider/supplier state will help CMS suppression reviewers to differentiate among multiple providers/suppliers with the same ID.

Specific suppression start and end dates are also mandatory. Suppressions can extend up to three (3) years into the past and one (1) year forward from date of entry (the start date is initially fixed at 10/1/2007, which is the earliest start date that RACs can select for their reviews). Users will be notified as their suppressions approach the expiration dates and can renew them if necessary. CMS expects users to release them sooner if the underlying investigations/cases are closed.

Once a suppression is lifted or expires, UPICs are also responsible for entering any necessary exclusions. Any claims for which the UPIC has requested medical records shall be excluded to prevent re-review by a RAC.

In addition, the UPICs shall review the RACDW to determine if other contractors currently have a particular provider under review. If the provider is under review by another contractor (RAC, MAC, SMRC) the UPIC shall contact that respective contractor to determine which entity should continue to review that provider and how to handle the current medical review, i.e. close it out or complete the medical review and then refer to the UPIC.

Below are examples of suppressions and exclusions in various circumstances: this list is not all-inclusive. The UPIC staff may need to consult with its respective CMS COR and BFLs and/or CMS RAC liaison to determine the appropriate level of suppression or exclusion.